

## Site Visit Checklist

<b>Name of Clinic:</b> _____	<b>Provider Name(s):</b> _____
<b>Clinic Address:</b> _____	_____
_____	_____
<b>Clinic Phone:</b> _____	

### Office Standards

1. Safe, clean environment for patients, visitors and staff  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
2. Professional Appearance  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
3. Seating in reception / waiting room with at least three (3) chairs  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
4. Non-smoking facility  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
5. Clinic has at least one examination / treatment room  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
6. Clearly marked office signage  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
7. Exam room is clean, neat and properly equipped  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
8. Meets HIPAA requirements  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
9. At least one full-time equivalent staff person is present during patient contact hours  
 Pass  Fail (*noted in summary*)  Notice Given: \_\_\_\_\_

10. Cannot **ONLY** offer open-bay treatment arrangements - If facility is set up as open-bay, a private exam room must be offered to patient at each visit.  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
11. Appropriate hygienic measures are practiced in facility  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
12. If clinic is located in a private home, gym or health club, it is properly licensed and meets required standards (*has a separate entrance for patients and separate signage denoting it is a professional practice*).  
 **Pass**  **Fail** (noted in summary)  **Notice Given:** \_\_\_\_\_
13. Clinic is NOT a mobile service vehicle  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
14. At least one current portable fire extinguisher in clinic  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
15. General liability insurance is maintained  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
16. Restrooms are clean, neat and available to patients  **Pass**  **Fail** (noted in summary)  
 **Notice Given:** \_\_\_\_\_
17. Patient files / records are maintained using reasonable and appropriate administrative, technical and physical safeguards to insure the integrity and confidentiality of all patient data and information.  
 **Pass**  **Fail** (noted in summary)  **Notice Given:** \_\_\_\_\_
18. Nutritional supplements are safely stored (i.e. out of reach of children)  
 **Pass**  **Fail** (noted in summary)  **Notice Given:** \_\_\_\_\_
19. On average, individual providers do NOT treat more than ten (10) patients per hour  
 **Pass**  **Fail** (noted in summary)  **Notice Given:** \_\_\_\_\_

## Availability

1. Wait for non-emergency appointment is not more than five (5) days from the time a request for appointment is made until treatment is rendered.  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
2. Urgent needs must not wait more than 24 hours from the time of request for an appointment until treatment is rendered.  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
3. A provider is available to render services in each credentialed facility a minimum of four (4) hours per day, three (3) days per week for a total of 12 hours per week.  Pass  Fail (*noted in summary*)  
 Notice Given: \_\_\_\_\_
4. Patient must not wait in the reception room for treatment for more than an average of 30 minutes.  
 Pass  Fail (*noted in summary*)  Notice Given: \_\_\_\_\_
5. Urgent patient calls are returned within 30 minutes with appropriate instructions.  
 Pass  Fail (*noted in summary*)  Notice Given: \_\_\_\_\_
6. An answering machine or service is available 24 hours a day, seven days a week that contains directions for obtaining care if the chiropractor is not available and instructions regarding emergency care.  
 Pass  Fail (*noted in summary*)  Notice Given: \_\_\_\_\_

## Advertising

1. Does not offer free or discounted services such as examinations, X-ray or manual therapy.  
 Pass  Fail (*noted in summary*)  Notice Given: \_\_\_\_\_

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**\*\*\* If any items above were marked as "Fail,"  
the Summary on the following page must also be completed. \*\*\***

**Summary of Failed Requirements - All "failed" items must be marked below and fully documented. These items will be listed as deficiencies in the report back to the provider.**

**Office Standards:**

- 1.             2.             3.             4.             5.
- 6.             7.             8.             9.             10.
- 11.           12.           13.           14.           15.
- 16.           17.           18.           19.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability:**

- 1. Non-emergency appointments       2. Urgent appointments       3. Clinic hours
- 4. Patient wait times                       5. Urgent patient calls       6. Answering machine

**Notes:** \_\_\_\_\_  
\_\_\_\_\_

**Advertising:**

- 1. Does not offer free or discounted services such as examinations, X-ray or manual therapy.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_