



# PROVIDER *bulletin*

April 9, 2020

Dear Provider:

In an effort to provide the most up to date information to our members regarding the status of your office and the appointments available during the COVID-19 pandemic, please take a moment to complete the following survey or go on-line to complete: <https://forms.gle/W4HXyBDRRR1Ah9vv8>

Office Name: \_\_\_\_\_ Office Location: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Contact number: \_\_\_\_\_

1. Is your office seeing new patients in office?  
 Yes  No
2. Is your office seeing established patients in office?  
 Yes  No
3. Is your office seeing established patients via telephonic visit?  
 Yes  No
4. Is your office seeing new patients via telehealth?  
 Yes  No
5. Is your office seeing established patients via telehealth?  
 Yes  No
6. If your office is not seeing patients in office, is your office staff working at your office location?  
 Yes  No
7. If not, do you have signage on the door with instructions on how your office can be reached?  
 Yes  No
8. If your office is closed, is someone answering the phone and directing patients where to receive care?  
 Yes  No
9. If yes, where are patients referred?  
\_\_\_\_\_
10. Is your office opened modified hours?  
 Yes  No

11. If yes, what are the hours?

---

12. Has your office modified the days of operation?

Yes  No

13. If yes, what days are you open?

---

Please complete and fax back to The Provider Relations Department at 661-664-5448, or you can email your Provider Relations Representative. Thank you in advance and thank you for being a valued KHS contracted providers.

Thank you,

Melissa Lopez  
Provider Relations Manager  
Kern Health Systems