

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX
STATISTICAL DATA

PROVIDER NO.:

PERIOD
FROM _____
TO _____

WORKSHEET S-3,
PART I

Component	No. of Beds	Bed Days Available	I/P Days / O/P Visits / Trips						Interns & Residents FTEs			Full Time Equivalent		Discharges				Total All Patients	
			Title V	Title XVIII	Title XIX		Total All Patients	Obs. Beds Admitted	Obs. Beds Not Adm	Total	Less I & R Replacing Non-Phys. Anesthetists	Net	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX		
					Total Title XIX	Obs. Beds Admitted													Obs. Beds Not Adm
1	2	3	4	5	5.01	5.02	6	6.01	6.02	7	8	9	10	11	12	13	14	15	
1 Hospital Adults & Peds. (columns 3, 4, 5 and 6, exclude Swing Bed, Observation Bed and Hospice days)																			1
2 HMO																			2
3 Hospital Adults & Peds. Swing Bed SNF																			3
4 Hospital Adults & Peds. Swing Bed NF																			4
5 Total Adults and Peds. (exclude observation beds) (see instructions)																			5
6 Intensive Care Unit																			6
7 Coronary Care Unit																			7
8 Burn Intensive Care Unit																			8
9 Surgical Intensive Care Unit																			9
10 Other Special Care																			10
11 Nursery																			11
12 Total (see instructions)																			12
13 RPCH/CAH visits																			13
14 Subprovider																			14
15 Skilled Nursing Facility																			15
16 Nursing Facility																			16
17 Other Long Term Care																			17
18 Home Health Agency																			18
20 ASC (Distinct Part)																			20
21 Hospice (Distinct Part)																			21
23 Outpatient Rehab. Provider (specify)																			23
24 RHC/FOHC (specify)																			24
25 Total (sum of lines 12-24)																			25
26 Observation Bed Days																			26
27 Ambulance Trips																			27
28 Employee discount days (see instru.)																			28
29 Labor & delivery days (see instructions)																			29