



## ***Become a Physician Member – Join the QSource Team Today!***

QSource is a 501(c)(3) not-for-profit, physician-sponsored, health care quality consulting organization. As the federally contracted Quality Improvement Organization (QIO) serving Tennessee, QSource is dedicated to improving the quality of health care provided to Tennesseans through education and advocacy.

### **Physician Membership Criteria**

You are eligible to become a physician member of QSource if:

- You are a physician holding a current and unrestricted license to practice medicine or osteopathy in the State of Tennessee  
**and**
- Currently employed (part-time or full-time), whether paid or as an owner, member, or volunteer, in any payment, treatment, or health care operations activity on behalf of a *covered entity*\*  
**or**
- On behalf of an entity that would be a *\*covered entity* if it transmitted claims information in electronic form in connection with a transaction, you are eligible to become a physician member of QSource.

*\*covered entity* as those terms are defined in the HIPAA privacy regulations, 45 C.F.R. §§ 160.103 and 164.501,

### **Membership Benefits**

- **NO** Membership fees or dues
- **Free** quarterly newsletter
- **Eligible** to serve on QSource Board of Directors
- **Eligible** to nominate and vote for members of QSource Board of Directors
- **Eligible** to become a Physician Reviewer/Advisor and/or Consultant

### **How to Join**

It's simple. Either fill out the attached application or visit our website, [www.qsource.org](http://www.qsource.org), and choose "About QSource". From the box located at the left hand side of the page, select "Become a Member"

***Thank you for your interest in QSource and  
your commitment to improving healthcare in Tennessee!***



## APPLICATION FOR PHYSICIAN MEMBERSHIP

Name: \_\_\_\_\_ TN License Number: \_\_\_\_\_

Specialty: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Office Information

Practice/Office Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Home Information

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where would you like information sent? Office Address (  ) Home Address (  )

I am a physician holding a current and unrestricted license to practice medicine or Osteopathy in the State of Tennessee, currently employed, part-time or full-time, in a payment, treatment, or health care operations activity. I hereby apply for membership in QSource.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_