PCC AMBULATORY CARE RECORD BRIEF

P.L. 96-511 N.A.

LAST NAME, FIRST, MIDDLE			CLASSIFICATION CODE	COMMUNITY COUNT STATE CODES
BIRTH DATE	SEX	CODE	PATIENT'S HOME ADDRESS	
UNIT RECORD NO.	SOCIAL SECURITY NO.			
DATE	FACILITY AND CODE			
TRIBE AND CODE	BLOOD QUANTUM AND CODE		RELIGION	BIRTHPLACE
FATHER'S NAME	BIRTHPLACE		MOTHER'S MAIDEN NAME	BIRTHPLACE

ADDITIONAL INFORMATION *(Guardian If not parents, postal address, husband's name, etc.)*

THIRD PARTY ELIGIBILITY

TYPE	POLICY/ELIGIBILITY NO.	DATE ELIGIBILITY BEGAN
MEDICARE A		
MEDICARE B		
MEDICARE AB		
MEDICAIDE		
VA		
BLUE CROSS		
OTHER		

PCC INSTRUCTIONS

1. IF THIS IS A NEW PATIENT AT YOUR FACILITY, SEND THE BLUE COPY TO THE PCC DATA ENTRY CENTER.

2. IF YOU ARE MODIFYING IDENTIFICATION, DEMOGRAPHIC, OR THIRD PARTY INFORMATION FOR A PATIENT ALREADY IN THE PCC, RECORD THE PATIENT'S NINE-DIGIT PCC ID# BELOW, CIRCLE THE NEW OR MODIFIED DATA ITEMS, AND SEND THE BLUE COPY TO THE PCC DATA ENTRY CENTER.

PCC ID #

ADDITIONAL INFORMATION