

Introduction

Completion of this brief survey, for the Nevada Primary Care Office (PCO), will help leverage federal funds for enhanced Medicare reimbursement, as well as loan repayment and scholarships for health care professionals throughout Nevada. Aggregate data is used to calculate population-to-provider ratios, for primary care physicians (General Practice, Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Obstetrics/Gynecology or Psychiatry). If we cannot obtain this survey information from each of our state's primary care doctors, we are required to follow up individually with every doctor. The PCO is an office within the Nevada Department of Health and Human Services and is funded by federal grants to coordinate programs that support recruitment and retention of primary care providers in Nevada. For more information about these programs, contact Joseph Tucker at jtucker@health.nv.gov or 775-684-2232 of the Nevada PCO.

* 1. Are you a primary care doctor (General Practice, Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Obstetrics/Gynecology or Psychiatry)?

Yes

No

* 2. Please enter provider information in the text boxes below:

First Name:

Middle Name or Initial:

Last Name:

License Number:

NPI Number:

* 3. Are you currently providing clinical outpatient care?

Yes

No

* 4. Please select profession and primary specialty area, from the drop-down menus below:

Specialty Area	
MD	<input type="text"/>
DO	<input type="text"/>
Other (please specify)	<input type="text"/>

* 5. Please select all of the classifications that apply, from the list below:

- a. Intern or Resident
- d. Federal Provider or Foreign Medical School Graduate who is not U.S. citizen or lawful permanent resident
- e. Foreign Medical School Graduate who is U.S. citizen or lawful permanent resident but does not have an unrestricted license to practice medicine
- g. Locum Tenens
- i. Work in an emergency room
- j. None of the above

Comment:

* 6. Please provide all practice site addresses (street address and zip code), in the text boxes below. (Note: exclude hospitals, urgent care facilities, nursing homes, administrative facilities, teaching facilities, research facilities, etc.)

Site #1 street addr:

Site #1 zip code:

Site #2 street addr:

Site #2 zip code:

Site #3 street addr:

Site #3 zip code:

Site #4 street addr:

Site #4 zip code:

* 7. For each of the sites listed in the previous question, please select the responses that best reflect this practice, from the drop-down boxes below:

	Average Hours Per Week of Outpatient Care	Estimated % of Medicaid Patients	Estimated % of Sliding Fee or Charity Patients
Practice Site #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Practice Site #4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comment

* 8. Please provide contact information for follow up, in case staff in the Primary Care Office need clarification. This can be an Office Manager or other personnel who have access to practice information.

First Name:

Last Name:

Email Address:

Telephone #:

THANK YOU FOR COMPLETING OUR SURVEY.

That is all the information we need from your provider type.

If you have questions or concerns, please contact Joseph Tucker in the Primary Care Office at (775) 684-2232, or jtucker@health.nv.gov