

**EnduraCare Therapy Management
Hospital Financial Questionnaire**

Hospital Name: _____

Contact Name/Title _____

Form Completed By: _____ City / State: _____

Phone #: _____ Fax #: _____

Please fax back form to:

Fax: 251-661-2357

or

mail completed form to:

EnduraCare Therapy Management

3765 – A Government Boulevard

Mobile, AL 36693

Phone: 1-800-568-1580

PT – Physical Therapy OT – Occupational Therapy SP- Speech Therapy FISCAL YEAR END _____	PT Current YTD Thru _____	OT Current YTD Thru _____	SP Current YTD Thru _____
PROCEDURES			
Inpatient Acute			
Rehab Unit			
Skilled Unit			
Out-patient			
GROSS CHARGES			
Out-patient	\$	\$	\$
VISITS			
Out-patient			
Home Health			

Please send a copy of your fiscal year-to-date Procedure Analysis Report and Department Operation Report (DOR)



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Hospital Financial Questionnaire**

PT – Physical Therapy OT – Occupational Therapy SP- Speech Therapy FISCAL YEAR END _____	PT Prior Year 12 months	OT Prior Year 12 months	SP Prior Year 12 months
PROCEDURES			
Out-patient			
GROSS CHARGES			
Out-patient	\$	\$	\$
VISITS			
Out-patient			
Home Health			

STATISTICAL DATA – Hospital Size and Volume		
Hospital size and volume for last fiscal year:	Licensed Beds	ADC
Total Hospital		
Medical / Surgical		
OB / GYN and Peds		
Rehab Unit		
Skilled Unit		
Psych Unit		

N / A = Not Available

Please send a copy of your fiscal year-to-date Procedure Analysis Report and Department Operation Report (DOR)

**EnduraCare Therapy Management
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Job Description	Number of Full Time Equivalent Employees (FTE's)	Total Salary / Wage Costs
Director		
Physical Therapists		
Occupational Therapists *		
Speech Therapists		
PTAs		
COTAs		
PT Technicians		
OT Technicians		
Secretary		
Other (ATC, Billers, etc.)		
YTD Contract Labor		
Department Totals:		
Taxes and Benefits as a % of Payroll Costs:		

*Please note if any OT's are also certified Hand Therapist (CHT)

Home Health Therapists	Number of Full Time Equivalent Employees (FTE's)	Total Salary / Wage Costs
Physical Therapists		
PTA		
Occupational Therapists		
COTA		
Speech Therapists		

EnduraCare Therapy Management
Hospital Skilled Nursing Unit - Financial Questionnaire

SNU PPS Medicare Part A Cost Report

Number of Patient Days:

RUX _____
RUL _____
RVX _____
RVL _____
RHX _____
RHL _____
RMX _____
RML _____
RLX _____
RUC _____
RUB _____
RUA _____
RVC _____
RVB _____
RVA _____
RHC _____
RHB _____
RHA _____
RMC _____
RMB _____
RMA _____
RLB _____
RLA _____

Totals:

List number of Nursing category Days only

SE3 - PA1 _____

Totals:

Total Rehab Days:

Total Nursing Days:

*Please complete for the most recent completed cost report year.

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