

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 Saint Luke's Care sponsored CME programs.
- I will maintain my proficiency in the SLHS clinical information system.
- I will maintain an active email address for my SLC communications.
(SLC member email will be used solely for SLC/SLHS purposes.)

Physician Name: _____

Specialty: _____

SLHS Hospital Affiliation(s) / Status: _____

Medical Group: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Preferred Email Address: _____

Physician Signature: _____

Date

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

