

RPICC Entitlement Exception Report

June 2016

Date Printed:

EL:

Child Born on:

Sex:

Mom's Name:

Address:

Phone:

Patient's Name:

Hospital #:

Medicaid #:

CMS Program Patient from to

** REASON FOR HOSPITALIZATION **

Provider Number(s):

Primary Dx:

CPT	Length of Stay	Hospital Charges	Hospital Enttlmnt	Physician Charges	Physician Enttlmnt
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Prepared by: Perinatal Data System
Children's Medical Services
Regional Perinatal Intensive Care Centers Program