

Medical Staff Services 1190 Waianuenue Avenue Hilo, Hawaii 96720 Telephone: (808) 932-3176 Fax: (808) 933-9901

TEMPORARY DISASTER PRIVILEGES FORM

Practitioner Name:			
First Name Last Name, Credential (MD, DO, APRN etc.)		
Specialty:			
Cell #:			
E-mail Address:			
Address:			
Date of Birth:	Social Security #:		
NPI # (If available):			
Hospital Where Practitioner Holds Privileges (If ap	oplicable):		
Current Malpractice Coverage (\$1M/\$3M):	Yes No		
Carrier:			
Participate with Medicare/Medicaid: Yes	No		
Practitioner Signature		Date	

Please return form to EHI Medical Staff Services Department via e-mail at HMCMSO@HHSC.ORG">HMCMSO@HHSC.ORG or fax to 808-933-9901