OU MEDICINE
REFERRING PROVIDER INFORMATION

MUST BE COMPLETED IN FULL*

PHYSICIAN NAME:_____
(First) (Middle) (Last)

DEGREE TYPE:_____**(MD, DO, etc,)**

DATE OF BIRTH:_____

OK LICENSE NUMBER:_____**EXPIRATION DATE:**_____

ADDRESS:_____

CITY:_____**STATE:**_____**ZIP:**_____

PHONE:(_____**)**_____**FAX(**_____**)**_____

EMAIL:_____

SPECIALTY:_____**NPI NUMBER:**_____

IS PROVIDER: ACTIVE DUTY MILITARY:_____

VA:_____**OR INDIAN HEALTH:**_____

IF YES, IN WHAT STATE IS THE PROVIDER LICENSED?_____

OUT OF STATE LICENSE NUMBER:_____

PLEASE DO NOT MAKE COPIES OF THIS FORM: This form is available on our website: https://www.oumedicine.com/ou-medical-center/physicians-only Please note, our forms are constantly being updated and revised, therefore make sure you use the most current form by visiting the website regularly.

This section must be completed by

OU MEDICINE

requesting department personnel only:

DATE COMPLETED:_____**TIME COMPLETED:** _____

REQUESTING DEPARTMENT **NAME:**_____

_____ **CONTACT PERSON NAME:**_____

PHONE #:

OU Medicine
Medical Staff &Credentialing Services
E-Mail OUMSCredentialing@oumedicine.com
Phone: 271-3741 Fax: 271-3602

OU Medicine ED and Admit/Discharge patient notifications for PCP and Referring Providers

Providers: OU Medicine now has the ability to send a de-identified text and email notification to Primary Care and Referring providers when one of their patients is seen in our ED or admitted to our facilities. Please provide a valid email and/or cell phone number and indicate which method you prefer to receive these notifications. Each message will contain a link for remote access to our EHR and our OUMC Physician Support line for any assistance you may need.

Physician Name:_____
(Please Print)

Preferred method(s) of receiving: _____ Email _____Cell _____ Both
(Please check one)

Valid Email: _____
(cannot be a shared email account)

Cell Phone: _____

By signing below, you are attesting that the method in which you will be receiving these notices has security measures in place (i.e. password or access code protected).

Signature: _____ Date:_____

Please scan and return to OUMScredentialing@oumedicine.com

Credentialing Questions:
OU Medicine Med Staffing and Credentialing Office - 405-271-5198

Access Questions:
OU Medicine Physician Support - 405-271-8660, Option 1, then 2
Or oumc.physiciansupport@oumedicine.com