2010 IL HIV Services Directory

Healthcare Provider Update Form

Practice Name
Practitioner Name
Address

City
State
Zip
Complete Phone #
Complete Fax #
Complete TDD/TTY #
Email Address
Website

Published by:

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<u>This is a free listing</u>**

Geographic Location: (This refers both to your agency's physical location and your service area. Check all that apply)

☐A-Downtown	☐D-West Side	☐G-South Suburbs
☐B-North Side	☐E-North Suburbs	☐H-Southwest Suburbs
☐C-South Side	☐F-Northwest Suburbs	☐I-West Suburbs

Fees:	**Provider Type:**
☐D- Medicaid	
☐E- Set Fee	☐1- Physician
☐F- Free	☐2- Pharmacist
☐I- Private Insurance	☐3- Alternative
☐P- Public Aid Accepted	☐4- Mental Health
☐Q- Medicare	☐5- Dental
☐S- Sliding Scale	

Yes☐----Evening/Weekend hours available?
Yes☐----Is the facility handicap accessible?

Medical Specialties:		**Alternative Therapies:**	**Mental Health:**
☐Allergy-Immunology	☐Obstetrics/Gynecology	☐Acupuncture	☐Addiction
☐Cardiology	☐Ophthalmology	☐Chiropractic	☐Couples
☐Dental	☐Optometry	☐Exercise	☐Depression/Suicide
☐Dermatology	☐Orthopedic	☐Homeopathic	☐Domestic Violence/Abuse
☐Family Practice	☐Otolaryngology	☐Hypnotherapy	☐Family
☐Gastroenterology	☐Pediatric	☐Massage	☐Grief/Loss
☐Infectious Diseases	☐Plastic Surgery	☐Meditation	☐Group
☐Internal Medicine	☐Podiatry	☐Nutritionist	☐Individual
☐Neurology	☐Psychiatry	☐Reiki	☐Relationships
		☐Tai Chi	☐Sexual Identity
		☐Yoga	☐Sexual Issues

Pharmaceutical Services:

☐Prescriptions	☐Delivery
☐Supplements	☐Mail

Languages:

If you wish, you may provide a brief description of your practice in English and/or Spanish

English Description:	**Spanish Description:**

Confirmation Signature: Date Signed:

(Required for your office/practice to be included in the Directory)