

Colorado Indigent Care Program Satellite Facility Information Worksheet

Satellite facilities provide services at locations other than the address listed on Page 2 of your CICP Application. Please provide/verify the information below for each facility participating under your provider contract. A Satellite Facility cannot have a separate EIN from that of your main facility. The Satellite Facility is considered part of the main facility. Do not list nursing homes or mental health facilities. The facility must be licensed as a Community Health Clinic or Hospital by the CDPHE.

Facility Location Address: The name and physical location that clients will recognize to access services

Updated Information

Facility Name: _____

Facility Physical Address: _____

City, State, Zip Code: _____

County: _____

Phone Number: _____

CICP Phone Number: _____

Eligibility Contact: Individual responsible for overseeing the CICP client application and eligibility process

Updated Contact Information

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Direct Phone Number: _____

Service Available:

The health care services available for CICP clients. Please list service limitations. Example: facility only provides urgent care, emergent care; facility provides children services, laboratory service, after hours care, or any specialty care of which clients should be aware

<p>Clinics:</p> <p>Primary Care <input type="checkbox"/></p> <p>Urgent Care <input type="checkbox"/></p> <p>After Hour Care <input type="checkbox"/></p> <p>Radiology <input type="checkbox"/></p> <p>Laboratory <input type="checkbox"/></p> <p>Pharmacy <input type="checkbox"/></p> <p>Other (Explain) <input type="checkbox"/></p>	<p>Hospitals:</p> <p>Emergency <input type="checkbox"/></p> <p>Inpatient <input type="checkbox"/></p> <p>General Outpatient <input type="checkbox"/></p> <p>Physician <input type="checkbox"/></p> <p>Specialty Care <input type="checkbox"/></p> <p>Children Services <input type="checkbox"/></p> <p>Pharmacy <input type="checkbox"/></p> <p>Emergency Transportation <input type="checkbox"/></p> <p>Other (Explain) <input type="checkbox"/></p>
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Does this facility offer an Outpatient Pharmacy Service at a discount to CICP? Yes No

Does this facility offer Physician Services at a discount to CICP? Yes No