

SAINT LUKE'S CARE PARTICIPATION AGREEMENT

You are invited to join Saint Luke's Care (SLC) along with physicians throughout the Saint Luke's Health System (SLHS). Completion of this participation agreement is required.

- I am an active or equivalent status medical staff member in good standing at a SLHS facility.
- I am committed to evidence-based medicine and to utilizing SLC Best Practice Guidelines when appropriate to my patient's circumstances.
- I will support and participate in clinical data collection and review.
- I will agree to participate in SLC-sponsored CME programs.
- I will maintain my proficiency in the SLHS clinical information system.
- I will maintain an active e-mail address for my SLC communications.
(SLC member e-mail will be used solely for SLC/SLHS purposes.)

Physician Name:

Medical Group:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Preferred E-mail Address:

Specialty:

Hospital Affiliation(s)/Medical Staff Status:

Physician Signature: _____

Please note: Participation in Saint Luke's Care is at the sole discretion of the Saint Luke's Care Board of Directors.

Please return this form to:

Saint Luke's Care
10920 Elm Avenue
Kansas City, MO 64134
Or
FAX to (816) 932-6846

For more information about Saint Luke's Care or this agreement, please call Ron Baker at (816) 932-1599.



SAINT LUKE'S HEALTH SYSTEM

saintlukeshealthsystem.org