



1. Save this form to your computer. Fill in blanks. Save again.
2. Print out form to mail with payment OR email form and we will invoice your clinic.

Name of Clinic			
Physical Address, City, Zip			
Mailing Address, City, Zip			
Clinic Phone Number		Fax Number	
Clinic Website Address			
Clinic Administrator	Name		
	Title		
	Email		Phone
Other Clinic Contact (optional)	Name		
	Title		
	Email		Phone
Clinic Information	Month and year clinic opened		
	Current operating budget		\$
	Number of total visits last fiscal year		
	Number of unduplicated patients last fiscal year		
	Clinic days/hours:		
Clinic Services Offered (Check all that apply.)	<input type="checkbox"/>	Medical	
	<input type="checkbox"/>	Dental Services	Do you have an in-house dental clinic?
	<input type="checkbox"/>	Pharmacy	
	<input type="checkbox"/>	Behavioral Health	

I attest that our clinic desires to be a member of the Oklahoma Charitable Clinic Association and meets the criteria for full membership. (Clinic must meet all of the following requirements. Initial each item.)

<input type="checkbox"/>	Provides medical, dental, pharmacy, and/or behavioral health services to economically disadvantaged individuals who are predominantly uninsured
<input type="checkbox"/>	Is a community-based or faith-based organization
<input type="checkbox"/>	Is a nonprofit organization with a 501(c)3 tax-exempt status or a program of a larger 501(c)3 non-profit. If latter, enter name of parent organization here:
<input type="checkbox"/>	Does not deny services based on patient's ability to pay
<input type="checkbox"/>	Is not a federally qualified health center, FQHC look-alike, or member of Oklahoma Primary Care Association

Attested by (name):

Title:

Date:

Clinic Membership Dues Schedule

Annual Budget	Annual OCCA Dues
Up to \$25,000	\$25
\$25,001 - \$100,000	\$50
\$101,000 - \$500,000	\$75
\$501,000 +	\$100

DUES FOR 2019 CALENDAR YEAR.

Check one:

Payment is enclosed.

Mail this form and payment to:

Oklahoma Charitable Clinic Association

PO Box 54346, Oklahoma City, OK 73154

Please invoice me. Email form to: info@okcharitableclinics.org

For additional information, please contact:

Teresa Myers, OCCA Chair, teresa@gscardmore.org, 580-223-2006

Pam Timmons, OCCA Secretary, ptimmons@goodshepherdok.org