

Physician Assistant Loan Program

Attesting Provider Information:

Provider Name: _____ NPI: _____

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

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

- | | |
|--|---|
| <input type="checkbox"/> family medicine;
<input type="checkbox"/> geriatrics;
<input type="checkbox"/> general internal medicine; | <input type="checkbox"/> general OB/GYN
<input type="checkbox"/> general pediatrics
<input type="checkbox"/> emergency medicine |
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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

1st Quarter (7/1 – 9/30)
 2nd Quarter (10/1 – 12/31)
 3rd Quarter (1/1 - 3/31)
 4th 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: _____
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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 Assistant and the NPI listed in the Loan Payment Program Physician Assistant 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 assistant 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