



SUPPLEMENTAL INFORMATION - MIDWIVES

Practitioner Name: _____

Practitioner License #: _____

Provider License Exp. Date: _____

Provider NPI #: _____

Additional questionnaire specific to Midwifery practice:

1. Does the midwife perform deliveries in a hospital setting for SH members? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate name of hospital where privileges are held:
2. Does this midwife perform deliveries in a home setting? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes please indicate number of home births were performed in the last year:
3. Does this midwife perform deliveries in a Birth Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	Center Name:

If questions 2 and 3 are answered with "yes" please provide malpractice coverage specifically designated for out of hospital births.

Portico has been updated to reflect hospital affiliation

Verified by: _____

Title: Credentialing Specialist Date: _____