

TYPE OF PROVIDER:

Physician – Pediatric Hematology/Oncology

CRITERIA:

- Licensed by the State of Illinois or the state in which the medical services are being provided.
- A member in good standing of the approved staff of the health care facility approved by DSCC for the services to be provided.
- Certified by the American Board of Pediatrics, Inc., with subspecialty certification in Pediatric Hematology/Oncology.

ADDITIONAL REQUIREMENTS:

- Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois.
- Maintain continuous medical malpractice insurance coverage and purchase “tail coverage” if malpractice insurance is discontinued or reduced below level described above.
- Will not seek further payment from DSCC child or child’s family beyond amount paid by third party payers or DSCC for approved care.
- Accept Medicaid and All Kids reimbursement.

ADDITIONAL DESIRABLE CRITERIA:

- Affiliated with the teaching hospital of a medical school.
- Faculty appointment in a medical school.