SALESFORCE OTHER CLINICAL SUBMISSION
PHYSICAL or OCCUPATIONAL THERAPIST (PT or OT)

https://login.salesforce.com/

The following information is specific to what ACE needs in order to assign a CU Medicine billing number.

1. Department will create/update an Other Clinical record within Salesforce* and attach the following documents:

   A. Copy of signed letter of offer or FRF (required)
   B. Copy of completed Affidavit of Salary Source** (required)
   C. Copy of master's degree
   D. Copy of DEA (if applicable)
   E. Copy of driver's license
   F. Copy of current Colorado professional license (DORA)
   G. Copy of CV
   H. Copy of social security card

2. All providers must have a National Provider Identifier (NPI). Full-time faculty must update their NPI to list Shanna Smith as the contact person. If a provider does not have an NPI one must be applied for and issued prior to submitting this request.

3. Once the Salesforce record is complete it will first be submitted to the DFA for review and approval before being submitted to ACE for review and approval.

4. The provider will attend CU Medicine Provider Orientation where he/she will sign paperwork. After this is completed his/her CU Medicine billing number will be activated.

* Salesforce help:
Becca Morgan
303-493-8341 UPI direct
303-968-9312 cell phone
Rebecca.Morgan@cumedicine.us

** The affidavit of salary source must be updated each time a provider's salary source changes.

*** For packet and instructions on how to obtain hospital privileges, please contact the Medical Staff Offices at Children's Hospital Colorado or University of Colorado Hospital.

ANCILLARY PERSONNEL
AFFIDAVIT OF SALARY SOURCE

Name ____

Title ____

Department____

Specialty____

Sources of Salary:
(Please attach a copy of the FRF and complete below. If a portion of the salary is paid from a grant, please attach a copy of the grant.)

SOURCE (Account #)	**EFFECTIVE DATE** (Enter date)	**AMOUNT**	**GRANT NUMBER**
________________	_______________	$_______________	______________
________________	_______________	$_______________	______________
________________	_______________	$_______________	______________
	Total	$_______________	

Percentage of time spent in patient care _______________%.

Approvals:
The above individual functions in the capacity of ancillary personnel, and their salary is not reported on any hospital cost reports. In addition, the above individual does not receive any portion of base salary from a grant that provides reimbursement for patient care services. No change in the sources of salary will be made without written notification given to CU Medicine.

Department Chairman: Name __________________________________

Signature________________________________

Date____________________________________

Associate Dean – Finance and Administration – School of Medicine:

Signature________________________________

Date____________________________________