**A logo with a leaf in a circle

Description automatically generated**

**Credentialing by Proxy**

Practitioner Information Form (PIF)

**Expectation for this form:**

***This is a request for Telemedicine only privileges.*** The Service Line Leader will complete and distribute this PIF to the MSS Credentialing by Proxy distribution list. All Southeast Region Medical Staff Services (MSS) will receive notification of the by proxy request for their facility. Atrium Health Greater Charlotte Market (GCM) MSS will be notified and assign the file to a teammate for processing.

\*Please note if you’re in need of Onsite privileges, please reach out to your local recruitment team.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Provider Information** |  | | | |
| **First Name** | **Middle Name** | **Last Name** | | **Title (Credentials)** |
|  |  |  | |  |
| **NPI** | | | **Male** | **Female** |
|  | | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department/Specialty:**  Virtual Critical Care  Telepsychiatry  Infectious Disease  Pediatric Infectious Disease  Cardiology  Hospitalist  Other Specialty**\***  **Required:** What services will you be providing? (i.e. Cardiology Core, CTA, Psychiatry Core, Critical Care Core, etc.)  \*Note: Other Specialties will require prior approval:  **Explanation of Service Request Need:**  **Has this been approved by Leadership?  YES  NO**  **If yes, please provider the Leader’s name and title**   * **If no, please follow up with Staci Hightower to discuss next steps.** | | | |
| **Practice Information** | | | |
| **Practice/Group Name:** | | | |
| **Practice Manager/Contact** **NAME**: | Practice Manager/Contact **EMAIL:** | | |
| **Alternate Contact Name/Admin:** | Alternate Contact/Admin **EMAIL**: | | |
| **Anticipated Privilege Date**:  *Please Indicate if this is different for each facility* |  | | |
| **Originating Site Requested:**  Originating Site: The site where the patient is located at the time the service is provided. | | | |
| Atrium Health Floyd  Atrium Health Floyd Polk  Atrium Health Floyd Cherokee  Atrium Health Wake Forest Baptist Medical Center  Atrium Health Wilkes Medical Center  Atrium Health High Point Medical Center  Atrium Health Lexington Medical Center | | Atrium Health Navicent Health the Medical Center  Atrium Health Navicent Baldwin  Atrium Health Navicent Peach  Atrium Health Navicent Rehabilitation Hospital  Columbus Regional Healthcare  Scotland Health Care |

**PHYSICIAN or PHYSICIAN ASSISTANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervising Physician Name, if applicable: | | | |
| **NC State Medical License** | **DEA (NC)** | **SC State Medical License** | **DEA (SC)** |
|  |  |  |  |
|  |  |  |  |
| **GA State Medical License (required for Navicent Health)** | **DEA (GA)**  **(required for Navicent Health\*\*)** | **AL Medical License**  **(required for Floyd Cherokee)** | **DEA (AL)**  **(required for Floyd Cherokee)** |
|  |  |  |  |

**ADVANCED PRACTICE PROVIDER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervising Physician Name:** | | | |
| **GA Approval to Practice License** | **DEA (GA)** | **AL Approval to Practice License** | **DEA (AL)** |
|  |  |  |  |

**\*\*GA DEA is required for all Navicent Health facility requests excluding Cardiac CTA, Pediatric I.D., and Telepsychiatry.**

I attest that the information provided on this form is true and accurate to best of my abilities. I also attest that the provider named on this form is fully aware of this request for Telemedicine privileges at additional originating site facilities named above.

Electronically Signed:

Date:

**NEXT STEPS:**

1. Service Line Leader distributes PIF to MSS Credentialing by Proxy distribution list
2. The PIF will be assigned to a Greater Charlotte Market (GCM) coordinator for processing.
3. An application link will be sent to the provider.
4. File is processed and completed by GCM coordinator.
5. Email Notification will be sent to the Southeast Region Medical Staff Services Distribution list to access file on SharePoint.
6. Southeast Region Facility (Originating Site) will complete their process and send for Approval, Committees and Board.

**Credentialing by Proxy**

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients’ health status. Telemedicine is not a separate medical specialty. Telehealth is an expansion of telemedicine, and unlike telemedicine (which more narrowly focuses on the curative aspect) it encompasses preventative, promotive and curative aspects.

**What is Credentialing by Proxy?**

The Originating Site is allowed to accept the privileges decisions of the Distant Site. The Originating Site, through a written contract with the Distant Site, accepts the credentialing and privileging decisions of the Distant Site. The Distant Site must comply with all applicable Medicare regulations and accreditation standards. Both organizations are to follow applicable laws/regulations to practice medicine or telemedicine in the states where the Originating Sites and Distant Sites are located.

Please Note: Atrium Health provider files must be Approved by the Board of Commissioners at one Atrium Health Southeast Region facility before any credentialing by proxy application can be sent to the Originating Site.

**Originating Site:** The site where the patient is located at the time the service is provided.

**Distant Site\*:** The site where the practitioner is located while providing the professional service.

\*Distant Site must be a Joint Commission accredited organization with deemed status by CMS.