

Missouri Department of Health and Senior Services, Health Services Regulation
Bed Count Sheet

Facility: _____

City: _____

Grand Total of Beds: _____
(Excluding Nursery Bassinets)

Fill in Appropriate Space(s)

Special Certification													
Floor	Room	No. of Beds In Room	Medical – Surgical	Obstetrical	Pediatric	Alcohol/Drug Abuse	Psychiatric	ICU-CCU	SNF/ LTC	Rehabilitation	Neonatal ICU	Nursery Bassinets	Other (Specify Service)

Verified By: _____ Administration
(Signature)

Date: _____

Instructions for completing this form:

1. List each patient room separately.
2. Total the Number of Beds in room and each Special Certification columns.
3. Enter Grand Total of beds excluding Nursery Bassinets.
4. Use the Grand Total of Beds to calculate your fee.

Please make copies of this form if additional spaces are needed.