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**SFY 2017 Hospital Survey to Determine Obstetric Services Status  
For Urban Hospital**

Hospital: \_\_\_\_\_ Medicaid ID Number: \_\_\_\_\_

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

1. The hospital identified above is an urban hospital.

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

2. This hospital has at least two (2) obstetricians with staff privileges at the hospital to perform obstetric procedures.

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

Names of two obstetric physicians                      UPIN                      NPI Number

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: \_\_\_\_\_

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

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

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