Ohio Department of Health

Ohio Department of Health
REGISTERED BED CHANGE FORM

246 N. High St., Columbus, OH 43215
Telephone: 614-466-3325 • FAX: 614-564-2480
Email: AHR@odh.ohio.gov

HOSPITAL NAME:		REGISTRATION NUMBER:	
HOSPITAL ADDRESS:		CITY:	ZIP CODE:
HOSPITAL TELEPHONE NUMBER:	CONTACT E-MAIL ADDRESS:		

Request changes to registered beds:

Bed Category	Current number of registered beds	Requested change to registered beds	Effective date (mm/dd/yyyy)
Adult medical/surgical			
Adult special care (ICU/CCU)			
Alcohol/chemical dependency			
Burn			
Hospice			
Long-term care			
LTAC – LTA less than 30 days stay			
Newborn care – level I			
Newborn care – level II			
Newborn care – level III			
Obstetrics – level I			
Obstetrics – level II			
Obstetrics – level III			
Pediatric - general			
Pediatric intensive care (PICU)			
Physical rehabilitation			
Psychiatric			
Special skilled nursing			
TOTAL HOSPITAL **Total of all bed categories**			

Signature of Authorized Representative: _____ Date: _____