



Inpatient Admitting Certificate for Physicians without In-network Hospital Privileges

I, _____, limit my practice to ambulatory care, or I currently do not have admitting privileges at an Amerigroup participating hospital. I have arranged for inpatient admissions at _____ by the following practitioner(s) (at least one) **who practice in my field, are Amerigroup participating providers,** and will provide inpatient admissions and continuing inpatient care 24 hours a day, 7 days a week for my patients requiring hospitalization. The signature(s) below attest(s) to agreement with this arrangement.

Admitting Physician(s):

Date	Print name	Specialty	Signature
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Date	Print name	Specialty	Signature
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Physician Applicant:

Date	Print name	Signature
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