

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES	PROVIDER CCN: _____	PERIOD: FROM: _____ TO: _____	WORKSHEET E-1
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		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1	2	3	4	
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER					1
2	INTERIM PAYMENTS PAYABLE					2
3	RETROACTIVE LUMP SUM ADJUSTMENTS					
		.01				3.01
		.02				3.02
		.03				3.03
		.04				3.04
		.05				3.05
		.50				3.50
		.51				3.51
		.52				3.52
		.53				3.53
		.54				3.54
	SUBTOTAL	.99				3.99
4	TOTAL INTERIM PAYMENTS					4
5	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					
		.01				5.01
		.02				5.02
		.03				5.03
		.04				5.04
		.05				5.05
		.50				5.50
		.51				5.51
		.52				5.52
		.53				5.53
		.54				5.54
	SUBTOTAL	.99				5.99
6	CONTRACTOR: NET SETTLEMENT AMOUNT					
		PROGRAM TO PROVIDER	.01			6.01
		PROVIDER TO PROGRAM	.02			6.02
7	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY					7
NAME OF CONTRACTOR		CONTRACTOR NUMBER		DATE OF NPR		
1		2		3		
8						8