

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE
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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 1/1/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Yale-New Haven Health Services Corp.

Address 789 Howard Avenue

City New Haven

State CT

Zip 06519

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

(203) 688-2503

Contact Kyle Ballou

E-mail (optional) _____

6. General description of registrant's business or activities

Parent company of health system including three Connecticut hospitals

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.* *Self*

7. Client name Self

Address _____

City _____

State _____

Zip _____

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Kyle Ballou	

Registrant Name Yale-New Haven Health Services Corp. Client Name Self

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

HCR _____ MED _____ MMM _____

12. Specific lobbying issues (current and anticipated)

Medicare, indirect medical education, market basket; Area Wage Index issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the regist a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activitie

No ⇨ Go to line 14. Yes ⇩ Complete the rest of this section for each entity matchin criteria above, then proceed to line 14.

Name	Address	Principal Place of Busin (city and state or countr

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsid activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the out of the lobbying activity?

No ⇨ Sign and date the registration. Yes ⇩ Complete the rest of this section for each matching the criteria above, then sign an registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature Kyle L Ballou Date 1/5/05

Printed Name and Title Kyle Ballou, Administrative Dir., Gov. and Community Relations

Form LD-1 (Rev. 04/03)

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SECRETARY OF THE SENATE
 05 JAN 21 PM 12:08
 05 JAN 21 PM

WIGGIN AND DANA
Counsellors at Law

VIA CERTIFIED MAIL

January 10, 2004

Secretary of the Senate
 Office of Public Records
 232 Hart Senate Office Building
 Washington, DC 20510

Dear Sir or Madam:

Enclosed are the following three forms:

1. Form LD-2 for Yale-New Haven Hospital for the reporting January 1, 2004 through June 30, 2004. This report indicates Yale-New Haven Hospital is terminating its registration effective June 30, 2004.
2. Form LD-1 for Yale-New Haven Health Services Corporation. registration is effective January 1, 2004.
3. Form LD-2 for Yale-New Haven Health Services Corporation : reporting period January 1, 2004 through June 30, 2004.

Please call me at (203) 498-4334 if you have any questions.

Sincerely yours,

YALE-NEW HAVEN HOSPITAL


 By: Jeanette C. Schreiber

cc: Ms. Kyle Ballou, Yale-New Haven Health Services Corporation

Enclosures

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New Haven Stamford New York Hartford Ph