IMPORTANT

ODS Practice Survey

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

Robert 'Neal' Mills, MD, MBA, DABFM, FAAFP Medical Director

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I. IDENTIFYI	ING INFORM	ATION						
Last Name:	e: Firs				Middle:	Middle:		
Medical Group/I	PA Affiliation(s)):			·			
Do you want to	be designated as	a Primary Car	e Prac	ctitioner?	Yes No			
II. PRACTICI	E INFORMAT	ION						
Are you a Physician Assistant Supervisor? Yes No								
Is your practice limited to certain ages? If yes, please specify ages:								
III. FOREIGN	I LANGUAGE	S SPOKEN	IN O	FFICE	1			
Spanish	Russian	Other (list)						
IV ACCEPTI	NG NEW PAT	TENTS FOR	?					
IV. ACCEI II	NONEWIAL		YES	NO		COMMENTS		
ODS Commercia	al (Direct contrac							
ODS Oregon He	ealth Plan (Medic	aid)						
ODS Medicare	Advantage (Medi	care)						
V. HEALTH I	NFORMATIO	N TECHNO	DLO	GY				
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