

# The Mount Sinai Medical Center

## Physician Referral and Find A Doctor Application

Participation in the Physician Referral Service and Find a Doctor Website

Yes, I want to participate in BOTH the 1-800-MD-SINAI Physician Referral Service AND the [www.mountsinai.org/fad](http://www.mountsinai.org/fad) Find a Doctor Website referral feature.

I want to participate in ONLY the 1-800-MD-SINAI Physician Referral Service.

I want to participate in ONLY the [www.mountsinai.org](http://www.mountsinai.org) Find a Doctor Web referral service.

No, I do NOT want to participate in either service.

**General Physician Information:**

Name: \_\_\_\_\_  
                     First                                    M.I.                                    Last                                    (Jr./Sr.)

Title:  MD     DO     DDS     Ph.D.     Other: \_\_\_\_\_

Gender:  Male     Female                      Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In what year did you begin practicing? \_\_\_\_\_    Since what year have you resided in this area? \_\_\_\_\_

Situations where you would NOT like to receive a referral \_\_\_\_\_  
 \_\_\_\_\_

Personal information that you would like referral candidates to know about you, not provided for elsewhere in this questionnaire.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Formal Education:**

**Institution Name**

**Year Grad.**

Medical Degree:		
Internship(s):		
Residency(ies):		
Fellowship(s):		

**Department(s):** \_\_\_\_\_

**Areas of Interest-Choose from the attached list. The first 10 will be used for the website.** (If you wish to add a term that is not on the list, please call the Marketing Department at 212-731-7568.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Faculty Practice Associates:** Are you a member of the Faculty Practice Associates (FPA)? \_\_\_\_ (Yes/No)

Specialty(ies)	Board Certified? Y/N	Accept referrals for this specialty? Y/N

**OFFICE INFORMATION: The following information is needed for each additional office where you see patients.**  
**You may copy this sheet.**

Group Practice Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest cross streets: \_\_\_\_\_

Is this your Primary office location (Y/N)? \_\_\_\_\_

Voice Phone Number: \_\_\_\_\_ Fax Phone Number: \_\_\_\_\_

Physician's e-mail address: \_\_\_\_\_ Display on web? Y/N \_\_\_\_\_

What days/hours will someone be at this office to assist with scheduling?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	_____	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____	_____

What days/hours do you see patients at this location?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:	_____	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____	_____

What is the average waiting period (in days) for scheduling an acute care appointment? \_\_\_\_\_

Does this location have: Public Transportation (Y/N)? \_\_\_\_\_ Handicap Access (Y/N)? \_\_\_\_\_

What is the average new patient fee for a patient's first visit to this location? \_\_\_\_\_

What foreign languages, if any, are spoken at this location? \_\_\_\_\_

Do you treat: Adults (20+) \_\_\_\_\_ Adolescents (13-19) \_\_\_\_\_ Children (under 13) \_\_\_\_\_?

Payment Types  MC  Visa  Discover  Am Ex  Cash  Check

**Please complete attached insurance participation information and return with this form.**

Sign and date below, and return this questionnaire

**By Fax to: 212-731-7925**

**or**

**By mail to:**

**The Mount Sinai Medical Center**

**Department of Marketing, Communications, and Public Affairs**

**One Gustave L Levy Place, Box 1107**

**New York, NY 10029**

I authorize you to release any of the information enclosed in this questionnaire to members of the community who call the Physician Referral Service in need of healthcare services.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you would like to add additional biographical information and/or any publications (up to 10) please send that information electronically to [webfeedback@mssm.edu](mailto:webfeedback@mssm.edu).**

