

SECTION III: MUST be completed for EACH LOCATION. Additional pages found on the website.

Location Name (and dba, if applicable)				Address, City, State, Zip:		
Location Contact/Title:		Location Email Address:		Location Phone Number:		
Location Fax Number:		Location TIN:		NPI (if applicable):		
Accepting New Patients: Yes No				Same Day Appointments: Yes No		
Electronic Health Records (EHR): Yes No						
Telehealth Services: Telehealth Only -check if no in-person services are available Video Telehealth Telephonic Telehealth				Populations Served: Children: Starting Age: _____ Adolescents Adults Seniors		
Accessibilities: Americans with Disabilities Act compliant ADA Access for Building ADA Access for Parking ADA Access for Restroom 24/7 Phone Coverage Answering Service Is this location on a public transportation route? Text Telephony (TTY) Mental/Physical Impairment Services American Sign Language Interpreter Services Available				Languages Spoken (other than English): Spanish Hmong Chinese Somali Lao Russian Burmese Other(s): _____		
<i>iCare encourages all Minority-Owned (MBE), Service-Disabled Veteran-Owned (DVB) and Woman-Owned (WBE) businesses to register with WISDP Supplier Diversity Program.</i> Indicate if you are registered with the WISDP Supplier Diversity Program: Minority Owned Business Service-Disabled Veteran-Owned Woman-Owned Business						
Location Hours:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Licensure, Certifications or Accreditation, if applicable:		Number	Effective Date	Expiration Date		
Medicaid Provider						
Wisconsin DQA Certified/Licensed						
Accrediting Organization						
Other Memberships/Certifications						
WI Coalition for Collaborative Excellence in Assisted Living (WCCEAL)						
WI Supplier Diversity Program						
Has this location or facility ever been revoked or denied any of the above?						Yes No

SECTION IV: LOCATION SERVICES, CHECK ALL THAT APPLY

Bath and Toilet Aids Breast Pumps CPAP/Bi PAP Custom Wheelchairs and Seating Diabetic Shoes Diabetic Supplies Equipment Repair and Rental Hearing Aid Equipment Hospital Beds and Accessories Incontinence and Ostomy Supplies Infusion and Injection Supplies Mastectomy and Lymphedema Supplies	Mobility Equipment Oxygen and Respiratory Equipment and Supplies Patient Lifts Power Operated Vehicle and Accessories Prosthetics and Orthotics Range of Motion Equipment Vision Prosthetics Walker Wheelchair Wound Care Supplies Other:
Single Specialty Practice, please list:	
Multi-Specialty Practice, please list:	
Other, please list:	
Counties Served (required only for providers who travel, ship, or deliver): Serves all Counties in Wisconsin List counties	