

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

## SECTION IV: LOCATION SERVICES, CHECK ALL THAT APPLY

### Primary and Acute Services

Acupuncture  
 Ambulatory Surgical Center  
 AODA Services  
 Behavioral and Mental Health Services  
 Child Care Coordination  
 Chiropractic  
 Clinical Laboratories  
 Diagnostic/Radiology/Imaging Center  
 Dialysis Services/End State Renal Disease Services  
 Durable Medical Equipment (DME)  
 Durable Medical Supplies (DMS)  
 Federally Qualified Health Center (FQHC)  
 Home Health  
 Hospice  
 Hospital  
 Interpreter Services  
 Long Term Acute Care (LTAC)  
 Midwife Services  
 Personal Care Agency  
 Pharmacy Services  
     Chronic Disease State Management  
     Pharmacy Related Member Education & Training  
     Smoking and Tobacco use Cessation Counseling

Portable X Ray Suppliers  
 Opioid Treatment Program  
 Outpatient Rehabilitation (PT/OT/SLT)  
 Rural Health Clinic  
 Skilled Nursing Facility (SNF)  
 Substance Use Disorder  
 Tribal Health Care Clinic  
 Urgent Care  
 Ventilator Unit  
 Vison

### Long Term Care Services

Adaptive Aids  
 Community Based Residential Facility (CBRF)  
     5-8 Bed  
     >8 Bed  
 Home Delivered Meals  
 Over the Counter (OTC) Drugs  
 Personal Emergency Response System  
 Residential Care Apartment Complex (RCAC)  
 Respite Care  
 Supportive Home Care

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