

**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 Anthem Blue Cross and Blue Shield Medicaid (Anthem) participating hospital. I have arranged for inpatient admissions at
(In-network hospital)
_____ by the following practitioner(s) (at least one) **who practice in my field, are Anthem 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
Date	Print name	Specialty	Signature

Physician applicant:

Date	Print name	Signature

<https://mediproviders.anthem.com/ky>

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