

Arizona Hospital Discharge Data Reporting Information Form

Facility Name: _____

Reporting Period: Jan - Jun discharges of Year: _____ First Half/Deadline August 15th

OR Jul - Dec discharges of Year: _____ Second Half/Deadline February 15th

Discharge Data File Reporting Names (**MUST use Standard Naming Conventions outlined below**):

Hospital Inpatient (**file type IP**): _____

Hospital Emergency Department (**file type ED**): _____

Standard Naming Convention: **facility ID_file type_reporting period.txt**
EXAMPLE: MED1234_IP_201601.txt

- MED1234 is the hospital's state issued facility ID number.
- IP is the file type code for a hospital inpatient data submission file.
- 201601 is the first half of 2016, January through June reporting period.

- 1) Provider's Arizona State Issued Facility ID Number: MED _____
- 2) Data Reporting Contact Person's Name: _____
(person who works directly with data reporting files)
- 3) Contact Person's Address: _____
- 4) Contact Person's Phone Number: _____
- 5) Contact Person's E-mail Address: _____

If the organization responsible for submitting the Discharge Data Reports is *different* from the Provider Organization, ALSO provide the following:

- 6) Data Submission Organization Name: _____
- 7) Contact Person's Name: _____
- 8) Contact Person's Address: _____
- 9) Contact Person's Phone Number: _____
- 10) Contact Person's E-mail Address: _____

You may Scan/Email or transfer this document via the secure server with your data submission. Name this document Facility ID contact reporting period.pdf e.g. MED1234_contact_201601.pdf

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