



2023-2024 Patient Services Report

Clinic Information

*** 1. Clinic Name**

2. State Funds Grant ID

2023-

3. Project Liaison

First name

Last name



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Geographic Reach

4. What counties were served by your clinic or network in the reporting period?

Check all that apply.

- | | | |
|------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Alachua | <input type="checkbox"/> Hardee | <input type="checkbox"/> Okeechobee |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Hendry | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Bay | <input type="checkbox"/> Hernando | <input type="checkbox"/> Osceola |
| <input type="checkbox"/> Bradford | <input type="checkbox"/> Highlands | <input type="checkbox"/> Palm Beach |
| <input type="checkbox"/> Brevard | <input type="checkbox"/> Hillsborough | <input type="checkbox"/> Pasco |
| <input type="checkbox"/> Broward | <input type="checkbox"/> Holmes | <input type="checkbox"/> Pinellas |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Indian River | <input type="checkbox"/> Polk |
| <input type="checkbox"/> Charlotte | <input type="checkbox"/> Jackson | <input type="checkbox"/> Putnam |
| <input type="checkbox"/> Citrus | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Sarasota |
| <input type="checkbox"/> Collier | <input type="checkbox"/> Lake | <input type="checkbox"/> Seminole |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> Lee | <input type="checkbox"/> St. Johns |
| <input type="checkbox"/> DeSoto | <input type="checkbox"/> Leon | <input type="checkbox"/> St. Lucie |
| <input type="checkbox"/> Dixie | <input type="checkbox"/> Levy | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Duval | <input type="checkbox"/> Liberty | <input type="checkbox"/> Suwannee |
| <input type="checkbox"/> Escambia | <input type="checkbox"/> Madison | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Flagler | <input type="checkbox"/> Manatee | <input type="checkbox"/> Union |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Marion | <input type="checkbox"/> Volusia |
| <input type="checkbox"/> Gadsden | <input type="checkbox"/> Martin | <input type="checkbox"/> Wakulla |
| <input type="checkbox"/> Gilchrist | <input type="checkbox"/> Miami-Dade | <input type="checkbox"/> Walton |
| <input type="checkbox"/> Glades | <input type="checkbox"/> Monroe | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Gulf | <input type="checkbox"/> Nassau | |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Okaloosa | |

5. Please select the county in which you see the most patients.



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Clinic Operations

6. Is your clinic or organization one of the following?

- Student Run Free Clinic
- Free Clinic
- Charitable Clinic
- Hybrid Model
- Specialty Care Network

7. What is your structure?

Check the one that best applies.

- Fixed Site Clinic(s)
- Mobile Clinic
- Fixed Site Clinic(s) and a Mobile Clinic
- Specialty Referral Network only (e.g., We Care)

8. How many locations/fixed-site clinics do you operate?

9. On average, how many hours per week does your clinic see patients?

If you are a specialty referral network, write "Not Applicable." DO NOT include hours your office is open but your clinic is not seeing patients. If you have multiple clinic sites, take an average of all locations. If you operate certain clinics less frequently than weekly, please do your best to add up the hours of those clinics for the year, divide that number by 52, and add those to your weekly average.

10. Did your clinic or network bill any of the following during this grant cycle?

- Private Insurance
- Medicare
- Medicaid
- None of these

11. Did your clinic or network charge fees during this grant cycle?

Check all that apply.

- We do not charge fees of any kind.
- We charge fees for tangible goods (e.g., eyeglasses, glucometer strips, etc.).
- We charge an administrative/facility fee not tied to services.
- We charge fees for services.

12. How do patients get seen at your clinic?

Choose one.

- Mostly walk-ins
- Mostly individual appointments
- Mostly advertised times (wellness fairs, screenings, mobile unit days)
- Not applicable, we are a Specialty Referral Network

13. What is the primary focus of your clinic?

Choose one.

- Provide urgent/sick care
- Provide on-going primary/preventive care
- Provide health screenings and wellness activities
- Provide secondary care referrals and coordination
- Provide dental care
- Provide vision care



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Patient Demographics

14. What is the total number of unduplicated patients your clinic or network served during the reporting period?

Unduplicated patients are defined as the number of unique patients who received at least one medical, dental, or mental/behavioral therapy visit, or Rx medication (as defined in questions 18-24). Any additional visit, whether a follow-up or a new diagnosis, is to be counted in the visits section only. Unduplicated patients are not to be counted more than once.

15. Please provide the total number of patients by age category.

Note: this is not percentage-based, but rather whole numbers

Children 0-17

Adults 18-64

Older adults 65+

16. Please provide a breakdown of patient population by race.

Note: this is not percentage-based, but rather whole numbers

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Patient Declined

17. Please provide a breakdown of patient population by ethnicity.

Note: this is not percentage-based, but rather whole numbers

Hispanic or Latino

Not Hispanic or Latino

Patient Declined



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Patient Services

18. What is the total number of medical visits your clinic or network provided during the reporting period?

A medical visit is defined as a primary care or specialty care visit with a participating licensed physician, ARNP, or PA, whether provided on-site or off-site upon referral. DO NOT include visits with an ophthalmologist or optometrist.

19. What is the total number of vision visits your clinic or network provided during the reporting period?

A vision visit is defined as a visit with a participating licensed optometrist or ophthalmologist, whether provided on-site or off-site upon referral. DO NOT include optician-only visits. If you are a clinic, DO NOT include off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include off-site visits fulfilled by referral to a free or charitable clinic. If you are a Specialty Referral Network, include only completed referrals (i.e. actual patient visits with a provider, not referrals received that have not yet resulted in a visit). No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide vision visits, enter N/A.

