

STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET S-3 PART I
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PART I - VISITS AND CENSUS DATA

	NUMBER OF BEDS	BED DAYS AVAILABLE	INPATIENT DAYS					DISCHARGES					
			TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
	1	2	3	4	5	6	7	8	9	10	11	12	
1 SNF - FFS													1
2 SNF - HMO													2
3 NF - FFS													3
4 NF - HMO													4
5 ICF/IID													5
6 HOSPICE													6
7 TOTAL													7

	AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
	13	14	15	16	17	18	19	20	21	22	23	24	
1 SNF - FFS													1
2 SNF - HMO													2
3 NF - FFS													3
4 NF - HMO													4
5 ICF/IID													5
6 HOSPICE													6
7 TOTAL													7

STATISTICAL DATA	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET S-3 PART II
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