## **PPS PREADMISSION SCREENING**

## FINANCIAL IMPACT

Name:	Physi		Referral Source:		Assessment Date	: Proje	rojected Admission:	
	: (Currently orde			Duration	Ocat/Pass	Total Coat	Dan Diana Casta	
Name	Dosage	Route	Frequency	Duration (If greater than 14 days, ente	Cost/Day	Total Costs	s Per Diem Costs	
					160			
				AT 6	, 4			
			4	Cosi			7	
			14		6		Λ	
	GS: (Currently or				_ \\			
Formula	Route	Supplies <	Frequency	Duration (If greater than 14 days, ente	r 14) Cost/Day	Total Cost	S Per Diem Costs	
		ac			1)/ \\	11/		
		2000	<i>y</i>					
Fauinm	ent Type	Supplies	Frequency	Duration (If greater than 14 days, ente	r <sub>(14)</sub> Cost/Day	Totals Cost	ts Per Diem Costs	
Ечирп	ient Type	Supplies	Trequency	(If greater than 14 days, ente	r14) COST/ Day	Totals Cost	is Fel Dielli Costs	
	17590							
IVs: (Currently	ordered or proje	ected.)		15				
Solutions	Additives	Supplies	Frequency	Duration (If greater than 14 days, enter	Cost/Day	Total Costs	Per Diem Costs	
				J				
				A 1				
Farring	Time a	Cumpling	Freezonavi	Duration (If greater than 14 days, enter	Coot/Dov	Total Casta	Day Diam Coate	
Equipm	ent Type	Supplies	Frequency	(If greater than 14 days, enter	Cost/Day	Total Costs	Per Diem Costs	
				) )				
SPECIAL EQUIF	PMENT: (Currently	ordered or pro	ojected.)					
Туре		uency (If	Duration greater than 14 days, enter 14)	Cost/Da	ay Tota	I Costs	Per Diem Costs	
DD00THETIO0	/ADTUSTICS /A							
	ORTHOTICS: (Cu		Duration	Coot/Do	Total	l Casta	Day Diam Coata	
Туре	Freq	uericy (if	greater than 14 days, enter 14)	Cost/Da	19 10ta	Il Costs	Per Diem Costs	
LABS: (Current	ly ordered or pro	iected.)						
Туре			Duration greater than 14 days, enter 14)	Cost/Da	ay Tota	I Costs	Per Diem Costs	
	1	1		T.				

