QUEEN'S CLINICALLY INTEGRATED PHYSICIAN NETWORK

QUEEN'S 'AKOAKOA PHYSICIAN ORGANIZATION

QHS MSSP ACO
Medicare Shared Savings Program
Accountable Care Organization

NEW MEMBER APPLICATION: Please Fill ALL Fields (N/A if not applicable) Email Completed Form to QCIPN@queens.org

Date	MARK FOLLOWING BOX(s) FOR DESIRED CONTRACT:	QCIPN Contract		Akoakoa Contract		MSSP ACO Contract	

Office Phone #	
Fax Phone #	
Provider First Name	
Provider Last Name	
Practice (Front Facing) Name	
Group Name	
Legal Business Name (LBN)	
Practice Address	
Practice City	
Practice Zip Code	
Practice Island	
Other Practice Location Street (if applicable)	
Other Practice Location City (if applicable)	
Other Practice Location Zip (if applicable)	
Provider Email	
Practice Email (if applicable)	
Office Manager or Key Administrative Contact	
Manager or Admin's Phone #	
Manager or Admin's Email	
Tax ID (TIN) #	
# of Providers in your TIN (add details on pg 2)	
HMSA Provider #	
NPI # - Type 1	
NPI # - Type 2	
Specialty - Primary	
Specialty - Secondary (if applicable)	
Signer (contract will be sent to this person)	
Signer's Email (contract will be emailed here)	
What EMR do you use?	
PO Affiliation (if any)	

Are you a CPC+ Provider?	Y/N	
Has your TIN recently (past 3 years) been Merged or Acquired?	Y/N	

~ Email: QCIPN@QUEENS.ORG ~ Phone: (808) 691-7220 ~ Fax: (808) 691-4099 ~

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~ PLEASE FILL-IN A LINE FOR EACH PROVIDER IN YOUR TIN ~

Name & Title	Provider's Email	Specialty	NPI

FOR AKOAKOA APPLICANTS ONLY: ***Please attach a Coreo screen shot of your PCP Performance Measure Dashboard and HMSA Panel***

Do you participate in Payment Transformation?	Y/N	