



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## Medical Peer Review Consultant Referral Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe the area(s) of expertise/specialty you are looking for: \_\_\_\_\_

\_\_\_\_\_

Do you require that the consultant be board certified in that specialty?  Yes  No

Name of medical peer review committee: \_\_\_\_\_

Is this medical peer review committee a health care entity that is afforded statutory peer review protection under Massachusetts law (such as a hospital, health maintenance organization, licensed clinic, or nursing home)?  Yes  No

How did you learn about the MMS's Medical Peer Review Consultant Referral List?

MassMed.org  An MMS publication (such as *Vital Signs*)

My organization's medical peer review committee  A colleague  Other: \_\_\_\_\_

I/my organization understand that:

- By signing below, I certify that I/my organization will only use the information provided for the purposes of finding a consultant to assist my organization's medical peer review committee.
- The contact information of consultants may not be used for soliciting products or any other services.
- The nature of the services and responsibilities and any compensation for services are to be agreed upon between my organization and the consultant.
- Physicians self-select for inclusion in the Peer Review Consultant Referral List.
- The MMS does not evaluate the qualifications of or credential the physicians who request to be listed — the list is intended as a resource only.
- The MMS does not endorse or recommend any particular consultant.
- The MMS urges me/my organization to do due diligence in selecting any consultant to my organization's medical peer review committee.

Agreed to and accepted by:

Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FAX OR MAIL THIS FORM TO:**

OFFICE OF THE GENERAL COUNSEL

860 WINTER STREET, WALTHAM, MA 02451-1411

FAX (781) 893-9369 [PRCRegistry@listserv.massmed.org](mailto:PRCRegistry@listserv.massmed.org)