

Pulmonary Rehabilitation Services Grant Report (3Q2010)

Grantee Information

* **1. Hospital Name**

please select

* **2. Submitted by:**

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Patient Demographic Information

Please enter information for patients served this quarter only (July 1 - Sept. 30, 2010).

* 3. NUMBER OF PATIENTS SERVED (unduplicated):

Only report patients that were served for the FIRST TIME this quarter.

number of men served:

number of women served:

number of children served
(age 0-11) :

number of adolescents
served (age 12-18):

TOTAL NUMBER OF
UNDUPLICATED
PATIENTS SERVED THIS
QUARTER:

* 4. RACE/ETHNICITY:

Complete the number of unduplicated patients served by race/ethnicity. This number should equal the number of unduplicated patients reported this quarter. Estimate if necessary.

Asian:

Black/African American:

Hispanic/Latino:

Native American:

Other:

Somalian:

White:

* 5. POVERTY LEVEL:

Complete the number of unduplicated patients served by poverty level, using the poverty guidelines table on the online reporting page. This number should equal the number of unduplicated patients reported this quarter. Estimate if necessary.

0 - 100%:

101% - 150%:

151% - 200%:

201% - 250%:

251% and above:

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* 6. NUMBER OF VISITS:

This number should include ALL VISITS made by both new and existing patients that are covered under these grant funds for the period.

number of visits for men:

number of visits for women:

number of visits for children
(age 0-11):

number of visits for
adolescents (age 12-18):

TOTAL NUMBER OF
VISITS THIS QUARTER:

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Health Care Services & Expenditures

Please enter data for services provided and expenditures this quarter only (July 1 - Sept. 30, 2010).

7. Number of Services Provided

nutrition education:	<input type="text"/>
breathing techniques education:	<input type="text"/>
modified exercise education:	<input type="text"/>
transportation services:	<input type="text"/>
TOTAL NUMBER OF SERVICES PROVIDED:	<input type="text"/>

8. Expenditures (total must not exceed total grant amount)

nutrition education:	<input type="text"/>
breathing techniques education:	<input type="text"/>
modified exercise education:	<input type="text"/>
transportation services:	<input type="text"/>
administrative costs (not to exceed 2% of total grant award):	<input type="text"/>
TOTAL EXPENSES:	<input type="text"/>

* 9. Spending Overview (Total Must Equal Grant Award)

funds spent through last quarter:	<input type="text"/>
total expenses this quarter:	<input type="text"/>
remaining balance:	<input type="text"/>

10. If remaining balance, please outline plans to spend by Dec. 31, 2010.

11. Average cost per patient per visit:

12. Comments:

<input type="text"/>	5
<input type="text"/>	6

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Thank you for submitting your quarterly report.

If you have remaining funds, the next report is due Jan. 7, 2011 for services provided Oct. 1 through Dec. 31, 2010.