Division of Health Care Financing

Cash Receipts Assessment Program

HEALTH FACILITY CASH RECEIPTS ASSESSMENT REPORT APRIL 1, 2005 THROUGH MARCH 31, 2011

FOR THE MONTH ENDED

PROVIDER NAME

OPERATING CERTIFICATE #:_____ MMIS #:_____

_, _

WHOLE DOLLARS ONLY

	Α	В	С	D
		CURRENT		ADJUSTED
	CASH FROM PATIENT CARE SERVICES	MONTH	ADJUSTMENTS	TOTAL
		\$	\$	\$
Ζ.	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	\$	\$	\$
7	(LINE 4 LESS LINE 5) ASSESSMENT RATE			·
	ASSESSMENT RATE CURRENT MONTH ASSESSMENT (LINES 6 X 7)			.06
8. 9.	OTHER ADJUSTMENTS			
	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, 2005 THROUGH MARCH 31, 2011 FOR THE MONTH ENDED______ __, ___

DETAIL OF NON-ASSESSABLE CASH RECEIPTS SCHEDULE A

PROVIDER NAME_____OPERATING CERTIFICATE NO.______MMIS NO._____

WHOLE DOLLARS ONLY

A	В	С
NON-ASSESSABLE CASH RECEIPTS	CURRENT MONTH	ADJUSTMENTS
1. Patient Personal Fund Allowance	\$	\$
2. Income Earned on Patient Personal Funds	Ŷ	Ŷ
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)		