

# MANAGED CARE ENTITY (MCE) – HOSPITAL SERVICES ATTACHMENT B

The provider must complete a copy of this form for each hospital covered by the terms and conditions of this addendum. If multiple pages are used, the pages must be numbered sequentially on every page (*e.g., 1 of 3, 2 of 3, and 3 of 3*) and the signature block must be included on each page. MCE acknowledges changes on the date received. Effective Date will be determined by the MCE.

## MCE Name

## Hospital Information

Hospital Name					
Address		City	State	Zip	County
Tax ID Number		NPI		Secondary NPI	

### 1. Hospital Services Categories

Please check the applicable line for each category of service the above-named hospital covers.

<input type="checkbox"/> Surgical Services	<input type="checkbox"/> Neonatal Intensive Care - Level 3	<input type="checkbox"/> Special Care
<input type="checkbox"/> Pediatric Surgical Services	<input type="checkbox"/> Adult Intensive Care	<input type="checkbox"/> Outpatient Psychiatric Services
<input type="checkbox"/> Obstetrical Services	<input type="checkbox"/> Midwife Services	<input type="checkbox"/> Practitioner Services
<input type="checkbox"/> Nursery Services	<input type="checkbox"/> Outpatient Surgery	<input type="checkbox"/> Other ( <i>Please specify</i> )
<input type="checkbox"/> Nursery Services Level 1 & 2	<input type="checkbox"/> Pediatric Intensive Care	

### 2. Hospital does not provide the following hospital service(s) because of an objection on moral or religious grounds. List services

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