

PATIENT LABEL

**GLOBAL FEE CONTINUATION SHEET  
FOR  
HOSPITALS FOR REFERENCE YEAR 2005**



B2c. Did (PATIENT NAME) receive the services on (DATE)  
in a:

Physician's Office (TYPE=MV);  
Hospital as an Inpatient (TYPE=SH);  
Hospital Outpatient Department (TYPE=SO);  
Hospital Emergency Room (TYPE=SE); or  
Somewhere else (TYPE=96)?