



Contract Physician Credential Policy and Blank

For Branch Use Only (Do Not Provide to the Physician)

POLICY

All contract physicians completing work for Portamedic in the field must be cleared through a Credentialing process prior to the Branch assigning work to them.

The completed form #6971 and a current license copy are required. After the information is verified with the Department of Licensing/Medical Board and the physician is found to be in good standing, the Branch will be notified and a Portamedic Physician approval number will be assigned to the physician.

Due to the policies and requirements of our various insurance clients, as well as Portamedic policy, the following physician practice areas are not available for use.

Chiropractic Psychiatry Dermatology Podiatry Ophthalmology
Radiology Pathology

There are also specific restrictions on physician specialties with some of our clients. Make certain at all times to check the individual Client requirements for additional physician limitations.

1. Physician (Medical) examiner Credential Blank (Form # 6971). These forms are available through Administrative Services, Basking Ridge, NJ. Complete all forms in black ink for improved copy and fax clarity.
2. A copy of physician's **current** license/registration* for the state(s) in which they will be completing Portamedic exams. Closely check the expiration date on the license prior to forwarding. Only a current license is accepted, do not forward diploma's.
3. Forward copies of any professional board certifications held by the physician. If the physician has multiple areas of practice, the final decision will be based on their listing with the AMA (American Medical Association) and the ABMS (American Board of Medical Specialties) listings.
4. If the physician is currently completing a residency, include the date of scheduled completion and specialty.
5. Many states are currently changing guidelines** on how we obtain information concerning the license held. Both the Connecticut and Massachusetts Licensing Boards now require a signed release of information from the physician.
Include the signed release with the physician application package if your state requires it.
6. If the Physician is covered by malpractice insurance, send a copy of the insurance certificate.

* Do not submit references, resumes, work histories or curriculum vitae's in lieu of information on the form. Keep these on file in the branch.

** As a States' regulations change, we will keep you updated concerning any additional information that may be required for the physician clearance.

The time involved is dependent on the state where the license check is completed. This may take anywhere from 2 to 8 weeks. This time period is outside of our control. In all instances we will attempt to expedite the process as quickly as possible.

The completed Form 6971, current license copy and the malpractice insurance certificate must be mailed or faxed by the manager to:

Hooper Holmes, Inc.
170 Mt. Airy Road
Basking Ridge, NJ 07920
Attn: Brenda DeSena, RN, QA/MD CRED
Fax: (908) 766-5824 Phone: (908) 953-2812

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Contract Physician Credential Process Checklist

Check each box as it is completed.

- Use black ink for form completion. This improves the clarity of the forms for faxing and xeroxed forms.
- The physician is to complete their section of the Physician Examiner Credential Blank (form #6971).
- Obtain copy of **current, active license**. A copy of this license must be received **with** the credential form.
- Obtain copy of current malpractice insurance certificate.
- If the physician is in any of the following practice areas, they will not be accepted.

Chiropractic Psychiatry Dermatology Podiatry
Ophthalmology Radiology Pathology

- Complete the section **"TO BE COMPLETED BY THE BRANCH."** This area is required for Branch identification and assignment of the Portamedic Physician Approval Number. If incomplete, will be returned through the Zone Manager for branch identification. Indicate if physician will be mobile.
- Fax or Mail the credential blank and copy of license to:
Fax: (908) 766-5824 or Mail - Hooper Holmes, Inc.
170 Mt. Airy Road
Basking Ridge, NJ 07920

Attn: Brenda DeSena, RN, QA/MD CRED
Or call if there are questions, direct line (908) 953-2812.

All items must be completed. Incomplete forms will be returned through the Zone Manager.

- Once the information is verified and the physician is found to be in good standing, you will be notified of the **Portamedic Physician Approval Number** assigned to that physician.
- Send a copy of the credential form showing the Portamedic Physician Approval Number along with the Fee Schedule and Agreement forms to Accounts Payable.

The Physician May Now Be Assigned Work.

Check requirements for specific client restrictions on physician specialties prior to assigning a physician an exam.

When the license is renewed, please send a copy of the current renewed license for the Portamedic Physician Approval Number to remain in effect.

The completed Form 6971 and required attachments must be sent by the manager.



Contract Physician (Medical) Examiner Credential Blank

1. Name (in full) _____
(First) (Middle) (Last) (Title) MD/DO

Social Security Number _____ Tax Identification Number (if used) _____
(Must be complete)

2. Mailing address _____
(Street)

(City) (State) (Zip)

3. Graduated in Medicine _____
(College/University Name) (Degree) (Graduation Year)

4. Current License _____
(Number) (State) (Expiration Date)

5. List any additional State(s) and Corresponding License number that you hold _____

Note: Attach copy of CURRENT licensure and Insurance Certificate to this form.

6. Post Graduate Residency _____
(College/Hospital Name) (State) (Specialty) (Date of Completion)

7. Practiced Medicine _____
List most recent first. (City) (State) (Number of Years)

(City) (State) (Number of Years)

8. Type of Practice _____ 9. Clinic or Group Name _____
(Full Name)

10. List Board Certification(s) _____
(Provide copies of certification(s))

11. Have you any impairment of hearing? _____ Specify _____

12. Malpractice Insurance Company Name _____
(If none, indicate so)

Amount of policy coverage \$ _____ Policy number _____

ATTACH INSURANCE CERTIFICATE.

13. Are you presently an approved medical examiner for any insurance company? _____ If so please list.

In making or supervising examinations, I accept the responsibility of accurately obtaining and completely recording the applicant's history and physical findings.

Date _____ Signed _____, MD/DO

TO BE COMPLETED BY THE BRANCH
Portamedic
Branch name _____ Branch number _____ Manager _____
Will this physician be mobile? _____ (yes/no)

The Credentialing Process cannot be initiated without all completed information and license copy.

To be completed by Quality Assurance
Physician approval number _____ Approval date _____
Restrictions: _____

Results faxed to _____
(Branch) (Zone) (Region) (Date of notification)



Criminal Background Check
Authorization & Release Form
Independent Contractor Examiner

BRANCH NAME: BRANCH CODE: Check for PORTAMEDIC DIRECT
CONTRACTOR AFFILIATE (If Applicable): FAX # / E-Mail

Pursuant to the Violent Crime Control And Law Enforcement Act of 1984, 18 U.S.C §1033(e), and individual may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer.

I hereby authorize Hooper Holmes, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for the purpose of engaging my services. Should Hooper Holmes, Inc. choose to utilize my services, I further authorize them to conduct such investigations at any time during the period I am actively providing services.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

- Verification of social security number; current and previous residences; employment history; education including transcripts; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Hooper Holmes, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Hooper Holmes, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that I have the right to revoke this authorization at any time, provided I do so in writing.

Print Name (First) (Middle) (Last) (Maiden)

Social Security Number - Date of Birth (I.D. Purposes Only) Gender: Male Female (circle one)

Former Name(s) and Dates Used

Current Address Since (Mo/Yr) (Street) (City) (State/Zip)

Previous Address (Mo/Yr) (Street) (City) (State/Zip) (Name Used at This Address)

Previous Address (Mo/Yr) (Street) (City) (State/Zip) (Name Used at This Address)

Previous Address (Mo/Yr) (Street) (City) (State/Zip) (Name Used at This Address)

Drivers License Number: State of issue:

Have you ever been convicted of a felony? (Circle one) YES NO

If yes, please describe in detail the felony committed:

Date of conviction: City, State & County of conviction:

Signature Date / /

Hooper Holmes, Inc. Compliancy Unit • 170 Mt. Airy Road, Basking Ridge, NJ 07920