



HCA Credentialing Online – Provider’s Authorization for Delegate

Step 1

Please enter your contact information to ensure the information we have is accurate in our credentialing system.

Provider Name: _____

Provider Phone: _____

Provider Email (required): _____

NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.

Step 2

- I do not want to select any delegates at this time. I will personally provide re-credentialing information. _____ *initial and skip to Step 3*

- The individual listed below is my delegate. I hereby authorize (hereinafter, individually referred to as "Delegate") to access the HCO web portal to enter data and submit documents for the Request for Considerations (RFC) and Recredentialing Requests for Consideration (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them to the entity via the HCO web portal.

Delegate information is for HCO/Online Credentialing ONLY. No other correspondence will be redirected based on the information provided below. The below individual will be listed as your delegate in our credentialing system.

To assign a delegate, please provide the following for the delegate:

Name:
Email:
Phone: () - ext.

Step 3

Please complete, sign and date. The form may be returned using fax, email or U.S. mail using the contact information provided in the footer of this letter.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

PROVIDER SIGNATURE

NAME (printed)

LAST 4 of SSN or FULL NPI

DATE (MM/DD/YYYY)

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