

A - Admission  
 DA - Discharge to Acute  
 DH - Discharge to Home  
 DS - Discharge to SNF  
 BH - Bedhold  
 TP - Transfer to Private  
 TW - Transfer to Welfare  
 X - Expired

# MEDI-CAID CENSUS REPORT

FACILITY \_\_\_\_\_

Unit \_\_\_\_\_

MONTH \_\_\_\_\_

RM #	PT. #	PATIENT NAME	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	IN PT. DAYS	BED-HOLD	TOTAL DAYS	TAR THRU	M/CAL CARD	SOC	REMARKS
			2	4	6	8	10	12	14	16	18	20	22	24	26	28	30								
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