

Physician Assistant Delegation of Services Agreement

A Delegation of Services Agreement outlining the authorized services to be performed by the PA when acting under the Supervising Physician will be approved by the Supervising Physician and Physician Assistant. A copy of the agreement is kept in the credentialing files of the Supervising Physician and PA.

At all times, the Supervising Physician must be physically or electronically available to the PA for consultation, except in emergency situations. In cases of emergency, the PA, to the extent permitted by the laws relating to license or certificate involved, may render emergency services to a patient pending establishment of contact with the Supervising Physician.

Practice Information:

Practice/Group Name: _____		
Tax ID: _____		Group NPI: _____

Primary Location:

Street Address: _____	Suite: _____
City: _____	State: _____ Zip: _____

Provider Information:

Physician Assistant Name: _____	
Physician Assistant NPI: _____	Physician Assistant Date of Birth: _____

Certified for Collaborative Practice Status:

Yes *If PA is certified by the board for collaborative practice, the Supervising Physician section below will not be required. A copy of the certification from the Arizona Regulatory Board of PAs to collaboratively practice must be provided (included with this request) before the provider can be credentialed and approved on the Arizona Priority Care network.*

No *- If PA is not certified for collaborative practice, the Supervising Physician section will be required and signature from both the Physician Assistant and the Supervising Physician will be required.*

Supervising Physician Information

Supervising Physician Name: _____
Supervising Physician NPI: _____
Services to be performed: _____ <i>*Supervising physicians must be credentialed and active with Arizona Priority Care. If the Supervising physician is not currently credentialed or active in the network, you will be notified. If the Supervising physician is currently in the process of being credentialed or added, the PA will be made effective once the Supervising physician's credentialing is completed and effective.</i>

Physician Assistant's Signature

Supervising Physician's Signature

Physician Assistant's Printed Name

Supervising Physician's Printed Name

Date

Date

Note: Signatures must be hand signed by provider or in an eSignature such as DocuSign. Script font will not be accepted.