

WEEKLY MEDICARE MEETING REPORT

Meeting Date _____

Name	Skilled Care Diagnosis(es)	Admit Date	Medicare Days Used/ Days Available	Last PPS Assessment ARD	RUG	Next PPS Assessment ARD	Continue On Medicare (Skilled Care)		Discharge Date	Date Denial Notice Given	Skilled Cert/Recert Complete		Post-Medicare Payor Source		
							Yes	No			Yes	No	Pvt	Ins	Medicaid
			Used				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Available				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Used				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Available				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Used				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Available				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Used				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Available				<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Meeting Attendees:

Name	Title	Name	Title
Name	Title	Name	Title
Name	Title	Name	Title