

# Partnership HealthPlan of California

## Application to be a Contracted Urgent Care Services Provider

Please submit the following to [contracting@partnershiphp.org](mailto:contracting@partnershiphp.org)

**ORGANIZATION INFORMATION:** (if requesting multiple sites, complete separate form for each)

**1. Name of Organization:** \_\_\_\_\_

If multi-site organization,  
name of site) \_\_\_\_\_

**2. Physical Address of Facility:**

Street Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

ZIP code: \_\_\_\_\_

Year this facility first  
provided patient services: \_\_\_\_\_

**3. Type of Facility:**  Free-Standing Urgent Care Center

Contracted Primary Care Site

**4. Contact Information:** \_\_\_\_\_

**Administrative Contact of Parent Organization (if applicable)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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### Billing Department

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Facility Owner/ Operator/ Manager/ Director

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Facility Medical Director (Medical Director should go through the Partnership credentialing process)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

5. Does your organization currently contract with Partnership HealthPlan of California?

- Yes  
 No

6. Medi-Cal provider number (Required) \_\_\_\_\_

7. Tax ID number (Required) \_\_\_\_\_

8. NPI Number (Required) \_\_\_\_\_



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### 9. Please list hours of operation:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

### 10. Patient ages which may be treated at this site:

\_\_\_\_\_

\_\_\_\_\_

### 11. Which of the following services are available at this site?

- a. Vital sign assessment
- Blood Pressure
  - Temperature
  - Oxygen saturation
- b. Diagnostics
- EKG
- c. Point of Care Labs (situated on site)
- Urinalysis
  - Hemoglobin
  - Blood sugar
  - Rapid Strep Test
  - Rapid Influenza Test
  - Rapid COVID Test
  - Vaginal infection screen
  - Complete Blood Count
  - Basic Metabolic Panel/other chemistry

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d. Vaccines available on site

- Influenza
- Tdap
- COVID
- Others  \_\_\_\_\_

e. Radiology in facility

- Xray (certified technician and facility)
- Point of care ultrasound

f. Treatments

- Laceration repair
- Cryotherapy
- Electrocautery
- Splints
- Casts

**12.** Our team has reviewed the following Partnership policies and agrees to follow the requirements outlined therein, including that all urgent care services must be provided in-person.

- MCUP3044 Urgent Care Services
- MPCR17 Standards for Contracted Primary Care Providers and Urgent Care Physicians  
*(applicable for contracted primary care sites)*
- MPCR700 Assessment of Organizational Providers *(applicable for free-standing urgent care centers)*
- MPCQP1022 Site Review Requirements and Guidelines

**13.** I certify that the above information is true and correct as of the date of signature.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

