



Request for Membership Physician Group

I am requesting Membership and Credentialing for Scripps Mercy Physician Partners Medical Group (Partners). It is my understanding that Partners helps its members obtain PPO contracts as well as provides other services that may benefit patient access and the viability of my medical practice. These services are available to members on a menu basis and membership in Partners does not prevent me from participating in other organizations.

I understand that Partners has annual dues that must be paid at the time of membership and annually thereafter. Group dues are \$1250 for the first three(3) members and \$900.00 for each additional member. I also understand that each member of a group is individually credentialed and that a \$100.00 Application Fee is required for each member to begin the credentialing process.

I understand that membership is available to physicians who are members in good standing of a San Diego hospital medical staff and/or members in good standing of a Scripps-related medical organization. I understand that providing a complete and accurate application is my responsibility. I authorize Partners and Scripps Centralized Credentialing to share information. I release from liability all representatives of reviewing entities for their acts performed in connection with evaluating my credentials and qualifications.

Upon Partners' receipt of my application, I understand that the documentation will be reviewed for completeness by the Scripps Centralized Credentialing department. The credentialing process will include review by the Partners Membership Committee and approval by the Partners Board of Directors at a regularly scheduled Board meeting. The application process may take 60 days from the receipt of a complete application and I will receive written notification of Board action shortly after the pertinent Board meeting.

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Signature

Printed Name

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Specialty

Date