Description	12-22	FORM CMS-2552-10 4090 (Cont.				
Description 1 Total expenses related to care of program beneficiaries (see instructions)			PROVIDER CCN:	FROM	WORKSHEET I-5	
2 Total payment due (from Wist. 1-4, col. 6, line 11) (see instructions)		Description	1	10		
2 Total payment due (from Wist. 1-4, col. 6, line 11) (see instructions)	1	Total expenses related to care of program beneficiaries (see instructions)				1
2 Total payment due (from Wist. I-4, col. 6, line 11) (see instructions)						
201 Total payment due (from Wist. I-4, col. 6.01, line 11) (see instructions) 2.02 2.03 Total payment due (from Wist. I-4, col. 6.02, line 11) (see instructions) 2.03 2.04 2.05 2.04 2.05 2.04 2.05 2.05 2.04 2.05 2.04 2.05 2.0				1	2	
202 Total payment due (from Wist. 1-4, col. 6.02, line 11) (see instructions)	2	Total payment due (from Wkst. I-4, col. 6, line 11) (see instructions)				
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2.04 Outlier payments						
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3.03 Total deductibles billed to Medicare (Part B) patients (see instructions)						
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