**Ohio Association of Free Clinics – Charitable Healthcare Network**

**Uninsured Care Funds Reporting Document SFY19**

***Grant Period 7/1/18 - 6/30/19***

**Clinic Name:**

**Name: Date: Quarter Reporting:**

*If you did not provide the service or visit listed, please enter a “0”. Please do not leave any entries blank including the narrative.*

|  |  |  |
| --- | --- | --- |
| **How many visits included…** | **On-site** | **Off-site** |
| Medical (Primary Care) |  |  |
| Specialty Care |  |  |
| Dental Care |  |  |
| Vision Care |  |  |
| Mental and Behavioral Healthcare |  |  |
| Social Services/ Case Management |  |  |
| Nursing Visit/ Follow-up |  |  |

|  |
| --- |
| **How many educational sessions were performed for…** |
| Pharmacy Education | Disease Management  | Lifestyle/ Prevention | Other |
|  |  |  |  |
| Comments(Please define “Other” or put “NA”) |  |

|  |  |  |
| --- | --- | --- |
| **How many of each service was provided…** |  | **How many patients were…** |
| # Prescriptions |  |  | Uninsured |  |
| # Lab Tests |  |  | Covered by Medicaid |  |
| # Diagnostic Tests |  |  | Covered by other insurance |  |

|  |  |  |
| --- | --- | --- |
| **Total # of Patients Served by age** |  | **Total # of Patient Visits by age** **(Please count on-site and off-site visits)** |
| Infants < 1 year |  |  | Infants < 1 year |  |
| Children (1-18) |  |  | Children (1-18) |  |
| Pregnant Women |  |  | Pregnant Women |  |
| Women |  |  | Women |  |
| Men |  |  | Men |  |
| **Total Patients** |  |  | **Total Visits** |  |

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

**Q1 REPORTING PERIOD July 1, 2018 –** **September 30, 2018 –** **REPORT DUE by Oct. 12, 2018**

**Q2 REPORTING PERIOD October 1, 2018 –** **December 31, 2018 –** **REPORT DUE by Jan. 11, 2019**

**Q3 REPORTING PERIOD January 1, 2019 –** **March 31, 2019 - REPORT DUE by April 12, 2019**

**Q4 REPORTING PERIOD April 1, 2019 –** **June 30, 2019 –** **REPORT DUE by July 12, 2019**