

## HMO/AFDS Profile of Contracted Health Professionals

Name of Applicant: \_\_\_\_\_

Requested County: \_\_\_\_\_

For each county in the applicant’s requested service area, provide the following information for each contracted primary care and specialist health professional. Add or delete rows as needed. For **AFDS**, enter contracted health professionals under “Other Specialists.”

### Primary Care Providers

#### Family Practice

Provider Name	Board Eligible or Certified (Yes/No)	City	Accepting New Patients (Yes/No)	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:				

#### General Practice

Provider Name	Board Eligible or Certified (Yes/No)	City	Accepting New Patients (Yes/No)	Admitting Privileges to a Participating Hospital (Yes/No)
	N/A			
Total Number of Providers:				

#### Internal Medicine

Provider Name	Board Eligible or Certified (Yes/No)	City	Accepting New Patients (Yes/No)	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:				

#### OB/GYN

Provider Name	Board Eligible or Certified (Yes/No)	City	Accepting New Patients (Yes/No)	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:				

Pediatrician

Provider Name	Board Eligible or Certified (Yes/No)	City	Accepting New Patients (Yes/No)	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:				

**Specialists**

Allergists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Anesthesiologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Cardiologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Dermatologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Gastroenterologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Orthopedists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Radiologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

General Surgeons

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Urologists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

Psychiatrists

Provider Name	Board Eligible or Certified (Yes/No)	City	Admitting Privileges to a Participating Hospital (Yes/No)
Total Number of Providers:			

