

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE V and TITLE XIX ONLY	PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET E PART II
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Check applicable box: <input type="checkbox"/> Title V <input type="checkbox"/> Title XIX
Check applicable box: <input type="checkbox"/> SNF <input type="checkbox"/> NF <input type="checkbox"/> ICF / IID

COMPUTATION OF NET COST OF COVERED SERVICES		
1	Inpatient ancillary services (see instructions)	1
2	Nursing & Allied Health Cost (from Wkst. D-1, Pt. II, line 5)	2
3	Outpatient services	3
4	Inpatient routine services (see instructions)	4
5	Utilization review - physicians' compensation (from provider records)	5
6	Cost of covered services (sum of lines 1 - 5)	6
7	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	7
8	Subtotal (line 6 minus line 7)	8
9	Primary payer amounts	9
10	Total reasonable cost (line 8 minus line 9)	10
REASONABLE CHARGES		
11	Inpatient ancillary service charges	11
12	Outpatient service charges	12
13	Inpatient routine service charges	13
14	Differential in charges between semiprivate accommodations and less than semiprivate accommodations	14
15	Total reasonable charges	15
CUSTOMARY CHARGES		
16	Aggregate amount actually collected from patients liable for payment for services on a charge basis	16
17	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	17
18	Ratio of line 16 to line 17 (not to exceed 1.000000)	18
19	Total customary charges (see instructions)	19
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
20	Cost of covered services (see instructions)	20
21	Deductibles	21
22	Subtotal (line 20 minus line 21)	22
23	Coinsurance	23
24	Subtotal (line 22 minus line 23)	24
25	Allowable bad debts (from your records)	25
26	Subtotal (sum of lines 24 and 25)	26
27	Unrefunded charges to beneficiaries for excess costs erroneously collected based on correction of cost limit	27
28	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization	28
29	Other adjustments (Specify _____) (see instructions)	29
30	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets (if minus, enter amount in parentheses)	30
31	Subtotal (line 26 plus or minus lines 29, and 30, minus lines 27 and 28)	31
32	Interim payments	32
33	Balance due provider/program (line 31 minus line 32) (indicate overpayments in parentheses) (see instructions)	33