

ARIZONA DEPARTMENT OF CORRECTIONS
HNR/APPOINTMENT REPORT (Department Order 1101)

CONTRACTOR NAME: _____

Arizona State Prison Complex Name: _____

For Month and Year: _____

Date Submitted: _____

		Medical	Nurse's Line	Medication Refill Request	Dental	Health Education	Nursing Other	Total
# HNRs	A							
Number of Scheduled Appointments	B							
Number of Appointment Refusals	C							
Number of No Shows	D							
Number of Treatment Refusals	E							
Number of Charges	F							
Number of Exempts	G							
Number of Encounters (F + G)	H							

$C + D = B - H$

EXEMPT FROM CHARGES (number of)		Medical	Nurse's Line	Medication Refill Request	Dental	Health Education	Nursing Other	Total
No Charge-1 Medical Visit initiated by provider(s)								
No Charge-2 Inmate processing through Reception Center								
No Charge-3 Juvenile								
No Charge-4 Pregnant								
No Charge -5 Seriously mentally ill								
No Charge -6 SPU								
NC-7 HU8 ASPC - Florence								
No Charge -8 Inpatient at ASPC-PHX (Mental Health Units)								
No Charge -9 IPC Patient (ASPC-Florence /Tucson)								
No Charge -10 Administrative Examinations								
TOTALS (Above chart = G)								

$H - F = G$