

ARKANSAS BLUE CROSS AND BLUE SHIELD, INC.
Statistical Questionnaire
(Bed Complement Form)

ROOMS:	NUMBER OF BEDS	PROPOSED DAILY ROOM RATE
PRIVATE (1 Bed)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

SEMI-PRIVATE (2 To 4 Beds)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

WARD (5 Or More Beds)	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

INTENSIVE CARE UNIT BEDS	_____	\$ _____
CORONARY CARE UNIT BEDS	_____	\$ _____

NURSERY ICN NURSERY	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

TOTAL NUMBER OF BEDS APPROVED BY ARKANSAS STATE HEALTH DEPARTMENT _____

 Administrator's Signature

 Name of Hospital

 Effective Date