Indiana University Health

A private, nonprofit organization, Indiana University Health is Indiana's largest comprehensive health system and is comprised of hospitals, physicians and allied services dedicated to providing preeminent care throughout Indiana and beyond. Our unique partnership with the Indiana University School of Medicine gives our highly skilled physicians access to innovative treatments using the latest research and technology.

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IMACS OneCall and IU Health On-Call Physician Information Questionnaire

Physician Call Center Services

Indiana University Health

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IMACS OneCall and IU Health On-Call Services

Physician Call Center Services Available to Indiana University Health Medical Staff Members

- Have you been looking for a way to access referring physicians across the country?
- Do you want to improve the process that patients go through to access your practice?
- Would you use a service that could help you follow up on patients who've been referred to you?

If so…IMACS OneCall and IU Health On-Call services are perfect for you!

IMACS OneCall provides a single point of contact for referring physicians throughout the state and across the country to connect with all IU Health physicians and services.

IMACS OneCall has a staff of communications coordinators dedicated to expediting physician-to-physician communication and referrals. When physicians call the toll-free number, their call is answered by specially trained representatives 24 hours a day—making it the only number referring physicians need to remember. By working with IMACS OneCall, physicians can quickly and easily consult with an IU Health specialist, refer or transfer a patient, register for a CME offering or follow up on patients already referred through the service. Referring physicians truly appreciate the service and the fact that the specialists at IU Health are available to them when needed.

IU Health On-Call is a consumer-activated physician referral service. Consumers call IU Health On-Call to request referrals to IU Health medical staff physicians, help with appointment scheduling, register for wellness classes or request information about IU Health and the many programs and services.

As a member of the IU Health Medical Staff, you may choose to participate in one, both or none of these services.

The following is more information on the mission of IMACS OneCall and the responsibilities of the physicians who choose to participate.

What does IMACS OneCall do?

- The goal of IMACS OneCall is to serve patients by assisting referring physicians. IMACS OneCall helps maximize the satisfaction of patients and referring physicians.
- Participating physicians may use the system to place outbound calls to provide timely feedback to referring physicians.
- IU Heath Medical Staff physicians wishing to participate in the IMACS OneCall system must review the Principles of Practice to the right and agree, in writing, to abide by them.

How will my participation in IMACS OneCall and IU Health On-Call benefit my practice?

1. When a specific named physician is requested for consultation, the call will be directed to that physician. If the physician is not available or does not respond, the call will be directed to the backup physician from that physician's practice group. If the backup physician is not available or does not answer, the caller will be offered the opportunity to leave a message for the on-call physician or to speak with a physician from another physician group.
2. When a consult with a specific physician specialty is requested, but no specific physician is named, the caller will be asked if he/she prefers an IU Health Methodist, University or Riley physician. Depending on the caller's preference, the appropriate on-call physician will be contacted. If he/she is unavailable, then the scenario outlined in item "1" above will occur.
3. Requests without any preference will be alternated by the call center's data system between IU Health Methodist, University or Riley.
4. Nurses and office personnel from referring physician offices may use the system to make routine referrals as well. The criteria for unspecified referrals will be the same as in items 1, 2 and 3.
5. The process for patient-initiated referrals will be the same as those outlined in item "3." The regulations that pertain to the physician-to-physician referral system apply to the consumer-activated referral system as well.

Principles of Practice

- Participation in IMACS OneCall is open to physicians actively practicing at IU Health facilities and as determined by the established eligibility criteria of the IU Health Joint Medical Council.
- In order for a physician to be listed as a particular type of specialist, he/she must be credentialed by the hospital and function in all roles expected of a specialist of that type.
- Participating physicians must supply the IMACS OneCall office with a listing of conditions they treat in their field of specialization. (For your convenience, a checklist with diagnoses and procedures specific to your specialty is available by mail or online at iuhealth.org.)
- Participating physicians may not exclude or refuse patients who are indigent, "self-pay," or who have Medicaid, Medicare or other federal reimbursement insurance coverage, consistent with the values of IU Health.
- The physicians are responsible for providing IMACS OneCall with on-call schedules indicating responsible physicians, backup physicians and their phone numbers (office, private office, pagers and answering service).

