

**Point of Entry/Indigent Health Care Clinic  
Annual Reporting Form**

Note: Entities that receive Kansas community-based primary care clinic program funding do not need to complete this form, as the information is provided through the online clinic data reporting process. If your clinic/health department does not receive community-based primary care clinic funding, please provide the appropriate data below and fax it to 785-296-1231 or email to [sloyd@kdheks.gov](mailto:sloyd@kdheks.gov).

**Annual reports are due by *March 31<sup>st</sup>* for the previous calendar year. Failure to submit an annual report will result in termination of your agreement with the Secretary of the Kansas Department of Health and Environment.**

Point of Entry/Indigent Health Care Clinic : Data provided for year:  
\_\_\_\_\_ 20\_\_\_\_\_

1. Total number of overall patients seen through the point of entry/indigent health care clinic during the past calendar year?

\_\_\_\_\_

2. Total number of uninsured patients earning below 200 percent of the federal poverty level that received care at a reduced rate based on income (sliding scale) in the past calendar year?

\_\_\_\_\_

3. Total number of patients with public insurance seen in the past calendar year.

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**If an indigent health care clinic, its employee(s), or a charitable health care provider is sued by the recipient of care, they must request representation from the state in writing within 15 days after service of process or subpoena (KSA 75-6108(e)). Indigent health care clinics, their employee(s), or charitable health care providers served with a summons or petition should immediately contact the Attorney General's office at 785-296-2215.**

**Please return to:** Charitable Health Care Provider Program  
Kansas Department of Health and Environment  
Bureau of Community Health Systems  
1000 SW Jackson, Suite 340  
Topeka, KS 66612  
FAX: 785-296-1231