

Enduracare Therapy Management Inc.
Long Term Care Financial Questionnaire

Medicare A Utilization

	Number of Patient Days:	Number of Patient Days:	Number of Patient Days:	
	Month 1	Month 2	Month 3	Totals:
RUX	_____	_____	_____	
RUL	_____	_____	_____	
RVX	_____	_____	_____	
RVL	_____	_____	_____	
RHX	_____	_____	_____	
RHL	_____	_____	_____	
RMX	_____	_____	_____	
RML	_____	_____	_____	
RLX	_____	_____	_____	
RUC	_____	_____	_____	
RUB	_____	_____	_____	
RUA	_____	_____	_____	
RVC	_____	_____	_____	
RVB	_____	_____	_____	
RVA	_____	_____	_____	
RHC	_____	_____	_____	
RHB	_____	_____	_____	
RHA	_____	_____	_____	
RMC	_____	_____	_____	
RMB	_____	_____	_____	
RMA	_____	_____	_____	
RLB	_____	_____	_____	
RLA	_____	_____	_____	
Totals:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

List number of Nursing category Days only

SE3 - PA1	_____	_____	_____
Totals:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Rehab Days:

Total Nursing Days:

_____	_____	_____
_____	_____	_____