

BAY COUNTY MEDICAL CONTROL AUTHORITY
#0.06 – BAY COUNTY PROVIDER APPLICATION/QUESTIONNAIRE

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Please provide the name, title, mailing address, and telephone number of the President or CEO of the provider agency.

Name _____ Title _____

Address _____ City/State/Zip _____ Telephone _____

Please provide name, title, mailing address and phone number for an individual designated to speak on the behalf of your service. It is understood the individual who appeals for your service has the authority to answer any questions pertinent to you service's operation and application to Bay County Medical Control system.

Name _____ Title _____

Address _____ City/State/Zip _____ Telephone _____

1. List the name and credentials of the person responsible for the Bay Count Operation.

2. Please list all medical control areas in which your service has operated within the past three years.

3. Please list all hospitals and hospital phone numbers within the medical control areas you have served within the past three years.

4. Please provide the names and addresses of three professional references who are familiar with you service's operations during the past three years.

5. Has any owner, operator, manager or employee of the service been convicted of a felony within the past three years?

_____ Yes _____ No

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6. Has this service been denied application or the right to operate within a medical control board/authority jurisdiction within the past three years?

_____ Yes _____ No

7. Is the service now or at any time within the past three years received a denial of license, revocation of license, warning, or disciplinary action from any state licensing agency?

_____ Yes _____ No

8. Has the service received notice of infarction, warning or disciplinary action from any medical control board/authority.

_____ Yes _____ No

9. Within the past three years has this service been involved in litigation with the state, medical control board/authority, patients, hospitals or other medical service providers?

_____ Yes _____ No

10. Please provide the name and address of all professional organizations and associations with which this service, and its management, are affiliated.

11. Has this service ever been denied professional liability and/or practice insurance?

_____ Yes _____ No

12. Has this service ever been denied licensure and/or operating privileges in Michigan or any other state?

_____ Yes _____ No

