



# GPG Membership Application Form

Specialist

GPG Recruiting Representative \_\_\_\_\_

What were the determining factors on your decision to join Genesis Physicians Group? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

I, the undersigned, hereby request application for membership in GPG Holding Company (GPG), a Texas not-for-profit corporation. I am enclosing:

- my one-time GPG membership fee of \$750 (payable to GPG Holding Company)(\$700 effective 1/1/2012)
- a non-refundable application/credentialing fee of \$150 (payable to GPG Holding Company)

Signature

Date

Name (please print)

Primary Specialty to be listed

Are you Board Certified in the above specialty? \_\_\_\_\_

Mailing Address

\* If not, please explain: \_\_\_\_\_

City, State, Zip

( )

Telephone Number

( )

Individual and/or Group Federal Tax ID Number

Fax Number

State License Number

E-Mail Address

Social Security Number

Please list all partners in your group (if applicable). Attach a list if you have more than three associates in your group. Names: Specialty:

What is the name of your group practice? \_\_\_\_\_

How did you hear about GPG Holding Company/Genesis Physicians Group? \_\_\_\_\_

Note: In the event of membership termination, membership fees are not refundable after approval of the Peer Review Committee.

*For GPG use only*

App Fee Check # \_\_\_\_\_ Amount \_\_\_\_\_ GPG Fee Check # \_\_\_\_\_ Amount \_\_\_\_\_

Date Application Received by GPG \_\_\_\_\_ Date to Credentialing \_\_\_\_\_

GPG Confidential – Provider Service R4\_ Specialist-MAF/IRP

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