

# IMPORTANT

## Moda Health Practice Survey

Please complete this short survey about your practice. The information you provide will help us to better represent your practice to Moda Health members.

*Mary B. Engrav*  
Mary B. Engrav, MD  
Medical Director

### I. IDENTIFYING INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Medical Group/IPA Affiliation(s): \_\_\_\_\_

Do you want to be designated as a Primary Care Practitioner?  Yes  No

### II. PRACTICE INFORMATION

Are you a Physician Assistant Supervisor?  Yes  No

Is your practice limited to certain ages?  Yes  No  
If yes, please specify ages: \_\_\_\_\_

### III. FOREIGN LANGUAGES SPOKEN IN OFFICE

Spanish  Russian  Other (list) \_\_\_\_\_

### IV. ACCEPTING NEW PATIENTS FOR

	YES	NO	COMMENTS
Moda Health Commercial (Direct contract)			
Moda Health Oregon Health Plan (Medicaid)			
Moda Health Medicare Advantage (Medicare)			

### V. HEALTH INFORMATION TECHNOLOGY

My practice site(s):	YES	NO	COMMENTS
E-prescribes – electronic transmits			
Emails patients at no charge			
Uses web/email consultations – billed			
Implemented and currently uses EMR/EHR			
Uses a certified EMR/EHR			If yes, name certifying body:
Has a website			If yes, URL:

### VI. SECLUSION & RESTRAINT (CFR, 438.100)

Does your office have a policy and procedure related to the use of seclusion and restraint as required under the Code of Federal Regulations?  Yes  No

If you do not have a policy, please describe the actions you would take in the event there were a disruptive individual/s in your office to ensure that you do not seclude or restrain, ie; Call 911.

Our Office Process: \_\_\_\_\_

### VII. OFFICE HOURS – EXTENDED/LIMITED

Does your practice have hours other than 9am – 5pm Monday-Friday, including extended and limited hours? If yes, please indicate hours below.  Yes  No

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Comments: \_\_\_\_\_