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

FOR THE MONTH ENDED:\_\_\_\_\_,

PROVIDER NAME:

 OPERATING CERTIFICATE # \_\_\_\_\_
 MMIS # \_\_\_\_\_

# WHOLE DOLLARS ONLY

	А	В	С	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			

## **OFFICE OF HEALTH INSURANCE PROGRAMS** HEALTH FACILITY CASH RECEIPTS ASSESSMENT REPORT

## FOR THE MONTH ENDED:

**DETAIL OF NON-ASSESSABLE CASH RECEIPTS** SCHEDULE A

PROVIDER NAME\_\_\_\_

OPERATING CERTIFICATE #\_\_\_\_\_ MMIS #\_\_\_\_\_

# WHOLE DOLLARS ONLY

А	В	С
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. Receipt On or After October 1, 2002 for Patient Services Provided to Medicare Beneficiaries		
7. TOTAL NON-ASSESSABLE CASH RECEIPTS (Transfer to Line 5)		

#### 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 333 BUTTERNUT DRIVE SYRACUSE NY 13214-1803