Hospital Corporation of America Providing Credentialing Services for HCA Affiliated Hospitals

Step 1
Please complete the contact information requested below.

Provider Name:_____

Provider Phone:_____

Provider Email (**required**):_____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

☐ I do not want to select any delegates at this time. I will personally provide re-credentialing information.
_____ *initial and skip to Step 3*

☐ I understand that one delegate for all entities is preferred; however, I have different people handle my credentialing at different entities. The delegate listed below is my primary delegate for HCA access.

☐ The delegate listed below is my delegate for all entities.

☐ I hereby authorize:

Delegate

Name:
Email:
Phone: ( ) - Ext.

(here-in-after, individually referred to as "Delegate") to access the HCA Credentialing Online web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them to HCA via the HCA Credentialing Online web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

_____ _____
PROVIDER SIGNATURE PRINTED NAME

_____ _____
SOCIAL SECURITY NUMBER or NPI DATE (MM/DD/YYYY)

Step 3
Please complete, sign and date. The form may be returned via:
1. Scanned and e-mailed to SSHC.MSO@hcahealthcare.com
2. Faxed to 571-349-4081
3. U.S. mail to the following address:

StoneSprings Hospital Center
Medical Staff Office - Stephanie Audain
24440 Stone Springs Blvd
Dulles, VA 20166