

ADMIT PLAN

I, _____, (MD/DO) (PAC/APN) the undersigned, do hereby attest I do not currently have privileges with any local facilities and the box(es) checked below describe arrangements I have made to cover admission requirements,

Arrangements have been made with _____, who is a provider in my group, to admit any patients where hospitalization may be required.

I attest I have applied for privileges and upon receipt of documentation I will promptly notify OneHealth.

Arrangements have been made with _____, to admit patients on my behalf until my own privileges have been obtained.

Arrangements have been made with admitting providers from _____ group to admit patients for me.

In case of an office emergency, staff has been instructed to call 911.

Admitting Designee:

Name: _____

Phone: _____

Address: _____

I understand that any changes to the above designation/attestation will be communicated immediately to OneHealth.

Provider Signature

Date