

**Volunteer/Retired Providers Program**  
**Site Application**

*Before malpractice insurance can be provided to your volunteers, the following documentation concerning the clinic is necessary to ensure that your clinic meets the requirements of the law. If you have any questions about this information, please feel free to contact WWAHEC at (206) 441-7137.*

**CLINIC NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

1. Please choose one of the following. Include supportive documentation with application.

**The community clinic is a public entity or a private tax exempt corporation.** Please provide documentation to show tax-exempt status. Documentation may include current policies or procedures, or statements from the Internal Revenue Service showing tax-exempt status.

**OR**

**The community clinic is a for-profit corporation meeting one of the following criteria:**

The clinic holds itself out to the public as having established hours on a regular basis for providing free health care services to members of the public, meaning that care is provided without compensation or expectation of compensation during these established hours. (Documentation may include current policies or procedures, examples of advertisements or fliers announcing hours, and should be accompanied by a description of where established hours are posted.)

The clinic maintains and holds itself out to the public as providing health care services to Medicaid patients with a posted sliding fee schedule. Sites need to assure that patients below 100% of the Federal Poverty Level (FPL) pay a very nominal fee (or no fee) and that patients between 100-200% of the FPL are discounted. (Documentation may include current policies or procedures, an example of the sliding fee schedule, and should be accompanied by a brief description of where the sliding fee schedule is posted and/or how many patients apply for discounted health care.)

The clinic is participating (through a written agreement) in a community-based program to provide access to health care services for uninsured patients, to the extent that care is provided without compensation or expectation of compensation to individuals who have been referred for care through that community-based program, and the health care provider's participation in the community-based program is conditioned upon his/her agreement to provide health services without expectation of compensation. (Documentation may include current policies and procedures, a sample provider agreement, and must include a copy of the written agreement with the community-based program.)

2. Please describe how primary health care services are offered to low-income patients regardless of their ability to pay. A sliding fee scale is an example of consideration of a patient's ability to pay.

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3. How does the clinic assure continuity of care for patients? Please describe mechanisms in place at the clinic which assure continuity of care. Record systems are an example of mechanisms to assure continuity.

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4. Please describe the clinic's arrangements for after hours coverage either to provide care or refer patients.

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5. Please describe the clinic's referral system to assure the patient access to necessary care beyond the primary care given by the volunteer retired provider.

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6. Please verify that the current provider(s) participating in this program does not receive compensation for services provided. Please provide the name of the provider(s).

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**NAME OF INDIVIDUAL COMPLETING THIS FORM**

*(please print)* \_\_\_\_\_

**TITLE** \_\_\_\_\_

**PHONE NUMBER** ( \_\_\_\_\_ ) \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

*Please return this form to:*

*Western Washington Area Health Education Center  
2033 Sixth Ave, Suite 310  
Seattle, WA 98121  
Phone: (206) 441-7137 Fax: (206) 441-7158*