

Primary Care Physician Questionnaire

Physician Information	
Physician's Name:	Degree: <input type="checkbox"/> M.D. <input type="checkbox"/> D.O.
Office Phone:	License Number:
County:	

1. What is the physician's specialty and (if applicable) sub-specialty?	2. What percentage of the physician's practice is each specialty and sub-specialty?
<input type="checkbox"/> General Practice	% of Practice:
<input type="checkbox"/> Family Practice	% of Practice:
<input type="checkbox"/> Pediatrics	% of Practice:
<input type="checkbox"/> Internal Medicine	% of Practice:
<input type="checkbox"/> Obstetrics/Gynecology	% of Practice:
<input type="checkbox"/> Other (Specify):	% of Practice:

3. At what address does the physician practice?	
Facility Name:	
Address:	
City/Zip:	Hours/Week:

4. If the physician practices at other locations, what are those locations and how many hours a week does the doctor spend in outpatient care activities at each location?	
2 nd Facility Name:	
Office Phone 2:	Address 2:
City/Zip:	Hours/Week:
3 rd Facility Name:	
Office Phone 3:	Address 3:
City/Zip:	Hours/Week:

5. Is the physician currently accepting new patients? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Does the physician have hospital admitting privileges? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. If "Yes" to question 6, does the physician follow up with patients at the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. If "Yes" to question 7, do the hours previously given include time in hospital doing follow up? <input type="checkbox"/> Yes <input type="checkbox"/> No -If no, how many hours a week are they doing follow up in hospital? <input type="checkbox"/>
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9. It is well known that payment for patients who have Medicaid coverage can create financial hardships for physicians. Is this physician able to accept Medicaid Patients?

Yes No

If "Yes"...

What percentage of the physician's practice is made up of patients having Medicaid coverage? _____

If available, please report as a percentage of patient encounters.

Is the physician able to accept new Medicaid patients? Yes No

10. Is the office able to discount charges through a sliding fee scale* for low-income patients without Medicaid or other insurance coverage? Yes No

*Defined as a general office policy in which fees are dependent on the income of the patient

If "Yes", what percentage of the physician's practice is made up of low-income patients lacking insurance, paying on a sliding fee scale? _____

If available, please report as a percentage of patient encounters.

11. If the physician works less than 40 hours a week in patient care, please provide a brief explanation. For example...

- Work in the emergency room
 Work at nursing homes
 Administrative responsibilities
 Research

- Teaching
 Semi-retired
 Other (Specify):

12. Is the physician...

- Over age 65?
 A Resident or Intern?
 A Federal Employee?
 A J-1 Visa Waiver or H-1B Visa Holder?
 A National Health Service Corps Employee?

13. Are there any additional primary care physicians at your office? Yes No

If Yes, please complete a survey for each additional primary care physician.