



COLORADO

Department of Health Care Policy & Financing

Colorado Indigent Care Program

Fiscal Year 2016-17 Satellite Facility Information Sheet

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. 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.

Main Facility: _____

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

Facility Name: _____
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.

Name: _____
Mailing Address: _____
City, State, Zip Code: _____
E-Mail Address: _____
Direct Phone Number: _____

Services Available: Health care services available to CICP clients.

Clinics: After Hours Care, Laboratory, Primary Care, Radiology
Hospitals: Emergency Transportation, General Outpatient, Inpatient, Physician
Both: Emergency, Children Services, Pharmacy, Specialty Care, Urgent Care

Other (Explain)

Please list service limitations (Example: facility only provides emergency care, non-emergency care; facility provides children services, laboratory service, after hours care, or any specialty care of which CICP clients should be aware.) If your facility has a limited service area for non-emergency care, your facility is required to submit a written waiver to the Department. No verbal waiver requests will be accepted.

Does this facility offer an Outpatient Pharmacy Service at a discount to CICP? Yes No
Does this facility offer discounted Physician Services? Yes No