



PROVIDER RECRUITMENT PROGRAM CANDIDATE INCENTIVE REQUEST FORM

**Primary Care, Obstetrics/Gynecology, Psychiatrist and
Psychiatric Advanced Practice Providers**

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| FACILITY INFORMATION | | |
| Clinic Name: | | |
| Location(s): | | |
| Address: | | |
| Office Telephone Number: | Fax Number: | Email: |
| CANDIDATE INFORMATION – PHYSICIAN/NP/PA/CNM | | |
| Name: | | |
| Type of Provider: | | |
| Provider Practice Role: | | |
| Facility Location(s) Candidate Will Practice: | | |
| Candidate National Provider Identifier (NPI) Number: | | Candidate CA Medical License Number: |
| | | (If licensed in another state, please include #) |
| Is the candidate Medi-Cal Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the candidate ORP (Ordering, Rendering, Prescriber) Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the percentage of full-time the candidate will be practicing: <small>(Bonus will be prorated based on % of FTE candidate will be providing direct patient care. For obstetric providers, please exclude the % of FTE scheduled for non-obstetric related services, such as gynecologic surgeries)</small> | | Is the candidate a replacement or new addition? Replacement New |
| | | Previously approved candidate Effective Date of Change: |
| Incentives Requested | <input type="checkbox"/> Signing Bonus: Site Visit Match Moving Allowance Match: Site Visit Date: | |
| What is the anticipated number of Partnership HealthPlan members that will be assigned to the candidate? Check 1 Box: <input type="checkbox"/> 1-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-1,000 <input type="checkbox"/> 1,000+ | | |

In order to provide you with the best customer service, please ensure all items are provided and completed in order to review the request appropriately. If unsure of a candidate's Medi-Cal or ORP status, please check 'No' on the form and PRP staff will validate the status. If requesting a signing bonus or moving allowance match, make sure to include the candidate CV and a draft offer letter for the candidate in question.

If requesting a change in the % of FTE of a previously approved candidate, please include the organization's personnel form (i.e. change form) in order to review the request.

Please note: PHC will return forms that do not include the necessary items to review requests for support. Incentive requests must be provided to the program before formal offers have taken place, including incentives. Site visit requests must be submitted before the site visit takes place.

Additional notes for PHC:

Requestor:

Date:

PHC USE ONLY BELOW

☐ Approved

☐ Denied

Total Incentive(s) Approved:

PHC Notes:

PHC Approver:

Date:

For more information or questions contact:

Workforce Development

Provider Recruitment Program

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