

EXHIBIT 178

FEDERALLY QUALIFIED HEALTH CENTER CRUCIAL DATA EXTRACT

Name of Entity _____

Street Address _____

County _____ State _____ Zip Code _____

Telephone number _____ Date _____ Date _____

Is this entity a part of an existing Medicare/Medicaid Provider?

Yes * No If yes, provider Number _____

Is this entity a Medicare approved rural health clinic (RHC)?

Yes** No If yes, RHC provider number _____

Type of Ownership or Control: Enter number:

(01) Religious Affiliation

(04) Proprietary

(02) Private

(05) State/County

(03) Other

(06) Combination Govt./Vol.

These items are to be completed by the Centers for Medicare & Medicaid Services

____ State/County Code

____ State/Region Code

* The center is an integral and subordinate part of a hospital, skilled nursing facility or home health agency participating in Medicare (i.e., a provider of services), and is operated with other departments of the provider under common licensure, governance and professional supervision

** If you are approved as an FQHC, your rural health clinic Medicare provider number will be retired.