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

Hospital: (Please Select) _____ Medicaid ID Number: _____

County: (Please Select) _____ Public or Private Hospital: (Please Select)

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: _____