Florida Reimbursement Assistance for Medical Education (FRAME) |

Solo Practitioner Attestation

SECTION I. Practice Location Information

Primary Practice Site Location of Solo Practitioner			
Facility/Practice Name:		Weekly Direct Patient Care Hours:	
Address:			
City:	State:	ZIP:	County:
Contact Name:		Contact Phone:	
HPSA Score:	HPSA Name:	HPSA ID Number:	
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? ☐ Yes ☐ No			

Secondary Practice Site Location of Solo Practitioner			
Facility/Practice Name:		Weekly Direct Patient Care Hours:	
Address:			
City:	State:	ZIP:	County:
Contact Name:		Contact Phone:	
HPSA Score:	HPSA Name:	HPSA ID Number:	
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? ☐ Yes ☐ No			

Tertiary Practice Site Location of Solo Practitioner			
Facility/Practice Name:		Weekly Direct Patient Care Hours:	
Address:			
City:	State:	ZIP:	County:
Contact Name:		Contact Phone:	
HPSA Score:	HPSA Name:	HPSA ID Number:	
If the address is not in a HPSA, is it a rural area as defined by the Federal Office of Rural Health Policy? ☐ Yes ☐ No			

Additional site locations must be submitted on a separate sheet. All location information must be included.

Please select one:
☐ I am in a practice with others, but not an employee. The number of providers: _____
☐ I am a solo practitioner.

The applicant's first date of employment with this practice: _____.

Please provide a breakdown of each payer type for your practice for the previous calendar year.

Sliding Fee/Charity Care	***Medicaid (including dual eligible)***	***Medicare Only***	***Private Insurance/Other***	***Total***
%	%	%	%	100%

SECTION II. Attestation

I hereby attest that all information and statements contained herein are true and do not misrepresent fact. I further attest that I have not evaded or suppressed any information contained in this application or in any of the supporting materials. The information I have supplied on this attestation is complete, true and accurate.

Applicant's Signature _____ Date _____ Applicant's Printed Name _____

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.