

PRIMARY CARE HEALTH HOME PROVIDER APPLICATION ADDENDUM

Payer Mix Characteristics			
Please provide the information requested in the table below for each source of patients by payer type and source of site revenue. Exclude grant revenue.			
Practice Site Name	Payer Name	Total Number of Patients in Calendar Year 2013	Total Payments Received for Calendar Year 2013
<i>Practice Site Name</i>	Commercial Insurance and/or HMO		
	Medicaid Managed Care		
	MO HealthNet (Medicaid)		
	Medicare		
	Private Pay		
	Uncompensated Care		
	TOTAL		

Practice Site Name	Payer Name	Total Number of Patients in Calendar Year 2013	Total Payments Received for Calendar Year 2013
<i>Practice Site Name [include a separate page for each additional Practice Site]</i>	Commercial Insurance and/or HMO		
	Medicaid Managed Care		
	MO HealthNet (Medicaid)		
	Medicare		
	Private Pay		
	Uncompensated Care		
	TOTAL		