

Primary Office Information

Address _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Closest Cross Streets: _____

Weekday Office Hours: _____ Closed for Lunch: _____

Saturday/Sunday Office Hours: _____ Closed for Lunch: _____

Office Manager Name: _____ **Phone/Extension:** _____

E-mail address: _____

Public Transportation Available: Yes No Handicap Accessible: Yes No

Secondary Office Information

Address _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Closest Cross Streets: _____

Weekday Office Hours: _____ Closed for Lunch: _____

Saturday/Sunday Office Hours: _____ Closed for Lunch: _____

Office Manager Name: _____ **Phone/Extension:** _____

E-mail address: _____

Is Public Transportation Available: Yes No Handicap Accessible: Yes No

Foreign Languages spoken by Physician: _____

Foreign Languages spoken by Office Staff: _____

Avg. Fee of Initial Visit: \$ _____ Avg. Fee of Subsequent Visits: \$ _____

Payment terms: Deposit required on first visit Full payment required on first visit

Will bill patient Additional Comments: _____

Credit Cards accepted: Visa MasterCard AMEX Discover None Debit Cards

Other _____ Do you allow patients to make payments? Yes No

Physician Information

Sex: Male Female Date of Birth (optional): ____/____/____

Year you began practicing medicine: _____

REQUIRED

Education: (**please list the institutions where you completed your professional training**):

Medical School: _____

Internship(s): _____

Residency (ies): _____

Fellowship(s): _____

Specialty (ies)

Board Certified

Year

- | | | |
|---|--|-------|
| <input type="checkbox"/> Family Practice..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| <input type="checkbox"/> Internal Medicine..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |

List all Specialties/Interests/Special Procedures that may help us match you with a potential patient

Hospital Affiliations (indicate status and year joined staff for all affiliations)

- | | | |
|---|---------------|--------------------------|
| <input type="checkbox"/> Little Company of Mary Torrance | Status: _____ | Year Joined Staff: _____ |
| <input type="checkbox"/> Little Company of Mary San Pedro | Status: _____ | Year Joined Staff: _____ |
| <input type="checkbox"/> Torrance Memorial Medical Center | Status: _____ | Year Joined Staff: _____ |
| <input type="checkbox"/> Harbor UCLA Medical Center | Status: _____ | Year Joined Staff: _____ |
| <input type="checkbox"/> Other: _____ | Status: _____ | Year Joined Staff: _____ |

Medical Groups (indicate if you are affiliated with any of the following groups)

- Providence Little Company of Mary Medical Institute (PLCMMI)
- South Bay Independent Physicians Medical Group (SBIP)
- Unified Physicians of the South Bay Medical Group
- South Bay Family Medical Group
- Alliance Medical Group
- La Vida Medical Group & IPA

INSURANCE PLANS ACCEPTED

While we understand insurance plans constantly change, please indicate from the following lists the plans contracted with Providence Little Company of Mary that your office currently accepts. Callers are informed that it is a good idea to confirm that their insurance plan is accepted when making an appointment with your office.

Most callers to the Physician Referral Service specify which insurance plan they are under - please check all plans & payment systems that you accept or it may hinder our ability to refer you patients.

Are you a **Medicare** contracted provider? Yes No Do you accept **Medi-Medi**? Yes No
 Are you a **Medi-Cal** contracted provider? Yes No

HMO Plans (Health Maintenance Organizations)

Please indicate if you are affiliated with HealthCare Partners IPA Little Company of Mary
 PLCM Torrance Physicians, please indicate if you are affiliated with Axminster Medical Group & IPA
 PLCM San Pedro Physicians, please indicate if you are affiliated with La Vida Medical Group & IPA

- | | |
|--|--|
| <input type="checkbox"/> Aetna Health Plan | <input type="checkbox"/> Great West (Formerly One Health Plan) |
| <input type="checkbox"/> Anthem (Blue Cross California Care) | <input type="checkbox"/> Health Net |
| <input type="checkbox"/> Blue Shield Access + | <input type="checkbox"/> Health Net Silver Network |
| <input type="checkbox"/> Blue Shield HMO | <input type="checkbox"/> PacifiCare |
| <input type="checkbox"/> CHAMPUS/ TriCare | <input type="checkbox"/> PruCare |
| <input type="checkbox"/> CIGNA Private Practice Plan | <input type="checkbox"/> Universal Care |

HMO Senior Plans

- | | |
|---|--|
| <input type="checkbox"/> Aetna Senior | <input type="checkbox"/> Health Net Seniority Plus |
| <input type="checkbox"/> Anthem (Blue Cross Senior) | <input type="checkbox"/> SCAN Health Plan |
| <input type="checkbox"/> Blue Shield 65 Plus | <input type="checkbox"/> Secure Horizons |

HMO Medi-Cal Plans

- | | |
|--|--|
| <input type="checkbox"/> Blue Cross (Medi-Cal) | <input type="checkbox"/> Molina Medical Centers (Medi-Cal) |
| <input type="checkbox"/> Care 1 st Medi-Cal | <input type="checkbox"/> Universal Care (Medi-Cal) |

HMO Healthy Families Plans

- | | |
|---|--|
| <input type="checkbox"/> Blue Cross HMO | <input type="checkbox"/> Health Net HMO |
| <input type="checkbox"/> Blue Shield HMO | <input type="checkbox"/> Molina Healthcare |
| <input type="checkbox"/> Care 1 st Health Plan | <input type="checkbox"/> Universal Care |

PPO, POS, & EPO Plans (Managed Care Plans)

- Admar Corp. PPO/Exclusive Health (Multiplan)
- Aetna PPO/EPO/POSII/QPOS/WC
- Affiliated Health Funds PPO
- BCE Emergis PPO
- Beech Street/CAPP Care PPO/WC
- Benefit Panel Services (BPS) PPO/EPO
- Blue Cross PPO
- Blue Shield HMO Plus (POS)
- Blue Shield PPO/Select
- CHAMPUS/ TriCare/TriWest
- Cigna PPO/ POS/ EPO
- Community Care Network (CCN) PPO/WC
- Conservicare PPO
- Corvel (Corcare) PPO/WC
- First Health/Affordable PPO/WC
- Foundation Health Plan EOP/PPO
- Galaxy PPO (Augnet PPO/Managed Care Inc.)
- Great West (Formerly One Health) PPO/POS
- Health Net PPO/EPO
- Health Management Network
- Health Payors Organization PPO
- Humana/ ChoiceCare PPO
- Indemnity Insurance Plans (**Any**)
- Interplan PPO/WC
- ILWU-PMA Coastwise Indemnity Plan (PPO)
- L.A. Foundation For Medical Care PPO/EPO/WC
- Mail Handlers Benefits Plan
- MCS Patient Centered Health Care Network PPO
- Medical Network Incorporated PPO
- Multiplan, Ltd. PPO
- National Preferred Provider Network
- National Provider Network
- PacifiCare PPO/POS/EPO
- Pacific Health Alliance PPO/POS/WC
- ppoNext (HealthStar, Beyond Benefits, Master Care)
- Preferred Health Network PHN PPO
- Prime Health PPO
- Private Healthcare Systems (PHCS) PPO/POS/EPO
- ProAmerica PPO
- PruCare Plus/ Experience
- Prudential Healthcare
- Prudential MMPO
- PruNet PPO/POS
- Secure Horizons POS
- Three Rivers Provider Network
- United Healthcare PPO/ EPO/ POS
- United Payors & United Providers (UP & UP)
- Universal Health Network PPO
- USA Managed Care Organization

Please feel free to list any other plan(s) accepted by your practice that you do not see on our list.
