

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**

B2b. 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:

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OFFICE
USE
ONLY

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)?