

## Mountainside Hospital Physician Referral Questionnaire

If you do *not* wish to participate in the physician referral program please see the instructions at the bottom of the last page.

### General Physician Information:

Name: \_\_\_\_\_  
First
MI
Last
(Jr./Sr.)

Title:  MD     DO     DDS     Ph.D.     Other: \_\_\_\_\_

Gender:  Male     Female    Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In what year did you begin practicing? \_\_\_\_\_ Since what year have you resided in this area? \_\_\_\_\_

Situations where you would NOT like to receive a referral \_\_\_\_\_

Personal information that you would like referral candidates to know about you, not provided for elsewhere in this questionnaire

### Formal Education:

Institution Name

Year Grad.

Medical degree		
Internship(s):		
Residency(ies):		
Fellowship(s):		

### Areas of Interest

Credentials/additional training/education that you would like referral candidates to know about (other than medical degree, internship, residency, and fellowship programs). \_\_\_\_\_

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Specialty(ies):	Board Certified? Y/N	Accept referrals for this specialty? Y/N

**Office Information:** (The following information is needed for each additional office. You may copy this sheet.)

Group Practice Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest cross streets: \_\_\_\_\_

Is this your Primary office location (Y/N)? \_\_\_\_\_

Voice Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physicians e-mail address: \_\_\_\_\_

What time zone is in effect at this office (Eastern, Central, Mountain, Pacific, etc.) \_\_\_\_\_

Does this location honor Daylight Savings Time (Y/N)? \_\_\_\_\_

What days/hours will someone be at this office to assist with scheduling?

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

From: \_\_\_\_\_

To: \_\_\_\_\_

Please indicate with a (Y/N) whether or not you generally see patients during the time frames indicated below.

*Note: Specific appointment time availability will be determined at the time the referral is made.*

Weekdays: [\_\_\_\_]      Evenings: [\_\_\_\_]      Saturdays: [\_\_\_\_]      Sundays: [\_\_\_\_]

What is the average waiting period (in days) for scheduling an acute care appointment? \_\_\_\_\_

Does this location have: Public transportation (Y/N) ? \_\_\_\_\_ Handicap access (Y/N) ? \_\_\_\_\_

What is the average new patient fee for a patient's first visit to this location? \_\_\_\_\_

What foreign languages, if any, are spoken at this location?

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**Insurance Participation** Please check the insurances below that are accepted at your office(s)

Commercial / Indemnity                       Medicare                                       Medicare Assignment  
 Medicaid     Workers Comp                                       Champus

