

# **List of Insurance Types**

1

<hr/>	
Row	<i>Patient's type of medical insurance</i>
<hr/>	
1	Government
2	Medicaid
3	Medicare
4	Private
<hr/>	

Row	
1	10

**Number of Discharges at Each Location****3**

<i>Row</i>	<i>Location of patient after hospital discharge</i>	<i>NumberDischarged</i>
1	DEAD/EXPIRED	40
2	DISCH-TRAN TO PSYCH HOSP	1
3	HOME	15
4	HOME HEALTH CARE	14
5	HOME WITH HOME IV PROVIDR	1
6	HOSPICE-HOME	1
7	ICF	3
8	LONG TERM CARE HOSPITAL	2
9	REHAB/DISTINCT PART HOSP	13
10	SNF	39