

## Hospital Based Provider Enrollment Form

Moda Health does not credential inpatient setting only practitioners: providers who practice exclusively in an inpatient setting and who provide care only as a result of a member’s treatment in an inpatient setting. Providers working exclusively in the emergency room of a hospital are considered hospital based, whether providing in or outpatient services.

Provider specialties that fall under this definition per the National Committee for Quality Assurance (NCQA) include: pathology, radiology, anesthesiology, neonatology, emergency medicine and hospitalists.

**Please note:** Telemedicine providers would not fall under this definition of hospital based, as they are not located within the hospital facility. Full credentialing will be required for this provider type prior to being considered in-network.

Please fill out the following fields for the provider you wish to add as hospital based only:

|  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| <b>Is the provider practicing exclusively in an inpatient setting?</b> |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>Name</b>  |  |                              |                             |
| <b>Degree</b>  |  |                              |                             |
| <b>Specialty</b>   |  |                              |                             |
| <b>Date of birth</b>   |  |                              |                             |
| <b>Social security number</b>  |  |                              |                             |
| <b>NPI number</b>  |  |                              |                             |
|  |  |                              |                             |
| <b>Hospital at which provider is based</b>                             |  |                              |                             |
| <b>Start date</b>  |  |                              |                             |
| <b>Practice address</b>  |  |                              |                             |
| <b>Phone/fax number(s)</b>   |  |                              |                             |
| <b>Tax ID Number</b>   |  |                              |                             |

Please attach the following documentation:

- W-9 form.
- If there are multiple inpatient locations you wish to add, please attach on a separate sheet.
- Copy of DEA certificate.