20. What is the total number of dental visits your clinic or network provided during the reporting period?

A dental visit is defined as a visit with a participating licensed dentist or dental hygienist, whether provided on-site or off-site upon referral. If you are a clinic, DO NOT include off-site visits fulfilled by referral to a Specialty Referral Network. If you are a Specialty Referral Network, DO NOT include off-site visits fulfilled by referral to a free or charitable clinic. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A.

21. Regarding the above dental visits, how many of the services listed below were provided?

If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide dental visits, enter N/A.

Fillings

Extractions

Cleanings

Complex dental procedures

22. What is the total number of mental/behavioral therapy visits your clinic or network provided during the reporting period?

A mental/behavioral therapy visit is defined as a one-on-one or group visit with a participating licensed psychiatrist, psychologist, marriage and family therapist, licensed mental health counselor, LCSW, psych ARNP, or other professional trained and licensed to provide such visits. Include visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, family members, etc.), NOT sessions held. DO NOT include wellness visits defined in the next question. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide mental/behavioral therapy visits, enter N/A.

23. What is the total number of wellness visits your clinic or network provided during the reporting period?

These are not well-visits/regular check-ups; those should be included in Medical Visits. A wellness visit is defined as a one-on-one or group visit for wellness services, including but not limited to, nutrition counseling, smoking (or other substance) cessation, fitness classes or walks, diabetes management, or other health education sessions. Include visits provided on-site and off-site upon referral. For group visits, count the number of individuals reached (including patient, caregiver, etc.), NOT sessions held. DO NOT include mental/behavioral therapy visits. Please include RN-only visits in this category. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown." If your clinic or network does not provide wellness visits, enter N/A.

24. What is the total number of RX medication-only visits your clinic or network provided during the reporting period?

25. What is the total number of Rx medications your clinic or network dispensed or otherwise directly provided during the reporting period?

INCLUDE in your count the following:

- *prescriptions filled in your in-house licensed pharmacy*
- *medications obtained through prescription assistance programs (PAPs)*
- *samples and other donated medicines*
- *vouchers used to pay for prescriptions filled at outside pharmacies*
- *prescriptions filled at outside pharmacies that are paid for by your organization*

DO NOT include prescriptions given to patients that they were expected to pay for on their own. No estimates, please. If your clinic or network does not have an actual number, enter "Unknown". If your clinic or network does not provide Rx medications, enter N/A.

26. If your clinic dispenses or directly provides prescription medications, please select the sources from which your clinic or network obtains these medications.

- AmeriCares
- Direct Relief
- Private Donations
- Purchase Vouchers
- Patient Assistance Programs (PAP)
- N/A

27. Of the reported visits, how many were conducted via telehealth?

Telehealth is defined as the use of telecommunications technology to provide health care services, including, but not limited to, the assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration.

28. Does your clinic or network have arrangements in place for outside providers to provide any of the following classes of services?

- Lab
- Imaging
- Specialty Care
- Hospital (inpatient, outpatient surgery, related ancillary services)
- Patient Assistance Programs (PAP)
- N/A

29. If your organization provides lab services, please indicate how these services are arranged.

- Labcorp
- Quest Diagnostics
- Hospital System
- N/A
- Other (please specify)

30. If Hospital System was selected above, please provide the name of the Hospital System.



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Clinic Volunteers and Staff

31. Please provide the number of **volunteers** in each category:

Physicians (MD, DO;
include primary care
physicians as well as
specialists, such as
psychiatrists,
ophthalmologists,
podiatrists, etc.)

Nurses (RN, LPN)

Nurse Practitioners

Medical Assistants and
Certified Nursing
Assistants

Physician Assistants

Dentists (DDS, DMD,
oral surgeons)

Dental Hygienists

Dental Assistants

Licensed Mental
Health Counselors
(LMHC, IMHC, LCSW,
Psychologists)

Pharmacists

Pharmacy Technicians

Other Healthcare
Professionals (i.e.
specialty providers)

Lay Volunteers (Non-
Healthcare
Professionals)

32. Please provide the number of **staff** in each category:

Physicians (MD, DO;
include primary care
physicians as well as
specialists, such as
psychiatrists,
ophthalmologists,
podiatrists, etc.)

Nurses (RN, LPN)

Nurse Practitioners

Medical Assistants and
Certified Nursing
Assistants

Physician Assistants

Dentists (DDS, DMD,
oral surgeons)

Dental Hygienists

Dental Assistants

Licensed Mental
Health Counselors
(LMHC, IMHC, LCSW,
Psychologists)

Pharmacists

Pharmacy Technicians

Other Health Care
Professionals (i.e.
specialty providers)

Executive Staff (CEO,
ED)

Administrative
Director Roles
(Clinical Director,
Development Director)

Clinical Officer Role
(CMO, CDO)

Administrative Staff
(coordinator,
receptionist, etc.)



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Clinic Funding Sources

33. Please provide the total number of:

Foundation/Nonprofit
Grants (community
based foundations,
United Ways, any
other nonprofit
entities that provide
funding)

Government Grants
(please include state,
like FAFCC, and
county/municipal
funding, which can
include contracts for
services)

Individual
Contributors/Donors
(any person or family
who contributes to
your organization, this
could include any
bequests and/or
trusts)

34. Please provide a dollar value for Hospital Funding received by your clinic.

Include only monetary funding; not any in-kind services the hospital may provide.

35. Please provide a dollar value for Parent Organization Support received by your clinic.

Include any funding or monetary support provided by a parent organization to the clinic; for example, tithes from church that benefit the clinic.

36. Please provide a dollar value for Corporate Giving received by your clinic.

This can include direct donations as well as event sponsorships.