

**Commonwealth of Virginia
Local Government and Free Clinic
Risk Management Plan (VaRISK 2)**

**NOTICE OF CHANGES
EMPLOYEES – OPERATIONS – ACTIVITIES**

Clinic _____

Prepared by _____

Title _____ Date _____

Telephone _____

Effective date of changes _____

A. EMPLOYEES

	<u>Number</u>	<u>Full-Time</u>	<u>Part-Time</u>
Medical Doctors	_____	_____	_____
List specialties:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
RN	_____	_____	_____
LPN	_____	_____	_____
Nurse Practitioner	_____	_____	_____
Dentist	_____	_____	_____
Pharmacist	_____	_____	_____
LCSW	_____	_____	_____
Psychologist	_____	_____	_____
Other employees	_____	_____	_____
Volunteers	_____	_____	_____

B. OPERATIONAL CHANGES

This would include changes in location, additional locations, mailing address, telephone and fax numbers, e-mail address and other pertinent information.

IMPORTANT: If there are changes in the Clinic operations resulting in the delivery of health care services without charge or for a reasonable administrative fee to be less than 50% or half of the total operation of the Clinic, it must be reported. Failure to report this change may result in non-payment of claims, and/or cancellation.

Report significant changes in the annual budget.

Attach additional pages and necessary documents.

C. **ACTIVITIES**

List significant changes in the type of health care services delivered.

List increases or decreases in any other types of activities involving the Clinic.

List any programs designed to reduce or mitigate losses.

Attach documents as necessary.
