HEALTH FACILITY CASH RECEIPTS ASSESSMENT REPORT
APRIL 1, 2002 THROUGH MARCH 31, 2003
FOR THE MONTH ENDED_____ _____, _____

PROVIDER NAME_____ OPERATING CERTIFICATE NO._____
MMIS NO._____

WHOLE DOLLARS ONLY

A	B	C	D
DESCRIPTION	**CURRENT MONTH**	**ADJUSTMENTS**	**ADJUSTED TOTAL**
1. CASH FROM PATIENT CARE SERVICES	$	$	$
2. OTHER CASH RECEIPTS (LIST)			
3. TOTAL OTHER CASH RECEIPTS	$	$	$
4. TOTAL CASH RECEIPTS FROM ALL SOURCES (LINES 1 + 3)	$	$	$
5. LESS: NON-ASSESSABLE CASH RECEIPTS (SCHEDULE A, LINE 7)	$	$	$
6. ASSESSABLE CASH RECEIPTS (LINE 4 LESS LINE 5)	$	$	$
7. ASSESSMENT RATE			.06
8. CURRENT MONTH ASSESSMENT (LINES 6 X 7)			
9. OTHER ADJUSTMENTS			
10. AMOUNT DUE (LINES 8 + 9)			
11. EXCESS CREDIT FOR FUTURE REMITTANCE			

CHECKS SHOULD BE MADE PAYABLE TO: HEALTH FACILITY ASSESSMENT FUND.
MAIL TO:

Regular Mail
MR JEROME ALAIMO
ASSESSMENT FUND ADMINISTRATOR
OFFICE OF POOL ADMINISTRATION
P O BOX 4757
SYRACUSE NY 13221-4757

Express or Overnight Mail
MR JEROME ALAIMO
ASSESSMENT FUND ADMINISTRATOR
OFFICE OF POOL ADMINISTRATION
344 SOUTH WARREN STREET
SYRACUSE NY 13202-2008

HEALTH FACILITY CASH RECEIPTS ASSESSMENT REPORT
APRIL 1, 2002 THROUGH MARCH 31, 2003
FOR THE MONTH ENDED_____ _____, _____

DETAIL OF NON-ASSESSABLE CASH RECEIPTS
SCHEDULE A

PROVIDER NAME_____OPERATING CERTIFICATE NO._____
MMIS NO._____

WHOLE DOLLARS ONLY

A	B	C
NON-ASSESSABLE CASH RECEIPTS	CURRENT MONTH	ADJUSTMENTS
1. Patient Personal Fund Allowance	$	$
2. Income Earned on Patient Personal Funds		
3. Patient or third Party Refunds		
4. Investment Income From:		
a. Externally Restricted Funds		
b. Sinking Funds		
c. Operating Escrow		
d. Funded Depreciation		
e. Mortgage Repayment Escrow Accounts		
5. Income from:		
a. Grants Including Governmental Deficit Financing		
b. Donations, Bequests and Charitable Contributions		
c. Sales and Excise Taxes		
d. Reimbursable Assessment		
e. Article 36 Long Term Home Health Agency		
f. Other Income (List)		
6. **Receipts On or After October 1, 2002 for Patient Services Provided to**		
Medicare Beneficiaries		
7. TOTAL NON-ASSESSABLE CASH RECEIPTS (Transfer to Line 5)		