

REPORTS SERVICE REQUEST

Requestor's Name: _____ department _____ phone _____ / ____ / ____ date

Date Report Required By: ____ / ____ / ____ Fax Number _____

(NOTE: If this is an emergency request, a written explanation is required:

Type of Request: New _____

** Revision _____

** Re-run _____

**** (NOTE: For a revision or a re-run, a copy of the original request and all related revised requests must be attached to this current request.)**

Report for: JHH KEANE JHB KEANE JHB MEDITECH ALL

Frequency of Request: One-Time _____

Monthly _____

Weekly _____

Daily _____

On Demand _____ (Estimation of Frequency: _____)

Other _____ (Specify: _____)

Describe the nature of the request: _____

Purpose of Report: _____

Selection Criteria (including date ranges and type of date) for Report: _____

Fields/Data Items to Show On Report: _____

Sort Sequences In Order:

1. _____

2. _____

3. _____

4. _____

Subtotals:

Y / N

Y / N

Y / N

Y / N

Is this a detail report or a summary report? Would a separate summary report be necessary?

Would a paper print out be sufficient for the report? _____ (If not, please specify: _____)

(NOTE: If a flat data file—no headers and totals—or an Excel file is required, it must be requested on this request form before the form is submitted for a director's approval.)

Director's Approval of Request: _____ date ____ / ____ / ____

Assigned to: _____ date ____ / ____ / ____

Received by Assignee: _____ date ____ / ____ / ____

Completed by Assignee: _____ date ____ / ____ / ____

Approved by User: _____ date ____ / ____ / ____

(Some **HINTS** for request: Are dates admit, discharge, or FB? Is financial class current or FB? Include only open A/R accounts? Include credits? Include only final bills? Is balance due account, insurance, or patient? Include A/R and B/D balance due? Are payments all, insurance, or patient? For insurance information, is the primary insurance bucket sufficient?)