

Baystate Health

Medical Staff Office, 280 Chestnut Street, Springfield, MA 01199
 (Phone) 413-794-4281 (Fax) 413-794-0306

Date: _____

Provider Name _____

If you wish to maintain privileges at your specific hospital(s), please fill out the form below and attach a current insurance facesheet that covers you at Baystate. If you wish to resign your privileges you also need to fill out this form and send back to FindAProvider@baystatehealth.org without an insurance facesheet so that we can update our records. Thank you.

Please enter the information as requested, below so that we can update our records.

Dept. Name:	EN: or PN#

Are you keeping your privileges/membership? Please check the boxes that apply to you, below:

Entity	Yes (check box below)	No (check box below)
BMC (Baystate Medical Center)	<input type="checkbox"/>	<input type="checkbox"/>
BFMC (Baystate Franklin Medical Center)	<input type="checkbox"/>	<input type="checkbox"/>
BNH (Baystate Noble Hospital)	<input type="checkbox"/>	<input type="checkbox"/>
BWH/BMLH (Baystate Wing/MLH Outpatient Ctr)	<input type="checkbox"/>	<input type="checkbox"/>

If No to the above, this is a Notice of Resignation effective on:

(date)

Reason of resignation is:

If yes, and you are opening your own practice or joining an existing group, please provide the following:

Provide Name of Practice:	
Practice Address:	
Practice Address Line 2	
Practice City:	
Practice Zip:	
Practice Phone:	
Practice Fax:	
Effective Date:	
Did you enclose new malpractice facesheet?	
Best Email to contact you:	

Baystate Health Medical Staff Office

Return form to: FindAProvider@baystatehealth.org
 Phone: (413) 794-1916
 Fax: (413) 794-0306