

**HOSPITAL DISCHARGE DATA SYSTEM  
REPORTING METHOD**

**All hospitals must complete and return this form signed and dated for each quarter.**

**Person Completing Form**

Name					
Title				Date	
Telephone Number ( )			Fax Number ( )		
How will you submit your data this YEAR?	HDSS		THA		

**I. Quarterly Submission**

<i>Quarter</i>	<i>1ST</i>		<i>2ND</i>		<i>3RD</i>		<i>4TH</i>		<i>Year</i>
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**II. Facility Information**

Facility Name	JARID

Stop here if you are reporting through Tennessee Hospital Association (THA)

**III. Data submitted directly to Tennessee Department of Health**

<b><u>Inpatient, Outpatient &amp; Emergency Room Discharges</u></b>					
Date Submitted			Date you have already or intend to submit your data		
Media Specifications	CD		Secure Website	Zip and password protect all files.	

**Please E-Mail or fax this completed form to HDSS by the 15<sup>th</sup>**

<p><b>Email: <a href="mailto:Healthcare.Statistics@tn.gov">Healthcare.Statistics@tn.gov</a></b>  <b>Fax: 615-253-1587 - Attention Hospital Discharge Data System</b>          The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.</p>
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