

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 <input type="checkbox"/> PCP <input type="checkbox"/> Specialist <input type="checkbox"/> Hospital-Based		
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
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PRACTICE MANAGER INFORMATION

Practice Manager Name	Practice Manager Email Address	Practice Manager Phone Number
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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"/> Orthopedic & Spine |

[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 West Houston |
| <input type="checkbox"/> Surgery Center Brazoria | <input type="checkbox"/> Surgery Center Woodlands Parkway |
| <input type="checkbox"/> Surgery Center Kingsland | <input type="checkbox"/> Surgery Center The Woodlands |
| <input type="checkbox"/> Surgery Center Kirby Glen | <input type="checkbox"/> Surgery Center Preston Rd |

Memorial Hermann Employed Groups

- MHMG
- MHMG GoHealth Urgent Care
- Mischer

WorkLink/SafetyNet

WorkLink/SafetyNet