



PROVIDER INTEREST FORM

Thank you for your interest in joining Poinciana Medical Center. Our credentialing process is centralized and handled by the Shared Service Center in Orange Park, Florida. You will receive an electronic communication from them when credentialing applications are available. Please email this completed form to Megan Brown, Director of Medical Staff Services, Megan.Brown5@hcahealthcare.com or fax to (407) 530-2020

POINCIANA MEDICAL CENTER

DEMOGRAPHIC INFORMATION

First Name:		Middle Name:	
Last Name:		Degree:	
Date of Birth:		Social Security #:	
NPI #:		Email:	
Specialty:		Sub Specialty:	
Staff Category Requested: <input type="checkbox"/> Active, <input type="checkbox"/> Affiliate, <input type="checkbox"/> Ambulatory			

Are you a current Resident or Fellow	Yes	No
Are you on staff at another HCA facility?	Yes	No
Are you Board Certified?	Yes	No

HOME ADDRESS INFORMATION

Street:		
City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	

CREDENTIALING ADDRESS INFORMATION

Group Name:		
Street:		
City:	State:	Zip Code:
Phone #:	Fax #:	

YOUR REQUEST FOR CREDENTIALS WILL BE EMAILED TO THE CONTACT BELOW

Contact Name:	Contact Email:
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*Please note, if you are not the contact person please complete the Delegate Authorization Form.