**Insurance Participation:** Please check the insurances below that are accepted at your office(s)

Commercial/Indemnity

Medicare

Medicare Assignment

Medicaid

Workers Comp

Champus

We Accept	Insurance name	Plan type		We Accept	Insurance name	Plan type
	1199 Home Care Division Benefit	PPO			Health Insurance Plan (HIP)	MCD
	1199 National Benefit	PPO			Health Insurance Plan (HIP)	MCR
	32B-J Building Service	PPO			Health Insurance Plan (HIP)	POS
	Aetna Indemnity	IND			Health Insurance Plan (HIP)	WC
	Aetna U.S. Healthcare	HMO			Health Plus, Inc.	MCD
	Aetna U.S. Healthcare	MCD			Healthfirst	HMO
	Aetna U.S. Healthcare	MCR			Healthfirst	MCD
	Aetna U.S. Healthcare	POS			Healthfirst	MCR
	Aetna U.S. Healthcare	PPO			HealthFirst/Medicaid HMO	HMO
	Aetna U.S. Healthcare	WC			HealthFirst/Medicaid HMO	MCD
	Anthem Health of NY: Vytra Health	EPO			HealthFirst/Medicaid HMO	MCR
	Anthem Health of NY: Vytra Health	POS			HealthFirst/Medicaid HMO	PPO
	Anthem Health of NY: Vytra Health	PPO			Healthnet - Empire Blue Cross Blue Shield	HMO
	Beech Street/Prem Pref Care	PPO			Healthnet - Empire Blue Cross Blue Shield	IND
	Beech Street/Prem Pref Care	WC			Healthnet - Empire Blue Cross Blue Shield	PPO
	Best Doctors	PPO			Healthnet/PHS/Guardian	HMO
	Blue Choice	HMO			Healthnet/PHS/Guardian	MCD
	Blue Choice Deluxe	PPO			Healthnet/PHS/Guardian	MCR
	Blue Choice POS	POS			Healthnet/PHS/Guardian	POS
	Blue Choice	PPO			Healthnet/PHS/Guardian	PPO
	Blue Cross Blue Shield	PPO			Healthsource	HMO
	Blue Cross Blue Shield HMO	HMO			HIP- New Jersey	HMO
	Blue Shield of Connecticut	HMO			HIP- New Jersey	MCD
	Blue Shield of Connecticut	PPO			HIP- New Jersey	MCR
	Blue Shield of New Jersey	HMO			HIP- New Jersey	POS
	Blue Shield of New Jersey	PPO			Horizon - Blue Cross Blue Shield	HMO
	Blue Shield Premier	HMO			Horizon - Blue Cross Blue Shield	MCD
	Blue Shield Premier	PPO			Horizon - Blue Cross Blue Shield	PPO
	Blue Shield Wrap Around	HMO			Horizon Healthcare	HMO
	Blue Shield Wrap Around	PPO			Horizon Healthcare	MCD
	Blue Shield Wrap Around Plus	HMO			MediChoice, Inc. PPO	
	Blue Shield Wrap Around	PPO			Mercy HC (Aetna Medicaid)	MCD
	Blue Shield Wrap Around Plus	HMO			Metropolitan Life	IND

We Accept	Insurance name	Plan type		We Accept	Insurance name	Plan type
	Blue Shield Wrap Around Plus	PPO			Multiplan/Unicare	PPO
	CarePlus	MCD			Multiplan/Unicare	WC
	CenterCare, Inc	MCD			Neighborhood Health Prov.LLC	MCD
	Champus/Tri-care	CHA			North Shore LIJ Health Sys PPO	PPO
	Cigna	MCD			NY State Nurses Assoc.	PPO
	Cigna	MCR			Nylcare/Sanus	HMO
	Cigna	POS			One Health Plan	PPO
	Cigna	PPO			Oxford	HMO
	Cigna	HMO			Oxford	MCD
	Cigna Indemnity	IND			Oxford	MCR
	Devon Health Services	PPO			Oxford	POS
	Empire Blue Cross/Blue Shield	HMO			Oxford	PPO
	Empire Blue Cross/Blue Shield	MCD			Oxford Freedom Plan	HMO
	Empire Blue Cross/Blue Shield	MCR			Oxford Liberty	HMO
	Empire Blue Cross/Blue Shield	POS			Oxford Medicare	MDR
	Empire Blue Cross/Blue Shield	PPO			Private Healthcare Systems	PPO
	Empire Plan	HMO			Prudential	PPO
	Empire Plan	PPO			Railroad Medicare	MCR
	Empire Plan-United Health	HMO			SelectPro	EPO
	Empire Plan-United Health	PPO			SelectPro	PPO
	Fidelis Care NY	HMO			Statewide	PPO
	Fidelis Care NY	MCD			Travel Care Services	PPO
	Fidelis Care NY	MCR			Travelers	PPO
	Fidelis Care NY	POS			United Health	EPO
	Fidelis Care NY	WC			United Health	HMO
	First Health/Affordable/CCN	PPO			United Health	IND
	First Health/Affordable/CCN	WC			United Health	MCD
	Group Health Insurance (GHI)	HMO			United Health	MCR
	Group Health Insurance (GHI)	MCD			United Health	POS
	Group Health Insurance (GHI)	MCR			United Health	PPO
	Group Health Insurance (GHI)	POS			Vytra Health	HMO
	Group Health Insurance (GHI)	PPO			Vytra Health	MCD
	Health Ease - Empire Blue Cross	HMO			Vytra Health	MCR
	Health Ease - Empire Blue Cross	PPO			Vytra Health	POS
	Health Insurance Plan (HIP)	HMO			Vytra Health	PPO
	Horizon Healthcare	PPO			Wellcare	PPO
	Island Group	PPO			Workman's Comp/Metracomp	WC
	Magnacare	PPO				
	Medicaid	MCD				
	Medicare	MCR				
	Medicare Assignment	MCA				
	MediChoice, Inc.	POS				