

PIGD – Provider Information (General) Detail

This screen displays general information about a specific provider/facility in the system and is accessible by all CAPS workers.

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CAFSPIGD          PROVIDER INFORMATION (GENERAL) DETAIL          07/06/2016 09:28
USER ID: C74150A                                     PAGE: 001
PROV NO: 0001057 001    PROV NAME: JESTER FOSTER HOME
FACIL NAME: JESTER FOSTER HOME          ABRV NAME: JESTERFH
ADDRESS          LINE1: 890 JOLLY ST          PHONE #:
                  LINE2:
                  CITY : HELENA              STATE: MT    ZIP: 59601
PROVIDER CONTACT NAME: JESTER, JENNIFER
ACTIVE LICENSES   STS  ASSIGNED WORKER          AVAILABLE SERVICES
                                                    SCALL CLOTHING ALLOWANCE
                                                    SDALL DIAPER ALLOWANCE
                                                    SRESP RESPITE
                                                    STRNE TRANPORTATION FOR ED
                                                    STRNS TRANSPORTATION
                                                    STRNX TRANSPORTATION
YFH YOUTH FOSTER H  REG  C74145FS SMITHERS, SUSAN  PFRS1 FOSTER FAMILY-ROOM&B

HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE
                                                    PATH: _
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Field Descriptions (F12) indicates code lookup is available.

PROV NO (F12)

Enter the provider number of the provider you want to view details for.

PROV NAME

This field will display the provider name for the provider whose number is entered in the PROV NO field.

FACIL NAME

This field will display the facility name for the provider whose number is entered in the PROV NO field.

ABRV NAME

This field will display the abbreviated name for the provider whose number is entered in the PROV NO field.

ADDRESS LINE1

This field will display the first line of the address for the selected provider/facility.

PHONE #

This field will display the phone number for the selected provider/facility.

ADDRESS LINE2

This field will display the second line of the address for the selected provider/facility.

CITY

This field will display the city for the address for the selected provider/facility.

STATE

This field will display the state for the address for the selected provider/facility.

ZIP

This field will display the zip code for the address for the selected provider/facility.

ACTIVE LICENSES (F12)

This field will display the types of active licenses the provider currently has. *Active = the expiration/termination date for that license is in the future from the current date.*

STS (F12)

This field will display the current status of the listed license type.

ASSIGNED WORKER

This field will display the worker associated to the listed license type.

AVAILABLE SERVICES (F12)

This field will display all of the services the provider is currently authorized to provide, and that are associated to the listed license type. *Any services highlighted in pink at the top of the list are general services the provider can provide, without having a specific type of license.*

Additional Information

None.