

Community General Hospital

INPATIENT REGISTRATION AND SUMMARY FORM

Patient Account # 12345		Medical Record # 215043									
Patient Name (Last) (First) (Middle) Brown, John		Attending Physician Number and Name Jeff T. Moore 97		Patient Type Inp		Hospital Services S		Admit Date 11/12/99		Admit time 11:10	
Patient Address (Street) (City) (State) (Zip Code) 27 Cottonwood Ln Anytown USA						Patient Phone # 123-123-4567		Date of Prev. Admit			
Previous or Maiden Name		Birth Date 9/10/44		Age 54		Sex M		Marital St M		Religion	
										Comments Donor No	
Notify in Case of Emergency		Address		City/State		Phone		Relationship			
Patient Social Security Number 123-45-6789		Employer Name Big Company		Employer City/State Anytown, US		Guarantor #		Guarantor Name John Brown			
Guarantor Address Same								Guarantor Social Security Number			
Payer Southern Company		Policy Number 123456789		Insured's Name John Brown		Group Name					
Financial Class		Admitted By AD12		Patient Weight		Discharge Date 11/13/99		Disch. Time 11:30			
Provisional Diagnosis Right Ing Hernia											
Principal Diagnosis, Secondary Diagnosis and Complications											
Principal Procedures and Secondary Procedures											
Consultations											

550.91
214.411-12
Moore53.03
63.3

49520

Disposition of Case

☒ Home☐ Swing Bed☐ Supervised Living☐ Home Health☐ Nursing Home☐ Expired☐ Autopsy☐ AMA☐ Transferred to: _____

Coder

Date

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I certify that the narrative description of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

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- ☐ Transferred to: _____

Coder

Date

kp

I certify that the narrative description of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Attending Physician

Date

Community General Hospital

INPATIENT REGISTRATION AND SUMMARY FORM

Patient Account # 12345		Medical Record # 215043									
Patient Name (Last) (First) (Middle) Brown, John		Attending Physician Number and Name Jeff T. Moore 97		Patient Type Inp		Hospital Services S		Admit Date 11/12/99		Admit time 11:10	
Patient Address (Street) (City) (State) (Zip Code) 27 Cottonwood Ln Anytown USA						Patient Phone # 123-123-4567		Date of Prev. Admit			
Previous or Maiden Name		Birth Date 9/10/44		Age 54		Sex M		Marital St M		Religion	
								Comments Donor No			
Notify in Case of Emergency		Address		City/State		Phone		Relationship			
Patient Social Security Number 123-45-6789		Employer Name Big Company		Employer City/State Anytown, US		Guarantor #		Guarantor Name John Brown			
Guarantor Address Same								Guarantor Social Security Number			
Payer Southern Company		Policy Number 123456789		Insured's Name John Brown		Group Name					
Financial Class		Admitted By AD12		Patient Weight		Discharge Date 11/13/99		Disch. Time 11:30			
Provisional Diagnosis Right Ing Hernia											
Principal Diagnosis, Secondary Diagnosis and Complications											
Principal Procedures and Secondary Procedures											
Consultations											

550.91
214.411-12
Moore53.03
63.3

49520

Disposition of Case

☒ Home☐ Swing Bed☐ Supervised Living☐ Home Health☐ Nursing Home☐ Expired☐ Autopsy☐ AMA☐ Transferred to: _____

Coder

Date

kp

I certify that the narrative description of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

Attending Physician

Date