



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Hospital-based rural health clinic (interim rate analysis)

Provider name:

Provider number:

Fiscal year end:

Period covered by this rate analysis: From: To:

(this period will be referred to as "Current period" below)

Current period information:

- 1. RHC direct cost
- 2. Overhead allocated to RHC
- 2a. Ratio of overhead to direct (line2/line1)
- 3. Total RHC costs (line 1 + line 2)

4. Total visits:

Position	Number of FTEs	Total visits
a. Physician		
b. Physician assistants		
c. Nurse practitioners		
d. Visiting nurse		
e. Clinical psychologists		
f. Clinical social worker		
g. Physician service under agreement	N/A	

5. RHC total charges

6. RHC Medicare visits

medicare.fcso.com



Historical Data:

Cost report beginning: and ending:
As filed: final settled:

- 1. RHC direct cost
- 2. Overhead allocated to RHC
- 2a. Ratio of overhead to direct (line2/line1)
- 3. Total RHC costs (line 1 + line 2)
- 4. Total visits:

Position	Number of FTEs	Total visits
a. Physician		
b. Physician assistants		
c. Nurse practitioners		
d. Visiting nurse		
e. Clinical psychologists		
f. Clinical social worker		
g. Physician service under agreement	N/A	

- 5. RHC total charges
- 6. RHC Medicare visits
- 7. RHC Medicare charges

I hereby certify that to the best of my knowledge and belief that this is a true, and complete statement prepared from the books and records of the provider in accordance with applicable instruction, except as noted.

Prepared by: Title:
Phone #: Date prepared:
Email:

Send this information:

By email to InterimReimbReviews@fcso.com - please indicate the provider number in the subject line
By fax: (904)791-8441
By mail:

JN PARD Reimbursement
First Coast Service Options Inc.
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050-9419

(Do not mail if you have faxed or emailed the information)