

Medical Provider Component

M E D I C A L E X P E N D I T U R E P A N E L S U R V E Y

**SEPARATELY
BILLING DOCTORS**

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OMB # 0935-0108

Provider ID _____
Provider Name _____

Patient List

The patients listed below have given authorization to contact you and request information from their records. Copies of the signed authorization forms are attached.

Each patient's name, date of birth and gender are provided to help you to locate the patient in your records.

For each patient, we will be asking about health care services received between January 1, 2005 and December 31, 2005. For each date of service, we will need information about diagnosis, services provided, charges and payments.

A data collection coordinator will be calling you shortly after you have received these materials to collect the information over the telephone.

	Patient Name	Date of Birth	Sex
1			
2			
3			
4			
5			

