A - Admission

DA - Discharge to Acute DH - Discharge to Home
DS - Discharge to SNF

TP - Transfer to Private TW - Transfer to Welfare X - Expired

MEDICARE CENSUS REPORT

FACILITY Unit MONTH

Reimbursement Rate

RM PT. PATIENT NAME CO-INS. PRIM. DAYS 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 DAYS DAYS DAYS THRU CARD SOC REMARKS																												
RM #	PT. #	PATIENT NAME	CO-INS. PAY TYPE	PRIM. DX	AVAILABLE DAYS		3 4		7	9	11	13	15 14 10	17 6 1	19 18 2	21	23	25	27 6 2	29	31	FULL DAYS	CO. DAYS	TOTAL DAYS	TAR	M/CAL CARD	SOC	REMARKS
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HMI-A/R 4015 (3/90)

SNF FORMS - P.O. Box 4390 Garden Grove, CA 92642 — (714) 539-1600