

Read instructions before completing form

FIS 0320 (12/11) Office of Financial and Insurance Regulation

# HMO Inpatient Discharges & Benefit Payouts Report

File with your quarterly and annual statements. Provide data based on calendar year.

Filing is required for:  
All HMOs

**2012**

**DUE  
quarterly**

Bar Code Required - Place Bar Code Here

Name of HMO

NAIC Group number and Co. code

- Indicate  2011 Annual data DUE March 1, 2012  
which  Q1 data DUE May 15, 2012  
report you  Q2 YTD DUE August 15, 2012  
are filing.  Q3 YTD DUE November 15, 2012

**Section 1-Contracted Hospitals** *Attach additional sheet(s) if necessary.*

Name of contracted hospital

Total number of Inpatient Discharges

Elective

Emergency

Total

**Subtotals:**

