

## Mobile Application Agreement After Hours Care



- ❖ The Oklahoma Health Care Authority (OHCA) has developed a new *After-Hours* mobile app which lists providers' office hours. The purpose of the mobile application is to connect SoonerCare members seeking *after-hours, acute* care with available SoonerCare providers. This will be done by listing your office hours on the app which are outside the traditional office hours of 8am to 5pm, excluding holidays.
- ❖ The AH mobile app is **Voluntary** for SoonerCare providers who want to be listed on the OHCA *After-Hours Care* mobile application. It is another way to advertise your availability outside the traditional office hours.
- ❖ This form does not represent any change in your existing contract with OHCA.

Full provider name: \_\_\_\_\_  
 Full street address: \_\_\_\_\_  
 City, state, zip code: \_\_\_\_\_  
Age restriction: \_\_\_\_\_

**Provider ID:**                      Provider ID #                      \_\_\_\_\_  
**Phone:**                              Phone #                              \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

**Provider URL address** \_\_\_\_\_

**Please indicate the hours that your office is open for patient care:**  
 (Traditional office hours are 8:00 AM to 5:00 PM Mon-Fri)

*Effective Date for these hours:* \_\_\_\_\_

<b>Monday</b>	Start _____	End _____
<b>Tuesday</b>	Start _____	End _____
<b>Wednesday</b>	Start _____	End _____
<b>Thursday</b>	Start _____	End _____
<b>Friday</b>	Start _____	End _____
<b>Saturday</b>	Start _____	End _____
<b>Sunday</b>	Start _____	End _____

	Availability of Additional Services (In Office)	
	Yes	No
Lab	<input type="checkbox"/>	<input type="checkbox"/>
X- Ray	<input type="checkbox"/>	<input type="checkbox"/>
Sutures	<input type="checkbox"/>	<input type="checkbox"/>
Splints	<input type="checkbox"/>	<input type="checkbox"/>

**If you have questions, please call your OHCA Provider Representative. If you wish to be listed in this app, please return this form completed and signed to [Dominique.Holt@okhca.org](mailto:Dominique.Holt@okhca.org) or fax to her attention at 405-530-3358.**