

## NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE (INITIATIVE) APPLICATION FOR PROVIDER COOPERATIVE AGREEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF COMMUNITY AND HEALTH SYSTEMS 11-2022

Section I: Organization Information							
Organization Name					Tax ID Number		
	Lau				<b>a</b>		T
Street Address	City			State		Zip	
Mailing Address (if different)	City				State		Zip
ivialing Address (ii dillerent)	City		State		Zip		
Organization Contact Name (Admin)	Contact Phone			Contact	Email	L	
, ,							
Clinic Contact Name	Contact Phone			Contact Email			
Section I-1: Intent to Provide Services for th					0	***	
Identify <b>only</b> the services, providers, and tests intended Services	to be associated wit	n tne Nor		ota Colorectal Cancer /iders	Screening I	nitiative.	
(check all that apply)			_	heck all that apply)			
Clinic Hospital				Physician	□ Nurse Practitioner		
Laboratory Pathology La				Physician Assistar	ant Radiologist		
☐ Radiology ☐ Outpatient S	urgery		ш.	harmacist	Anesthesiologist		
☐ Pharmacy ☐ Anesthesia				nesthetist			
Other (specify)			∣∐c	Other (specify)			
Our facility provides the fallowing colors to				Camilana Assas	الدانين لم مدما	Calamanan	
Our facility provides the following colorectal (check all that apply)	cancer screening	ig tests	i.	Services Assoc (check all that apply		Colonoscopy	y:
Crieck all that apply)				Laboratory Services Histology Services			
Multi-targeted Stool DNA Test (Mt-sDNA) such as Cologuard				Providers to Perform Anesthesia Services			
Colonoscopy				Providers to	Perform	Endoscopic P	rocedures
				Other Services Associated with Colonoscopy (specify)			
Section II: Laboratory Services							
Our facility has a laboratory or has a contract with another laboratory. (Complete this section)							
Our facility <b>does not</b> utilize laboratory se	rvices as part of				cer scree	ening. (Skip to S	Section III)
Laboratory Facility Name			Accreditation Verified			CLIA Number	
			☐ Yes ☐ No				
			In this lab and an are site O			CLIA Effective Date	
			Is this laboratory on site? ☐ Yes ☐ No			CLIA Effective Date	
		∐ Ye	s 🔛 ı	NO			
Laboratory Contact Name		1				Contact Pho	nno.
Laboratory Contact Name						Contact i no	) i c
Laboratory Address (if different)	City				State		Zip
,							· ·
	By signing below, your organization verifies that the named laboratory meets the standard for and is certified as a Clinical Laboratory						
Improvement Amendments (CLIA) laboratory.							
Signature of Health Care Facility Representative					Date		
1							

Section III: Histology Laboratory Services							
Our facility has a histology laboratory or h Our facility does not utilize histology labo	as a contra					g. (Skip to Section IV)	
Histology Laboratory Facility Name	Accreditation Verified  Yes No			Certification Number			
Certifying Organization Name		Is this laboratory on site? ☐ Yes ☐ No			Certification Effective Date		
Histology Laboratory Contact Name					Contact Pho	one	
Histology Laboratory Address (if different)	City			State		Zip	
By signing below, your organization verifies that the named laboratory will report pathology findings for Initiative clients using industry standards.							
Signature of Health Care Facility Representative					Date		
Section IV: Providers for Anesthesia Related to Endoscopic Services  Our facility employs on-site providers for anesthesia services. (List Anesthesia providers in Section VII: Provider Information; skip to Section V) Our facility contracts with providers for anesthesia services. (Complete this section) Anesthesia services are not available at our facility. (Skip to Section V)							
Anesthesia Facility or Provider Name	A	Anesthesia Contact Name			Contact Phone		
Anesthesia Facility Address (if different)	(	City		State		Zip	
List all Anesthesia providers in Section VII: Provider Information.							
Section V. Broyidare for Endocesnic Services							
Section V: Providers for Endoscopic Services  Our facility employs on-site providers for endoscopic services. (List endoscopy providers in Section VII: Provider Information; skip to Section VI) Our facility contracts with providers for endoscopic services. (Complete this section) Our facility refers patients to another facility for endoscopic services. (Complete this section)							
Facility Providing Endoscopic Services	E	Endoscopy Conta	oscopy Contact Name		Contact Phone		
Endoscopy Facility Address (if different)	(	City	State			Zip	
Use Section VIII: Additional Providers for Endoscopic Services to list additional referral facilities. List all providers for endoscopic services in Section VII: Provider Information.							
Ocation VII. Other Comics and Delete Ite	0 - 1 1	al 0	······································			This American	
Section VI: Other Services Related to Colorectal Cancer Screening Not Previously Included in This Application  Our facility provides other services that may be related to Colorectal Cancer Screening. (Complete this section)  Our facility does not provide other related services. (Skip to Section VII)							
Other services provided:  Annual Physicals / Annual Wellness Visits  Prevention Appointments  Pre-op Exams  Patient Education  Patient Navigation		Other (please do	escribe)				

