

 **Self Updates: Site details**

▼ **H80CS00119: County of Lake, dba Lake County Health Department and Community Health Center, Waukegan, IL**

Grant Number: H80CS00119

BHCMIS ID: 058870

Project Period: 12/01/2001 - 01/31/2027

Budget Period: 02/01/2024 - 01/31/2025

<b>Site Id: BPS-H80-018058</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	Outpatient Substance Abuse Program	<b>Physical Site Address</b>	3004 Grand Ave, Waukegan, IL 60085
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 377-8120
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	06/03/2016	<b>Site Operational Date</b>	08/23/2016
<b>FQHC Site Medicare Billing Number Status</b>		<b>Medicare Billing Number</b> <small>(Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)</small>	781860
<b>FQHC Site National Provider Identification (NPI) Number</b> <small>(Optional field)</small>	1992155022	<b>Total Hours of Operation</b> <small>(when Patients will be Served per Week)</small>	44.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> <small>(Required only for 'Migrant Voucher Screening' Site Type)</small>		<b>Number of Intermittent Sites</b> <small>(Required only for 'Intermittent' Site Type)</small>	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	60031, 60099, 60064, 60087, 60085		

<b>Site Id: BPS-H80-002053</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	Grand Avenue Health Center	<b>Physical Site Address</b>	3010 Grand Ave, Waukegan, IL 60085
<b>Site Type</b>	Administrative/Service Delivery Site	<b>Site Phone Number</b>	(847) 377-8180
<b>Web URL</b>	www.lakecountyil.gov/health		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	05/01/1998	<b>Site Operational Date</b>	04/05/2010

<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	141122
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1235453309	<b>Total Hours of Operation</b> (when Patients will be Served per Week)	51.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

**Saved Service Area Zip Code(s)** 60087, 60085

**Site Id:** BPS-H80-004194

**Site Status:** Active

**Site Information**

<b>Site Name</b>	NORTH SHORE HEALTH CENTER	<b>Physical Site Address</b>	1840 Green Bay Rd, Highland Park, IL 60035
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 984-5300
<b>Web URL</b>	www.lakecountylil.gov/health		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	07/14/2006	<b>Site Operational Date</b>	05/09/2008
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	141096
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1285663328	<b>Total Hours of Operation</b> (when Patients will be Served per Week)	56.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		

**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

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<b>Saved Service Area Zip Code(s)</b>	60075, 60021, 60047, 60073, 60011, 60031, 60048, 60079, 60074, 60090, 60045, 60099, 60050, 60083, 60035, 60046, 60010, 60084, 60089, 60002, 60086, 60051, 60020, 60013, 60037, 60040, 60041, 60087, 60044, 60069, 60060, 60061, 60096, 60042, 60030, 60088, 60081, 60064, 60015, 60085
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**Site Id: BPS-H80-019400** **Site Status: Active**

Site Information			
<b>Site Name</b>	Zion Health Center	<b>Physical Site Address</b>	1911 27th St, Zion, IL 60099
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 984-5400
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	03/22/2017	<b>Site Operational Date</b>	06/14/2018
<b>FQHC Site Medicare Billing Number Status</b>		<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	668410
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)		<b>Total Hours of Operation</b> (when Patients will be Served per Week)	52.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)			
Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN	
No Subrecipient or Contractor information to be displayed			

Service Area Zip Code (Include only those from which the majority of the patient population will come)	
<b>Saved Service Area Zip Code(s)</b>	60064, 60040, 60099, 60085, 60073, 60096, 60087

**Site Id: BPS-H80-014146** **Site Status: Active**

Site Information			
<b>Site Name</b>	Round Lake District 116 School Based Health Center	<b>Physical Site Address</b>	800 N High School Dr, Round Lake, IL 60073
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(999) 999-9999
<b>Web URL</b>	health.lakecountyil.gov		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	School
<b>Date Site was Added to Scope</b>	08/04/2014	<b>Site Operational Date</b>	10/16/2014
<b>FQHC Site Medicare Billing Number Status</b>		<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	
<b>FQHC Site National Provider Identification</b>	1639588254	<b>Total Hours of Operation</b>	40.00

