

CALCULATION OF REIMBURSEMENT SETTLEMENT		PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET E-3, PART II
		COMPONENT NO.:		
Check Applicable Box	<input type="checkbox"/> Hospital <input type="checkbox"/> Subprovider <input type="checkbox"/> SNF			

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT

1	Inpatient services		1
1.01	Nursing and Allied Health Managed Care payment (see instruction)		1.01
2	Organ acquisition		2
3	Cost of teaching physicians (from Worksheet D-9, Part II, column 3, line 16) (see instructions)		3
4	Subtotal (sum of lines 1 through 3)		4
5	Primary payer payments		5
6	Total cost (line 4 less line 5) . For CAH (see instructions)		6
COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges		
7	Routine service charges		7
8	Ancillary service charges		8
9	Organ acquisition charges, net of revenue		9
10	Teaching physicians		10
11	Total reasonable charges		11
	Customary charges		
12	Aggregate amount actually collected from patients liable for payment for services on a charge basis		12
13	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		13
14	Ratio of line 12 to line 13 (not to exceed 1.000000)		14
15	Total customary charges (see instructions)		15
16	Excess of customary charges over reasonable cost (complete only if line 15 exceeds line 6) (see instructions)		16
17	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 15) (see instructions)		17
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	Direct graduate medical education payments (from Worksheet E-3, Part IV)		18
19	Cost of covered services (sum of lines 6 and 18)		19
20	Deductibles (exclude professional component)		20
21	Excess reasonable cost (from line 17)		21
22	Subtotal (line 19 minus sum of lines 20 and 21)		22
23	Coinsurance		23
24	Subtotal (line 22 minus line 23)		24
25	Reimbursable bad debts (exclude bad debts for professional services) (see instructions)		25
25.01	Adjusted reimbursable bad debts (see instructions)		25.01
25.02	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		25.02
26	Subtotal (sum of lines 24 and 25 or 25.01 (line 25.01 hospital and subprovider only))		26
27	Recovery of excess depreciation resulting from provider termination or a decrease in program utilization		27
28	Other adjustments (see instructions) (specify)		28
29	Amounts applicable to prior cost reporting periods resulting from disposition of depreciable assets		29
30	Subtotal (line 26, plus or minus lines 28 and 29, minus line 27)		30
31	Sequestration adjustment (see instructions)		31
32	Interim payments		32
32.01	Tentative settlement (for fiscal intermediary use only)		32.01
33	Balance due provider/program (line 30 minus the sum of lines 31, 32, and 32.01)		33
34	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		34

FORM CMS-2552-96 (5/2004) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3633.2)