



HealthLine PHYSICIAN REFERRAL PROFILE

**** PLEASE TYPE OR PRINT CLEARLY****

Instructions: Please complete the following information for the Physician Referral Service and return to Ruth Martinsen, Physician Referral Specialist, HealthLine Sarasota Memorial Health Care System.

Name: First _____ Last _____

Degree: _____ Title _____

Year Started in Practice _____ Year Started in Area _____

Primary Hospital Privileges:

Sarasota Memorial Hospital

HCA/Columbia Doctor's Hospital

Other _____

Board Certification (specify board(s)) _____

MEDICAL EDUCATION

Medical School: _____ State _____

Internship: _____ State _____

Residency: _____ State _____

Fellowship: _____ State _____

Date of Birth _____ Sex: Male Female

Languages Spoken (Other than English) _____

PRACTICE INFORMATION:

Solo or Group Practice/Group Name: _____

Accepts Children

Payment Methods:

- | | | |
|--------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Mastercard | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Check | <input type="checkbox"/> Visa | <input type="checkbox"/> Insurance Billed |
| | <input type="checkbox"/> Discover | <input type="checkbox"/> Financing Available |

Accepts: MEDICARE ASSIGNMENT **Accepts:** MEDICAID, MEDIPASS, etc.

Primary Specialty:

- | | |
|---|---|
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Ophthalmology |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Oral Maxillofacial Surgery |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Psychiatry, Child |
| <input type="checkbox"/> Gynecology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Gynecology/Obstetrics | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Infectious Disease | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Infertility and Reproductive Endocrinology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Rheumatology |
| <input type="checkbox"/> Internal Medicine/Pediatrics | <input type="checkbox"/> Surgery, Cardiac |
| <input type="checkbox"/> Maternal/Fetal Medicine | <input type="checkbox"/> Surgery, General |
| <input type="checkbox"/> Neonatology | <input type="checkbox"/> Surgery, Thoracic |
| <input type="checkbox"/> Nephrology | <input type="checkbox"/> Surgery, Vascular |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Other |
| <input type="checkbox"/> Oncology/Hematology | |

Secondary Specialty: _____

Primary Location:

Address: _____ Zip Code: _____

Phone # (941) _____ Fax # _____ E-Mail _____

Nearest Major Streets or Landmarks _____

Office Manager _____

_____ Public Transit _____ Handicap Access

Service Hours:

MONDAY _____ to _____ and _____ to _____
TUESDAY _____ to _____ and _____ to _____
WEDNESDAY _____ to _____ and _____ to _____
THURSDAY _____ to _____ and _____ to _____
FRIDAY _____ to _____ and _____ to _____
SATURDAY _____ to _____ and _____ to _____
SUNDAY _____ to _____ and _____ to _____

Additional Location(s):

Address: _____

Zip Code _____ Phone # (941) _____ Fax # _____

Nearest Major Streets or Landmarks _____

_____ Public Transit _____ Handicap Access

Service Hours:

MONDAY _____ to _____ and _____ to _____
TUESDAY _____ to _____ and _____ to _____
WEDNESDAY _____ to _____ and _____ to _____
THURSDAY _____ to _____ and _____ to _____
FRIDAY _____ to _____ and _____ to _____
SATURDAY _____ to _____ and _____ to _____
SUNDAY _____ to _____ and _____ to _____

Managed Care Insurance Plans
Please ✓ the plans that you accept:

Accordia	Manatee City Government
Aetna HMO/Select Choice	Mass Mutual
Aetna PPO/Managed Choice	Medicaid
Aetna PPO/Open Choice	Medicare
Affordable	Medicare & More
All Florida PO	Medicare & Assignment
America's Health Plan	Medipass
American Heritage Life	Medview Services
American Medical Security	Metra Health
Ameri-Plus (Meicare Select Plan)	Metropolitan Life Insurance
Anthem Health System	Morris Associates
Avmed HMO	MultiPlan Inc.
Avmed PPO	Mutual of Omaha
Baycare Health Network	Mutually Preferred
BC/BS Health Options	New York Life
BC/BS Advantage 65 Select	One Health Plan
BC/BS Care Manager	One Source
BC/BS Traditional	Payco American Corporation
BC/BS Florida PPO/PPS/PPC	PHCS
Beech Street PPO	Physicians Healthcare Plan
Beech Street Workman's Comp	Plaines Health Network
CAC Ramsey	Preferred Health Network
Capp Care PPO	Principal Healthcare
Champus	ProAmerican Network
Choice Worker's Comp	ProNet
Cigna	Providan
CNN	Robey Barbar
Corvel PPO	Senior Care Plus
Corvel Workers Comp	SMH/PHO
Dominion Healthcare Inc.	St. Augustine
EMI Employers Mutual Inc.	Sun Comp
Encompass	SMH/PHO
FEISCO (FCC)	The Managed Care Alliance
First Health	Travelers Insurance
Florida 1 st Medicaid	Ultramedix
Florida 1st	Unisys (FIPA)
Florida 1 st HMO	United Behavioral Health
Florida Health LC	United Chambers
Florida Health Network	United Health Care
Florida Med Choice HMO	United HMO
Florida Medco PPO	United PPO
Focus Healthcare Management	Universal Health Network
Great West Life	USA
Guardian	Value Behavioral Health
Health Access, Inc. PPO	Varsity Health
Health Star	Wellcare HMO Inc.
HealthCare Networks of America	Weyco
HealthCare Sarasota	Worker's Comp.
Health South	Yoder Brothers
Heritage Summit Worker's Comp.	ADD ANY ADDITIONAL INSURANCES:
Hip Health Plan of Florida Inc.	
HPO Ltd	
John Alden	

INFORMATION TO BE PUBLISHED TO PHYSICIAN DIRECTORY ON SMH WEBSITE WWW.SMH.COM, FIND A PHYSICIAN.

Your general profile information will be published to the hospital website. Please check the box indicating that you do or do not want your photograph included on the hospital website. Please provide a small professional portrait style photo when possible. This will be returned to you.

- Yes, I wish for my photo to be displayed on the website.
- No, I do not wish for my photo to be displayed on the website.

If your personal practice or group has a website and would like to be linked from smh.com in your profile, please provide the url: _____

SMHCS SPEAKER'S BUREAU

Would you be interested in being a member of the Hospital's Speakers Bureau? Yes No

If so, what is your preferred topic(s) for presentation?

HEALTH E-CLICKS E-NEWSLETTER



Sarasota Memorial's Health e-clicks is a monthly patient friendly e-newsletter produced by Sarasota Memorial's team of health care professionals. Sarasota Memorial services, procedures, news and health information is the focus of the content. Please indicate if you would like to subscribe below. For more information about the hospital and services we provide, visit www.smh.com.

- Yes, I would like to subscribe the Sarasota Memorial's Health e-clicks. Please add me to your email list. My email address is: _____
- No, I do not wish to subscribe to Health e-clicks at this time.

_____	Date: _____
Signature	
_____	Date: _____
Please Print Name	

This signature verifies that all information provided is current and correct.