

Applicant's Name:	Completed by:	Date:
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TELERADIOLOGY SUPPLEMENTAL APPLICATION

NOTE: PLEASE ATTACH A CURRICULUM VITAE FOR EACH PHYSICIAN INTERPRETING RADIOLOGIC EXAMINATIONS.

1. Please indicate number of radiograph interpretations:
 - a. For the past 12 months: _____
 - b. For the next 12 months: _____

2. Please check those services that apply and provide related detail:
 - a. Preliminary read with the final interpretation by a radiologist at the site of the exam.
Please indicate percent of revenue: _____%
 - b. First and Final reads with interpretive reports provided to site of exam.
Please indicate percent of revenue: _____%
 - c. Other (i.e., second opinions, locum tenens, quality assurance, etc.)
Please describe and include the percent of revenue of each:

3. Does your legal counsel review all advertising, brochures and contracts? YES NO

4. Please describe (or attach details) of your credentialing requirements:

5. What percentage of your radiologists are board certified? _____%

6. Please describe (or attach a copy) of your quality control measures:

7. Do you comply with all credentialing requirements of any participating facility? YES NO

8. Are you in compliance with the utilization standards of the American College of Radiology for Teleradiology? YES NO

9. From what states and which facilities in those states are you receiving the Radiologic examinations?

<u>State</u>	<u>Type of Facility</u>