(Optional field)		per Week)	
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	60051, 60030, 60085, 60073, 60041		

<b>Site Id: BPS-H80-005597</b>		<b>Site Status: Active</b>	
<b>Site Information</b>			
<b>Site Name</b>	MID LAKES MEDICAL AND DENTAL BUILDING	<b>Physical Site Address</b>	224 W Clarendon Dr, Round Lake Beach, IL 60073
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 984-5100
<b>Web URL</b>	www.lakecountyil.gov/health		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	05/12/2004	<b>Site Operational Date</b>	05/09/2008
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	141913
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1750310884	<b>Total Hours of Operation</b> (when Patients will be Served per Week)	64.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	60050, 60088, 60041, 60013, 60045, 60084, 60096, 60047, 60040, 60002, 60083, 60073, 60064, 60099, 60069, 60048, 60030, 60042, 60074, 60090, 60075, 60044, 60085, 60010, 60015, 60046, 60020, 60086, 60051, 60081, 60060, 60061, 60079, 60021, 60089, 60031, 60037, 60087, 60011, 60035		

<b>Site Id: BPS-H80-014336</b>	<b>Site Status: Active</b>
<b>Site Information</b>	

<b>Site Name</b>	Libertyville Behavioral Health Home	<b>Physical Site Address</b>	18698 W Peterson Rd, Libertyville, IL 60048
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 377-8180
<b>Web URL</b>			
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	10/16/2014	<b>Site Operational Date</b>	01/09/2015
<b>FQHC Site Medicare Billing Number Status</b>		<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	781831
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1679900229	<b>Total Hours of Operation</b> (when Patients will be Served per Week)	44.50
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening' Site Type)		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent' Site Type)	
<b>Site Operated by</b>	Health Center/Applicant		
<b>Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)</b>			
<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>	
No Subrecipient or Contractor information to be displayed			
<b>Service Area Zip Code (Include only those from which the majority of the patient population will come)</b>			
<b>Saved Service Area Zip Code(s)</b>	60073, 60060, 60048, 60030		

Site Id: BPS-H80-001280 Site Status: Active

<b>Site Information</b>			
<b>Site Name</b>	Belvidere Medical Building	<b>Physical Site Address</b>	2400 Belvidere Rd, Waukegan, IL 60085
<b>Site Type</b>	Service Delivery Site	<b>Site Phone Number</b>	(847) 377-8400
<b>Web URL</b>	www.lakecountylil.gov/health		
<b>Location Type</b>	Permanent	<b>Site Setting</b>	All Other Clinic Types
<b>Date Site was Added to Scope</b>	05/01/1998	<b>Site Operational Date</b>	05/09/2008
<b>FQHC Site Medicare Billing Number Status</b>	This site has a Medicare billing number	<b>Medicare Billing Number</b> (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	141910
<b>FQHC Site National Provider Identification (NPI) Number</b> (Optional field)	1174552293	<b>Total Hours of Operation</b> (when Patients will be Served per Week)	65.00
<b>Saved Months of Operation</b>	January, February, March, April, May, June, July, August, September, October, November, December		
<b>Number of Contract Service Delivery Locations</b> (Required only for 'Migrant Voucher Screening')		<b>Number of Intermittent Sites</b> (Required only for 'Intermittent')	

<b>Site Operated by</b>	Health Center/Applicant
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**Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)**

<b>Subrecipient/Contractor Organization Name</b>	<b>Subrecipient/Contractor Organization Physical Site Address</b>	<b>Subrecipient/Contractor EIN</b>
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No Subrecipient or Contractor information to be displayed

**Service Area Zip Code (Include only those from which the majority of the patient population will come)**

<b>Saved Service Area Zip Code(s)</b>	60030, 60061, 60073, 60085, 60011, 60048, 60069, 60084, 60041, 60021, 60047, 60075, 60040, 60074, 60045, 60020, 60089, 60002, 60042, 60064, 60044, 60010, 60050, 60081, 60086, 60013, 60087, 60051, 60031, 60046, 60035, 60037, 60088, 60079, 60015, 60099, 60096, 60060, 60083, 60090
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