- |  |   |
|--|---|
| <input type="checkbox"/> EPO AARP<br><input type="checkbox"/> EPO ADVANCED HEALTHCARE SYSTEMS<br><input type="checkbox"/> EPO AIG<br><input type="checkbox"/> EPO ALLSTATE<br><input type="checkbox"/> EPO AMERICAN BANKERS INSURANCE GROUP<br><input type="checkbox"/> EPO AMERICAN POSTAL WORKERS<br><input type="checkbox"/> EPO ANTHEM HEALTH & LIFE<br><input type="checkbox"/> EPO ATLANTIC HOME CARE AND HOSPICE<br><input type="checkbox"/> EPO CORESOURCE<br><input type="checkbox"/> EPO ETHIX<br><input type="checkbox"/> HMO AARP<br><input type="checkbox"/> HMO ADVANCED HEALTHCARE SYSTEMS<br><input type="checkbox"/> HMO AETNA<br><input type="checkbox"/> HMO AIG<br><input type="checkbox"/> HMO ALLSTATE<br><input type="checkbox"/> HMO AMERICAN BANKERS INSURANCE GROUP<br><input type="checkbox"/> HMO AMERICAN POSTAL WORKERS<br><input type="checkbox"/> HMO AMERIHEALTH<br><input type="checkbox"/> HMO ANTHEM HEALTH & LIFE<br><input type="checkbox"/> HMO ATLANTIC HOME CARE AND HOSPICE<br><input type="checkbox"/> HMO CIGNA HEALTHCARE<br><input type="checkbox"/> HMO CORESOURCE<br><input type="checkbox"/> HMO ETHIX<br><input type="checkbox"/> HMO HORIZON BCBSNJ<br><input type="checkbox"/> HMO KEYSTONE HEALTH PLAN<br><input type="checkbox"/> HMO MAGELLAN<br><input type="checkbox"/> HMO PRUDENTIAL<br><input type="checkbox"/> HMO QUALCARE<br><input type="checkbox"/> HMO TIME FORTIS<br><input type="checkbox"/> HMO WELLCHOICE EMPIRE HMO PPO POS<br><input type="checkbox"/> IND AARP<br><input type="checkbox"/> IND ADVANCED HEALTHCARE SYSTEMS<br><input type="checkbox"/> IND AETNA<br><input type="checkbox"/> IND AIG<br><input type="checkbox"/> IND ALLSTATE<br><input type="checkbox"/> IND AMERICAN BANKERS INSURANCE GROUP<br><input type="checkbox"/> IND AMERICAN POSTAL WORKERS<br><input type="checkbox"/> IND AMERIHEALTH<br><input type="checkbox"/> IND ANTHEM HEALTH & LIFE<br><input type="checkbox"/> IND ATLANTIC HOME CARE AND HOSPICE<br><input type="checkbox"/> IND CIGNA HEALTHCARE<br><input type="checkbox"/> IND CORESOURCE<br><input type="checkbox"/> IND ETHIX<br><input type="checkbox"/> IND FIRST TRENTON<br><input type="checkbox"/> IND HORIZON BCBSNJ<br><input type="checkbox"/> IND MMH EMPIRE BCBSNY<br><input type="checkbox"/> IND PRUDENTIAL<br><input type="checkbox"/> IND UNITED HEALTHCARE<br><input type="checkbox"/> IND WELLCHOICE EMPIRE HMO PPO POS<br><input type="checkbox"/> MCD MEDICAID DENTAL<br><input type="checkbox"/> MCD MEDICAID HEALTHSTART<br><input type="checkbox"/> MCD MEDICAID NJ<br><input type="checkbox"/> MCD MEDICAID NY<br><input type="checkbox"/> MCD MEDICAID OUT OF STATE<br><input type="checkbox"/> MCD UNIVERSITY HEALTH PLAN MEDICAID<br><input type="checkbox"/> MCR AETNA<br><input type="checkbox"/> MCR AMERIHEALTH MANAGED MEDICARE<br><input type="checkbox"/> MCR FIRST OPTION HEALTH PLAN<br><input type="checkbox"/> MCR MEDICARE IME<br><input type="checkbox"/> MCR OXFORD ADVANTAGE MEDICARE<br><input type="checkbox"/> MCR UNITED HEALTHCARE<br><input type="checkbox"/> POS AARP<br><input type="checkbox"/> POS ADVANCED HEALTHCARE SYSTEMS<br><input type="checkbox"/> POS AETNA<br><input type="checkbox"/> POS AIG | <input type="checkbox"/> POS ALLSTATE<br><input type="checkbox"/> POS AMERICAN BANKERS INSURANCE GROUP<br><input type="checkbox"/> POS AMERICAN POSTAL WORKERS<br><input type="checkbox"/> POS AMERIHEALTH<br><input type="checkbox"/> POS ANTHEM HEALTH & LIFE<br><input type="checkbox"/> POS ATLANTIC HOME CARE AND HOSPICE<br><input type="checkbox"/> POS CIGNA HEALTHCARE<br><input type="checkbox"/> POS CNA PHCS<br><input type="checkbox"/> POS