

**Hospital Admitting Privileges/Inpatient Coverage Plan**

Send the completed form by email at [Credentialing.Updates@LifeWiseHealth.com](mailto:Credentialing.Updates@LifeWiseHealth.com) or fax to 425-918-4766. Visit <https://www.lifewise.com/provider/join-our-network> for more information on the credentialing process.

<b>Name:</b>	
<b>Primary specialty:</b>	
<b>PLEASE COMPLETE THE SECTION BELOW THAT RELATES TO YOUR CURRENT PLAN</b>	
<b>Section 1</b>	<b>The licensed physician(s) who covers my patient hospital admits is:</b> Covering physicians must be <b>currently credentialed</b> and have <b>active solo admission privileges.</b> (We will accept on-call physician lists for practitioner groups.)
Physician's name/degree:	
Specialty:	
Admitting hospital(s):	
<b>Section 2</b>	<b>If you refer patients to a hospitalist group:</b>
Hospitalists group name:	
Location:	
<b>Section 3</b>	<b>Other acceptable admission plans:</b>
Refers to nearest ER:	YES ___ NO ___
Refers to patient's PCP:	YES ___ NO ___
Refers to a hospital admit or intake coordinator (acceptable for psychiatric admissions only)	YES ___ NO ___
Other (please explain):	
<b>Section 4</b>	<b>Nurse Midwives and Midwives:</b> Please complete if your specialty is midwifery or OBG (including deliveries).
The licensed physician/physician group engaged in active clinical obstetrical practice and with whom I will consult when there are significant deviations from the normal in either the mother or infant is:	
Physician's name/degree:	
Specialty:	
Admitting hospital:	
Admitting hospital address:	