

2021 Membership Application & Renewal

The 2021 Membership Application & Renewal form has been shortened to collect only your organization's data and your membership fee. All members will be required to complete a new annual Patient Demographic Data Survey in January.

Please use the Pay Now button <https://www.wafclinics.org/membership.html> or mail your membership fee to WAFCC.

* Required



Organization Data

1. Organization Name: *

2. Date: *

Example: January 7, 2019

3. Organization Phone: *

4. Address: *

5. Mailing Address (if different than your site address above)

6. Does your organization have any satellite locations? *

Mark only one oval.

Yes

No

7. If yes, please list each satellite site, their locations and phone number below

8. Does your organization have any mobile locations? If yes, explain.

9. Is your organization a subsidiary of a larger health care organization? If yes, list below.

10. Which counties are served by your organization?

11. Hours of operation (days and times) *

12. My organization is considered a: *

Check all that apply.

Free Clinic: no charge to patients, may request or suggest a donation from patients, does not bill third-party payers

Charitable Clinic: may use a flat fee or sliding fee scale to charge patients, payment may or may not be waived if patient is unable to pay

Hybrid Charitable Clinic: charitable clinic, may also bill one or more third-party payers

Free-Charitable Pharmacy - licensed pharmacy, dispenses free or low cost medications

Other: _____

13. Choose the types of sponsorships supporting your clinic *

Mark only one oval.

Academic

Community agencies

Faith-based

Health systems

Other: _____

14. Primary contact: *

15. Primary contact's title / position *

16. Primary contact email *

17. Secondary contact *

18. Secondary contact email *

19. Secondary contact's title / position *

Financial Data

20. Federal EIN (Tax ID) *

21. Estimated 2020 Cash Operating Expenses *

22. Does your organization bill third party payors? If yes, list them below:

23. Does your organization charge patients for any services? If yes, list the service and amount charged below:

CLIA Certification

Clinical Laboratory Improvement Amendments

24. Is your clinic CLIA certified?

Mark only one oval.

- Yes, certified
- Yes, waived
- No
- In the process of becoming certified or waived

Pharmaceuticals

25. Choose what best describes your pharmaceutical facilities.

Mark only one oval.

- On-site pharmacy
- On-site dispensary
- Neither

Electronic Health Records

26. Does your clinic currently use an Electronic Health Record system?

Mark only one oval.

- Yes
- In the process of implementing EHR system
- No

27. If yes, or in the process of implementing, which system ?

Clinic Challenges

28. What challenges at your clinic keep you up at night?

29. How can WAFCC help?

This content is neither created nor endorsed by Google.