



Please fax back to:
(210) 490-5077

AGREEMENT TO HOSPITALIZE & CARE FOR PEDIATRIC PATIENTS

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT OUR PRACTICE GROUP (WHICH INCLUDES ALL NAMED PHYSICIANS BELOW) HAS ENTERED INTO AN AGREEMENT WITH **TEXAS INPATIENT PEDIATRICS, P.A.** (“TIPS”) TO CARE FOR OUR PATIENTS THAT REQUIRE ADMISSION TO ANY OF THE FOLLOWING HOSPITALS:

We have indicated with an “X” the hospitals where TIPS will provide coverage.

Hospitals	Children (Inpatient only)	Newborns
North Central Baptist Hospital		
Methodist Children’s Hospital		
Stone Oak Methodist Hospital		
Saint Luke’s Baptist Hospital		
North East Baptist Hospital		

- We would like to be notified of each admission.
- Please notify the TIPS physicians on call directly (at 210-490-5104) when any of our patients require admission to the hospital.

IN ORDER TO SIMPLIFY AND EXPEDITE THE ADMISSION PROCESS, TIPS PHYSICIANS WILL SELECT, ON OUR BEHALF, THE MOST APPROPRIATE UNIT AND HOSPITALS WHERE PATIENTS ARE TO BE ADMITTED EXCEPT AS NOTED BELOW:

Exclusions/Exceptions:

THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL TIPS AND THE ABOVE HOSPITALS MARKED FOR COVERAGE ARE NOTIFIED IN WRITING OF THE INTENT TO TERMINATE THIS AGREEMENT WITH SUCH TERMINATION EFFECTIVE NO EARLIER THAN THIRTY (30) DAYS AFTER NOTICE IS RECEIVED.

NAME OF PRACTICE

Practice Address

Practice phone #

Fax #

City & Zip code

Email of Physician in Chief (print clearly)

Email of Office Manager (print clearly)

Print clearly the Name of Physician in Chief

Office Manager Name (print clearly)

PLEASE PRINT THE NAMES OF ALL **PHYSICIANS** IN THE PRACTICE: *(If necessary, please complete a second page and attach.)*

PHYSICIAN COMPLETING FORM:

APPROVED AND ACCEPTED BY TIPS:

Name & Title

Date

Hugo F. Carvajal, M.D., President

Date