MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY DATA (CMS-724)

SECTION I: ***To be completed by the 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

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

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

Survey Team Composition

Administrator	**(B22)**
Nurse	**(B23)**
Dietician	**(B24)**
Pharmacist	**(B25)**
Social Worker	**(B26)**
LSC Specialist	**(B27)**
Sanitarian	**(B28)**
Physician	**(B29)**
Psychologist	**(B30)**
Other _____	**(B31)**

Total Number of Surveyors on Site

SA	**(B32)**
RO	**(B33)**
Consultant	**(B34)**
CO	**(B35)**

Total Number of Surveyors on Site _____ **(B36)**

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
Signature	Title	Date

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PRA Disclosure Statement

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