



EPHC Categorical

EPHC FFS

Reporting Period: _____ **Contract Number:** _____
Vendor ID: _____ **Purchase Order:** _____
Contractor Name: _____ **City:** _____
Name of Contact: _____ **Phone:** _____

PLEASE INCLUDE INFORMATION FOR ALL EPHC CONTRACTS

EPHC Section A: CONTRACT YEAR TO DATE total client count

	Female 18 and older
EPHC Clients Unduplicated Across ALL EPHC Contracts (YEAR TO DATE)	

EPHC Section B: CONTRACT YEAR TO DATE number of clients (individuals) seen for each Service Category

	Service Category	21 and Younger	22 and Older
Dental Services	Prenatal clients provided dental service		
	Prenatal clients provided therapeutic dental services		

	Service Category	Female 18 and older
Prescriptions	All non-contraceptive prescriptions provided	