General Information About the Physician

First Name _____ Initial _____ Last Name _____

Practice Name _____ NPI # _____

Address where you receive mail _____

_____

Group Affiliation: IU Health Physicians MSP Independent IUMG Other _____

Phone _____ Pager _____ Fax _____

Mobile Phone _____ Answering Svc _____ E-mail Address _____

Sex: Male Female Date of Birth _____/_____/_____

Marital status: Married Single Languages you speak _____

Specialty _____ Board Certified: Yes No

Subspecialty _____ Board Certified: Yes No

Date started practice: _____ Any restrictions on taking new patients (age, type of case, etc.)? _____

_____

Will you accept patients without a referral from another physician? Yes No

The Physician's Office(s)

Address of main location where you see patients (if different than above) _____

_____

Appointment scheduling number (line we can easily access) _____

Office hours of this location _____

Walk-ins? Yes No Work-ins? Yes No Second opinions? Yes No

Name of office manager or responsible person _____

Average number of days to see patient: Symptomatic _____ Routine _____

Addresses of additional patient offices _____

_____

Phone number for scheduling appointments _____

Describe parking directions _____

_____

The Physician's Office *(continued)*

If you see patients in more locations, please attach another sheet.

Where you have privileges (list hospitals) _____

_____

_____

Services *(Please use this space to help us refer the kinds of patients you want to see)*

Special services/procedures offered_____

_____

_____

Kinds of patients physician is particularly interested in seeing_____

_____

_____

Procedures usually performed on initial visit (e.g., lab tests, X-rays) _____

_____

_____

Special appointment requirements (e.g., copy of X-rays, lab reports) _____

_____

_____

Payment methods accepted (circle all that apply)

Cash Check MasterCard Visa American Express Discover

Other credit cards? _____

Payment plan available? Yes No

Do you require payment at time of appt? Yes No

Will your office help file insurance claims? Yes No

Is there a charge for this? Yes No

Insurance/Payment Information

Do you accept?

Medicaid: Yes No

Champus: Yes No

Workers' Comp: Yes No

Hardship/Charity: Yes No

Medicare: Yes No

Accept Assignment: Yes No

Academic Information

School that awarded your MD (or other degree) _____

_____

Internship completed at _____

_____

Residency completed at _____

_____

Fellowship completed at _____

_____

Fellowship area of study _____

_____

Practice philosophy/emphasis _____

_____

Indiana University School of Medicine faculty members, please complete the following:

Current faculty rank at IUSM _____

_____

Agreement of Participation

Please carefully read the following Principles of Practice required to participate in the IU Health telephone and Internet consultation and referral services:

- Participation in IMACS OneCall is open to physicians actively practicing at IU facilities and as determined by the established eligibility criteria of the IU Health Joint Medical Council.
- In order for a physician to be listed as a particular type of specialist, he/she must be credentialed by the hospital and function in all roles expected of a specialist of that type.
- Participating physicians must supply the IMACS OneCall office with a listing of conditions they treat in their field of specialization. (For your convenience, a checklist with diagnoses and procedures specific to your specialty is available by mail or online at iuhealth.org.)
- Participating physicians may not exclude or refuse patients who are indigent, "self-pay," or who have Medicaid, Medicare or other federal reimbursement insurance coverage, consistent with the values of IU Health.
- The physicians are responsible for providing IMACS OneCall with on-call schedules indicating responsible physicians, backup physicians and their phone numbers (office, private office, pagers and answering service).

Please indicate the level at which you wish to participate and sign below. Please check all that apply:

___ Yes, I wish to be included in IMACS OneCall and IU Health On-Call (for physician-to-physician consultations and referrals; participation is required for Indiana University School of Medicine faculty).

___ Yes, I wish to be included in the consumer-activated referral service and agree to accept self-referred patients.

___ Yes, I have read, understand and agree to abide by the Principles of Practice established for participation.

___ **Yes, IU Health is permitted to include the information I have provided in any printed physician directories and on its website(s).**

Name _____

Signature _____

Date _____

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