ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED							PROVIDER CCN:  COMPONENT CCN:	PERIOD: WORKSHEET E-1, PART I		
Check applicab box:	[ ] Hospital le [ ] IPF [ ] IRF	[ ] Subprovider (Other) [ ] SNF [ ] Swing-Bed SNF	[ ] PARHM Demonstration [ ] PARHM CAH Swing-Bed SNF				•		•	
-					Inpatient					
						Part A		Part B		
					ļ	mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
	escription			1	2	3	4			
	1 Total interim payments paid to provider									1
2		individual bills, either submitted or to be								2
		ost reporting period. If none, write "NON	VE" or enter a zero	In . n . i	- 01					2.01
3	List separately each retroactive			Program to Provider	.01					3.01
	lump sum adjustment amoun		.02					3.02		
	on subsequent revision of the		.03					3.03		
	interim rate for the cost repor		.04				+	3.04		
	Also show date of each paym	n 1 . n	.05					3.05		
	If none, write "NONE" or en	ter a zero. (1)		Provider to Program	.50				+	3.50
					.51					3.51
									+	3.52
					.53				+	3.53
	C-1-4-4-1 ( £1: 2 01 - 3	2.40			.99					3.54 3.99
4		3.49 minus sum of lines 3.50-3.98)			.99					3.99
4	4 Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line									4
	and column as appropriate)									
	and column as appropriate)									
- 5	List separately each tentative	settlement		Program to Provider	.01				$\overline{}$	5.01
5	payment after desk review. Also show			riogram to rrovider	.02				+	5.02
	date of each payment.	.03					+	5.03		
	If none, write "NONE" or en	Provider to Program	.50				+	5.50		
	if hole, whice thorte of the	ter a 2010. (1)		Trovider to Trogram	.51				+	5.51
					.52				+	5.52
	Subtotal (sum of lines 5.01-5	.49 minus sum of lines 5.50 -5.98)			.99					5.99
- 6	Determined net settlement an	Program to Provider	.01					6.01		
Ü	due) based on the cost report (1)			Provider to Program	.02				<del>                                     </del>	6.02
7	Total Medicare program liab				• •					7
- 8	Name of Contractor					Contractor Number		NPR Date (Month/Day/Year)		8
									,	

<sup>(1)</sup> On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.