

First-Time Referring Physician Setup Form

This form is to be completed the first time any non-SETON medical staff member orders any type of non-invasive outpatient service, such as: laboratory tests, radiological procedures, physical therapy, etc. This information is for data system setup and for license status verification.

PRACTITIONER I.D. INFORMATION		Today's Date:	
Practitioner Name (as shown on medical license): Last: First:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Degree/Title: MD
Specialty: Med	Social Security Number: 000-00-0000	Date of Birth: 00/00/00	
PRACTICE INFORMATION			
Practice Type: <input type="checkbox"/> Solo <input type="checkbox"/> Group	Group Name (if applicable):		
Office Phone:	Office Fax:	Contact Person:	
Office Address:	City:	St.:	Zip:
LICENSE INFORMATION			
Texas Medical License Number: TXB	UPIN (Unique Physician Identification Number):	NPI (National Provider Identifier)	
SETON FACILITIES			
Please indicate the Facilities at which you are likely to order outpatient services:			
<input type="checkbox"/> Brackenridge Hospital	<input type="checkbox"/> Seton Southwest		
<input type="checkbox"/> Seton Medical Center	<input type="checkbox"/> Deil Children's Medical Center		
<input type="checkbox"/> Seton Northwest Hospital	<input checked="" type="checkbox"/> Williamson Medical Center		
Please fax back to: _____		at: _____	
<p>ATTENTION SCHEDULING STAFF: Before the provision of any patient services it must be verified that the referring physician has an active state license and that he/she is not on the CMS OIG exclusions list. You must visit the following links to verify the following two items on every referring physician prior to the provision of any outpatient service. If you have any difficulty verifying the active status of the practitioner's license please contact Medical Staff Services at 324-3570 for assistance.</p> <ol style="list-style-type: none"> http://reg.tmb.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp? This is the web-site to the Texas State Medical Board. The physician's license must show a status of ACTIVE. http://exclusions.oig.hhs.gov/ This is the web-site to the U.S. Office of the Inspector General. The referring physician must NOT be on the exclusions list. http://www.epls.gov/ GSA EPLS (General Services Administration Excluded Parties List System): <p>Verifications Performed By: _____ Date: _____ Site/Dept.: _____ Ext.: _____</p> <p>(Once Verified Fax to Information Systems for Data System Setup at: (512) 380-7538 _____)</p>			