

CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B		PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET E PART B
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1	PART B ANCILLARY SERVICE COSTS		1
2	PREVENTIVE VACCINES		2
3	TOTAL REASONABLE COSTS		3
4	MEDICARE PART B ANCILLARY CHARGES		4
5	COST OF COVERED SERVICES		5
6	ALLOWABLE BAD DEBTS		6
7	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES		7
8	REIMBURSABLE BAD DEBTS		8
9	TOTAL REIMBURSABLE COST		9
10	PRIMARY PAYER AMOUNTS		10
11	COINSURANCE AND DEDUCTIBLES		11
12			12
13	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION		13
14	SEQUESTRATION AMOUNT		14
15	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION		15
16	NET REIMBURSABLE COST		16
17	INTERIM PAYMENTS		17
18	TENTATIVE ADJUSTMENT		18
19	BALANCE DUE PROVIDER/PROGRAM		19
20	PROTESTED AMOUNTS		20