STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CLIENT SERVICES
EARLY INTERVENTION & PRE-EXPOSURE PROPHYLAXIS PROGRAM

APPENDIX B – PAGE 1

Please complete one box below for each additional clinic that bills under the contracting Tax ID Number. If more pages are needed, you may copy this page.

ADDITIONAL CLINIC INFORMATION					
Facility Name:					
Facility Address:					
City:		State:		Zip:	
Main Contact Name:		Appointment Number:			
Email Address:		Clinic Fax Number:			
Services Offered at this Location:	☐ Medical ☐ Laboratory ☐ Mental Health ☐ Radiologist ☐ Vision ☐ Dentist ☐ Oral Surgeon ☐ Denturist ☐ Endodontist				

Facility Name:					
Facility Address:					
City:		State:		Zip:	
Main Contact Name:		Appointment Number:			
Email Address:		Clinic Fax Number:			
Services Offered at this Location:	☐ Medical ☐ Laboratory ☐ Mental Health ☐ Radiologist ☐ Vision ☐ Dentist ☐ Oral Surgeon ☐ Denturist ☐ Endodontist				

Facility Name:					
Facility Address:					
City:		State:		Zip:	
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