



This arrangement covers care performed under the supervision and/or collaboration of a physician in network with VNSNY CHOICE holding admitting privileging arrangements with an in network medical facility with mid-level providers such as physician assistants, nurse practitioners, and certified nurse midwives.

### Scope of Practice:

*A nurse practitioner (NP), physician assistant (PA), or certified nurse midwife (CNM/MW) is responsible for a broad range of primary care and specialty services to VNSNY members. The provider will work in collaboration with the physician signing this attestation to provide assessment and diagnosis of acute medical problems, on-going management of chronic medical problems and health care maintenance. Based on the chief complaint, history of the presenting illness, past medical history, predisposing factors and the physical examination the provider will formulate a differential diagnosis and treatment plan to evaluate the patient including ordering diagnostic studies, lab studies, microbial cultures and radiographic studies. This also serves for practitioners who don't have an active DEA. The Collaborating physician will also be responsible for the administration of medication on a needed basis.*

### Admitting Hospital Procedure:

*In the event a VNSNY member is under the care of the mid-level provider and needs to be treated in a hospital setting and admitted, the physician below will admit for the mid-level provider. In the event of the below physician's absence, another physician will be designated to provide coverage for the provider. This collaborative arrangement shall be reviewed and updated regularly.*

Mid-Level Provider Name (Print of Type)	Mid-Level Provider NPI
Signature	Date

Collaborative Physician Name	NPI	Specialty
Signature	Date	Hospital Affiliation

**Completed Form and Additional Documentation (if applicable) can be sent to:**  
Att: Credentialing Dept. • 220 E 42<sup>nd</sup> Street, 3<sup>rd</sup> Floor • New York, NY 10017  
E. [CHOICEcredentialing@vnsny.org](mailto:CHOICEcredentialing@vnsny.org)