

2020 Direct Practice Renewal Survey

1. Practice name (Include all names utilized, such as a DBA name, so that all names can be listed as registered, Please input "N/A" where not applicable).

Practice Name: _____

DBA Name: _____

2. If the practice utilizes more than one name, please identify which name should be the primary name that the practice will be listed under:

Primary Name: _____

3. Contact person for this survey:

Name: _____

Title: _____

Email: address _____

Phone number: _____

4. Will this contact person also be the person to contact when it is time to renew the registration?

Yes

No

5. If you answered "No" to Question 4, please identify that person. Remember to update this information to avoid cancellation of your registration. If the OIC cannot reach through your designated contact during the annual renewal process, we will not be able to renew your direct practice registration and it will be automatically cancelled.

Name: _____

Title: _____

Email address: _____

Phone Number: _____

6. What is the practice's address?

Name: _____

Company: _____

Address: _____

State: _____

Email address: _____

Phone number: _____

Please select the correct option below that indicates your practice's location.

Zip code: _____

City: _____

County: _____

7. Is there another practice location other than the primary location mentioned above?

Yes

No

8. What is the other practice's address?

Name: _____

Company: _____

Address: _____

State/Province: _____

Email Address: _____

Phone Number: _____

Please select the correct option below that indicates your other practice's location:

Zip code: _____

City: _____

County: _____

9. Do you have affiliated or partner direct care providers?

Yes

No

10. Identify all affiliated or partner direct care providers if you are part of a group of direct care providers: (Please input "N/A" where not applicable)

Affiliated or partner direct care provider 1: _____

Affiliated or partner direct care provider 2: _____

Affiliated or partner direct care provider 3: _____

Affiliated or partner direct care provider 4: _____

11. What is the total number of patients currently enrolled in your direct practice?

12. What is the average monthly membership fee?

13. Does the practice offer an annual membership?

Yes

No

14. What is the average annual membership fee?

15. If the annual membership funds are collected in advance for the year, has the practice established a trust account?

Yes

No

16. Is the practice providing any care to groups of people, such as employer groups as a part of the direct practice?

Yes

No

17. If you answered "Yes" to Question 16, please describe the groups:

18. Has the practice discontinued any patients within the past year?

Yes

No

19. If you answered "Yes" to Question 18, how many patients has the direct practice discontinued within the past year? _____

20. If you answered "Yes" to Question 18, what were the reason(s) for discontinuation?

Reason 1: _____

Reason 2: _____

Reason 3: _____

Reason 4: _____

21. Has the practice declined any patients?

Yes

No

22. If you answered "Yes" to Question 21, how many patients has the direct practice declined?

23. If you answered "Yes" to Question 22, what were the reason(s) for declining a patient?

Reason 1: _____

Reason 2: _____

Reason 3: _____

Reason 4: _____

24. Do any of your clinic's direct practice providers participate as an in-network provider in a health carrier's network?

Yes

No

25. What percentage of the practice's business is direct practice?

26. What is the direct practice's website address?

27. When a new patient signs a direct practice agreement, does your clinic collect information about other health coverage the patient may have?

Yes

No

28. If you answered "Yes" to Question 27, how many of your direct practice patients:

Have Medicaid? _____

Have Medicare? _____

Have private health insurance? _____

Are uninsured? _____

Have another form of health care coverage? _____

29. Please upload the latest copy of your direct practice agreement, including fee structure, disclosure statement and all marketing materials to the correctly corresponding upload link.