PROVIDER ID:	NODE ID:
PROVIDER ID:	
PROVIDER NAME:	
HOST NAME:	
HOST ID:	
PATIENT NAME:	
EVENT TYPE:	
EVENT DATE:/(to/)	

GLOBAL FEE CONTINUATION SHEET FOR SEPARATELY BILLING DOCTORS FOR REFERENCE YEAR 2005

					_
32b.	What other dates of service were covered by this global fee? Please include dates before or after 2005 if they were included in the global fee.	MO DAY YR	TYPE	IF TYPE 96, SPECIFY:	  1 _
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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)?