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**NHSC Site Survey for 2010**

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**NHSC 2010 Site Survey Practice Site Name**

**Street Address**

**Other Address/P.O. Box**

**City**

**County**

**State**

**Zip Code (9 digits)**

**NHSC 2010 Site Survey Site Administrator First Name (Please do not include titles, suffixes, middle initials, nicknames, etc.)**

**Site Administrator Last Name**

**Street Address**

**Other Address/P.O. Box**

**City**

**State (Two letter abbreviation)**

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Zip Code (9 digits)

Phone Number

**CEO/Executive Director Contact Information**  
(Please do not include titles, suffixes, middle initials, nicknames, etc.)

CEO/Executive Director First Name :

CEO/Executive Director Last Name :

CEO/Executive Director Phone :

**Clinical Director Information**  
(Please do not include titles, suffixes, middle initials, nicknames, etc.)

Clinical Director First Name :

Clinical Director Last Name :

**Governance Information**  
(Please do not include titles, suffixes, middle initials, nicknames, etc.)

Governing Board Chair First Name :

Governing Board Chair Last Name :

**NHSC 2010 Site Survey Preparer Information**  
(Please do not include titles, suffixes, middle initials, nicknames, etc.)

Site Survey Preparer First Name \* :

Site Survey Preparer Last Name \* :

Site Survey Preparer Phone \* :

Site Survey Preparer Email Address \* :

NHSC Site Survey Preparer Fax Number

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**NHSC Site Type**

Site Type Description (select one location code which best describes the site location type)

- 1. FQHC Look-Alike
- 2. Rural Health Clinic (RHC)
- 3. Community Mental Health Facility
- 4. State or Federal Correctional Facility
- 5. Private Practice (Solo/Group)
- 6. Community Outpatient Facility
- 7. Free Clinic
- 8. Indian Health Service, Tribal Clinic, or Urban Indian Health Clinic (ITU)
- 9. State and County Health, Department of Health Clinic
- 10. Immigration and Customs Enforcement (ICE) Health Service Corps
- 11. Hospital Affiliated Primary Care Outpatient Clinic
- 12. School-based Health Program
- 13. Mobile Unit
- 14. Critical Access Hospital

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### NHSC Site Services Offered in 2010 and Delivery Method

Indicate 2010 Delivery Method for Each Medical Care Services Type  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
1. General Primary Medical Care (other than those below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Diagnostic Laboratory (technical component)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Diagnostic X-Ray Procedures (technical component)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diagnostic Tests/Screenings (professional component)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Urgent Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 24 Hour Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Following Hospitalized Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate 2010 Delivery Method for each Obstetrical and Gynecological Care Service Type  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
12. Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Obstetrical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Site	Site Pays	Payment	
12. Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Antepartum Fetal Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Genetic Counseling and Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Amniocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Labor and Delivery Professional Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Postpartum Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate 2010 Delivery Method for each Specialty Medical Care Service Type**  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
20. Directly Observed TB Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate 2010 Delivery Method for each Dental Care Service Type**  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
22. Dental Care - Preventive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Dental Care - Restorative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Dental care - Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate 2010 Delivery Method for each mental Health/Behavioral Health Service Type**  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
25. Mental Health Treatment/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Developmental Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 24-Hour Crisis Intervention/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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27. 24-Hour Crisis Intervention/Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Other Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Behavioral Health Treatment/ Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Other Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate 2010 Delivery Method for each "Other Professional Services" Type (Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)**

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
31. Hearing Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Nutrition Services other than WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Occupational or Vocational Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Vision Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. WIC Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Indicate 2010 Delivery Method for each "Other Services" Type (Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)**

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
38. Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Discharge Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Employment/ Education Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Environmental Health Risk Reduction (via detec/allev)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Food Bank/ Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Indicate 2010 Delivery Method for each "Other Services" Type  
(Mark with an "X" each cell that applies for each type of service. See Instructions for Table 1 for Definition.)

	Provided by Site	By Referral, Site Pays	By Referral, No Payment	Not Provided
38. Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Discharge Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Eligibility Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Employment/ Education Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Environmental Health Risk Reduction (via detec/allev)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Food Bank/ Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Health Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Interpretation/ Translation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Nursing Home & Assisted Living Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Home Visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Parenting Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Other (specify in next item below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you indicated "53. Other," please specify here

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**Part A: Number of Patients by their Age and Gender**

Please enter the number of patients, broken out by male, female, or prenatal patients.  
(See Instructions for Table 2.)

	Male Patients	Female Patients	Prenatal Patients
Under the age of 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 1-4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 5-12	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 13-14	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 15-19	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 20-24	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 25-44	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 45-64	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 65-74	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 75-84	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ages 85 and Over	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL Number of Patients</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Please enter the number of Patients by Ethnicity.  
(See Instructions for Table 2.)

Number of Patients by Ethnicity	
1. Hispanic or Latino	<input type="text"/>
2. Non-Hispanic	<input type="text"/>
3. Unreported/Refused to Report	<input type="text"/>
4. Total Number of Patients	<input type="text"/>

**Part B: Number of Patients by their Race**

Please enter the number of Patients by Race.  
(See Instructions for Table 2.)

