NEW JERSEY REHABILITATIVE, PSYCHIATRIC & LONG TERM CARE HOSPITALS

ADMISSIONS & REVENUE REPORT

Source: **Received Date:**

Facility Name	
Facility Address	
Email Address	
License #	
Calendar Year (CY)	
Tracking #	
Date	

Admissions			
Title	**Total Admissions [1] [2] [3]**	**Other [2] [3]**	**SNF [2] [3] (Skilled Nursing Facility)**
As Filed :			
As Adjusted :			
Adjustment :			

Revenue					
Title	**Inpatient**	**Outpatient**	**SNF (Skilled Nursing Facility)**	**MICU (Mobile Intensive Care Unit)**	**SNRPC [4] (Services Not Related to Patient Care)**
As Filed :					
AS Adjusted :					
Adjustment :					

1. Enter total admissions for Rehabilitative, Psychiatric and Long Term Care 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.

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Certification:

Report prepared by outside consultant:
Certification By Officer:
Title: **Telephone Number:**

Notes :