

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY  
MEDICAID MONTHLY CENSUS REPORT**

*Psychiatric Residential Treatment Facilities (PRTFs) **must** submit a monthly census report to HSM indicating the current patients, new admits (including date) and discharges (including date). The report for the preceding month should be submitted to HSM **no later than the last day of every month**. Submit report to:*

**HealthSystems of Mississippi  
175 E. Capitol Street, Suite 250, Jackson, MS 39201  
ATTN: PRTF Census Report  
FAX (601) 352-6358**

**PRTF Name:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**CENSUS MONTH:** \_\_\_\_\_ **REPORT DATE:** \_\_\_\_\_

CURRENT PATIENTS				
Name	Medicaid Number	Admit Date	Number of	
			Seclusion	Restraints

NEW ADMISSIONS					
Name	Medicaid Number	Admit Date	Planned D/C Date	Number of	
				Seclusion	Restraints

DISCHARGES				
Name	Medicaid Number	Admit Date	D/C Location	Discharge Date

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_