

CREDENTIALLED CLINICAL EMPLOYEE OR CONTRACTED PROVIDER STATUS CHANGEDEACONESS HOSPITAL, INC.
Evansville, IN 47747

Provider Name _____ Credentials (MD/DO/LCSW/NP/CNS/PA) _____

Name of Current Department			
Does current department bill as dept. of hospital?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will provider be transferring to another department of hospital?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Transferring Department			
Does the transferring department bill as dept. of hospital?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If physician, does provider wish to continue privileges? (Must keep privileges if transferring to dept. billing as dept. of hospital)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If physician is not transferring to a dept. billing as dept. of hospital, does physician wish to relinquish or change medical staff status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter signed by physician attached for change of medical staff status? (Letter must be attached to change medical staff status)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last Day Seeing Patients			
Forwarding address if physician wishes to relinquish privileges or change to Honorary status			

Note: Letter submitted that is addressed to Deaconess to relinquish privileges includes privilege status at Deaconess Hospital, Deaconess Gateway Hospital, Deaconess Cross Pointe, and The Women's Hospital. Separate relinquishment letters must be submitted for The Heart Hospital and Evansville Surgery Center.

ALLIED HEALTH CARE PROVIDERS

Privileges for NP, CNS, CST, and PA within the Hospitals are outlined in the Medical Staff Bylaws, Credentialing Manual and Delineation of Privileges form, as applicable. As outlined in both the Medical Staff Bylaws and Credentialing Manual, privileges for these Allied Health Care Providers terminate automatically with the termination of the practice agreement or employment relationship with the **current** supervising physician or the suspension or termination of the medical staff privileges of the current supervisory physician. A new application to function as an Allied Health Care Provider must be submitted when there is a change in the above-mentioned provider's supervising physician.

HONORARY AND REFERRING STAFF STATUS**Honorary Staff**

The Honorary Staff shall consist of physicians and dentists who do not actively practice at the Hospitals. These may be physicians who have retired from active practice or who are recognized for their noteworthy contribution to patient care and/or their long-standing service to the Hospital. **Honorary Staff members shall not be eligible to admit or treat patients**, assist in surgery, serve as alternates, vote, hold office or serve on standing medical staff committees. The Honorary Staff have no emergency service responsibility and are not required to pay staff dues. They are urged to attend medical staff meetings, but such attendance is not compulsory.

Referring Staff

Referring Staff consists of physicians who practice family medicine, internal medicine or pediatrics and refer their patients to Hospitals' hospitalist service or physicians and dentists who do not qualify for Active Staff and who may not hold privileges to admit, treat, or perform consultations for patients at the Hospitals. Referring Staff have no rights, privileges or obligations under these Bylaws except as provided herein. Referring Staff are required to hold active licenses in their professions in the states in which they practice. Referring Staff are permitted to order outpatient testing and outpatient services for their patients and to refer patients to be admitted to any of the Hospitals by practitioners with admitting privileges. Referring Staff are permitted access to the patient information system as necessary and appropriate to receive test results and to follow their patients' progress while admitted, subject to applicable policies and procedures. All physicians and dentists on the Referring Staff are required to pay dues.

Supervisor's Signature/Title _____ Date: _____ Phone No. _____

E-MAIL COMPLETED FORM TO THE FOLLOWING GROUP LIST:**CREDENTIALLED PROVIDER STATUS CHANGE**