Number of Patients by Race	
1. Asian	<input type="text"/>
2. American Indian or Alaska Native	<input type="text"/>
3. Black or African American	<input type="text"/>
4. Native Hawaiian or Other Pacific Islander	<input type="text"/>
5. White	<input type="text"/>
7. More than one race	<input type="text"/>
8. Unreported/refused to report	<input type="text"/>
9. Total Number of Patients	<input type="text"/>
10. Patients needing interpretation services (this line is a subset of Total Number of Patients)	<input type="text"/>

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**Part C: Number of Patients by Income Level  
(NOT to be COMPLETED by Prison, IHS, ICE, or Section 638 Sites)**

Percent of Poverty Level  
Please enter the number of Patients by Income Level.  
(see Instructions for Table 2)

	Number of Patients
1. 100% and below	<input type="text"/>
2. 101-200%	<input type="text"/>
3. Above 200%	<input type="text"/>
4. Unreported/ Refused to Report	<input type="text"/>
5. Total Number of Patients	<input type="text"/>

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**Part D: Number of Patients by Primary Insurance Type  
(NOT to be COMPLETED by Prison, IHS, ICE, and Section 638 Sites)**

Primary Insurance Type  
Please enter the number of Patients by type.  
(See Instructions for Table 2.)

	Number of Patients
1. Medicare	<input type="text"/>
2. Medicaid	<input type="text"/>
3. Other Public Insurance	<input type="text"/>
4. Private Insurance	<input type="text"/>
5. Self-Pay (No Insurance)	<input type="text"/>
6. Total Number of Patients	<input type="text"/>

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**Staffing and Utilization**  
 (See Instructions, as boxes indicated in gray for "Patients" and "Staff Visits" columns in Instruction Manual example for Table 3 do not require data entry.)

**Number of Personnel by Major Medical Service Categories**  
 (Please provide data by FTEs, Patients, and Staff Visits. See Instructions for Table 3.)

	FTEs	Patients	Staff Visits
1. Family Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. General Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Internists	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Obstetricians/ Gynecologists	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Pediatricians	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Psychiatrists	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Other Physician Specialists	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>8. Total Physicians</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Nurse Practitioners/ Physician Assistants	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Certified Nurse Midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Other Medical Support Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>13. Total Medical Services</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Personnel by Ancillary Service Categories**  
 (Please provide data by FTEs, Patients, and Staff Visits. See Instructions for Table 3.)

	FTEs	Patients	Staff Visits
14. Laboratory Service Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. X-Ray Services Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Pharmacy Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Total Ancillary Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Personnel

13. Total Medical Services

**Number of Personnel by Ancillary Service Categories**  
 (Please provide data by FTEs, Patients, and Staff Visits. See Instructions for Table 3.)

	FTEs	Patients	Staff Visits
14. Laboratory Service Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. X-Ray Services Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Pharmacy Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Total Ancillary Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Personnel by Dental Service Categories**  
 (Please provide data by FTEs, Patients and Staff Visits. See Instructions for Table 3.)

	FTEs	Patients	Staff Visits
18. Dentists	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. Dental Hygienists	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. Dental Assistants, Aides, Technicians, and Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
21. Total Dental Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Personnel by Mental Health & Behavioral Health Service Categories**  
 (Please provide data by FTEs, Patients, and Staff Visits. See Instructions for Table 3.)

	FTEs	Patients	Staff Visits
22. Mental Health & Behavioral Health Specialists	<input type="text"/>	<input type="text"/>	<input type="text"/>
23. Mental Health & Behavioral Health Support Personnel	<input type="text"/>	<input type="text"/>	<input type="text"/>
24. Total MH & BH Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
25. GRAND TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>

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**Patient Service Charges, Collections, and Self-Pay Adjustments  
(NOT to be COMPLETED by Prison, IHS, ICE, or Section 638 sites)**

Charges and Collections by Payment Source  
(Please do not type in dollar (\$) signs. See Instructions for Table 4.)

	Full Charges in Dollars	Amount Collected in Dollars
1. Medicare	<input type="text"/>	<input type="text"/>
2. Medicaid	<input type="text"/>	<input type="text"/>
3. Other Public source	<input type="text"/>	<input type="text"/>
4. Private Insurance	<input type="text"/>	<input type="text"/>
5. Self-Pay	<input type="text"/>	<input type="text"/>
<b>6. TOTAL Charges and Collections</b>	<input type="text"/>	<input type="text"/>

Adjustments by Self-Pay Adjustment Type  
(Please do not enter dollar signs (\$) in column. See Instructions for Table 4.)

	Adjustments (in dollars)
7. Self-Pay Sliding Fee Adjustments	<input type="text"/>
8. Other Self-Pay Adjustments (Self-Pay, Bad Debt, and Charity Care)	<input type="text"/>
<b>9. TOTAL Self-Pay Adjustments</b>	<input type="text"/>

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### Provider Income and Expenses by Account Class (NOT to be COMPLETED by Prison, IHS, ICE, or Section 638 sites)

**Income by Account Class**  
(Please do not enter dollar (\$) signs in column. See Instructions for Table 5.)

	Total Income (in dollars)
1. Federal Income	<input type="text"/>
2. Patient Service Revenue	<input type="text"/>
3. State, Local, and Other Income	<input type="text"/>
<b>4. TOTAL Income</b>	<input type="text"/>

**Expenses by Account Class**  
(Please do not enter dollar (\$) signs in column. See Instructions for Table 5.)

	TOTAL Expenses (in dollars)
5. Provider Compensation and Fringe	<input type="text"/>
6. Nonprovider Salaries and Fringe	<input type="text"/>
7. Clinical Supplies	<input type="text"/>
8. Clinical Equipment	<input type="text"/>
9. Professional Liability Insurance (Malpractice)	<input type="text"/>
10. Other Clinical Expenses	<input type="text"/>
11. Administration, Facility, and Other Expenses	<input type="text"/>
<b>12. TOTAL Expenses</b>	<input type="text"/>
<b>13. Surplus OR Deficit</b>	<input type="text"/>

**Accounting Method**  
Select the box below that describes the method used for accounting to calculate income and expenses. (See Instructions for Table 5.)

Cash  
 Accrual  
 Modified Accrual

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