

**PROVIDER WEB PORTAL APPLICATION
PHYSIOLOGICAL LABORATORY CERTIFICATION**

I, _____, hereby acknowledge that I agree to
(Print or type Physician's name)
provide general physician supervision in the areas of ultrasounds, Doppler services, and noninvasive
peripheral vascular studies to :

(Name of physiological laboratory)

These responsibilities include, but may not be limited to, verifying periodically that the equipment is functioning properly and producing the quality of results expected. I also assume responsibility for following on a continuing basis those technicians doing ultrasound, Doppler testing, and peripheral vascular studies, and assisting them with any problems that may occur when providing these services. I will give direction and make recommendations to management regarding proper training or follow-up training.

Physician's Signature
(Original signature required)

Date

Address

Telephone Number

Application Tracking Number

Submit with the bar coded cover sheet to HPES' Provider Enrollment Department at:
P O Box 241685, Montgomery, AL 36124-1685