



## TriWest Healthcare Alliance Provider Capability/Services

Date: \_\_\_\_\_ Provider Name: \_\_\_\_\_

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

City, State, Zipcode: \_\_\_\_\_

Please identify what age and gender groups you provide services for (check all that apply):

Preschool 0-5     Children 6-12     Adolescent 13-17     Adults 18-65     Geriatrics 65+

Male patients     Female patients

**Please check those capabilities in which you are certified or have received specific or on-going training. These may or may not be a covered benefit.**

<p>Dental: <input type="checkbox"/> TMJ</p> <p>Dermatology: <input type="checkbox"/> MOHS Surgery only</p> <p>Obstetrics/Gynecology: <input type="checkbox"/> High Risk OB/Pregnancy</p> <p>Ophthalmology: <input type="checkbox"/> Cataract Laser Surgery <input type="checkbox"/> Cornea Specialist <input type="checkbox"/> Glaucoma Specialist <input type="checkbox"/> Oculoplastics <input type="checkbox"/> Orbit Specialist <input type="checkbox"/> Retinal Specialist <input type="checkbox"/> Strabismus Specialist</p>	<p>Pain Management: <input type="checkbox"/> Short Term Pain Management</p> <p>Radiology <input type="checkbox"/> Professional Services</p> <p>Speech Pathology: <input type="checkbox"/> Autism (Speech) <input type="checkbox"/> Developmental Disabilities (Speech)</p> <p>Surgery (Orthopedic): <input type="checkbox"/> Arthroscopic Surgery <input type="checkbox"/> Elbow Surgery <input type="checkbox"/> Foot and Ankle Surgery <input type="checkbox"/> Hip Surgery <input type="checkbox"/> Joint Replacement <input type="checkbox"/> Knee Surgery <input type="checkbox"/> Shoulder Surgery <input type="checkbox"/> Wrist Surgery</p>	<p>Surgery (Other): <input type="checkbox"/> Bariatric Surgery <input type="checkbox"/> Gastric Banding</p> <p>Other: <input type="checkbox"/> EMG <input type="checkbox"/> Epilepsy <input type="checkbox"/> HIV <input type="checkbox"/> Sleep Studies <input type="checkbox"/> Sleep Study Prosthetics <input type="checkbox"/> Telemedicine Services <input type="checkbox"/> Ultrasound Only <input type="checkbox"/> Urodynamics <input type="checkbox"/> Venous Closures</p>
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