

# New Provider Location Data Form



Please complete a separate form for each location.

Group Name: \_\_\_\_\_ Group NPI: \_\_\_\_\_  
 Practice Location Name: \_\_\_\_\_ Group Tax ID Number: \_\_\_\_\_  
 Primary Office: \_\_\_\_\_ Street No: \_\_\_\_\_ Direction: \_\_\_\_\_ Street Name: \_\_\_\_\_  
 Suffix: \_\_\_\_\_ Suite: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Primary Office City: \_\_\_\_\_ Primary Office Phone Number: \_\_\_\_\_  
 Primary Care Clinic: Yes No Capacity: \_\_\_\_\_ Primary Office Fax Number: \_\_\_\_\_  
 Website URL, when applicable: \_\_\_\_\_

## Member Access

Scheduling Phone \_\_\_\_\_ Does the location offer telehealth services? Yes No

Location Hours

Monday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Tuesday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Wednesday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Thursday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Friday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Saturday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No
Sunday	_____ to _____	Closed	Yes	No	Open 24 hours	Yes	No

## Language Services

Does the location have access to language line services? Yes No

Does the location offer translation services for written materials? Yes No

Does the location have linguistic capabilities, other than English, including American Sign Language, offered by the provider or a skilled medical interpreter at the location? Yes No

If yes, which additional languages? \_\_\_\_\_

## Electronic Health Records

Does the location use electronic health records (EHR)? Yes\* No

EHR vendor name \_\_\_\_\_ \* If yes, vendor name required.

Is the location a member of a health information exchange (HIE)? Yes No

## Location Accessibility

Is the location on an accessible public transportation route? Yes No

Buckeye Health Plan is committed to providing equal access to quality health care and services that are physically and programmatically accessible for our members with disabilities and their companions. Buckeye aims to transition healthcare delivery into a fully accessible system for our members, while improving the accuracy and transparency of disability access data in Buckeye's provider directories. Members are able to view a location's detailed disability access information using the online Find a Provider tool, as well as filter for a provider based on their disability access needs.

In order to ensure your disability access is current and accurate, we ask you complete the survey at the link below. Please fill it out to the best of your abilities for every service location where you serve Buckeye members.

### [Provider Accessibility Initiative](#)

Please use [New Practitioner Enrollment Form](#) or Standard Direct Practitioner Roster to submit the names of all practitioners that should be linked to this form you are submitting.