

PATIENT LABEL

**GLOBAL FEE CONTINUATION SHEET
FOR
OFFICE-BASED PROVIDERS 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)?