VirginiaPremier™
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Recruitment Request Form

This form is intended to be used for providers or groups who would like to participate with Virginia Premier. Completion of this form does not mean that a provider or vendor is contracted with Virginia Premier. Please complete and fax form to the Network Development Department at **(804) 819-5366**. Should you have any questions or concerns, call (800) 727-7536 and select 'option 6'.

Provider Information: Solo Practice ☐ Group Practice ☐

# of Providers: ___________ Are there any age restrictions? Yes ☐ No ☐

Will any of your providers be acting as a Primary Care Physician? Yes ☐ No ☐

If applying to be a Primary Care Physician(s): Do you wish to have an open panel? Yes ☐ No ☐

Do you participate with Virginia Medicaid? Yes ☐ No ☐

Name of Group Practice: ______________________________

Provider Name or Names: ______________________________

____

Physical Location: ______________________________

Mailing Address (if different): ______________________________

Phone #: ______________________ Facsimile #: ______________________

Contact Name: ______________________ Email Address: ______________________

Specialty or Services Provided: ______________________ Hours of Operation: ______________________

If applicable, do you currently have active hospital privileges? Yes ☐ No ☐ If yes, where ______________________

____

Do you offer after-hours services? If so, please provide information on after-hours: ______________________

____

Are you receiving referrals to see VPHP Members? If yes, what is the frequency? ______________________

Do you treat children with special needs? Yes ☐ No ☐

INDV NPI #: ______________ GROUP NPI# ______________ EIN # ______________

For VPHP Use Only:

Network Development Committee Not Required ☐

Medical Management Recommendation: **Yes** ☐ **No** ☐ **Date:** _________

Network Development Committee Decision: **Approved** ☐ **Not Approved** ☐ **Date:** _________

Resolution / Actions Taken: **Sent Recruitment** ☐ **Rejection Letter** ☐ **Date:** _________