ection VII: Provider Informa	ition		
Last Name		First Name	
NPI	TIN (if different than organization)	1	Credential(s)
Role(s) ☐ Ordering Provider ☐ Endos	copy Provider	sthesiologist	I armacist ☐ Other (specify)
Last Name		First Name	
NPI	TIN (if different than organization)		Credential(s)
Role(s) ☐ Ordering Provider ☐ Endos	copy Provider	sthesiologist 🗌 Pha	armacist Other (specify)
_ast Name		First Name	
NPI	TIN (if different than organization)		Credential(s)
Role(s)  Ordering Provider  Endos	copy Provider	sthesiologist	armacist  Other (specify)
_ast Name		First Name	
NPI	TIN (if different than organization)	1	Credential(s)
Role(s)  Ordering Provider  Endos	copy Provider	sthesiologist	armacist  Other (specify)
_ast Name		First Name	
NPI	TIN (if different than organization)		Credential(s)
Role(s)  Ordering Provider  Endos	copy Provider	sthesiologist	armacist  Other (specify)
Last Name		First Name	
NPI	TIN (if different than organization)		Credential(s)
Role(s) ☐ Ordering Provider ☐ Endos	copy Provider ☐ Anesthetist ☐ Anes	sthesiologist	armacist ☐ Other (specify)
_ast Name		First Name	
NPI	TIN (if different than organization)		Credential(s)
NPI  Role(s)  □ Ordering Provider □ Endos	TIN (if different than organization)	sthesiologist □ Pha	

		First Name
NPI	TIN (if different than organization)	Credential(s)
Role(s) ☐ Ordering Provider ☐ End	doscopy Provider	thesiologist  Pharmacist  Other (specify)
Last Name		First Name
NPI	TIN (if different than organization)	Credential(s)
Role(s) ☐ Ordering Provider ☐ End	doscopy Provider	thesiologist
Last Name		First Name
NPI	TIN (if different than organization)	Credential(s)
Role(s) ☐ Ordering Provider ☐ End	l doscopy Provider ☐ Anesthetist ☐ Anes	thesiologist Pharmacist Other (specify)
Last Name		First Name
NPI	TIN (if different than organization)	Credential(s)
Role(s) ☐ Ordering Provider ☐ End	doscopy Provider	thesiologist Pharmacist Other (specify)
Last Name		First Name
Last Name NPI	TIN (if different than organization)	First Name  Credential(s)
NPI Role(s)		
NPI Role(s)		Credential(s)
NPI Role(s) □ Ordering Provider □ End		Credential(s)  thesiologist
NPI  Role(s)  ☐ Ordering Provider ☐ End  Last Name  NPI  Role(s)	doscopy Provider	Credential(s)  thesiologist ☐ Pharmacist ☐ Other (specify)  First Name
NPI  Role(s)  ☐ Ordering Provider ☐ End  Last Name  NPI  Role(s)	doscopy Provider	Credential(s)  thesiologist ☐ Pharmacist ☐ Other (specify)  First Name  Credential(s)

Section	VIII: Additional Providers for Endosc	opic Services			
	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
Endos	copy Facility Address	City	State	e Zip	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
Endos	copy Facility Address	City	State	e Zip	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
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Endos	copy Facility Address	City	State	e Zip	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
l acinty	Troviding Endoscopic Gervices	Endoscopy Conta	act Name	Contact i none	
Endos	copy Facility Address	City	State	e Zip	
L Facility	Providing Endoscopio Comisso	Fradescenii Cont	and Nigers a	Contact Phone	
Facility	Providing Endoscopic Services	Endoscopy Conta	Endoscopy Contact Name Contact Phone		
Endos	copy Facility Address	City	State	e Zip	
F106	- Description of Early and a service Opening		NI	Occate at Dhana	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
Endos	copy Facility Address	City	State	e Zip	
Facility	Providing Endoscopic Services	Endoscopy Conta	not Name	Contact Phone	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
Endos	copy Facility Address	City	State	e Zip	
				0 1 5	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
Endos	copy Facility Address	City	State	e Zip	
Facility	Providing Endoscopic Services	Endoscopy Conta	act Name	Contact Phone	
r aciilly	Troviding Endoscopic Services	Endoscopy Conta	act inallie	Contact Friorie	
Endos	copy Facility Address	City	State	e Zip	