

HOSPITAL-BASED FQHC IDENTIFICATION DATA		PROVIDER CCN: _____	PERIOD: FROM _____	WORKSHEET S-11 PART III
		COMPONENT CCN _____	TO _____	

PART III - HOSPITAL-BASED FQHC STATISTICAL DATA

		COMPONENT CCN	Title V	Title XVIII	Title XIX	Other	Total All Patients	
		0	1	2	3	4	5	
1	Medical Visits							1
2	Total Medical Visits							2
3	Mental Health Visits							3
4	Total Mental Health Visits							4
5	<i>IOP Visits</i>							<i>5</i>
6	<i>Total IOP Visits</i>							<i>6</i>
7	<i>Total FQHC Visits (sum of lines 2, 4, and 6)</i>							<i>7</i>

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