Budget/Fund: ZZ100-160 356002

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

OFFICE OF EMS/TRAUMA SYSTEMS COORDINATION

TRAUMA FACILITY DESIGNATION
ONE-PAGE APPLICATION

Hospital Name: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

County: ______________ Trauma Service Area (TSA): ________

Contact Person: ______________________________

Title/Position: ______________________________

Phone/fax number: ______________ / ______________

E-mail: ______________________________

Number of licensed beds (based on most recent licensing survey): ________

DSHS License Number: ______________________

Designation fee amount enclosed $ ______________________
(Make payable to: "*Texas Department of State Health Services*")

Signature: ______________________ Date: ______________
Chief Executive Officer or authorized person

____
(Typed name of above person)

Title: ______________________ Phone: ______________

Designation Fees* per licensed bed are as follows - please note the minimum and maximum fees:

Comprehensive (Level I) Trauma Facility Applicants *$10.00/bed (maximum $5,000 & minimum $4,000)*
Major (Level II) Trauma Facility Applicants *$10.00/bed (maximum $5,000 & minimum $4,000)*
General (Level III) Trauma Facility Applicants *$10.00/bed (maximum $2,500 & minimum $1,500)*
Basic (Level IV) Trauma Facility Applicants *$10.00/bed (maximum $1,000 & minimum $500)*

*** New fee schedule effective June 1, 2004**