



**HOSPITAL ADMITTING ARRANGEMENTS ATTESTATION
ADMITTER**

DualChoice IPAs may contract with an Admitter, who may be a person or group, at the Hospitals where the IPA receives membership assignment, and a Hospitalist does not exist at the Hospital. The Admitter, will be assigned to admit patients on behalf of the IPA, for those Primary Care Providers (PCPs) who do not hold their own privileges at the respective hospital.

DEFINITION:

Admitting Physician: The doctor responsible for admitting a patient to a hospital or other inpatient health facility ¹

- Admitting Physicians do not exclusively practice in an inpatient setting, therefore must undergo credentialing and recredentialing by the IPA.

This letter shall serve as formal notification of:

_____ 's written arrangement with
DualChoice IPA Name

_____, who meets the definition of a Hospitalist,
Admitter Name

and attests that a written arrangement is in place that includes the following:

- IPA has a mutually agreed upon agreement with the Admitter listed above, which is subject to IEHP review, upon request.
- The agreement stipulates a minimum of thirty (30) days advance notice of intent to terminate by either party. Notice of termination must be submitted to IEHP within five (5) days of the IPA's knowledge of pending termination
- The agreement specifies that bills for services rendered are submitted to and paid by the IPA
- Admitter will provide services and has admitting privileges at the following hospitals:

- | | |
|--|---|
| <input type="checkbox"/> Arrowhead Regional Medical Center | <input type="checkbox"/> Parkview Community Hospital Medical Center |
| <input type="checkbox"/> Barstow Community Hospital | <input type="checkbox"/> Pomona Valley Hospital Medical Center |
| <input type="checkbox"/> Community Hospital of San Bernardino | <input type="checkbox"/> Rancho Springs Medical Center |
| <input type="checkbox"/> Corona Regional Medical Center | <input type="checkbox"/> Redlands Community Hospital |
| <input type="checkbox"/> Chino Valley Medical Center | <input type="checkbox"/> Riverside Community Hospital |
| <input type="checkbox"/> Desert Regional Medical Center | <input type="checkbox"/> Riverside County Regional Medical Center |
| <input type="checkbox"/> Desert Valley Hospital | <input type="checkbox"/> San Antonio Regional Hospital |
| <input type="checkbox"/> Eisenhower Medical Center | <input type="checkbox"/> San Geronio Memorial Hospital |
| <input type="checkbox"/> Hemet Valley Medical Center | <input type="checkbox"/> St. Bernardine Medical Center |
| <input type="checkbox"/> Inland Valley Regional Medical Center | <input type="checkbox"/> Temecula Valley Hospital |
| <input type="checkbox"/> John F. Kennedy Memorial Hospital | <input type="checkbox"/> Victor Valley Global Medical Center |
| <input type="checkbox"/> Montclair Hospital Medical Center | |

¹ CMS.gov (Glossary)



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ADMITTER INFORMATION

ADMITTER NAME	GROUP NPI#
PHONE	FAX
NAME AFFILIATED WITH TIN	TAX ID NUMBER (TIN)

By signing below, I hereby affirm that the information submitted is true, current and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations may result in denial of this hospital arrangement.

IPA ADMINISTRATOR NAME	
IPA ADMINISTRATOR SIGNATURE	DATE

PHYSICIANS AFFILIATED WITH ADMITER AGREEMENT

PHYSICIANS' NAME	SPECIALTY	INDIVIDUAL NPI
PHYSICIANS' NAME	SPECIALTY	INDIVIDUAL NPI
PHYSICIANS' NAME	SPECIALTY	INDIVIDUAL NPI
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PHYSICIANS' NAME	SPECIALTY	INDIVIDUAL NPI
PHYSICIANS' NAME	SPECIALTY	INDIVIDUAL NPI

