

Form G, Epilepsy Clinic Sites

INSTRUCTIONS: Complete a separate Clinic Site Form for each clinic site.

The Clinic Site Form can be found on page 2. Information provided on clinic site forms is used to update HHSC websites and public databases, therefore, each clinic form must contain current and accurate information.

Legal Name of Respondent	Respondent's legal name.
Clinic Site # ___ of ___	Example: Clinic Site #1 of 5 for the first clinic site out of five clinic sites, Clinic Site #2 of 5 for the second clinic site of five, etc.
Clinic Name to Appear on Website Locator	State the name of the clinic as it will appear on the HHSC website locator. (The name should be recognizable to Clients.)
CLINIC SITE INFORMATION:	
Service Area	List counties <u>served by that specific clinic site</u> , NOT all counties served by the whole project.
Subcontractor Site	For each clinic site, indicate whether that particular site is subcontracted by the Respondent to another entity for the provision of services.
Mobile Site	Indicate whether that particular site is a mobile site.
Contact Person	Name of contact person for that clinic site.
Phone	Phone number for the clinic.
Location of Site	Clinic location (e.g., Texas Medical Center/Smith Tower)
Fax	Fax number for the clinic.
Street Address	Physical address of clinic.
City/County/Zip Code	City, county and zip code of clinic.
HHSC region	HHSC Region where clinic is located.
Pharmacy License #	Pharmacy license number for the clinic (if applicable); otherwise put N/A for Not Applicable.
TPI#	Texas Provider Identifier # for the clinic (if applicable), otherwise N/A.
NPI#	National Provider Identifier # for the clinic (if applicable), or N/A.
CLINIC HOURS AND SERVICES:	
Hours of Operation	List the operating hours of each clinic site for each day of the week broken into morning (e.g., 8:00 a.m. – Noon), afternoon (e.g. 12:01 p.m. – 5:00 p.m.), and evening hours (e.g., 5:01 p.m. – 8:00 p.m.). Indicate days of the week when the clinic is closed (e.g. Tuesday – closed).
Services Provided/Clinic Type	List the type of services provided or type of clinic for each day of the week. For example, Monday = child health clinic, Wednesday = dental clinic, etc. Legend: C-child health, CD-child dental, PM-prenatal medical, PD-prenatal dental.
# Monthly Clinics	List the total number of clinics each month by the day of the week, e.g., Monday = 4 clinics per month; Tuesday = 0 clinics per month, etc.
Total Hours/Month	List the total number of hours of operation per month for each clinic site (e.g., Clinic Site 1 = 128 hours per month; Clinic Site 2 = 160 hours per month, etc.)
Total # Clinics Per Month	List the total number of clinics held per month per clinic site (e.g., Clinic Site 1 = 16, Clinic Site 2 = 20, etc.)

PROGRAM SPECIFICS: Services generally vary between clinic sites, so it is essential that accurate service information is reported by Respondent in order for HHSC to appropriately monitor services provided. *Important: Any changes in clinic information, including programmatic or operational changes, must be reported in writing to the appropriate HHSC Contract Manager within 30 calendar days.*

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COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent:	Clinic Site # ___ of ___
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CLINIC NAME to Appear on Website Locator:

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site):							
Subcontractor Site:				Yes	No		
Mobile Site:				Yes	No		
Contact Person:			Phone:				
Location of Site:			Fax:				
Street Address:							
City:				County:			Zip Code:
						HHSC Region:	
Pharmacy License #:		TPI #:		NPI#:			

CLINIC HOURS AND SERVICES:

DAY	HOURS OF OPERATION	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
TUESDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
WEDNESDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
THURSDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
FRIDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
SATURDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
SUNDAY	Morning		
	Afternoon		
	Evening (After 5 PM)		
TOTAL HOURS/MONTH		TOTAL # CLINICS PER MONTH	