

CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A		PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET E PART A
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1	INPATIENT PPS AMOUNT		1
2	ALLOWABLE BAD DEBTS		2
3	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES		3
4	REIMBURSABLE BAD DEBTS		4
5	TOTAL REIMBURSABLE COST		5
6	PRIMARY PAYER AMOUNTS		6
7	COINSURANCE		7
8			8
9	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION		9
10	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS		10
11	SEQUESTRATION AMOUNT		11
12	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION		12
13	NET REIMBURSABLE COST		13
14	INTERIM PAYMENTS		14
15	TENTATIVE ADJUSTMENT		15
16	BALANCE DUE PROVIDER/PROGRAM		16
17	PROTESTED AMOUNTS		17