Attachment A - Site Interest Form

Site Interest Form

Please complete the following form about your (organization). It should take no longer than 6 minutes. Our team will be in touch shortly to discuss this opportunity with you.

1. Site name:

2. Site main address:

3. Site telephone number:

4. Site Type (select one)
   a. Ambulatory specialty clinic
   b. Ambulatory primary clinic
   c. FQHC
   d. Adult hospital
   e. Children's hospital
   f. ER

5. Site characteristics/profit status

   Select one:
   ¨ Government   ¨ Non-government

   Select one:
   ¨ For-profit   ¨ Non-profit

   Select one:
   ¨ Teaching   ¨ Non-teaching

6. Urbanicity (select one)
    a. Urban (Large Metropolitan)
    b. Urban (Suburban)
    c. Rural

7. Organization or Health System name:

8. Organization or Health System main address:

9. Organization or Health System main telephone number:

10. Point of Contact name:

11. Point of Contact email:

12. Point of Contact telephone number:

13. Alternate Contact name:

14. Alternate Contact email:

15. Alternate Contact telephone number:

16. CMS Region Location: (select one)

    __ 1 (CT/ME/MA/NH/RI/VT)

    __ 2 (NJ/NY/PR/VI)

    __ 3 (DE/DC/MD/PA/VA/WV)

    __4(AL/FL/GA/KY/MS/NC/SC/TN)

    __5 (IL/IN/MI/MN/OH/WI)

    __6 (AR/LA/NM/OK/TX)

    __7 (IA/KS/MO/NE)

    __8 (CO/MT/ND/SD/UT/WY)

    __9 (AS/AZ/CA/GU/HI/NV)

    __10 (AK/ID/OR/WA)

17. Interested in (check all that apply)
    a. Measure Dx
    b. Calibrate Dx
    c. Toolkit for Engaging Patients

18. Best time/way to contact: