

TRAUMA FUND 2015 OCTOBER – MAJOR TRAUMA CASE LISTING
(with time-sensitive hand and oral maxillofacial injuries)
July 1, 2014 through December 31, 2014

Deadline: 10/16/2015

RESPONSE FORM

Refer to the Major Trauma Case List that was emailed to you - If you have any highlighted case in your List, these are where errors have NOT been corrected despite previous notification by the OSDH–Emergency Systems. These cases may be **disqualified from reimbursement for incomplete submission to the Trauma Registry**. If you think those cases should not have been highlighted or made any changes to these cases, please select option 2 and identify those cases.

If you agree with your Major Trauma Case List – OPTION 1:

- Check OPTION 1 stating “No Change”.
- Type your name, the name of the hospital you are responding for, and date in the designated area.
- Print and fax this form back to the Emergency Systems at (405) 271-4240.
- *Note: By checking OPTION 1, you are agreeing that the case(s) in the current Major Trauma Case List is all that qualifies under the major trauma criteria.*

If you DO NOT AGREE with your Major Trauma Case List – OPTION 2:

- Check OPTION 2 stating “For Review”.
- Type your name, the name of the hospital you are responding for, and date in the designated area.
- Once completed, print this form. You must list the additions/deletions, including the reason for the request, on the Major Trauma Case List or on a separate piece of paper if additional space is needed.
- Fax (1) this Response Form, (2) Major Trauma Case List and (3) List of addition/deletion to the Emergency Systems at (405) 271-4240.
- If you do not receive a callback from a member of our staff within a week, please call our office and ask for Joey Niles (405) 271-4027.
- *Note: By checking OPTION 2, you are requesting for a review of the Major Trauma Case List, and must identify cases to be deleted/added to the current listing.*

FAX TO (405) 271-4240. YOU MUST RESPOND TO THIS EMAIL BY 5 P.M., OCTOBER 16, 2015. FAILURE TO RESPOND WILL CAUSE YOUR FACILITY TO BE DISQUALIFIED FROM REIMBURSEMENT FROM THIS TRAUMA FUND.

(Below is for Hospital Response Only - Select Option 1 or Option 2)

<input type="checkbox"/>	OPTION 1: I AGREE WITH THE ATTACHED LISTING OF MAJOR TRAUMA CASE(S) SUBMITTED FROM MY FACILITY TO THE TRAUMA REGISTRY. THERE ARE NO CHANGES NEEDED.		
OPTION 1 No Change	Print name:		Date:
	Name of Hospital:		
	<i>To respond: please print, complete and fax to (405) 271-4240.</i>		
<input type="checkbox"/>	OPTION 2: PLEASE REVIEW THE CURRENT LIST. THE CASES TO BE ADDED/DELETED ARE AS ATTACHED.		
OPTION 2 For Review	Print name:		Date:
	Name of Hospital:		
	<i>To request a review: please print, complete this form, list additions/deletions, and fax to (405) 271-4240.</i>		