

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET A-8-1
---	---------------	------------------------------------	-----------------

PART I - COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A., col. 5	Adjustments (col. 4 minus col. 5)	
1	2	3	4	5	6	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10	TOTALS (sum of lines 1-9) (Transfer column 6, line 10 to Wkst. A-8, col. 3, line 12)					10

PART II - INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND / OR HOME OFFICE

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Line No.	(1) Symbol	Name	Percentage of Ownership	Related Organization(s)			
				Name	Percentage of Ownership	Type of Business	
1	1	2	3	4	5	6	
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10

(1) Use the followings symbols to indicate interrelationship to related organizations:

- | | |
|---|--|
| <p>A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.</p> <p>B. Corporation, partnership or other organization has financial interest in provider.</p> <p>C. Provider has financial interest in corporation, partnership, or other organization.</p> <p>D. Director, officer, administrator or key person of provider or organization.</p> | <p>E. Individual is director, officer, administrator or key person of provider and related organization.</p> <p>F. Director, officer, administrator or key person of related organization or relative of such person has financial interest in provider.</p> <p>G. Other (financial or non-financial) specify _____</p> <p>_____</p> |
|---|--|