

HIT Regional Extension Center (REC) Program Application to Participate



Are you interested in assistance with implementing an Electronic Health Records (EHR) system and reaching the “meaningful use” criteria to receive federal incentive payments? If so, you may be eligible for assistance from *HealthInsight*, including workflow assessment, process improvement and re-design, EHR vendor selection, system implementation, and assistance in meeting all meaningful use requirements.

**Please complete this form and scan/email or fax it to *HealthInsight*:
REC@healthinsight.org, fax 877-335-2490**

1. Does your practice use an Electronic Health Record (EHR) system? Yes No
If Yes, list product and version: _____
If No, when do you plan to implement? _____ (approximate date)

2. What is your practice specialty?
 Family Medicine Pediatrics OB/GYN

 Internal Medicine Other _____

3. How many sites does your practice have? _____
 - Site 1 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____
 - Site 2 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____
 - Site 3 - Name or ID _____ Site NPI # _____
Address _____ City/State/ZIP _____
Phone _____ Fax _____

4. Do your providers’ average allowable Medicare charges exceed \$24,000? Yes No Don’t know
5. Do you have approx. 30% Medicaid patient volume (based on # of visits)? Yes No Don’t know
6. How did you hear about HealthInsight and the REC services? _____
7. What is your preferred method of contact? Phone Fax E-mail

Practice Name _____ Practice NPI _____

Practice Representative Name _____

Address _____ City _____ Zip _____

Phone _____ Fax _____ E-mail _____

Practice Hours _____ Web Address _____

Please fill in Provider Information on the Reverse Side

Provider Full Name	Provider NPI	Prov. Type MD, DO, NP, PA or other (specify)	Specialty FP, IM, OB, Peds or other (specify)	Primary Site ID or # If applicable
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