FORM CMS-2552-10

HOSPITAL-BASED RHC/FQHC STATISTICAL DATA

Check applicable box:
[ ] Hospital-based RHC
[ ] Hospital-based FQHC

Clinic Address and Identification:
1 Street:
2 City: State: Zip Code: County:
3 HOSPITAL-BASED FQHC'S ONLY: Designation - Enter "R" for rural or "U" for urban

Source of Federal Funds:

<table>
<thead>
<tr>
<th>Grant Award</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

4 Community Health Center (Section 330(d), PHS Act)
5 Migrant Health Center (Section 329(d), PHS Act)
6 Health Services for the Homeless (Section 340(d), PHS Act)
7 Appalachian Regional Commission
8 Look-alikes
9 Other (specify)

10 Does this facility operate as other than a hospital-based RHC or FQHC? Enter "Y" for yes or "N" for no in column 1.
   If yes, indicate the number of other operations in column 2.

Facility hours of operations:

<table>
<thead>
<tr>
<th>Type of Operation</th>
<th>Sunday from to</th>
<th>Monday from to</th>
<th>Tuesday from to</th>
<th>Wednesday from to</th>
<th>Thursday from to</th>
<th>Friday from to</th>
<th>Saturday from to</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 13 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11 Enter clinic hours of operation on line 11 and other type operations on subscripts of line 11 (both type and hours of operation).
   List hours of operation based on a 24 hour clock. For example: 8:00am is 0800, 6:30pm is 1830, and midnight is 2400.

12 Have you received an approval for an exception to the productivity standard?

13 Is this a consolidated cost report as defined in CMS Pub. 100-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1.
   If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.

14 RHC/FQHC name: CCN number:

15 Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1.
   If yes, enter in column 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)