

Oncology Care Model (OCM) Physician Practice Letter of Intent (LOI) Multi-Location

Instructions

Thank you for your interest in participating in the CMS Innovation Center's Oncology Care Model (OCM). Applicants must complete this Letter of Intent (LOI) electronically, save as a PDF, and email as an attachment to OncologyCareModel@cms.hhs.gov by 5:00 pm Eastern Daylight Time on May 7, 2015.

Practices that submit a timely, complete LOI will be sent an authenticated web link and password with which to access and submit an electronic application. Only those practices submitting a timely, complete LOI will be eligible to submit an application. Applications due are due by 5:00 pm Eastern Daylight Time on June 18, 2015.

For questions regarding the application process or OCM, please visit the Innovation Center's OCM website http://innovation.cms.gov/initiatives/Oncology-Care/, or email OncologyCareModel@cms.hhs.gov.

Contact Information	
Practice Name:	
Point of Contact (POC) Name:	
POC Title:	
POC Address:	
POC City:	
POC State:	
POC Phone:	Extension:
POC Email:	

1.	The practice is (check only one): Oncology Multispecialty Other If Other is selected, please state the specialty practice type:
2.	How many physicians are in the practice?
3.	How many Medicare fee-for-service (FFS) patients receive chemotherapy furnished by the practice annually?
4.	List all payers other than Medicare FFS that the practice accepts.
5.	Does the practice agree to have its name, POC information, and all practice locations publically

posted on the Innovation Center website?

List the city and state of all practice locations.

- 1. Location
 - a. State
 - b. City
- 2. Location
 - a. State
 - b. City
- 3. Location
 - a. State
 - b. City
- 4. Location
 - a. State
 - b. City
- 5. Location
 - a. State
 - b. City
- 6. Location
 - a. State
 - b. City

Please number and list the city and state of any additional practice locations below.