

**DELAWARE PHYSICIANS CARE**

**PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT C  
LIST OF HEALTH PROFESSIONALS  
AND ACCEPTANCE OF TERMS**

Page \_\_\_ of \_\_\_

PHP/Group Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

\_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Date \_\_\_\_\_

This Attachment C. must be completed if PHP is an entity, or if PHP is an individual, and a Health Professional other than PHP will perform Covered Services. This Attachment C, as may be amended from time to time, shall list the Health Professionals who (i.) own, are employed by, or under contract with, the PHP, including locum tenens; and (ii.) will perform Covered Services under this Agreement. Each Health Professional listed on this Attachment C. must sign the Acceptance of Terms at the end of this Attachment C. to indicate that the Health Professional agrees to provide Covered Services pursuant to the terms of this Agreement. PHP may amend this Attachment C. by giving DPCI at least ninety (90) days advance written notice of the Health Professional's addition to or deletion from the list below. PHP may only add a Health Professional that DPCI has determined meets DPCI credentialing criteria. A deletion does not require PHP to deliver a new Attachment C. An addition requires PHP to deliver a supplemental Attachment C containing the following information about the new Health Professional(s) and a signature page for the new Health Professional(s) on the Acceptance of Terms By Health Professional form but does not require new signatures by existing Health Professional(s).

Provider Name	Specialty	Medical License Number	NPI Number	Tax ID Number	BNDD-DEA#

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**ACCEPTANCE OF TERMS BY HEALTH PROFESSIONAL**

In consideration of the opportunity to perform Covered Services under the Participating Health Professional Agreement between DPCI and the PHP listed on the signature page of this Agreement (the “Agreement”), the undersigned accept and agree to be bound by the terms and conditions of the Agreement, with the same effect as if the undersigned had personally executed the Agreement. The undersigned acknowledge that the Agreement contains certain requirements that a Health Professional under the Agreement must follow at all times, including that the Health Professional must:

- a. be fully licensed to practice medicine in State\_without restriction and without being subject to any disciplinary or corrective action;
- b. maintain without restriction or limitation certification and authorization as a Medicare and State Medicaid program provider, with no sanctions, debarment or exclusion under any federal healthcare program, and no convictions of any felony or any healthcare offense;
- c. maintain without restriction or limitation all customary narcotics and controlled substances numbers and licenses;
- d. maintain without restriction or limitation privileges at a State-licensed hospital;
- e. continuously meet all credentialing requirements imposed by DPCI;
- f. continuously follow all Applicable Law DPCI Policies and obligations and requirements of DPCI under the DPCI Contract; and
- g. be continuously covered by professional liability insurance as set forth in Attachment A, Section III. of this Agreement.

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Signature

Date

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Typed Name