

**Ohio Department of Health
State 30 J-1 Visa Waiver Program
Semi-Annual Patient Activity Report**

6-month Reporting Period: Year - _____ **Select One:** ____ January – June ____ July - December

If more than one site, please provide a Semi-Annual Patient Activity Report for each site.

Part I – Physician Contact Information

Physician Name				Specialty	
Practice Site Name					
Practice Address					
City		ZIP		County	
Phone Number		Email			

Part II – Practice Site Payer Mix

Payer	# Unduplicated Patients	# Visits
Medicaid	*	*
Medicare	*	*
Sliding Fee Scale	*	*
Full Fee Self-pay	*	*
No Charge or No Payment by Client	*	*
Private Insurance	*	*
Other (explain)		
Total	A. *	B. *

Part III – Physician's Payer Mix

Payer	# Unduplicated Patients	# Visits
Medicaid	*	*
Medicare	*	*
Sliding Fee Scale	*	*
Full Fee Self-pay	*	*
No Charge or No Payment by Client	*	*
Private Insurance	*	*
Other (explain)		
Total	A. *	B. *

*Numbers in column A cannot be greater than column B.

Part IV - Verification of Leave and Certification of Information

The above-named physician provided direct patient care at the listed site for a minimum of _____ hours per week. The physician has been away from work for _____ days, including vacation, holidays, professional education, illness or any other reason. The data on this report is accurate and can be confirmed by a record review.

I _____ (*Site Administrator initial*), certify that a copy of the signed Public Notice Regarding Charges for Health Care Services form is prominently posted and used at this practice site.

If zero Sliding Fee Scale patients are reported in Part II and/or Part III of this report, an explanation on a separate page must be submitted with this form.

Name of Site Administrator (Print)

Phone

Email

Signature of Site Administrator

Date

Signature of Physician

Date

❖ The Patient Activity Reporting form is **due each January 15th and July 15th** showing payer mix data for the prior six month period, i.e.: data for January – June is due July 15th and data for July – December is due January 15th.

❖ Please email all requested information to PCRH@odh.ohio.gov.