

Attachment R
 Bid Solicitation 26DPP01205
 T0894- Auditing Services, Acute Care Hospital Common Audit Program

**NEW JERSEY REHABILITATIVE, LONG TERM
 ACUTE CARE AND NON-PUBLIC PSYCHIATRIC
 HOSPITALS ADMISSIONS & REVENUE REPORT
 EXAMPLE**

Source: Mail

Received Date: 9/9/2019

Facility Name	BOB'S TEST
Facility Address	FGWREHGWRTH HILLSBOROUGH NJ 08844
Email Address	qwert@asdf.com
License #	xxxxx
Fiscal Year (FY)	FY2020
Tracking #	FY2020-xxxxx
Date	June 17, 2020

Admissions

Title	Total Admissions ^{1 2 3}	Other ^{2 3}	SNF ^{2 3} (Skilled Nursing Facility)
As Filed :	0	0	0
As Adjusted :	0	0	0
Adjustment :	0	0	0

Revenue

Title	Inpatient	Outpatient	SNF (Skilled Nursing Facility)	MICU (Mobile Intensive Care Unit)	SNRPC ⁴ (Services Not Related to Patient Care)
As Filed :	\$0	\$0	\$0	\$0	\$0
AS Adjusted :	\$0	\$0	\$0	\$0	\$0
Adjustment :	\$0	\$0	\$0	\$0	\$0

1. Enter total admissions for Rehabilitative and Special Hospitals.
2. Must exclude all Same Day Surgery as defined in NJAC 8:31B-3.11.
3. Exclude patients transferred from other units within the Hospital for all services.
4. Refer to Financial Elements, NJAC 8:31B-4.16, 4.64 and 4.65 for items to be included, and attach itemized schedule.

**NEW JERSEY REHABILITATIVE & SPECIAL HOSPITALS
ADMISSIONS & REVENUE REPORT**

Certification:

Report prepared by outside consultant: No

Certification By Officer: No

Title:

Telephone Number:

Notes :

ARR Revised Form1

ARR Revised Form1

Naveen Parnam-9/16/2019 9:00 AM

ARR Revised Form4

ARR Revised Form4

Richard Goldin-6/17/2020 11:55 AM

ARR Revised Form3

ARR Revised Form3

Rahul Swain-2/4/2020 8:20 AM

ARR Revised Form2

ARR Revised Form2

Naveen Parnam-2/3/2020 10:54 PM