

Become a

Physician Member

Qsource is a 501(c)(3) nonprofit, physician-member, healthcare quality improvement organization dedicated to creating and enhancing programs, services, and collaborative relationships that improve healthcare quality.

MEMBERSHIP BENEFITS

No membership fees or dues and eligibility to

- **Serve on the Qsource Board of Directors**
- **Nominate and vote for members of the Qsource Board of Directors**
- **Become a Physician Reviewer/Advisor**

MEMBERSHIP CRITERIA

You are eligible to become a physician member of Qsource if you are a Doctor of Medicine or Osteopathy, including an intern or resident, holding a current and unrestricted license to practice medicine or osteopathy in the state of Tennessee, and are currently employed, part- or full-time, whether paid or as an owner, member, or volunteer, in any payment, treatment, or healthcare operations activity on behalf of a covered entity, as those terms are defined in the HIPAA privacy regulations, 45 CFR §§ 160.103 and 164.501, 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.



Qsource.



3 EASY WAYS TO JOIN TODAY!

1. Complete the enrollment online at www.Qsource.org/physicianmembership
2. Complete the application and fax to:
Qsource
Attn: Jenny Fradella
Fax: 901-761-3786
3. Complete the application and mail to:
Qsource
Attn: Jenny Fradella
3175 Lenox Park Blvd., Ste 309
Memphis, TN, 38115

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



Physician Membership Application

_____ Name	_____ TN License Number	
_____ Specialty	_____ UPIN	_____ NPI
_____ Email		

Office Information

_____ Practice/Office Name		
_____ Address		
_____ City	_____ State	_____ ZIP Code
_____ Phone Number with Area Code	_____ 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 healthcare operations activity. I hereby apply for membership in Qsource.

_____ Signature	_____ Date
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