



Peoria Medical Society

7700 N. Harker Drive, Suite D

Peoria, IL 61615

Phone 309-692-1192 Fax 309-692-2502

September 1, 2009

Dear Practitioner:

Please find enclosed the State of Illinois Health Care Professional Credentialing and Business Data Gathering Form ("Form") that is to be used **for all hospitals, health care entities, and health care plans** that credential health care professionals. *We ask that you carefully read and follow the instructions below.*

The enclosed data gathering Form will **BEST BENEFIT YOU IF COMPLETED IN ITS ENTIRETY, a copy made and held by you,** so in the future, if required, you may submit this form to other health care entities and health care plans at a later date. However, the Peoria Medical Society (PMS) is the coordinating body for credentials verification and if you are seeking appointment at one or all of the following local facilities:

- Center for Health Ambulatory Surgery Center, LLC
- Central Illinois Endoscopy Center
- Fayette Companies
- Graham Health System
- Methodist Medical Center of Illinois
- OSF Saint Francis Medical Center
- OSF Saint James-John W. Albrecht Medical Center
- Peoria Ambulatory Surgery Center
- Peoria Day Surgery Center
- Proctor Hospital
- Proctor Health Systems in Peoria, Illinois
- Renal Intervention Center

the **following sections must be completed and returned to Peoria Medical Society office,** in order for your request of staff privileges to be considered:

- **Chapter A & Chapter B**
- **Forms A, B, C, D, E, F (if applicable)**

Remember that a COMPLETED State of Illinois Credentialing form, all supporting documents and TIMELY SUBMISSION is VITAL in helping to prevent delays in your credentialing process.

Please **individually sign, complete, and return** each of the following additional forms:

- Addendum to the Form for Appointment to the Professional Staff
- Application for Professional Staff Appointment
- Consent for Release of Information
- CME Attestation
- Statement of Applicant Consent Form
- Release for investigative background check now required by the hospitals for staff privileges.
(Kroll Background America, Inc.)
- Request for Additional Information supplemental pages - (pages 1-3)

The Peoria Medical Society has the **responsibility to carefully verify all information contained on the Form directly with the source/institution.** This will include but not be limited to verifying licensure, internships, residency, hospital affiliations, work history (including moonlight and locums assignments) and malpractice claims experience from Medical School to present.

The Peoria Medical Society agrees to forward **copies of all verified information regarding** your State of Illinois Health Care Professionals Credentialing & Business Data Gathering Form to those hospitals and health care entities to which you have applied as indicated on the **Request for Additional Information** supplemental pages.

In addition to the above forms please provide the following:

- \$395.00 application fee (application cannot be processed/started without fee or billing information)
- Photo (**Processing of your file cannot begin without this photo**)
- A copy of a government issued photo I.D. (this can either be a copy of your current state driver's license or a copy of your passport)
- Completed Physicians Health Statement (within the past 12 months-enclosed)
- Copy of your Illinois State License & all other current license(s) (If you have not applied for your State of IL License please do so right away. You may do so by contacting (www.idfpr.com) for further information – However do not hold up your credentials application, you can be applying for your state license at the same time).
- Copy of your State and Federal Controlled Substance license(s) (If you have not applied for your State of IL Controlled Substance License please do so right away. You may do so by contacting (www.idfpr.com) for further information).
- Copy of current (within the past 12 months)TB test results
- Copy of Board Certificates
- Copies of Education, Internship/Residency & Fellowship Certificate(s)
- Copy of current malpractice insurance coverage
- Copy of insurance certificate upon practicing in Peoria area (upon issuance)

and return to the **Peoria Medical Society office with the completed State of Illinois Form.**

The Peoria Medical Society will not be involved in the granting of staff membership or clinical privileges. This is the responsibility of each hospital and or health care entity after the credentials verification process is completed. Shortly after your completed Form is returned to the Peoria Medical Society, you will be receiving information about clinical privileges directly from each hospital where you have applied.

Please mail your completed form and all necessary attachments to: **Peoria Medical Society – 7700 N. Harker Drive, Suite D, Peoria, IL 61615. Also note that there is a \$265 processing fee, plus \$130.00 fee to cover the background checks that are now required by the hospitals for staff privileging, for a total of \$395.00** made payable to the Peoria Medical Society, which must accompany your completed Form. (This is to cover part of the costs of processing the Form and forwarding the information to the hospitals.) The processing of your Form cannot begin until payment is received.

The average processing time needed to obtain the appropriate verifications from a properly completed form with all attachments enclosed is not less than 45 days. There will be additional steps required by each hospital, which will add to the overall processing time. A completed Form and your timely response to requests for additional information will help expedite this process.

Although the process of verifying your credentials does not automatically make you a member of the Peoria Medical Society, we extend an offer to all Physicians at this time to join us, (309-692-1192). Should you decide to apply for membership in the Peoria Medical Society within the next three months, \$100 of your credentials verification fee will be applied toward your first year's membership dues. For your convenience, a membership application will be forwarded to you upon receipt of your completed Form. Organized medicine needs you and we encourage you to apply for membership in the Peoria Medical Society.

Should you have any questions regarding the credentialing process, please do not hesitate to contact me, Stephanie Empson, or Kristi Boniger, Credentials Assistants, at 692-1192.

Please note: If you decide to withdraw or change your Form for any reason, please contact us immediately.

Sincerely,

Diane M. Miller

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Credentials Coordinator