Ohio Association of Free Clinics Expenditure

Expenditure
Uninsured Care Funds
Grant Period 7/1/17 - 6/30/18

Clinic Name:								
Name: Dat			: :	: Quarter Reporting:				
How many visits included		I		On-site	Off-site			
Medical (Primary Care)								
Specialty Care								
Dental Care								
Vision Care								
Behavioral Health Care								
Social Services/ Case Management								
Nursing Visit/ Follow-up								
How many educational s	sessions were	e performed	for					
Pharmacy Education	Disease Management		Lifestyle/ Prevention		Other			
Comments								
How many of each service was provided		Q1	Q2	Q3	Q4	YTD		
# Prescriptions								
# Lab Tests								
# Diagnostic Tests								
					_			
How many patients were		Q1	Q2	Q3	Q4	YTD		
Uninsured								
Covered by Medicaid								
Covered by other Insurance								

 $\mathsf{Page}\ 1\ \mathsf{of}\ 2$

Total # Patients Served

	Q1	Q2	Q3	Q4	YTD
Infants < 1 year	l .	l .			
Children (1-18)					
Pregnant Women					
Women					
Men	l .	l .			
Total Patients					

<u>Total # Patient Visits</u> (including on-site and off-site)

	Q1	Q2	Q3	Q4	YTD
Infants < 1 year					l .
Children (1-18)					
Pregnant Women					
Women					
Men					
Total Visits					

Provide a narrative of the impact these funds made for your patients during this reporting period.

Q1 REPORTING PERIOD July 1, 2017 – September 30, 2017 – REPORT DUE by Oct. 12, 2017
Q2 REPORTING PERIOD October 1, 2017 – December 31, 2017 – REPORT DUE by Jan. 12, 2018
Q3 REPORTING PERIOD January 1, 2018 – March 31, 2018 - REPORT DUE by April 12, 2018
Q4 REPORTING PERIOD April 1, 2018 – June 30, 2018 – REPORT DUE by July 12, 2018

Page 2 of 2

If you are filling this out via a web browser, fill it out and save it as PDF and send via email to bcollier@ohiofreeclinics.org

If you are filling this out via Adobe Reader or Acrobat, hit "Submit" and follow the prompts.

Questions or concerns? Please contact Beth Collier at bcollier@ohiofreeclinics.org or call at 614-914-6458x5