



GPG Membership Application Form

PCP/ EMMS

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 \$400 (payable to GPG Holding Company)(\$250 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

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Telephone Number

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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 _____