

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0842**, Expiration date: XX-XX-XXXX. The time required to complete this information collection is estimated to average **1 hour and 46 minutes** per assessment, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. *****CMS Disclaimer*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Ariel Cress at Ariel.Cress@cms.hhs.gov.**

Patient _____ Identifier _____ Date _____

DISCHARGE

Section O Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs
 Check all of the following treatments, procedures, and programs that apply at discharge.

	c. At Discharge Check all that apply ↓
None of the Above	
Z1. None of the above	<input type="checkbox"/>

