

**GENERAL MEMORANDUM NO. 96/99-16**

**For Immediate Distribution**

**TO:** Administrators, Chiefs of Staff, Utilization Review/Quality Assurance Departments of Alabama PPS Acute Care Hospitals

**FROM:** H. Terrell Lindsey  
President and Chief Executive Officer

**DATE:** April 26, 1999

**SUBJECT:** Updating Medicare Provider Contacts and New Physician Medicare Staff Members

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- I.** This General Memorandum requests your help in updating point of contact and mailing lists to assure appropriate provider staff receive information on responsibilities related to the Medicare program and to the peer review organization (PRO).
  - II.** Two forms enclosed with this General Memorandum are for provider use when providing updated information. Please retain them for future use when advising the PRO on point of contact staffing changes, and to report new physicians joining the provider's medical staff.
  - III.** Please complete and return the forms by FAX or mail as appropriate.
  - IV.** Questions concerning this memorandum should be addressed to Dixie Ragland, Review Operations Coordinator, (205) 970-1600, extension 3207.
- c: Provider contact person; AQAF Board of Directors; F. Richards, MD, FMQAI; Patty Rawlings, PO/DHHS; M.Horsley, ALAHA; Cary Kuhlmann, MASA; Frazer Rolen, AlaHA-Birmingham; J.Cottos, OIG-DHHS; L.Northcutt, BCBS; T.Myler, MoO.

**ALABAMA QUALITY ASSURANCE FOUNDATION**

*One Perimeter Park South, Suite 200 North*

*Birmingham, Alabama 35243-2354*

*(205) 970-1600 FAX: (205) 970-1616*

**Use this form to report changes in provider address, telephone numbers, and key personnel--return to review operations department at the above address.**

PROVIDER NUMBER: \_\_\_\_\_

Current Provider Name: \_\_\_\_\_

Previous Provider Name: \_\_\_\_\_  
(if reporting a name change)

Address (if changed) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Telephone number: \_\_\_\_\_

Key Personnel	Name (please print)	Office Telephone #	Fax #	E-mail address
Administrator				
PRO Contact				
Medical Affairs				
Medical Records				
Coding Contact				
Utilization Review Coordinator				
QI/QA Coordinator				
Compliance Officer				

Our facility has and uses the following word processing programs:

Internet     WordPerfect Version \_\_\_\_\_     Microsoft Word Version \_\_\_\_\_

Other Word Processing software: \_\_\_\_\_

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**Please use this form to report new physicians or changes in physician information--return to review operations department at the above address**

Physician Name: \_\_\_\_\_

Alabama License Number: \_\_\_\_\_

Unique Physician Identification Number (UPIN) \_\_\_\_\_

[The identifying code billed to Medicare--an alpha character followed by 5 numbers; e.g. E12345]

Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (office): \_\_\_\_\_

Physician's Specialty code: \_\_\_\_\_

Provider(s) in which Physician practices: \_\_\_\_\_

\*\*\*\*\*FOR AQAF USE ONLY\*\*\*\*\*

DATA ENTERED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FORWARD TO:

ADMINISTRATION: \_\_\_\_\_

MEDICAL ADMINISTRATION: \_\_\_\_\_

QIC DEPARTMENT: \_\_\_\_\_