DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0378

MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY DATA

SECTION I: *to be completed by hospital*

Name of Hospital	Street Address	City or County	State	ZIP Code
B1	B2	B3	B4	B5

Hospital Provider Number	Total Number of Beds	Total Number of Certified Beds	Other Data — Does the hospital operate a forensic unit?
B6	B7	B8	☐ Yes ☐ No B9

For the past year: A. Total number of admissions to certified areas

from (month)_____ (year)_____ B10

B. Age Range of Patients B11

C. Medicare/Medicaid Billings

	Billed	Collected
MEDICARE/Part A		
MEDICARE/Part B		
MEDICAID		

D. Other Data — Does the hospital operate a separate MEDICAID ONLY-Residential Treatment Program for Psychiatric patients under the age of 22?

☐ Yes ☐ No

B12

13. Current Hospital Statistics *(on days of survey) [certified beds only]*

Name of Ward	Bed Capacity	Patient Census
		Total Patient Census B13

MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY DATA *(contd)*

SECTION II: *to be completed by the survey team*

Dates of Survey (beginning)	Dates of Survey (ending date)	Type of Survey:
___ ___/ ___ ___/ ___ ___ (mm) (day) (year) B14	___ ___/ ___ ___/ ___ ___ (mm) (day) (year) B15	☐ Initial (B16) ☐ Recertification (B17) ☐ Follow-up (B18) ☐ Complaint (B19) ☐ Second Follow-up (B20) ☐ Concurrent with General Hospital (B21)

Survey Team Composition		Total Number of Surveyors on Site	
☐ Administrator	(B22)	☐ SA	(B32)
☐ Nurse	(B23)	☐ RO	(B33)
☐ Dietician	(B24)	☐ Consultant	(B34)
☐ Pharmacist	(B25)	☐ CO	(B35)
☐ Social Worker	(B26)		
☐ LSC Specialist	(B27)		
☐ Sanitarian	(B28)		
☐ Physician	(B29)		
☐ Psychologist	(B30)	Total Number of Surveyors on Site _____	(B36)
☐ Other _____	(B31)		

19. Certification of Findings

I certify that I have reviewed each Condition of Participation and Related Standards for Psychiatric Hospitals, and unless indicated on the CMS-2567, the Facility was found to be in compliance with the Conditions and/or Standards.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

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