**PHYSICIAN PRACTICE TEAM ROSTER: [insert name of practice here]**

**For BlueStar provision of Telehealth Services and RPM**

This document will be filled out during the onboarding process to establish the RPM team. Please fill in the word document and save with the following file name: “Practice Roster for [Insert Name of Practice], dated [insert date]”.

**CUSTOMER/PRACTICE INFORMATION:**

|  |  |
| --- | --- |
| Practice Name |  |
| Street Address |  |
| City, State, Zip |  |
| Phone |  |
| Fax |  |
| Practice e-mail |  |
| Website |  |
| Approximate size[[1]](#footnote-1) |  |
| EHR/EMR used |  |
| Speciality, if any |  |
| Comments |  |

**PHYSICIAN TEAM**

*(if more rows are needed, please add the row and add the names)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **E-mail** | **Phone** |
| Practice Manager |  |  |  |
| Office Manager |  |  |  |
| Clinician[[2]](#footnote-2) |  |  |  |
| Clinician |  |  |  |
| Clinician |  |  |  |
| Clinician |  |  |  |
| Billing Manager |  |  |  |
| RPM Administrator[[3]](#footnote-3) |  |  |  |
| RPM Administrator |  |  |  |
| RPM Administrator |  |  |  |
| RPM Administrator |  |  |  |
| Chief Technologist |  |  |  |
| Other |  |  |  |

**BLUESTAR TEAM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **Name** | **E-mail** | **Phone** |
| Account Manager |  |  |  |
| Accounting Supervisor |  |  |  |
| Salesperson |  |  |  |
| Primary RPM Monitor |  |  |  |
| COO |  |  |  |
| CEO |  |  |  |
| Other |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

The Practice Office Manager and the BlueStar Account Manager will work together to keep this roster updated and accurate.

1. Approximately how many physicians / clinicians? About how many patients? [↑](#footnote-ref-1)
2. By clinician, we mean physician or nurse practitioner or equivalent. [↑](#footnote-ref-2)
3. An RPM Administrator is a non-clinician on the staff who will need access to the RPM system. Clinicians will automatically be given access. [↑](#footnote-ref-3)