



Solo Practitioner Attestation

SECTION I. Practice Location Information

Primary Practice Site Location of Solo Practitioner
Facility/Practice Name: Weekly Direct Patient Care Hours:
Address:
City: State: ZIP: County:
Contact Name: Contact Phone:
HPSA Score: HPSA Name: HPSA ID Number:
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? Yes No

Secondary Practice Site Location of Solo Practitioner
Facility/Practice Name: Weekly Direct Patient Care Hours:
Address:
City: State: ZIP: County:
Contact Name: Contact Phone:
HPSA Score: HPSA Name: HPSA ID Number:
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? Yes No

Tertiary Practice Site Location of Solo Practitioner
Facility/Practice Name: Weekly Direct Patient Care Hours:
Address:
City: State: ZIP: County:
Contact Name: Contact Phone:
HPSA Score: HPSA Name: HPSA ID Number:
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? Yes No

Additional site locations must be submitted on a separate sheet. All location information must be included.

Please select one: I am in a practice with others, but not an employee. The number of providers:
I am a solo practitioner.

The applicant's first date of employment with this practice: .

Please provide a breakdown of each payer type for your practice for the previous calendar year.

Table with 5 columns: Sliding Fee/Charity Care, Medicaid (including dual eligible), Medicare Only, Private Insurance/Other, Total. Rows show percentage breakdown and a total of 100%.

SECTION V. Attestation

I hereby attest that all information and statements contained herein are true and do not misrepresent fact. I further attest that I have not evaded or suppressed any information contained in this application or in any of the supporting materials. The information I have supplied on this attestation is complete, true and accurate.

Applicant's Signature Date Applicant's Printed Name

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.