

**Instructions:** Complete **Section 1** or **Section 2** to verify admitting/coverage arrangements.

## Section 1: Practitioners Without Admitting Arrangements *(please print)*

I'm attesting, I do not have active admitting privileges at a participating network hospital and my practice will be confined to outpatient care. I hereby agree and attest, that if non-emergency hospitalization is necessary, I will refer member care to a participating physician or hospitalist who has active admitting privileges at a participating network hospital.

**I will facilitate hospital admissions for my patients as follows:**

- Option A:** Through the participating practitioner indicated below, of the same specialty who has active admitting privileges at Hospital.

Provider Name	Specialty
Admitting Provider Name	Admitting Provider NPI
Admitting Physician Signature	Date
Practitioner Signature	Date

## Section 2: Practitioners with Transfer Agreements or Hospitalist Program

**I will facilitate hospital admissions for my patients as follows:**

- Option B:** I have an arrangement with a Hospitalist Program that has agreed to perform admissions for my patients. *(Enclose such agreement)*

Hospital Name	Address
City, State, Zip	Phone
Practitioner Signature	Date

**PLEASE NOTE** - This requirement **does not** apply to providers practicing the following specialties: Chiropractor, Dermatology, Pathology, Radiology, Occupational Therapy, Physical Therapy, Nutritionists/Dietitians, Acupuncturists.

**Completed Form and Additional Documentation can be sent to:**

E. [Credentialing@vnshealth.org](mailto:Credentialing@vnshealth.org)