HCAS
HEALTHCARE ADMINISTRATIVE SOLUTIONS, PLLC
Provider Service Simplified

REFERENCE LETTER

Please Check One: (as applicable)
No Hospital Privileges ☐ **Not Board Certified ☐** **Allied Professional ☐**

Reference Letter for: _____

Name of Reference: _____

Please explain your relationship to the applicant_____

Hospital Name: _____ Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you known the applicant? _____

Would you recommend this physician for participation in the network? Yes ☐ No ☐*

To the best of your knowledge, are there any concerns relating to:

1.	professional performance	Yes ☐	No ☐*
2.	judgment	Yes ☐	No ☐*
3.	clinical skill	Yes ☐	No ☐*
4.	competency	Yes ☐	No ☐*
5.	mental or physical status	Yes ☐	No ☐*
6.	any impairment related to chemical dependency	Yes ☐	No ☐*

To the best of your knowledge, does the practitioner have any: pending or closed disciplinary actions?
Yes ☐ No ☐*

To the best of your knowledge, does the practitioner have any: pending or closed malpractice cases?
Yes ☐ No ☐*

* For any "No" responses, please explain: _____

_____

_____

_____

_____

Signature: _____Date: _____

Title: _____