


## SCGH CD Physician Reimbursement form

#	Patient Sticker (overlap barcode please)	Date	Initial Admission CDU	Discharge from CDU	Reassessment CDU
1	<div style="font-size: small; text-align: right; margin-bottom: 5px;">K0 KE0 10/09/19</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Patient, Test Sticker F 6</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Svc/AdmDate: 05/12/12 9 2-</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Att: .</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Fam: NONE (NO FAMILY DOCTOR)</div>				
2	<div style="font-size: small; text-align: right; margin-bottom: 5px;">K0 KE0 10/09/19</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Patient, Test Sticker F 6</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Svc/AdmDate: 05/12/12 9 2-</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Att: .</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Fam: NONE (NO FAMILY DOCTOR)</div>				
3	<div style="font-size: small; text-align: right; margin-bottom: 5px;">K0 KE0 10/09/19</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Patient, Test Sticker F 6</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Svc/AdmDate: 05/12/12 9 2-</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Att: .</div> <div style="font-size: x-small; text-align: right; margin-bottom: 5px;">Fam: NONE (NO FAMILY DOCTOR)</div>				
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I certify that the individual physicians above are eligible for CDU monies as identified above.

Signature, SCG ED Chief: \_\_\_\_\_