

**New Physician Profile**

Physician Name \_\_\_\_\_ Specialty \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Office#) \_\_\_\_\_ Fax# \_\_\_\_\_

Email Address \_\_\_\_\_

Surgery Scheduler Name(s) \_\_\_\_\_

NPI Number \_\_\_\_\_ UPIN Number \_\_\_\_\_

Approximate number of outpatient cases per month physician will perform at the facility \_\_\_\_\_

List the five most common outpatient procedures that the physician would perform at the center along with the anticipated volume for each.

	<b>Procedure Description</b>	<b>Procedure CPT Code</b>	<b>Anticipated Volume</b>	<b>Avg. OR Time/Case</b>
1				
2				
3				
4				
5				

Other Common Procedures (CPTs) \_\_\_\_\_

Physician's current payor mix (use percentages)

Commercial Insurance \_\_\_\_\_ % Medicare \_\_\_\_\_ %

Workers Compensation \_\_\_\_\_ % Medi-Cal \_\_\_\_\_ %

Self-Pay \_\_\_\_\_ %

List Top 5 Insurance Payors:

\_\_\_\_\_  
\_\_\_\_\_

Special Equipment and/or Supply Needs: \_\_\_\_\_

ACL:  Graft or  Autograft

Shoulders: Implants(Specify) \_\_\_\_\_

Knees: Implants(Specify) \_\_\_\_\_

Other high cost materials (Specify) \_\_\_\_\_

Physician Comments: