Hospital Privileges (Current)
Supplemental Form

* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

Section 5 | **Hospital Affiliations**

Hospital Privileges

Use this form to continue listing hospitals where you currently have privileges.

If you need to report additional space for Hospital Privileges, photocopy this page as needed and submit as instructed.

TIP Be certain your admission percentages add up to 100% for current hospitals. Otherwise, you will have to correct this error.

OTHER HOSPITAL

HealthSouth Rehabilitation Hospital of Spring Hill
HOSPITAL NAME

NUMBER: | 12440 Cortez Blvd (STREET) | SUITE/BUILDING:

Brooksville (CITY) | Florida (STATE) | 34613 (ZIP CODE)

+1-3525924250 (TELEPHONE) | FAX:

DEPARTMENT NAME:

DEPARTMENT DIRECTOR'S LAST NAME:

DEPARTMENT DIRECTOR'S FIRST NAME:

08-26-2010 (AFFILIATION START DATE) | 08-25-2012 (AFFILIATION END DATE) | FULL, UNRESTRICTED PRIVILEGES? | ARE PRIVILEGES TEMPORARY?

Full Unrestricted (ADMITTING PRIVILEGE STATUS (E.G. NONE, FULL UNRESTRICTED, PROVISIONAL, TEMPORARY))

OF YOUR TOTAL ANNUAL ADMISSIONS, WHAT PERCENTAGE IS TO THIS HOSPITAL? %

PLEASE EXPLAIN TERMINATED AFFILIATION

THIS SPACE HAS BEEN PURPOSELY LEFT BLANK

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