

Hospital Admitting Privileges/Inpatient Coverage Plan

Send the completed form by email at credentialing.updates@premera.com or fax to 425-918-4766. Visit premera.com/ak/provider/reference/medical-manuals/credentialing-contracting for more information on the credentialing process.

Name:	
Primary Specialty:	
PLEASE COMPLETE THE SECTION BELOW THAT RELATES TO YOUR CURRENT PLAN	
Section 1	The licensed physician(s) who covers my patient hospital admits is: Covering physicians must be currently credentialed and have active solo admission privileges . (We will accept on-call physician lists for practitioner groups.)
Physician's name/degree:	
Specialty:	
Admitting hospital(s):	
Section 2	If you refer patients to a hospitalist group:
Hospitalists group name:	
Location:	
Section 3	Other acceptable admission plans:
Refers to nearest ER: YES ___ NO ___	
Refers to patient's PCP: YES ___ NO ___	
Refers to a hospital admit or intake coordinator (acceptable for psychiatric admissions only) YES ___ NO ___	
Other (please explain):	
Section 4	Nurse Midwives and Midwives: Please complete if your specialty is midwifery or OBG (including deliveries).
The licensed physician/physician group engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or infant is:	
Physician's name/degree:	
Specialty:	
Admitting	
Hospital:	
Admitting Hospital Address:	