

TF 2024 October: Hospital Claim Form

Signature & date: _____

Person Completing Spreadsheet: _____

Phone #: _____

Email: _____

Obs	LName	FName	InstNum	TraumNum	MR_Num	AcctNum	SSN	Injury Date	EDAdate	Discharge Date	Trauma Registry Charges	Trauma Registry Collections	Actual Hospital Charges	Cost to Charge Ratio	Adjusted Hospital Charges	Actual Hospital Collections	Contractual Adjustment	Uncompensated Trauma Care	Payor Source
1															0.00			0.00	
2															0.00			0.00	
3															0.00			0.00	
4															0.00			0.00	
5															0.00			0.00	
6															0.00			0.00	
7															0.00			0.00	
8															0.00			0.00	
9															0.00			0.00	
10															0.00			0.00	
11															0.00			0.00	
12															0.00			0.00	
13															0.00			0.00	
14															0.00			0.00	
15															0.00			0.00	
16															0.00			0.00	
17															0.00			0.00	
18															0.00			0.00	
19															0.00			0.00	
20															0.00			0.00	
21															0.00			0.00	
22															0.00			0.00	
23															0.00			0.00	
24															0.00			0.00	
25															0.00			0.00	
26															0.00			0.00	
27															0.00			0.00	
28															0.00			0.00	
29															0.00			0.00	
30															0.00			0.00	

Cases with Edadate between January 1, 2023 thru June 30, 2023