

<b>NOTICE</b> - All information which would permit identification of the individual will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purposes.	PSU	Serial number	Book _____ of _____ books
	Segment number		Sample number <b>B-</b>

FORM NHS-HIS-5X (1968)  
(12-11-67)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. PUBLIC HEALTH SERVICE**U.S. HEALTH INTERVIEW SURVEY****HOSPITAL SUPPLEMENT****FOOTNOTES**

Enter the person number and the date of entry → Ask questions 1 through 6 for each completed hospitalization	PERSON NO.	DATE OF ENTRY		
		Month	Day	Year

<b>1. What was the total amount of the hospital bill for this stay? Do not include any doctor's or surgeon's bills.</b>	HOSPITAL BILL	
	Dollars	Cents

2a. Did (will) health insurance pay any part of the hospital bill?  Yes  No (3a)

<b>b. What is the name of the insurance plan?</b>	Name of Insurance Plan	Dollars	Cents
<b>c. Did (will) any other health insurance plan pay part of this hospital bill?</b> <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No (d)			
<b>d. What was (will be) the amount paid by (Name of plan)?</b> <small>Ask for each health insurance plan named, then go to 3b.</small>			

<b>3a. Who paid (will pay) the hospital bill?</b> <small>Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.</small>	Source of Payment	Dollars	Cents
<b>b. Did (you or) any other person or agency pay any other part of the hospital bill?</b> <input type="checkbox"/> Yes (c and Reask b) <input type="checkbox"/> No (d or Inter. check item)	<b>A. 1</b> <input type="checkbox"/> Health Insurance <i>(All plans excluding Medicare)</i>		
<b>c. Who was this?</b>	<b>B. 2</b> <input type="checkbox"/> Social Security Medicare		
<b>d. What was the amount paid by -- ?</b>	<b>C. 3</b> <input type="checkbox"/> Self and Family in Household <b>D. 4</b> <input type="checkbox"/> Other (Specify) →		

INTERVIEWER CHECK ITEM: <input type="checkbox"/> No operation (Next hospital page) <input type="checkbox"/> Operation or delivery/birth (4a)	DOCTOR/SURGEON
	Dollars      Cents

4a. What was the amount of the surgeon's (doctor's) bill for this operation (delivery)?

b. Is the \$ \_\_\_\_\_ for the surgeon's (doctor's) bill included in the \$ \_\_\_\_\_ amount you gave for the hospital bill?

1  Yes (In a footnote, indicate the actual amount of the hospital bill after deducting the surgeon's (doctor's) bills; also indicate any changes in the amounts paid by health insurance or other sources if the entries in questions 2 and 3 include payments for expenses other than the hospital bill). (5)

4  No (5)

<b>5a. Did (will) health insurance pay any part of the surgeon's (doctor's) bill?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (6a)			
<b>b. What is the name of the insurance plan?</b>	Name of Insurance Plan	Dollars	Cents
<b>c. Did (will) any other health insurance plan pay part of the surgeon's (doctor's) bill?</b> <input type="checkbox"/> Yes (Reask b) <input type="checkbox"/> No (d)			
<b>d. What was (will be) the amount paid by (Name of plan)?</b> <small>Ask for each health insurance plan named, then go to 6b.</small>			
<b>6a. Who paid (will pay) the surgeon's (doctor's) bill?</b> <small>Enter total amount paid by health insurance in line A. Enter any amount paid by Social Security Medicare in line B.</small>	Source of Payment	Dollars	Cents
<b>b. Did (you or) any other person or agency pay any other part of the surgeon's (doctor's) bill?</b> <input type="checkbox"/> Yes (c and Reask b) <input type="checkbox"/> No (d or 7)	<b>A. 1</b> <input type="checkbox"/> Health Insurance <i>(All plans excluding Medicare)</i>		
<b>c. Who was this?</b>	<b>B. 2</b> <input type="checkbox"/> Social Security Medicare		
<b>d. What was the amount paid by -- ?</b>	<b>C. 3</b> <input type="checkbox"/> Self and Family in Household <b>D. 4</b> <input type="checkbox"/> Other (Specify) →		

7. NOTE TO INTERVIEWER: After completing questions 1 through 6 for this hospitalization go to the next Hospital Page if any. If this is the last Hospitalization go to the Doctor Visits Pages next.

FOOTNOTES: