PHO

Physician Hospital Organization at Sarasota Memorial

Physicians making a difference

To SMH PHO Applicant:

RE: Admitting and Patient Coverage at Sarasota Memorial Health Care System

> If you have Affiliate/Consulting/Coverage privileges at Sarasota Memorial Hospital, you must complete this **Affiliate/Consulting/Coverage Agreement Form.** This form is a signed agreement between you and an active SMH Medical Staff physician in your specialty, who has agreed to admit and treat your patients at Sarasota Memorial Hospital.

Both the applicant and covering physician signatures are required. You may scan and upload the form or submit to the PHO office. Your application will not be complete without this information.

Date: _____

Please be advised that Dr. _____ has agreed to cover as an active member of the Medical Staff at Sarasota Memorial Hospital and is board certified in area of specialty.

_____ _____

Printed Name of Applicant Signature

_____ _____

Printed Name of Active SMH Medical Staff Physician Signature

Sarasota Memorial PHO
1700 S.Tamiami Tr. Sarasota, FL 34239

(941) 917-6625 Fax (941) 917-6274