

Patient Volume Documentation Form

**Physician Loan Program**

**Attesting Provider Information:**

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_

(Must be the Physician NPI detailed in the Loan Payment Program Physician Contract)

I am reporting as a Physician in the following area of expertise:

- family medicine;
- geriatrics;
- general internal medicine;
- general OB/GYN
- general pediatrics
- emergency medicine

**Point of Contact:** (Please provide the name, phone number and email address for whom we may contact for patient volume questions.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reporting Period**

- 1<sup>st</sup> Quarter (7/1 – 9/30)     2<sup>nd</sup> Quarter (10/1 – 12/31)     3<sup>rd</sup> Quarter (1/1 - 3/31)     4<sup>th</sup> Quarter (4/1 – 6/30)

**Patient Volume Information**

**A. Number of Patient Encounters:**

Total Encounters: \_\_\_\_\_

SoonerCare Encounters: \_\_\_\_\_

Medicare Encounters: \_\_\_\_\_

I am a registered SoonerCare Medical Home: Yes No

**B. Number of Patients referred to Oklahoma Tobacco Helpline:**

**Direct Referrals:** \_\_\_\_\_ **Tobacco Counseling:** \_\_\_\_\_

**Patient Tobacco Users:** \_\_\_\_\_

Please complete a second patient volume form if you have SoonerCare/Medicaid encounters from more than two clinics.

**Instructions**

**Attesting Provider Information:**

**Provider Name and NPI:** Enter the name of the Physician and the NPI listed in the Loan Payment Program Physician Contract.

**Point of Contact:** List the requested contact information for whom we may contact for questions on the information submitted.

**Reporting Period:** List the beginning and ending dates for reporting periods and the patient volume data given.

**Patient Volume Information:**

A. Number of SoonerCare Member encounters and Medicare Patient encounters\*

B. Number of Patients Referred to the Oklahoma Tobacco Helpline:

SoonerCare includes: SoonerCare Choice, SoonerCare Traditional, CHIP, Home and Community Based Waivers, Insure Oklahoma Employer Sponsored Insurance and Individual Plan. Medicare includes: Medicare and Medicare Advantage.

**Definitions**

\*SoonerCare and Medicare Encounter:

- Services rendered to a Patient by a physician on any one day  
AND
- Where SoonerCare or Medicare paid for:
  - (1) Part or all of a service, or
  - (2) Part or all of the individual's premiums, co-payments and/or cost sharing