

**Appendix A
Hospital Identification**

**Annual Hospital Data Disclosure
Most Frequently Treated DRGs**

Report Period: January 1, 20_____ - December 31, 20_____

This disclosure of data for inpatient discharges is required to be completed by all Ohio hospitals in accordance with section 3727.34 of the Ohio Revised Code, and rule 3701-14-01 of the Administrative Code.

1. Name of Hospital

2. ODH Number

3. Address

4. Telephone Number

5. City

6. County

7. ZIP

8. Name of Person Completing this Form

9. Telephone Number

10. E-mail Address of Person Completing Form

11. Type of Data:

- Inpatient
- Outpatient

Affidavit

Certification by the Hospital's Chief Executive Officer

I hereby certify that the information disclosed in accordance with section 3727.34 of the Ohio Revised Code and rule 3701-14-01 of the Administrative Code is true to the best of my knowledge.

Sworn to me and subscribed to in my presence, this _____ day
of _____, 20_____.

