



HEALTH CARE CLINIC START-UP CONSULTING SERVICE

Completion of AHCA Application and Follow-up with Agency
On-going consultation throughout license process
Two Visits to the facility (depending on location; additional cost may incur)

General Policy & Procedures
Medical Director's Binder
Staff Binders (up to 5)
Facility Binder
Log Books
Organizational Chart
AHCA required written agreement
Forms

- Billing
- Oversight
- Adverse Incident
- Record S/O

Present during AHCA Initial Inspection (additional cost, pending location)

Note: The applicant is responsible for consulting with zoning, fire, health department and all other local government agencies regarding the structural requirements for the location. These local government agencies can need the signature of the applicant to sign off on documents for this reason Arrendell's cannot obtain these documents. If this is a home business, it is recommended to consult with your local government to satisfy their requirements related to a home business).

Content subject to change without notice



___ Initial ___ Change of Ownership

Health Care Clinic Information: Answer where applicable and write legibly.

County: _____
Name of Clinic: _____ License # _____
DBA: if applicable: _____
Full Address: _____
EIN: _____ NPI: _____
Medicaid Number, if applicable: _____ / Medicaid waiver: _____
Telephone: _____ Fax: _____
Email: _____ Website: _____
Hours of Operation: _____ to _____ Days of Week: _____ to _____
Medical Director: _____ Lic# _____
Medical Director's social security number: _____ DOB: _____
Full Address: _____
Telephone Number: _____ Email: _____

Management Company: ___ Yes ___ No?

Administrator: _____ Cell: _____
Full Address: _____
Email Address: _____
Administrator social security number: _____ DOB: _____

Chief Financial Officer: _____ Telephone: _____
Chief Financial Officer social security number: _____ DOB: _____
Full Address: _____

OWNERSHP

Owner #1: Full Name: _____ %: _____
Owner #2: Full Name: _____ %: _____
Owner #3: Full Name: _____ %: _____
Owner #4: Full Name: _____ %: _____

BOARD MEMBERS

BM #1: Full Name: _____ Telephone: _____
BM #2: Full Name: _____ Telephone: _____
BM #3: Full Name: _____ Telephone: _____
BM #4: Full Name: _____ Telephone: _____



STAFF

#1: Full Name: _____ Telephone: _____
Full Address: _____ License: # _____

#2: Full Name: _____ Telephone: _____
Full Address: _____ License: # _____

#3: Full Name: _____ Telephone: _____
Full Address: _____ License: # _____

#4: Full Name: _____ Telephone: _____
Full Address: _____ License: # _____