

5. Non-PPS Services

List all services you provide that are not factored into your PPS cost rate calculation.
 (Type one service per box below.)

6. Enabling Services

Please list all care enabling services you provide and indicate whether you code and track them.

Care Enabling Service	Code and track (type YES or NO below)

7. Patient Satisfaction

Please indicate if you survey patient satisfaction and how. (Box will expand as you type.)

8. Other

Please list any other services you offer not listed above that provides benefits to patients that also might be considered a value-added service by Health Plan partners. (Box will expand as you type.)