

CONTINUUM HEALTH PARTNERS
Physician Profile Fact Sheet

All physicians affiliated with any one of the Continuum Health Partners hospitals are invited to complete this Profile Fact Sheet. The information on this fact sheet is made available to the public on Continuum's web site, www.chpnyc.org. Additionally, it is used by individuals who call our Physician Referral Center (800-420-4004) for a medical referral and for Continuum's Physician Telephone Directory.

In addition to this form, we need a copy of your CV. Please send this form and your CV, by fax or email to:

Ms. Janice Boylan
Continuum Referral Service
555 West 57th Street, 18th Floor
New York, NY 10019
Phone: (212) 844-1844
Fax: (212) 420-2180
Jboylan@chpnet.org

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- New Listing Change in current information
 Please post my information on Continuum's Web site, www.chpnyc.org
 Please include my information in the medical referrals you provide at the Physician Referral Service

Last Name: **First Name:** **Middle Initial:**

E-Mail: To facilitate faster and more efficient communications with members of the medical staff, we ask that you provide your E-mail address. ***Please be assured that your e-mail address will be used strictly for internal communications, unless you indicate that it should be posted on our Web site.*** We will **not** share your E-mail address with any outside source.

Your E-mail address:

- Do not post on www.chpnyc.org Post on www.chpnyc.org for public viewing

Professional Certification (MD, DDS, DO, etc.)

Gender: Male Female

Board Certified: Yes No
Board Eligible: Yes No

Board Certified: Yes No
Board Eligible: Yes No

Board Name
Year Certified
Year Recertified

Board Name
Year Certified
Year Recertified

Hospital Affiliation(s): BI (Petrie) BI (KHD) SLR LICH NYEEI

Department:

Specialty: (Primary)

Specialty: (Secondary)

Clinical Interest(s):

Medical Staff Rank and/or Title(s): Check all that apply. Titles refer only to Continuum hospitals.

- Chairman, Department of
 - Chief, Division of
 - Director, (Center)
 - Attending
 - Other
-

Academic Appointments: Indicate academic titles only for institutions listed below.

- Albert Einstein College of Medicine
- Columbia University College of Physicians and Surgeons
- SUNY Health Science Center (Brooklyn)
- New York Medical College

Title Department

Medical School

Location **Year Graduated**

Residency Program: From (year) to (year)
Location (hospital, city, state)

Residency Program: From (year) to (year)
Location (hospital, city, state)

Fellowship From (year) to (year)
Location (hospital, city, state)

Fellowship From (year) to (year)

Location (hospital, city, state)

If you wish, you may attach a photo for our Web site, www.chpnyc.org

Photo attached: Yes No

Office Information: Please complete for each office in which you practice – attach any additional information.

Office Address 1

Practice Name
Street
City State Zip
Telephone:
Fax
Office Manager/ Phone:

Office Address 2

Practice Name
Street
City State Zip
Telephone:
Fax
Office Manager/ Phone:

Office Schedule

Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to
Sunday to

Office Schedule

Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to
Sunday to

Are you willing to see emergency cases? Yes No

Are you willing to make housecalls? Yes No

Are you in a group practice? Yes No

If yes, please list other physicians' names:

Please note any specific equipment you have on site (e.g., X-ray, sonogram)?

Is your office handicap accessible? Yes No

Please list any languages **you** speak other than English:

Please list any languages **your staff** speaks other than English:

Do you accept children? Yes No

If yes, what is the youngest age?

Payment Information:

Please provide us with a listing of all of the insurance plans you accept. Be sure to include information as to whether you accept Medicare and/or Medicaid, including any managed-care Medicare/Medicaid plans.

Initial visit fee \$ Subsequent visit fee \$

Do you require payment at time of service? Yes No

Do you accept Medicare as a primary payor?

Yes No

Do you accept Medicaid as a primary payor?

Yes No

If no, do you accept Medicaid as a secondary payor?

