



# PPS PREADMISSION SCREENING

## FINANCIAL IMPACT

<b>DIAGNOSTIC TESTING, X-RAY, EKG &amp; OTHER: (Currently ordered or projected.)</b>					
Type	Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Totals Costs	Per Diem Costs

<b>ANCILLARY MEDICAL SUPPLIES: (Currently ordered or projected.)</b>					
Type	Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Totals Costs	Per Diem Costs

<b>OTHER POST ACUTE SERVICES: (Chemo, Dialysis, etc.) (Currently ordered or projected.)</b>					
Type	Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Totals Costs	Per Diem Costs

<b>REHAB SERVICES: (Currently ordered or projected.)</b>					
Discipline	Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Totals Costs	Per Diem Costs
PT					
OT					
ST					

<b>DYSPHAGIA STUDIES (e.g. Barium Swallow): (Currently ordered or projected.)</b>					
Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Total Costs	Per Diem Costs	

<b>EXPECTED EMERGENCY / OUTPATIENT VISITS: (Currently ordered or projected.)</b>					
Frequency	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Total Costs	Per Diem Costs	

<b>TRANSPORTATION NEEDS: (Currently ordered or projected.)</b>						
Type	Frequency	Destination	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Total Costs	Per Diem Costs

<b>RESPIRATORY THERAPY: (Currently ordered or projected.)</b>						
Frequency	Equipment	Supplies	Duration <small>(If greater than 14 days, enter 14)</small>	Cost/Day	Total Costs	Per Diem Costs

Could these services be provided by another discipline, e.g., nursing, rehab? YES or NO If yes, which ones?  
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<b>ANTICIPATED REVENUE FOR THIS PART A STAY: (Currently ordered or projected.)</b>			
(A) RUG-III Classification	(B) RUG Rate	(C) Total All Per Diem Costs	(D) Profit (Loss) B-C