



CALL COVERAGE DESIGNATION & CREDENTIALING CONTACT INFORMATION FORM

Requirements:

- Physician agrees to provide coverage for Members twenty-four (24) hours per day, seven (7) days per week by a network Participating Provider.
- The Call Coverage Physician and Applying Physician must participate in the same networks, but if the Call Coverage Physician is participating in additional networks that is fine.
- The Call Coverage Physician and the Applying Physician must be credentialed in the same specialty.
 - Exception – if the Applying Physician is in a rural setting where there is not another physician in the same specialty, a physician in a similar specialty may be approved.
- Call Coverage must be established prior to the credentialing approval of the Applying Physician.

Useful Tool:

It may be helpful to use our Provider Finder tool to assist in finding a Call Coverage Physician participating in the same networks and specialty. Go to www.bcbsok.com and click the link on the Home Page called "Find a Doctor". You can search providers in an area by specialty and view that provider's network participation.

Applying Physician's Name: _____
(please print name legibly)

Applying Physician's/ Authorized Signature: _____

DESIGNATED Call Coverage Physician(s): _____
(please print name(s) legibly)

Do the Call Coverage and Applying Physician Specialties Match (please circle)? Yes / No

If "no", why? _____

Is there a patient age restriction concern between the Applying and Call Coverage Physician?

If so, explain. _____

Admitting Privileges? Yes / No (Please circle.)

Hospital(s): _____

Credentialing Contact Information

Credentialing Contact Name: _____ Phone: _____

Credentialing Contact Email: _____

Credentialing Contact Address, City, State, Zip: _____

Internal Use – Network Representative Completes Below:

Network Representative Name: _____ **Representative Contact Information:** _____