Yes No

Please check any insurance plans you accept: (Attach additional page if necessary)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1199 | <input type="checkbox"/> DELTA DENTAL | <input type="checkbox"/> HIP MEDICAID |
| <input type="checkbox"/> 32 BJ | <input type="checkbox"/> ELDERPLAN | <input type="checkbox"/> HIP PPO |
| <input type="checkbox"/> ACADEMIC HEALTH PLAN (Yeshiva Students) | <input type="checkbox"/> EMPIRE BLUE | <input type="checkbox"/> HIP VIP (Medicare) |
| <input type="checkbox"/> AETNA CHICKERING (Columbia University Student Insurance) | <input type="checkbox"/> CROSS/BLUE SHIELD EPO | <input type="checkbox"/> HIP/VYTRA |
| <input type="checkbox"/> AETNA MEDICARE | <input type="checkbox"/> EMPIRE BLUE | <input type="checkbox"/> HORIZON BLUE CROSS BLUE SHIELD OF NJ |
| <input type="checkbox"/> AETNA NYC COMMUNITY PLAN | <input type="checkbox"/> CROSS/BLUE SHIELD HMO | <input type="checkbox"/> HOTEL TRADE UNION |
| <input type="checkbox"/> AETNA OPEN ACCESS HMO | <input type="checkbox"/> EMPIRE BLUE | <input type="checkbox"/> HUMANA |
| <input type="checkbox"/> AETNA PPO | <input type="checkbox"/> CROSS/BLUE SHIELD INDEMNITY | <input type="checkbox"/> LOCAL 814 |
| <input type="checkbox"/> AFFINITY CHILD HEALTH PLUS | <input type="checkbox"/> EMPIRE BLUE | <input type="checkbox"/> MAGNACARE |
| <input type="checkbox"/> AFFINITY FAMILY HEALTH PLUS | <input type="checkbox"/> CROSS/BLUE SHIELD MEDIBLUE (Medicare) | <input type="checkbox"/> MASTERCARE |
| <input type="checkbox"/> AFFINITY MEDICAID | <input type="checkbox"/> EMPIRE BLUE | <input type="checkbox"/> MEDICAID |
| <input type="checkbox"/> AFFINITY MEDICARE | <input type="checkbox"/> CROSS/BLUE SHIELD PPO | <input type="checkbox"/> MEDICAID SECONDARY TO MEDICARE |
| <input type="checkbox"/> AMERICHOICE (United Medicaid) | <input type="checkbox"/> FAMILY HEALTH PLUS | <input type="checkbox"/> MEDICARE |
| <input type="checkbox"/> AMERICHOICE CHILD HEALTH PLUS | <input type="checkbox"/> FIDELIS CHILD HEALTH PLUS | <input type="checkbox"/> METROPLUS CHILD HEALTH PLUS |
| <input type="checkbox"/> AMERICHOICE FAMILY HEALTH PLUS | <input type="checkbox"/> FIDELIS FAMILY HEALTH PLUS | <input type="checkbox"/> METROPLUS FAMILY HEALTH PLUS |
| <input type="checkbox"/> AMERIGROUP CHILD HEALTH PLUS | <input type="checkbox"/> FIDELIS MEDICAID | <input type="checkbox"/> METROPLUS MEDICAID |
| <input type="checkbox"/> AMERIGROUP FAMILY HEALTH PLUS | <input type="checkbox"/> FIDELIS MEDICARE | <input type="checkbox"/> METROPLUS MEDICARE |
| <input type="checkbox"/> AMERIGROUP MEDICAID | <input type="checkbox"/> FIRST HEALTH | <input type="checkbox"/> MULTIPLAN (includes Allied) |
| <input type="checkbox"/> AMERIHEALTH | <input type="checkbox"/> GALAXY | <input type="checkbox"/> NEIGHBORHOOD CHILD HEALTH PLUS |
| <input type="checkbox"/> ANTHEM | <input type="checkbox"/> GHI HMO CHILD HEALTH PLUS | <input type="checkbox"/> NEIGHBORHOOD FAMILY HEALTH PLUS |
