

Request for Application

Clinical Privileges, Medical Staff Membership and/or Network Participation

Please complete *all* of the following fields. Your name must appear on this form as it does on your state professional license (if applicable). Your email address must be your personal email address; we cannot accept the email address of anyone other than you as the prospective applicant. Please return this application request form to enterprise.credentialing@memorialhermann.org. Date: _____

FOR ALL PRACTITIONERS

Physicians must obtain board certification recognized by the ABMS, AOA, ADA or ABFAS on or before the final anniversary of the first day in which he/she was eligible to sit for the board certification exam. Please note, board certification is not a sole requirement for clinical privileges, medical staff membership and/or network participation. Board certification, AMA and AOA may be verified with the application request process. *If applying for privileges at a Memorial Hermann hospital and/or an affiliate, applications for specialties including, but not limited to, emergency medicine, pathology, radiology and neonatology may not be accepted unless the applicant is affiliated with a contracted group(s).

Last Name		First Name		M/I	Suffix	Professional Degree	
Other Name		Date of Birth	Social Security #	Individual NPI #	CAQH ID #	DEA #	Texas Professional License#
Personal Cell Phone	Personal Email Address		Primary Facility	Check Only One of the Following			Telemedicine Only
				<input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospital-Based			<input type="checkbox"/> Only
Primary Specialty	Subspecialty	Board Certified Yes No	Name of Certifying Board	Clinical Rotation Yes No	Residency Completion	Fellowship Completion	
Practice Specific Privileges Desired				Supervising/Sponsoring Memorial Hermann Medical Staff (AHP Only)			
Group Name/Practice Name			Group Tax ID #	Group NPI #	Office Phone Number	Office Fax Number	
Primary Office Address			Suite	City	State	Zip Code	
How do our Memorial Hermann Hospital and/or affiliated centers fit your practice plan? *					Website		

CREDENTIALING CONTACT INFORMATION

Credentialing Contact Name	Credentialing Contact Email Address	Credentialing Contact Phone Number
----------------------------	-------------------------------------	------------------------------------

PRACTICE MANAGER INFORMATION

Practice Manager Name	Practice Manager Email Address	Practice Manager Phone Number
-----------------------	--------------------------------	-------------------------------

Please indicate all facilities or entities to which you wish to apply.

[Memorial Hermann Hospitals](#)

- | | |
|---|---|
| <input type="checkbox"/> Greater Heights (Northwest) | <input type="checkbox"/> Southeast |
| <input type="checkbox"/> Katy | <input type="checkbox"/> Southeast-Pearland |
| <input type="checkbox"/> Memorial City | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Northeast | <input type="checkbox"/> Sugar Land |
| <input type="checkbox"/> Rehabilitation Hospital-Katy | <input type="checkbox"/> Surgical Hospital Kingwood |
| <input type="checkbox"/> Cypress Hospital
<small>(additional fee applies when TMC & Cypress are both selected)</small> | <input type="checkbox"/> Surgical Hospital First Colony |
| | <input type="checkbox"/> The Woodlands |
| | <input type="checkbox"/> TIRR Texas Medical Center Location |
| | <input type="checkbox"/> TOPS Surgical Specialty Hospital |
| | <input type="checkbox"/> Texas Medical Center (TMC) |
| | <input type="checkbox"/> Children's |
| | <input type="checkbox"/> Rockets Orthopedic Hospital |

[MHMD Physician Network](#)

MHMD Membership is by invitation only.
MHMD
CMS digital contact direct email

(Direct messaging is a solution for the digital endpoint requirements under the CMS Interoperability and Patient Access final rule and allows patient care documents to be sent directly to the physician's EMR)

[Memorial Hermann Affiliated Endoscopy & Surgery Centers](#)

- | | |
|--|--|
| <input type="checkbox"/> Surgery Center Memorial Village | <input type="checkbox"/> Surgery Center Richmond |
| <input type="checkbox"/> Endoscopy Center North Loop | <input type="checkbox"/> Surgery Center Southwest |
| <input type="checkbox"/> Endoscopy & Surgery Center North Houston, LLC | <input type="checkbox"/> Surgery Center Sugar Land |
| <input type="checkbox"/> Surgery Center Bay Area Endoscopy Center | <input type="checkbox"/> Surgery Center Texas International Endoscopy Center |
| <input type="checkbox"/> Surgery Center Greater Heights | <input type="checkbox"/> Surgery Center Texas Medical Center |
| <input type="checkbox"/> Surgery Center Katy | <input type="checkbox"/> Surgery Center The Woodlands-Pinecroft |
| <input type="checkbox"/> Surgery Center Main Street | <input type="checkbox"/> Surgery Center Woodlands Parkway |
| <input type="checkbox"/> Surgery Center Brazoria | <input type="checkbox"/> Surgery Center The Woodlands |
| <input type="checkbox"/> Surgery Center Kingsland | <input type="checkbox"/> Surgery Center Preston Rd |
| <input type="checkbox"/> Surgery Center Kirby Glen | |

[Memorial Hermann Employed Groups](#)

- MHMG
MHMG GoHealth Urgent Care
Mischer
[WorkLink/SafetyNet](#)
WorkLink/SafetyNet