



Initial Appointment Application Request

Please complete the below form to request an application with HHS

Full Legal Name/Degree (title)	
Date of Birth	
Cell Phone #	
Preferred Email Address	

Primary Specialty	
NPI #	
Practice/Office	
Requesting Telemed Only?	

Name/Email of Credentialing Contact	
Supervising Physician (if applicable)	
Requested Start Date	

The Credentialing process can take up to 60 days from the day a complete application is submitted. If you have requested a start date that requires expedited credentialing, please provide information regarding this request below.

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Please select all facilities to which you will be applying for

Hillcrest Medical Center	
Hillcrest Hospital South	
Hillcrest Hospital Claremore	
Hillcrest Hospital Pryor	
Hillcrest Hospital Cushing	
Hillcrest Hospital Henryetta	
Bailey Medical Center	
Tulsa Spine and Specialty Hospital	

Requestors Name: _____ Date: _____

Signature: _____
Electronic Signature or Typed

THANK YOU!	Email completed form to Jessica.Morgan@hillcrest.com
	Please allow CVO 5 business days to send your AppCentral Instructions and Application