PROVIDER - BASED PHYSICIAN ADJUSTMENTS | PROVIDER CCN: _____ | PERIOD: FROM: _____ TO: _____ | WORKSHEET A-8-2

| | WKST A LINE NO. | SPECIALTY / PHYSICIAN IDENTIFIER | TOTAL REMUNERATION | PROFESSIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | ACTUAL HOURS PROFESSIONAL SERVICES | ACTUAL HOURS PROVIDER SERVICES | UNADJUSTED RCE LIMIT | FIVE PERCENT OF UNADJUSTED RCE LIMIT | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 100 | | TOTAL | | | | | | | | | 100 |

| | WKST A NO. | SPECIALTY / PHYSICIAN IDENTIFIER | MEMBERSHIPS & CONTINUING ED COST | MEMBERSHIPS & CONTINUING ED PROVIDER COMPONENT | MALPRACTICE INSURANCE COST | MALPRACTICE INSURANCE PROVIDER COMPONENT | ADJUSTED RCE LIMIT | RCE DISALLOW-ANCE | ADJUSTMENT | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | 10 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 100 | | TOTAL | | | | | | | | | 100 |