

THIS REPORT IS DUE ON OR BEFORE NOVEMBER 30, 2008
2008 REPORT

I. PROGRAM DEMOGRAPHICS

A. Agency Type

<input type="checkbox"/> Free Standing <input type="checkbox"/> Home Health Based <input type="checkbox"/> Government/Healthcare Authority Based	<input type="checkbox"/> Hospital Based <input type="checkbox"/> Nursing Home Based
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B. Ownership

<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Partnership
<input type="checkbox"/> Individual	<input type="checkbox"/> Healthcare Authority	<input type="checkbox"/> LLC
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify)

C. Reporting Entity

1. Does this agency have the capability to provide patient information, specific only to this licensed location?

YES NO

2. If no, provide the name of the licensed hospice agency that will be reporting patient information for this entity:

SHPDA ID #:

NAME OF REPORTING HOSPICE:

NAME OF CONTACT:

TELEPHONE NUMBER:

3. Will the information contained in this report include patient information from other licensed hospice agencies, for services offered and performed in the State of Alabama?

YES NO

4. If yes, provide the SHPDA ID # and the name of the licensed hospice agency(ies) for which information is included in this report:

SHPDA ID #:

NAME OF HOSPICE AGENCY

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B. PATIENT DAYS BY PAYMENT SOURCE

Provide the number of patient days for all patients including those in hospital, specialty care assisted living or nursing facilities, for the reporting period.

HOSPICE PAYMENT SOURCE	NUMBER OF PATIENTS SERVED	DAYS OF ROUTINE HOME CARE	DAYS OF INPATIENT CARE	DAYS OF RESPIRE CARE	DAYS OF CONTINUOUS CARE	TOTAL PATIENT CARE DAYS
Hospice Medicare						
Hospice Medicaid						
Private Insurance/ Managed Care (non-Medicare)						
Charity/ Indigent						
Private Pay						
Other (VA, Worker's Comp, etc)						
TOTALS						

C. ADMISSIONS BY DEMOGRAPHICS

Use the patient's age on the first day of admission

AGE GROUPS	MALE	FEMALE	TOTAL
18 and under			
19 – 34			
35 – 54			
55 – 64			
65 – 74			
75 – 84			
85 years and older			
TOTAL ADMISSIONS			**

**TOTAL ADMISSIONS SHOULD AGREE WITH TOTAL ADMISSIONS IN SECTIONS II-A AND II-D.

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D. TOTAL ADMISSIONS BY RACE

RACE	ADMISSIONS
a. White/Caucasian	
b. Black/African American/Negro	
c. Hispanic/Spanish/Latino	
d. Asian	
e. American Indian/Alaskan Native	
f. Pacific Islander	
g. India	
h. Middle Eastern	
i. Other	
TOTAL ADMISSIONS	**

****TOTAL ADMISSIONS SHOULD AGREE WITH TOTAL ADMISSIONS IN SECTIONS II-A, AND II-C.**

III. REVENUES AND EXPENSES (AMOUNTS DO NOT HAVE TO BE AUDITED)

EXPENSES		REVENUES	
Payroll	\$ <u> </u> .00	Medicare	\$ <u> </u> .00
Non-Payroll	\$ <u> </u> .00	Medicaid	\$ <u> </u> .00
Transportation	\$ <u> </u> .00	Commercial Insurance	\$ <u> </u> .00
Bad Debt	\$ <u> </u> .00	Private Pay	\$ <u> </u> .00
Charity	\$ <u> </u> .00	Other	\$ <u> </u> .00
TOTAL EXPENSES	\$ <u> </u>.00	TOTAL REVENUES	\$ <u> </u>.00