



# Request for Application

## Clinical Privileges, Medical Staff Membership and/or Network Participation

Please complete *all* of the following fields. Your name must appear on this form as it does on your state professional license (if applicable). Your email address must be your personal email address; we cannot accept the email address of anyone other than you as the prospective applicant. Please return this application request form to [enterprise.credentiaing@memorialhermann.org](mailto:enterprise.credentiaing@memorialhermann.org). **Date:** \_\_\_\_\_

### FOR ALL PRACTITIONERS

Although board certification is not a sole requirement for clinical privileges, medical staff membership and/or network participation; certification by a board recognized by the ABMS, AOA, ADA or ABFAS is required within five (5) years of completion of your postgraduate training. Board certification, AMA and AOA may be verified with the application request process. Active admitting privileges at a network hospital along with an active unrestricted license are required for participation in the health plan. \*If applying for privileges at a Memorial Hermann hospital and/or affiliated centers, applications for certain specialties (not limited to, but includes emergency medicine, pathology, radiology and neonatology) may not be accepted for membership unless the applicant is affiliated with contracted groups.

Last Name		First Name		M/I	Suffix	Professional Degree	
Other Name		Date of Birth	Social Security #	Individual NPI #	CAQH ID #	DEA #	Texas Professional License#
Personal Cell Phone	Personal Email Address		Primary Facility		Check Only One of the Following <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospital-Based		
Primary Specialty		Subspecialty	Board Certified Yes   No	Name of Certifying Board	Year of Residency Completion	Year of Fellowship Completion	
Practice Specific Privileges Desired				Supervising/Sponsoring Memorial Hermann Medical Staff (AHP Only)			
Group Name/Practice Name			Group Tax ID #	Group NPI #	Office Phone Number	Office Fax Number	
Primary Office Address			Suite	City	State	Zip Code	
How do our Memorial Hermann Hospital and/or affiliated centers fit your practice plan? *							

### FOR ALL ANCILLARY SERVICES AND FACILITIES (HEALTH PLAN ONLY)

Facility Full Name		Doing Business As (DBA)		Facility Tax ID #	Facility NPI #		
CAQH ID #	Office Phone Number	Office Fax Number		Email Address (Office Manager/Administrator)			
Primary Office/Service Address			Suite	City	State	Zip Code	
Mailing Address (if different)			Suite	City	State	Zip Code	
Services				Primary Specialty		Subspecialty	

### CREDENTIALING CONTACT INFORMATION

Credentialing Contact Name	Credentialing Contact Email Address	Credentialing Contact Phone Number
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Please indicate all facilities or entities to which you wish to apply.

Memorial Hermann Hospitals

- |   |   |
|---|---|
| <input type="checkbox"/> Greater Heights (Northwest)    | <input type="checkbox"/> Southeast                      |
| <input type="checkbox"/> First Colony (Formerly Emerus) | <input type="checkbox"/> Southeast-Pearland             |
| <input type="checkbox"/> Katy                           | <input type="checkbox"/> Southwest                      |
| <input type="checkbox"/> Memorial City                  | <input type="checkbox"/> Sugar Land                     |
| <input type="checkbox"/> Northeast                      | <input type="checkbox"/> Surgical Hospital Kingwood     |
| <input type="checkbox"/> Prevention and Recovery (PaRC) | <input type="checkbox"/> Surgical Hospital First Colony |
| <input type="checkbox"/> Rehabilitation Hospital-Katy   | <input type="checkbox"/> The Woodlands                  |

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|---|
| <input type="checkbox"/> TIRR Texas Medical Center Location   |
| <input type="checkbox"/> TOPS Surgical Specialty Hospital   |
| <input type="checkbox"/> Tomball (Formerly Emerus)  |
| <input type="checkbox"/> Texas Medical Center (TMC)   |
| <input type="checkbox"/> Children's   |
| <input type="checkbox"/> Cypress Hospital (additional fee applies when TMC & Cypress are both selected) |
| <input type="checkbox"/> Orthopedic & Spine   |

MHMD Physician Network

- MHMD
- Memorial Hermann Health Plan
- MH Health Plan only
- Memorial Hermann Employed Groups
- MHMG
- Mischer

Memorial Hermann Affiliated Endoscopy & Surgery Centers

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Endoscopy Center North Loop                   | <input type="checkbox"/> Surgery Center Kingsland                            | <input type="checkbox"/> Surgery Center Texas Medical Center    |
| <input type="checkbox"/> Endoscopy & Surgery Center North Houston, LLC | <input type="checkbox"/> Surgery Center Kirby Glen                           | <input type="checkbox"/> Surgery Center The Woodlands-Pinecroft |
| <input type="checkbox"/> Surgery Center Bay Area Endoscopy Center      | <input type="checkbox"/> Surgery Center Memorial Village                     | <input type="checkbox"/> Surgery Center West Houston            |
| <input type="checkbox"/> Surgery Center Greater Heights                | <input type="checkbox"/> Surgery Center Richmond                             | <input type="checkbox"/> Surgery Center Woodlands Parkway       |
| <input type="checkbox"/> Surgery Center Katy                           | <input type="checkbox"/> Surgery Center Southwest                            | <input type="checkbox"/> Surgery Center The Woodlands           |
| <input type="checkbox"/> Houston Physicians' Surgery Center            | <input type="checkbox"/> Surgery Center Sugar Land                           | <input type="checkbox"/> Surgery Center Preston Rd              |
| <input type="checkbox"/> Surgery Center Brazoria                       | <input type="checkbox"/> Surgery Center Texas International Endoscopy Center |   |