TRAUMA/EMS SYSTEMS GRANT
TRAUMA SITE SURVEY REIMBURSEMENT

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SYSTEMS
SFN 53690 (06/2016)

Survey Date	
Facility Surveyed	Location

The above listed facility, hereinafter called the Hospital, will meet the Division of Emergency Medical System's requirements pertaining to the Trauma/EMS Systems Grant Site Survey Reimbursement Distribution Policy.

The Hospital requests the amount of (Check the appropriate box(es):

☐ Physician Reviewer On-site	$800	Meals		
☐ Nurse Reviewer On-site	$500	☐ Breakfast	$ 7.00	☐ Mileage ($.054 per mile)
☐ Physician Reviewer BTWAN	$400	☐ Lunch	$10.50	Miles Traveled _____
☐ Nurse Reviewer BTWAN	$250	☐ Supper	$17.50	

From the Trauma/EMS Systems Program Grant
I certify that the Hospital has met the requirements contained in the attached Trauma/EMS Systems Program Grant Distribution Policy.

Date	Hospital EIN

Hospital Name:			
Street Address / PO Box	City	State	Zip Code
E-mail Address			
Telephone Number	Fax Number		
Authorized Signature		Title	

RETURN COMPLETED FORM TO:

Division of Emergency Medical Systems
ND Department of Health
1720 Burlington Drive
Bismarck ND 58504

* WITHIN 5 BUSINESS DAYS OF CONDUCTING SITE SURVEY

ONE FORM PER SITE VISIT ONLY

DEMS USE ONLY

Approved for Payment: 6631-HL 125917-03

☐ Physician Reviewer On-site	$800.00
☐ Nurse Reviewer On-site	$500.00
☐ Physician Reviewer BTWAN	$400.00
☐ Nurse Reviewer BTWAN	$250.00
Travel	
☐ Breakfast	$ 7.50
☐ Lunch	$ 10.00
☐ Supper	$ 17.50
☐ Mileage (_____miles x $0.54)	$_____
	Total: $_____

Department Approval	Date