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STATE OF NEVADA  
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**SFY 2017 Hospital Survey to Determine Obstetric Services Status  
For Rural Hospital**

Hospital: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

County: \_\_\_\_\_ Public or Private Hospital: \_\_\_\_\_

1. The hospital identified above is a rural\* hospital.

Check the appropriate answer: YES \_\_\_\_\_ NO \_\_\_\_\_

2. This hospital has at least two (2) obstetricians or two (2) physicians with staff privileges at the hospital to perform non-emergency obstetric procedures.

Check the appropriate answer: YES \_\_\_\_\_ NO \_\_\_\_\_ (go to #3)

<u>Names of two obstetric physicians</u>	<u>UPIN</u>	<u>NPI Number</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. If the answer to 2 is "NO", please complete the following:

a. Inpatients at the hospital are predominantly individuals under 18 years of age:

Check the appropriate answer: YES \_\_\_\_\_ NO \_\_\_\_\_

b. This hospital offered non-emergency obstetric services as of **December 22, 1987**:

Check the appropriate answer: YES, it did \_\_\_\_\_ NO, it did not \_\_\_\_\_

c. Date the hospital opened (mm/dd/yr): \_\_\_\_\_

d. Date the hospital discontinued offering non-emergency obstetrics service: \_\_\_\_\_

\* "Rural" means an area outside of a Metropolitan Service Area as defined by the Office of Management and Budget.

Certified By: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_