



**The
NeuroMedical
Center**[®]
Surgical Hospital

10105 Park Rowe Circle
Baton Rouge, LA 70810
Phone: (225) 763-9900
Fax: (225) 906-4818

PRIVILEGES IN ANESTHESIOLOGY
Neurosurgical Medical Center Surgical Hospital

Name: _____

Anesthesiology Core Privileges

Qualifications

To be eligible to apply for core privileges in anesthesiology, the applicant must meet the following qualifications for both clinical proficiency and formal certification:

Clinical Proficiency:

Documentation of performance sufficient to assure clinical proficiency

or

Demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;

Formal Certification

Current certification or active participation in the examination process leading to certification in anesthesiology by the American Board of Anesthesiology;

or

Successful completion of an ACGME- accredited residency in anesthesiology, and acceptable practice in the privileges requested.

Privileges included in the core

Management of adult & pediatric patients rendered unconscious or insensible to pain and emotional stress by general or regional anesthesia or MAC, during surgical, obstetrical, and certain other medical procedures, including pre-, intra-, and postoperative evaluation and treatment; the support of life functions and vital organs under the stress of anesthetic, surgical, and other medical procedures; management of patients with a difficult airway; fiberoptic laryngotracheobronchoscopy, mechanical ventilation, and invasive hemodynamic monitoring, management of problems in pain relief; cardiopulmonary resuscitation; and supervision of patients in post-anesthesia care units and critically ill patients in special care units; except for those special procedure privileges listed below.

Special procedures privileges

To be eligible to apply for a special procedure privilege listed below, applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Medical Staff policies governing the exercise of specific privileges.

Name _____

Procedure	Requested	Recommended	Not Recommended	Notes

If you want to perform procedures not otherwise included above, please list those procedures here.

Recommended/Not Recommended for the following modification(s) and reasons(s):

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at The Neurosurgical Medical Center Surgical Hospital, and

I understand that:

- (a) In exercising any clinical privileges granted, I am governed by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Signed: _____ Date _____

Department Chief of Services' recommendations

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant and recommend action on the privileges as noted above.

Comments _____

Signature _____ Date _____



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In accordance with 42 CFR 412.46 (Physician Acknowledgement) hospitals paid under the Medicare Prospective Payment System (PPS) are required to obtain one signed acknowledgement statement from physicians who are being granted admitting privileges at a particular hospital. The physician must complete the acknowledgement at the time that he/she is granted admitting privileges at the hospital or before, or at the time the physician admits his/her first patient to the hospital.

When the hospital submits a claim, it must have on file a signed and dated acknowledgement from the attending physician that the physician has received the following notice as specified in 42 CFR 412.46(b):

Notice to Physicians: Medicare payment to hospitals is based in part on each patient's principal and secondary diagnoses and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

Existing acknowledgements signed by physicians already on staff remain in effect as long as the physician has admitting privileges at the hospital. Hospitals must meet the conditions specified in 42 CFR 412, Subpart C to receive payment under the PPS for inpatient services furnished to Medicare beneficiaries. If a hospital fails to fully comply with these conditions with respect to one or more Medicare beneficiaries, the Centers for Medicare/Medicaid Services (CMS) may, as appropriate:

Withhold Medicare payment in full or in part to the hospital until the hospital provides adequate assurances of compliance; or

Terminate the hospital's provider agreement.

I, the undersigned, acknowledge that I have received and read the notice to Physicians by NMC Operating Company LLC, (dba The NeuroMedical Center Surgical Hospital).

Date: _____

Print Physicians Name

Physicians Medical License # _____

Physicians Signature