



# CONRAD 30 WAIVER PROGRAM

## FLEX ADDENDUM

Physician Name:	USDOS Case #:
-----------------	---------------

1) Describe the facility/practice location's geographic service area.

2) Describe and provide evidence that the employer's current patient base resides in a neighboring HPSA (for example, a patient visit report that identifies total patient visits in the last 6-12 months of service by patient origin ZIP code). [Do not send individual patient information.]

3) Is the physician's specialty currently available in the geographic area(s) where the physician will be practicing? Physician's Specialty:

Yes [How many other physicians practice this specialty? \_\_\_\_\_ ]

No [Specify the nearest location where this service can be obtained: \_\_\_\_\_ ]