

# FAX

## TRAUMA FUND 2010 APRIL - MAJOR TRAUMA CASE LISTING July 1, 2008 – December 31, 2008

To: (Registrar Name)  
Trauma Registrar  
(Hospital Name)  
Fax  
Phone ext

From: Mechelle Ashcraft / Grace Pelley  
OSDH-Trauma Division  
Fax 405.271.4240  
Phone 405.271.2657

Text of Message:

Attached is your list of cases that meet major trauma criteria. This list will be used to determine cases eligible for Trauma Fund reimbursement for your facility. Please review this list carefully!

Cases marked with an asterisk indicate cases where errors have NOT been corrected despite previous notification by the OSDH – Trauma Division. **These case(s) are disqualified from reimbursement for incomplete submission to the Trauma Registry.**

If you agree with the listing:

- Check the 1<sup>st</sup> box stating "I agree with the attached listing."
- Sign, print and date in the designated area under this 1st box.
- Fax this form back to the Trauma Division at (405) 271-4240.
- By checking this box, you are agreeing that these are the cases that qualify under the major trauma criteria listing.

If you DO NOT AGREE with the listing:

- Identify those cases by listing it and stating the reason on a separate paper in your reply.
- Check the 2<sup>nd</sup> box below stating "Please review."
- Sign, print and date in the designated area under the 2<sup>nd</sup> box.
- Fax this form back to the Trauma Division at (405) 271-4240. A staff member will contact you. If you do not receive a callback within 3 working days, please call our office and ask for Mechelle Ashcraft/Grace Pelley at (405) 271-2657.

**YOU MUST RESPOND TO THIS FAX BY 5 P.M., AUGUST 28, 2009. FAILURE TO RESPOND TO THIS FAX WILL CAUSE YOUR FACILITY TO BE DISQUALIFIED FROM REIMBURSEMENT FROM THIS TRAUMA FUND.**

**Fax your FACILITY RESPONSE TO OSDH-TRAUMA DIVISION at (405) 271-4240: Deadline: 08/28/2009**

I agree with the attached listing of major trauma case(s) submitted from my facility to the Trauma Registry.

Signature:

Print name:

Date:

Please review. The cases are as listed in the attachment.

Signature:

Print name:

Date:

Please check box to indicate if you want a:  **Diskette** or  **CD-ROM**