## PPS PREADMISSION SCREENING

## FINANCIAL IMPACT

Туре					ed or projed				
71	Frequ	encv	Dura (If greater than 14	tion	Cost	/Day	Totals Cost	s	Per Diem Costs
			(ii grouter than 1	radyo, ontor 14)		,			
ANGUL ADV MEDIO	AL CUDDITE	·C. /O	waller and an a		in d )				
ANCILLARY MEDIC	1		Dura						
Туре	Frequ	ency	(If greater than 14	4 days, enter 14)	Cost	/ Day	Totals Cost	S	Per Diem Costs
OTHER POST ACUT	E SEBVICES	S: /Cham	o Dialysis o	to \ (Curro	ntly ordered	d or projector	<b>4</b> )		
Туре	Frequency		Duration (If greater than 14 days, enter 14)		Cost/Day		Totals Costs		Per Diem Costs
							1		
						~ (5°)	-	7/	/
					. 6	2		<del>\\</del>	
							$\mathcal{A}$		
REHAB SERVICES:	(Currently o	rdered o	<del></del>		14/17		$\leq \langle \ \rangle$	\	
Discipline	Frequ	ency	Oura (If greater than 14	ition 4 days, enter 14)	Cost	/Day	Totals Cost	s	Per Diem Costs
PT			1	5/ (2,0	9"				
ОТ								Λ	)/
ST			718		$\sim$	$\rightarrow$	$\overline{}$	-H	
31			0.6199						
		A6				119			
DYSPHAGIA STUDII				itly ordered	d or project	ed.) \ \			
Frequency	(If gr	Duration eater than 14 days	s, enter 14)	Cost	/Day	Tota	I Costs	Р	er Diem Costs
	2500	19					7		
EXPECTED EMERG	ENCY/OUT	DATIFAIT \	/ISITS: /Curr	rently orde	red or proje	octed			
	ENCY COTT	Duration					101-		an Diam Oanta
Frequency	(If gr	eater than 14 days	s, enter 14)	Cost	/Day	Iota	I Costs	P	er Diem Costs
							٠ ١١ ))		
	_^								
		1			<u> </u>				
					>				
TRANSPORTATION N	FEDS: (Curr	ently orde	ered or project	cted.)	7				
TRANSPORTATION N					ation		) Taval 6		Dow Diama Coate
TRANSPORTATION N	EEDS: (Curr		ered or project	Dura	ation 4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
				Dura	ation 4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
				Dura	ation 4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
				Dura	ation 4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
				Dura	ation 4 days, enter 14)	Cost/Day	Total (	Costs	Per Diem Costs
				Dura	ation 4 days, enter 14)	Cost/Day	Total (	Costs	Per Diem Costs
Туре	Frequency	D	estination	Dura (If greater than 1	ation 4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
	Frequency	D	estination	Dura (If greater than 1	4 days, enter 14)	Cost/Day	Total C	Costs	Per Diem Costs
Туре	Frequency	ntly ordere	estination	Dura (If greater than 1	4 days, enter 14)	Cost/Day	Total C		Per Diem Costs  Per Diem Costs
Type  RESPIRATORY THER	Frequency  APY: (Current	ntly ordere	estination	Dura (If greater than 1	4 days, enter 14)	<i>y</i> -			
RESPIRATORY THER Frequency	APY: (Current Equipment	ntly ordere	estination  ed or projecte Supplies	Oura (If greater than 1	ation 4 days, enter 14)	Cost/Day	Total C	Costs	
Type  RESPIRATORY THER	APY: (Current Equipment	ntly ordere	estination  ed or projecte Supplies	Oura (If greater than 1	ation 4 days, enter 14)	<i>y</i> -	Total C	Costs	
RESPIRATORY THER Frequency	APY: (Current Equipment	ntly ordere	estination  ed or projecte Supplies	Oura (If greater than 1	ation 4 days, enter 14)	Cost/Day	Total C	Costs	
RESPIRATORY THER Frequency  Could these services	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14)	Cost/Day  YES or NO	Total C	Costs	
RESPIRATORY THER Frequency	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14)	Cost/Day  YES or NO	Total C	Costs	
RESPIRATORY THER Frequency  Could these services  ANTICIPATED REVE	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14)	Cost/Day  YES or NO  Djected.)	Total C	Costs	Per Diem Costs
RESPIRATORY THER Frequency  Could these services  ANTICIPATED REVE (A)	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14) 2, rehab?	Cost/Day  YES or NO	Total C	Costs ones?	Per Diem Costs (D)
RESPIRATORY THER Frequency  Could these services  ANTICIPATED REVE	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14) 2, rehab?	Cost/Day  YES or NO  Djected.) (C)	Total C	Costs ones?	Per Diem Costs
RESPIRATORY THER Frequency  Could these services  ANTICIPATED REVE (A)	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14) 2, rehab?	Cost/Day  YES or NO  Djected.) (C)	Total C	Costs ones?	Per Diem Costs (D)
RESPIRATORY THER Frequency  Could these services  ANTICIPATED REVE (A)	APY: (Current Equipment be provided	ntly ordered by another	ed or projecte Supplies er discipline, e	Oura (If greater than 1	ation 4 days, enter 14) 2, rehab?	Cost/Day  YES or NO  Djected.) (C)	Total C	Costs ones?	Per Diem Costs (D)