

Input your facilities into the following template beginning at row 6 of this document. The grey italicized example entries for a hospital that is choosing to transmit both ED and inpatient visits are provided in [blue](#)

Please note that you do not need to include outpatient clinics, rehabilitation facilities, or same-day surgery

Once all facilities have been added, save the file and return to the OSDH Informatics Program via email

<i>Primary_Facility_Name</i>	<i>Primary_Facility_Address</i>		
Primary_Facility_Name	Street Address	City	State
<i>Facility Name</i>	<i>Facility Street Address</i>	<i>Facility City</i>	<i>Facility State</i>
<i>OSDH Hospital A</i>	<i>123 Robert S Kerr</i>	<i>Oklahoma City</i>	<i>OK</i>
<i>OSDH Hospital A</i>	<i>123 Robert S Kerr</i>	<i>Oklahoma City</i>	<i>OK</i>

ed text provides some general guidance on completing each field.
blue for reference.

rgery centers.

il to electronicreporting@health.ok.gov.

		Primary Facility	
County	ZIP_Code	Facility_Phone_Number	Facility_NPI
Facility County	Facility Zip Code	10 numbers with an optional 1 in front. Don't use add () or - manually.	Facility National Provider Identifier (NPI)
Oklahoma	73102	4054268710	1962375402
Oklahoma	73102	4054268710	1962375402

Facility Identifiers	
Event_FacilityID	Facility_AHAID_(ED_only)
Should reflect the value transmitted in EVN-7.2 of the ADT messages.	America Hospital Association (AHA) Hospital Identifier (AHAID)

1962375402A999999

1962375402B

<i>Primary Facility Type</i>	<i>Facility Status</i>
Primary_Facility_Type	Site_Comments
<i>Please select a value from the dropdown values.(Emergency Care, Inpatient Practice Setting, Urgent Care, Medical Specialty, Primary Care)</i>	<i>Any additional comments</i>

[Emergency Care](#)

[Inpatient Practice Setting](#)

[Entry Example 1](#)

[Entry Example 2](#)