

**ADDRESS AND TELEPHONE INFORMATION**

**1. Physician's Address**


**Assurance of confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

FORM **NAMCS-1(CC)**  
(11-3-2009)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS DATA COLLECTION AGENT FOR THE  
U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention  
National Center for Health Statistics

**NATIONAL AMBULATORY  
MEDICAL CARE SURVEY  
CONTROL CARD  
2010 PANEL**

**2. Physician's telephone and FAX numbers (Area code and number)**

<b>Office 1</b>	Telephone		<b>Office 2</b>	Telephone	
	FAX			FAX	

**4. Record of telephone calls**

Call	Date	Time	Results
1			
2			
3			
4			
5			
6			
7			

**10b. What is the (correct) address and telephone number of your office?**

<b>Correct Address and Telephone number</b>	Number and street		
	City	State	ZIP Code
	Telephone number (Area code and number)		

**12. Verify office location, if appropriate:**

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**CONTINUE ON REVERSE**

**Section II – INDUCTION INTERVIEW**

**16a. Office location(s)**

At what office location(s) will you see ambulatory patients during your practice's 7-day reporting period  Monday, <input type="text"/> through  Sunday, <input type="text"/> ?	Office number	Office Location <i>(Enter street address)</i>
	1	<input type="checkbox"/> Same office designated in the Control Card, Item 1 Address Label.
	2	
	3	
	4	

**17a. Enter the street name or town of in-scope location(s).**

**Note:** Keep the location numbers the same as the office number in item 16a.

Office No. 1	Office No. 3
Office No. 2	Office No. 4

**18h. What is your Federal Tax ID at each office location?**

Office No. 1	Office No. 3
Office No. 2	Office No. 4

**33b. Who will be helping you at each location?**

*Below enter the location and person's name and position.*  
**Note –** Keep the location numbers the same as the office numbers in item 16a.

Office Number	Location <i>(Enter street name)</i>	Name	Position
1			
2			
3			
4			

**Section III – NONINTERVIEW**

<b>39a. What is the provider's new address?</b>	Number and Street		
	City	State	ZIP Code
	Telephone number <i>(Area code and number)</i>		
<b>39b. Name of Field Representative</b>	RO	PSU	Date transferred

**CONTINUE WITH ITEM 40 ON PAGE 21 OR THE NAMCS-1**