CORESOURCE<br><input type="checkbox"/> POS CORESOURCE PHCS<br><input type="checkbox"/> POS ETHIX<br><input type="checkbox"/> POS GUARDIAN PHCS<br><input type="checkbox"/> POS HORIZON BCBSNJ<br><input type="checkbox"/> POS INDENDENCE BC MAGELLAN<br><input type="checkbox"/> POS JOHN ALDEN PHCS<br><input type="checkbox"/> POS KEYSTONE HEALTH PLAN<br><input type="checkbox"/> POS LIBERTY MUTUAL NO FAULT<br><input type="checkbox"/> POS LINCOLN NATIONAL<br><input type="checkbox"/> POS MAGELLAN<br><input type="checkbox"/> POS MASS MUTUAL<br><input type="checkbox"/> POS MEDICHOICE NETWORK INC<br><input type="checkbox"/> POS MMH EMPIRE BCBSNY<br><input type="checkbox"/> POS PHOENIX<br><input type="checkbox"/> POS PRIVATE HEALTHCARE SYSTEMS<br><input type="checkbox"/> POS PROVIDENT LIFE<br><input type="checkbox"/> POS PRUDENTIAL<br><input type="checkbox"/> POS TIME FORTIS<br><input type="checkbox"/> POS WELLCHOICE EMPIRE HMO PPO POS<br><input type="checkbox"/> PPO AARP<br><input type="checkbox"/> PPO ADVANCED HEALTHCARE SYSTEMS<br><input type="checkbox"/> PPO AETNA<br><input type="checkbox"/> PPO AIG<br><input type="checkbox"/> PPO ALLSTATE<br><input type="checkbox"/> PPO AMERICAN BANKERS INSURANCE GROUP<br><input type="checkbox"/> PPO AMERICAN POSTAL WORKERS<br><input type="checkbox"/> PPO AMERIHEALTH<br><input type="checkbox"/> PPO AMERIHEALTH MAGELLAN<br><input type="checkbox"/> PPO ANTHEM HEALTH & LIFE<br><input type="checkbox"/> PPO ATLANTIC HOME CARE AND HOSPICE<br><input type="checkbox"/> PPO CIGNA HEALTHCARE<br><input type="checkbox"/> PPO CNA PHCS<br><input type="checkbox"/> PPO CORESOURCE<br><input type="checkbox"/> PPO CORESOURCE PHCS<br><input type="checkbox"/> PPO ETHIX<br><input type="checkbox"/> PPO GREAT WEST<br><input type="checkbox"/> PPO GUARDIAN PHCS<br><input type="checkbox"/> PPO HORIZON BCBSNJ<br><input type="checkbox"/> PPO HORIZON HEALTHCARE INS OF NY<br><input type="checkbox"/> PPO JOHN ALDEN PHCS<br><input type="checkbox"/> PPO KEYSTONE HEALTH PLAN<br><input type="checkbox"/> PPO LIBERTY MUTUAL NO FAULT<br><input type="checkbox"/> PPO LINCOLN NATIONAL<br><input type="checkbox"/> PPO MAGELLAN<br><input type="checkbox"/> PPO MASS MUTUAL<br><input type="checkbox"/> PPO MMH EMPIRE BCBSNY<br><input type="checkbox"/> PPO PHOENIX<br><input type="checkbox"/> PPO PRIVATE HEALTHCARE SYSTEMS<br><input type="checkbox"/> PPO PROVIDENT LIFE<br><input type="checkbox"/> PPO PRUDENTIAL<br><input type="checkbox"/> PPO QUALCARE<br><input type="checkbox"/> PPO TIME FORTIS<br><input type="checkbox"/> PPO WELLCHOICE EMPIRE HMO PPO POS<br><input type="checkbox"/> WC AIG<br><input type="checkbox"/> WC FIRST MANAGED CARE OPTION<br><input type="checkbox"/> WC INSERVCO |
|--|---|

- WC LIBERTY MUTUAL NO FAULT
- WC NJ MANUFACTURERS WORKERS COMP
- WC SCIBAL ASSOCIATES WORKERS COMP
- WC SELECTIVE INS

- WC STATE FARM
- WC TRAVELLERS WORKERS COMPENSATION
- WC WAUSAU INS CO WORKERS COMP
- WC WORKERS COMP OTHER

**Payments Types** MC Visa Discover Am Ex Cash Check

- No, I do NOT want to participate in the Physician Referral service. Please complete your name on page one. Sign and date the lines below, and return this questionnaire to the address indicated on the cover letter to be removed from the Referral Roster.
- Yes, I want to participate in the Physician Referral service.  
*I authorize you to release any of the information enclosed in this questionnaire to members of the community who call the Physician Referral Service in need of healthcare services. Please fax back the completed questionnaire to 817-355-5136.*

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_