

Observation/Insurance Fax Notification Efficiency Report

Consents needed total

Today's date: _____

Date of Report: _____

Total Number of Admissions: _____ Number of Observation Notifications Incomplete: _____

Failed to be completed by:

Acct#: _____	Acct#: _____	Acct#: _____
Acct#: _____	Acct#: _____	Acct#: _____
Acct#: _____	Acct#: _____	Acct#: _____
Acct#: _____	Acct#: _____	Acct#: _____
Acct#: _____	Acct#: _____	Acct#: _____
Acct#: _____	Acct#: _____	Acct#: _____

Incomplete Notifications Completed and Faxed by (Name): _____

Completed Observation Notifications Scanned (Y/N): _____ Report Scanned to Leadership (Y/N): _____

Report Completed by Print Name: _____ Date: _____ Initials: _____