HEALTHTRUST VERIFIED ORGANIZATION ENROLLMENT

If your organization would like to be added to the HealthTrust Verified software system for your employees, staff or yourself to credential for access to HCA Healthcare facilities, please use this form.

New To HealthTrust Verified Professionals?

Complete both Part A and B Forms. Include noted documentation to complete your request to have your organization added to HealthTrust Verified Professionals along with the role/position for each person.

Only need to add a role/position to your Organization enrollment?

Complete Part B and include noted documentation to complete your request. If you would like a Delegate account to assist with credentialing your people, use the HWS Delegate Enrollment Form.

Please allow up to 48-72 hours. HealthTrust will contact you if any additional information is needed to complete your request. Return all documents to: PARA.DHPCompliance@Parallon.com

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BEGIN THE PROCESS ON THE FOLLOWING PAGES

FORM and DOCUMENTS NEEDED TO COMPLETE ORGANZIATION ENROLLMENT:

- You will need to submit a copy of your Certificate of Insurance with this request, if you have roles/positions that affect patient care, treatment or services.

- Include any and all Job Descriptions and complete a Role Description Form for each of your "job descriptions." This form is located within this request. This is needed in order to identify the role name HCA will refer to your people.

Yes	No	Action(s) Requested
		I am requesting Organization Enrollment – Part A Form Note that if you/your people are covered under their own certificate of insurance, rather than a company policy, each person must enroll under their name for the insurance to be managed accordingly

Part A Form

Organization Name						
Organization Contact	First			Last		
Organization Contact	email			Ph No.		
Street Address #1						
Street Address #2						
City						
State				Zip Code		
Who will pay the Annual		Organization		Verified Professional User		Both
Please explain your business, specialty, services, or products. Please be specific.						

Part B Form

Complete Form B - If your organization already exists within Verified Professional and you want to add a role/position to register under your organization

A form must be completed for each of your internal Job Descriptions

Yes	No	Action(s) Requested
		I am requesting to add role/position types to my Organization – Part B Form

Organization Name				
Organization Contact	First		Last	
Organization Contact	email		Ph No.	

Role Description

Please describe the role, not your Job Description, you will be working as within an HCA facility. The role may be a portion of your normal company responsibilities but not the full range. HealthTrust needs to ensure that your classification is specific to HCA role classifications and not your job title. If you have any questions, please contact HWS

Examples:

Clinical Liaison for a Medical Device company would be classified as a Supplier Representative.

An Admission Nurse who enters the hospital due to a referral may be classified as a Community Liaison.

Description of the Role:

Which Facility or Facilities?
