



Enter the person number and the date of entry _____ 12. Ask questions 13 through 18 for each completed hospitalization	PERSON NO.	DATE OF ENTRY				
	Month	Day	Year			
Mark one box				Dollars	Cents	
13. What was the total amount of the hospital bill for this stay? Do not include any doctor's or surgeon's bills. <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill						
14a. Did (will) health insurance pay any part of the hospital bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (15a)				Name of insurance plan	Dollars	Cents
b. What is the name of the insurance plan? c. Did (will) any other health insurance plan pay part of this hospital bill? <input type="checkbox"/> Yes (Reask 14b) <input type="checkbox"/> No Ask for each health insurance plan named, then go to 15b. d. What was (will be) the amount paid by (name of plan)?						
15a. Who paid (will pay) the hospital bill? Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.				Source of payment		
b. Did (you or) any other person or agency pay any other part of the hospital bill? <input type="checkbox"/> Yes (15c and reask 15b) <input type="checkbox"/> No (15d or Int. Check Item)				A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
c. Who was this?				B. 2 <input type="checkbox"/> Social Security Medicare		
d. What was the amount paid by --?				C. 3 <input type="checkbox"/> Self and family in household		
				D. 4 <input type="checkbox"/> Other (Specify) <u>      </u>		
INTERVIEWER CHECK ITEM		<input type="checkbox"/> No operation (19)		<input type="checkbox"/> Operation or delivery (16a)		
Mark one box				Dollars	Cents	
16a. What was the amount of the surgeon's (doctor's) bill for this operation (delivery)? <input type="checkbox"/> Estimate, bill received <input type="checkbox"/> Estimate, bill not received <input type="checkbox"/> From bill						
b. Is the \$ _____ for the surgeon's (doctor's) bill included in the \$ _____ amount you gave for the hospital bill? <input type="checkbox"/> Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the surgeon's (doctor's) bills; also indicate any changes in the amounts paid by health insurance or other sources if the entries in questions 14 and 15 include payments for expenses other than the hospital bill.) (17) <input type="checkbox"/> No (17)						
17a. Did (will) health insurance pay any part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes <input type="checkbox"/> No (18a)				Name of insurance plan	Dollars	Cents
b. What is the name of the insurance plan? c. Did (will) any other health insurance plan pay part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (Reask 17b) <input type="checkbox"/> No Ask for each health insurance plan named, then go to 18b. d. What was (will be) the amount paid by (name of plan)?						
18a. Who paid (will pay) the surgeon's (doctor's) bill? Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.				Source of payment		
b. Did (you or) any other person or agency pay any other part of the surgeon's (doctor's) bill? <input type="checkbox"/> Yes (18c and reask 18b) <input type="checkbox"/> No (18d or 19)				A. 1 <input type="checkbox"/> Health insurance (All plans excluding Medicare)		
c. Who was this?				B. 2 <input type="checkbox"/> Social Security Medicare		
d. What was the amount paid by -- ?				C. 3 <input type="checkbox"/> Self and family in household		
				D. 4 <input type="checkbox"/> Other (Specify) <u>      </u>		
19. NOTE: If the condition in Q. 6 or 8 is on Card D, or there are "1" or more nights in Q. 5b, a Condition page is required. If there is no Condition page, fill one after completing all required Hospital pages.						