PHYSICIAN VISA WAIVER EMPLOYMENT STATUS FORM

Reporting Period From _____ To _____

(Please report each six-month period separately during the first three years at the sponsoring facility)

Physician's Name: _____

Home Address _____

Home Phone: _____ Employment Start Date:_____

I maintain a full-time clinical practice at (If more than one address, please attach separate sheet):

Name of Medical Practice: _____

City/State/ZIP: _____ Phone: _____

During the reporting period I worked an average of _____ hours per month. I was absent a total of _____ days due to illness, vacation or other leave.

1. For this reporting period (for the physician):
   (a) Grand total of all patient encounters from all sources, not including telephone consultations _____*
   (b) Number of self-pay low income patient encounters (at or below 200% of the Federal Poverty Level) who received services at a rate less than usual customary fee _____
   (c) Number of Medicaid eligible patient encounters, including Medicare dual eligible _____
   (d) Number of Medicare eligible patient encounters, not including those who are Medicaid dual eligible _____

*Note: *(a) also includes commercial insurance and self-pay above 200% FPL. (a) will always exceed the total of b, c and d.*

2. For this reporting period (for the facility) the percentage of all encounters with Medicaid-eligible patients: _____

3. Source of data verifiable by OHA audit: _____

CERTIFICATION

I CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ACCURATELY REFLECTS ACTIVITIES RELATED TO THE PHYSICIAN VISA WAIVER PROGRAM.

_____ Date: _____

Physician's Name (Print or Type)

Signature: _____

EMPLOYER ENDORSEMENT

I CERTIFY THAT THE INFORMATION REPORTED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND ACURATELY REFLECTS ACTIVITIES RELATED TO THE PHYSICIAN VISA WAIVER PROGRAM.

_____

Name (Print or Type) _____

Signature: _____ Date: _____

Title: _____

Return to: Dia Shuhart, 500 Summer St NE, E-65 Salem, OR 97301 dia.shuhart@dhsoha.state.or.us

Revised 9.2019 effective 10.1.2019