



Peoria Medical Society

7700 N. Harker Drive, Suite D

Peoria, IL 61615

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

August 27, 2008

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 and a copy made and held by you.** so if required, you may submit this form to other health care entities and health care plans at a later date. However, if you are seeking privileges at one or all of the following local facilities:

- Center for Health Ambulatory Surgery Center, LLC
- Fayette Companies
- Graham Hospital
- Methodist Medical Center of Illinois
- OSF Saint Francis Medical Center
- Peoria Ambulatory Surgery Center
- Peoria Day Surgery Center
- Perry Memorial Hospital
- Proctor Hospital
- Proctor Health Systems in Peoria, Illinois
- Renal Intervention Center

the **following sections must be completed** in order for your request of staff privileges to be considered:

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

In addition to the above sections, we will also need to complete:

- additional information on **page 1 (supplemental page)**
- sign the consent for release/attestation pages.

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 and malpractice experience.

The Peoria Medical Society agrees to forward copies of all verified information regarding your Form to those hospitals and health care entities to which you have applied.

Please **individually sign** each of the following:

- * Application for Professional Staff Appointment
- * Consent for Release of Information
- * Statement of Applicant Form and
- * Addendum to the Form for Appointment to the Professional Staff
- * Release for investigative background check now required by the hospitals for staff privileges.
(Kroll Background America, Inc.)

Please provide the following:

- * 1 - Photo for each institution + 1 for Peoria Medical Society (must accompany application – processing will not begin until received(JCAHO compliance)
- * 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 photo)
- * Completed Physicians Health Statement (enclosed)

and return to this **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. 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 along.

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, Roxanne Hochsprung, or Stephanie Empson, 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

Diane M. Miller
Credentials Coordinator
Enclosures