Print Form

ATTACHMENT A, page 20

Information Update Checklist

Your application should be in the order presented below. The following documents must be attached to this application. Please indicate page number in your application or if the item is not applicable.	Page # (or N/A)
1. Information Update Checklist - Table of Contents (Attachment A)	
2. Information Update Cover Sheet (Attachment B)	
3. Clinic Site Information Form (Attachment C)	
4. Medi-Cal Provider Status Form (Attachment D)	
5. Licensed Personnel Information Form (Attachment E)	
6. Program Narrative Form (Attachment F)	
7. Certification of Terms and Conditions of Advance Payment (Attachment G)	
8. Authorization to Bind Corporation and Payment Approval Request Form (Attachment H)	
9. Board of Directors Information Form (Attachment I)	
10. Table 1 - Summary of Current Budget from All Sources (Attachment J)	
11. Table 2 - Current Personnel Line Item Budget from All Sources (Attachment J)	
12. Table 3 - Proposed IHP Budget (Attachment J)	
13. Table 4 - Total Clinic Projected Revenues and Expenses (Attachment J)	
14. Estimated Staffing Pattern for FY 2007-2008 (Attachment K)	
15. The most recent quarterly or monthly financial statement that includes all corporate debts and incoming funds for the program.	
16. Copy of all of clinic's current license(s) and/or certification(s)	
17. Copy of pharmacy permit or license, if applicable	
18. Copy of CLIA certificate, if applicable	
19. Current Federal IRS Form 990, California State FTB Form 199, or a Request for an Extension for filing (Federal form 2758 and State form 3504). If you are a tribe and exempt from taxation a copy of the documents submitted to Federal and State tax offices.	
20. Job descriptions for all personnel proposed for funding by the IHP	
21. Copy of organizational chart (identify personnel vacancies)	
22. Current evidence of liability, medical and/or dental malpractice insurance or Torts claims coverage.	
23. Current California Charitable Trust Form RRF-1.	
24. If billing under physician(s)/dentist(s) provider number, a written agreement that any income derived from billing under the physician(s)/dentist(s) provider number is clinic income.	
25. Copy of current Corporate By Laws sent to the Registry of Charitable Trusts, Office of the Attorney General, State of California, and/or Tribal Charter	
26. Recent independent Certified Public Audit.	