

Practice Location Information Supplemental Form

* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 4 Practice Location Information - Page 4 of 5

Additional Practice Location
(Continued)

IMPORTANT
In the box provided, indicate to which practice location this page belongs.

LOCATION # 2

LANGUAGES

NON-ENGLISH LANGUAGES SPOKEN BY OFFICE PERSONNEL

| | | | | | | |
|-------------------------|---|-----------------------|---------------|---------------|---------------|---------------|
| INTERPRETERS AVAILABLE? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE |
| | | LANGUAGES INTERPRETED | | | | |
| | | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE | LANGUAGE CODE |

Accessibilities

DOES THIS OFFICE MEET ADA ACCESSIBILITY REQUIREMENTS? YES NO

DOES THIS SITE OFFER HANDICAPPED ACCESS FOR THE FOLLOWING

| | | | | | |
|-----------|---|--------------------------------------|---|--------------------------------------|---|
| BUILDING? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TEXT TELEPHONY (TTY)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ACCESSIBLE BY PUBLIC TRANSPORTATION? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| PARKING? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | AMERICAN SIGN LANGUAGE? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | BUS? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| RESTROOM? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | MENTAL/PHYSICAL IMPAIRMENT SERVICES? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | SUBWAY? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| | | | | REGIONAL TRAIN? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

OTHER HANDICAPPED ACCESS OTHER DISABILITY SERVICES OTHER TRANSPORTATION ACCESS

Services

Does this location provide any of the following services?

LABORATORY SERVICES? YES NO IF YES, PROVIDE ACCREDITING/CERTIFYING PROGRAM (E.G., CLIA, COLA, MLE)

RADIOLOGY SERVICES? YES NO IF YES, PROVIDE X-RAY CERTIFICATION TYPE

| | | | | | | | |
|-----------------------------|---|--------------------------------|---|----------------------------|---|---|---|
| EKGs? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ALLERGY INJECTIONS? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ALLERGY SKIN TESTING? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | ROUTINE OFFICE GYNECOLOGY (PELVIC/PAP)? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| DRAWING BLOOD? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | AGE APPROPRIATE IMMUNIZATIONS? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | FLEXIBLE SIGMOIDOSCOPY? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TYMPANOMETRY/AUDIOMETRY SCREENING? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| ASTHMA TREATMENT? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | OSTEOPATHIC MANIPULATION? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | IV HYDRATION/TREATMENT? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CARDIAC STRESS TEST? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| PULMONARY FUNCTION TESTING? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | PHYSICAL THERAPY? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CARE OF MINOR LACERATIONS? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |

IS ANESTHESIA ADMINISTERED IN YOUR OFFICE? YES NO IF YES, WHAT CLASS/CATEGORY DO YOU USE?

IF YES, WHO ADMINISTERS IT?

LAST NAME FIRST NAME

TYPE OF PRACTICE (SELECT ONE ONLY): SOLO PRACTICE SINGLE SPECIALTY GROUP MULTI-SPECIALTY GROUP

ADDITIONAL OFFICE PROCEDURES PROVIDED (INCLUDING SURGICAL PROCEDURES)