| <input type="checkbox"/> ATLANTIS HMO | <input type="checkbox"/> GHI HMO COMMERCIAL | <input type="checkbox"/> NEIGHBORHOOD MEDICAID |
| <input type="checkbox"/> BC/BS OF NY (Major Medical) | <input type="checkbox"/> GHI HMO FAMILY HEALTH PLUS | <input type="checkbox"/> NEIGHBORHOOD MEDICARE |
| <input type="checkbox"/> BEECH STREET | <input type="checkbox"/> GHI HMO MEDICAID | <input type="checkbox"/> NO FAULT |
| <input type="checkbox"/> BETTER HEALTH ADVANTAGE | <input type="checkbox"/> GHI PPO (CBP For NYC Employees & Medicare) | <input type="checkbox"/> ONE HEALTH PLAN (Great West/New England) |
| <input type="checkbox"/> CAMBRIDGE | <input type="checkbox"/> GREAT WEST (formerly One Health) | <input type="checkbox"/> OXFORD FREEDOM |
| <input type="checkbox"/> CENTERCARE CHILD HEALTH PLUS | <input type="checkbox"/> GUARDIAN | <input type="checkbox"/> OXFORD LIBERTY |
| <input type="checkbox"/> CENTERCARE FAMILY HEALTH PLUS | <input type="checkbox"/> HEALTHFIRST CHILD HEALTH PLUS | <input type="checkbox"/> OXFORD MEDICARE (Secure Horizons) |
| <input type="checkbox"/> CENTERCARE MEDICAID | <input type="checkbox"/> HEALTHFIRST FAMILY HEALTH PLUS | <input type="checkbox"/> PHYSICIANS HEALTH SERVICE (Healthnet) |
| <input type="checkbox"/> CHILD HEALTH PLUS | <input type="checkbox"/> HEALTHFIRST MEDICAID | <input type="checkbox"/> PRIVATE HEALTHCARE SYSTEMS (PHCS) |
| <input type="checkbox"/> CHN | <input type="checkbox"/> HEALTHFIRST MEDICARE | <input type="checkbox"/> RAILROAD MEDICARE |
| <input type="checkbox"/> CIGNA | <input type="checkbox"/> HEALTHNET (formerly PHS) | <input type="checkbox"/> SELECT PRO |
| <input type="checkbox"/> CIGNA HMO (Open Access) | <input type="checkbox"/> HEALTHPLUS CHILD HEALTH PLUS | <input type="checkbox"/> UNITED HEALTHCARE EMPIRE PLAN |
| <input type="checkbox"/> CIGNA PPO | <input type="checkbox"/> HEALTHPLUS FAMILY HEALTH PLUS | <input type="checkbox"/> UNITED HEALTHCARE HMO |
| <input type="checkbox"/> COMPREHENSIVE CARE MANAGEMENT | <input type="checkbox"/> HEALTHPLUS MEDICAID | <input type="checkbox"/> UNITED HEALTHCARE MEDICAID (Americhoice) |
| <input type="checkbox"/> COST CARE | <input type="checkbox"/> HIP CHILD HEALTH PLUS | <input type="checkbox"/> UNITED HEALTHCARE MEDICARE (Secure Horizons) |
| | <input type="checkbox"/> HIP FAMILY HEALTH PLUS | <input type="checkbox"/> UNITED HEALTHCARE PPO |
| | <input type="checkbox"/> HIP HMO | |

VIDACARE
 WELLCARE CHILD
HEALTH PLUS
 WELLCARE FAMILY
HEALTH PLUS

WELLCARE MEDICAID
 WORKER'S COMP

 OTHER

OTHER
 OTHER
 OTHER
 OTHER

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I authorize Continuum Health Partners, Inc. to give my name and credentials to members of the community who seek health care services.

Physician signature _____ Date

If you have a short biographical sketch that you would like to appear on your Web profile, please email it to Janice Boylan at jboylan@chpnet.org.