

PROVIDER ID: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

HOST NAME: \_\_\_\_\_

HOST ID: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_

EVENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (to \_\_\_\_/\_\_\_\_/\_\_\_\_)

NODE ID:

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**GLOBAL FEE CONTINUATION SHEET  
FOR  
SEPARATELY BILLING DOCTORS 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)?