## AGENCY FOR HEALTH CARE ADMINISTRATION Semi-Annual Report of Hospice Utilization (July-December)

Hospice: Serv		Service Are	a(s): C				
Contact Person: Phone:		FAX:		Email Addr	ess:		
	patients admitted t d) for the following				ent census ) on these:	,	
Diagnosis		nts Admitted ecember 31 <sup>st</sup>	TOTALS	Jul 1 Aug 1		Private Home	
		Age 65 and Over		Sep 1		Hospice Residential Unit	
Cancer				Oct 1		Freestanding	
All Other				Nov 1		Inpatient Hospice Facility	
TOTALS				Dec 1		Nursing Home	
						Hospital	

4. Total patient days of care July 1<sup>st</sup> through December 31<sup>st</sup>:

<ol><li>Hospice with a SINGLE designated service area:</li></ol>	6. Hospice with TWO or THREE designated service areas:					
Service Area Number:	Service Area Number:	Service Area Number:	Service Area Number:			
Total new patients admitted in each month:	Total new patients admitted In each month:	Total new patients admitted in each month:	Total new patients admitted in each month:			
Jul	Jul	Jul	Jul			
Aug	Aug	Aug	Aug			
Sep	Sep	Sep	Sep			
Oct	Oct	Oct	Oct			
Nov	Nov	Nov	Nov			
Dec	Dec	Dec	Dec			
Total	Total	Total	Total			

## REVIEWED/APPROVED BY:

(Administrator's Signature) (Date)