Medicaid Bedholds
Date Range: _____

Resident Last Name, First Initial	Discharge Date	Re-Admit Date	Days Billed	Days Paid

Schedule of Bedholds by Payer

Medicaid Cost Report

For the Period Ending _____

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Medicaid													
Other													
Total													