

**OFFICE OF HEALTHCARE STATISTICS
ANNUAL REPORTING METHOD**

**For Hospital Inpatient, Outpatient, ASTC&ODC discharge reporting
All facilities must complete and return this form by April 30th annually.**

I. Person Completing Form

Date			
Name			
Job Title			
Telephone Number		Fax Number	
Contact Email			
Administrator/CEO Name			
Administrator Email		Phone Number	

Please include Area Codes for Phone & Fax Numbers

II. Annual Submissions

Reporting Data through	HDDS		PRN		THA		System13		Select One
Data Quarter & Year	1st		2nd		3rd		4th	Year	Select All
Discharge Type	Inpatient		Outpatient		ASTC		ODC		

III. Facility Information

Facility Name	JARID

(For additional facilities use another sheet)

Please E-Mail or fax this completed form by April 30th annually.	
Email: Healthcare.Statistics@tn.gov	Fax: 615-253-5187

Resubmit this form whenever reporting method changes!

The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.

Division of Population Health Assessment
Andrew Johnson Tower, Second Floor • 710 James Robertson Pkwy • Nashville, TN 37243
Tel: 615-741-5001 • Fax: 615-253-5187 • tn.gov/health