Attachment R
Bid Solicitation 21DPP00633
T0894- Auditing Services, Acute Care Hospital Common Audit Program

NEW JERSEY REHABILITATIVE & SPECIAL HOSPITALS
ADMISSIONS & REVENUE REPORT

Source: Mail **Received Date:** 9/9/2019

Facility Name	BOB'S TEST
Facility Address	FGWREHGWRTH HILLSBOROUGH NJ 08844
Email Address	qwert@asdf.com
License #	xxxxx
Fiscal Year (FY)	FY2020
Tracking #	FY2020-xxxxx
Date	June 17, 2020

Admissions

Title	Total Admissions [1 2 3]	Other [2 3]	SNF [2 3] (Skilled Nursing Facility)
As Filed :	0	0	0
As Adjusted :	0	0	0
Adjustment :	0	0	0

Revenue

Title	Inpatient	Outpatient	SNF (Skilled Nursing Facility)	MICU (Mobile Intensive Care Unit)	SNRPC [4] (Services Not Related to Patient Care)
As Filed :	$0	$0	$0	$0	$0
AS Adjusted :	$0	$0	$0	$0	$0
Adjustment :	$0	$0	$0	$0	$0

1. Enter total admissions for Rehabilitative and Special Hospitals.
2. Must exclude all Same Day Surgery as defined in NJAC 8:31B-3.11.
3. Exclude patients transferred from other units within the Hospital for all services.
4. Refer to Financial Elements, NJAC 8:31B-4.16, 4.64 and 4.65 for items to be included, and attach itemized schedule.

NEW JERSEY REHABILITATIVE & SPECIAL HOSPITALS
ADMISSIONS & REVENUE REPORT

Certification:

Report prepared by outside consultant: No

Certification By Officer: No

Title: **Telephone Number:**

Notes :

ARR Revised Form1

ARR Revised Form1

Naveen Parnam-9/16/2019 9:00 AM

ARR Revised Form4

ARR Revised Form4

Richard Goldin-6/17/2020 11:55 AM

ARR Revised Form3

ARR Revised Form3

Rahul Swain-2/4/2020 8:20 AM

ARR Revised Form2

ARR Revised Form2

Naveen Parnam-2/3/2020 10:54 PM