



ADMITTING ARRANGEMENT FORM

If you do not have hospital privileges, please complete and provide the following information:

I, _____, do not have Hospital Privileges but have made
(Print Name)
arrangements for my patients to be admitted by the following Ultimate Health Plans participating
physician or hospitalist:

Print Admitting Physician or Hospitalist Name

Facility Where Patients Will be Admitted

Admitting Physician or Hospitalist Signature

Date

Signature of Applicant

Date