

Non-Admitted Patients

118 S2

Public Hospital Monthly Return

This form is used to report data for non-admitted patients receiving public hospital services purchased by Community Care Division. It should be completed at the end of each month and forwarded within 7 *working days* to the Department of Human Services. Submission of this form by the due date is a condition of funding.

Refer to the Agency Information Management System Manual for instructions on completing this form.

Agency:		
Output:	Period:	Year:

	Occasions of Service
Early Parenting Centres	
1 Day Stay—On Campus	
2 Day Stay—Off Campus	
3 In Home Program	
4 Sub Total (= 1 to 3)	
Other Services	
5 Child Health Centre (RCH)	
6 Paediatric Allied Health	
7 Sub Total (= 5+6)	
8 TOTAL (= 4+8)	
<p>Only public non-admitted patient occasions of service are counted on this return. Services for private patients (including compensables) are excluded.</p> <p>Signed (Chief Executive Officer): _____ Date: _____</p>	