

Please complete and e-mail to [csteinbe@health.usf.edu](mailto:csteinbe@health.usf.edu); [apuricel@health.usf.edu](mailto:apuricel@health.usf.edu); [jsotelo@health.usf.edu](mailto:jsotelo@health.usf.edu) or fax to: (813) 974-8099 – ATTN: Billing Integrity Consultant

**ATTENTION:** Non-Physician Providers (PA, ARNP, CNM, etc.) –  
Call (813) 974-8090 to schedule your face-to-face PIO/BIO meeting

**USF HEALTH**  
**Professional Integrity Office**  
**New Faculty/Other Healthcare Provider Orientation Questionnaire**

**New Provider Name:** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**1. Check the types of services you anticipate providing:**

<input type="checkbox"/>	Office visits/consults
<input type="checkbox"/>	Office procedures
<input type="checkbox"/>	Hospital visits/consults
<input type="checkbox"/>	Hospital procedures
<input type="checkbox"/>	Other; please specify:

**2. What are likely to be your most common procedures?**

**3. What medical conditions are you most likely to treat?**

**4. Check the locations where you anticipate practicing:**

<input type="checkbox"/>	USF Health Morsani Center
<input type="checkbox"/>	USF Health South Tampa Center
<input type="checkbox"/>	Other Outpatient site; please specify:
<input type="checkbox"/>	Tampa General Hospital
<input type="checkbox"/>	Florida Hospital
<input type="checkbox"/>	H. Lee Moffitt Cancer Center
<input type="checkbox"/>	All Children's Hospital
<input type="checkbox"/>	Other Hospital; please specify:

**5. Check any of the following you anticipate involving in your services:**

<input type="checkbox"/>	Medical Student
<input type="checkbox"/>	Medical Resident/Fellow
<input type="checkbox"/>	Mid-level Provider (ARNP, PA, etc.)
<input type="checkbox"/>	Other; please specify: