

Healthcare Business Specialists
Specializing in RHC Reimbursement

Name of Clinic _____
Policy and Procedure Manual Questionnaire

Description	Response
Name of Medical Director	
Name of Owner	
Address of Owner	
Name of Office Manager	
Name of Community Representative for Annual Evaluation	
Name of PA/NP for Annual Evaluation & Policy and Procedure Manual	
Hours of Operation	
Hours the Providers are Onsite	

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Clinic Information

Description	Response
Clinic's Legal Name: Attach CP-575 from the IRS	
Clinic's doing business as name (DBA)	
Clinic's Physical Address: Must use 9-digit zip codes (zip plus 4)	
Clinic's Telephone Number:	
Clinic's Fax Number:	
Clinic's Federal Tax ID Number:	
Clinic's CLIA Number:	
Clinic's Email address:	
What County are you located in?	
How many employees work at this location?	
How many are NP's or PA's do you employ?	
What is the RHC Group NPI number?	
What is the closest hospital used for emergency and IP services?	
Who does the clinic send outside laboratory to?	
Provide clinic contact person for RHC administration, cost reporting and annual evaluations including phone number and email address for seminars and newsletters.	

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