



Kansas Health Solutions, LLC
SITE AND SERVICE AVAILABILITY FORM
(Use one form per Site)

Provider/ Group Name:			
Location # _____:	Location Name:		
	Address:		
	Telephone:		
	Hours:	Monday	
		Tuesday	
		Wednesday	
		Thursday	
		Friday	
	Saturday		
	Sunday		

Services Provided At Location named above:			
<u>Check at least one box for each item:</u>			
<i>On-site: Staff has Member come to location to receive service</i>			
<i>By-site: Staff is based at site put performs service for Member out in Community</i>			
<i>N/A: Not Available at this location</i>			
	On-Site	By-Site	N/A
ALL PROVIDERS			
Outpatient Therapy			
Outpatient Medical Services			

INSTRUCTIONS FOR COMPLETION:

Item:

Enter:

Provider/Group Name: One of the following:
 a) Name of CMHC (example: Area Mental Health) or
 b) Name of Provider Group (example: KVC) or
 c) Name of Individual Provider who is not affiliated with
 group or CMHC (example: J. Paul Getty, PhD)

Location #: - LEAVE BLANK for KHS use

Location Name: - Enter name the site is usually referred to by (example: Junction
City office).

- If Provider operates at only one site, list main office

Address: - Address of location name

Hours: - Enter hours of operations for each day of the week AT THIS
SPECIFIC LOCATION.

- Hour should include any weekend or evening hours.

Service Provided at location **ON-SITE column:**

Staff has Member come to the location to receive the
services.

BY-SITE column:

Staff is based at this location but performs the service for
the Member out in the community.

N/A column:

Service is not available at the location listed.

***Each service listed should have a column checked. If no box is
checked, KHS will assume the service is not available at the
location listed.***

Services are self explanatory.