### CALCULATION OF REIMBURSEMENT SETTLEMENT COMMUNITY PROVIDER SERVICES

#### MENTAL HEALTH CENTER PROVIDER SERVICES

- **PROGRAM CCN:** [ ] Title V  [ ] Title XVIII  [ ] Title XIX

### COST FORM CMS-2552-10

<table>
<thead>
<tr>
<th>Check applicable box</th>
<th>PROGRAM COST</th>
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#### 1 Cost of component services (from Wkst. J-2, Pt. II, line 29)  
#### 2 PPS payments received excluding outliers  
#### 3 Outlier payments  
#### 4 Primary payer payments  
#### 5 Total reasonable cost (see instructions)  
#### 6 Total charges for program services  

### CUSTOMARY CHARGES

#### 7 Aggregate amount actually collected from patients liable for services on a charge basis  
#### 8 Amount 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)  
#### 9 Ratio of line 7 to line 8 (not to exceed 1.000000) (see instructions)  
#### 10 Total customary charges (see instructions)  

#### 11 Excess of customary charges over reasonable cost (see instructions)  
#### 12 Excess of reasonable cost over customary charges (see instructions)  

#### COMPUTATION OF REIMBURSEMENT SETTLEMENT

#### 13 Total reasonable cost (from line 5)  
#### 14 Part B deductible billed to program patients  
#### 15 Net cost (line 13 minus line 14)  
#### 16 Excess of reasonable cost over customary charges (from line 12)  
#### 17 Subtotal (line 15 minus line 16)  
#### 18 80 percent of costs (80% of line 17) (see instructions)  
#### 19 Actual coinsurance billed to program patients (from provider records)  
#### 20 Net cost less actual billed coinsurance (line 17 minus line 19)  
#### 21 Allowable bad debts (from provider records) (see instructions)  
#### 22 Adjusted reimbursable bad debts (see instructions)  
#### 23 Allowable bad debts for dual eligible beneficiaries (see instructions)  
#### 24 Net reimbursable amount (see instructions)  
#### 25 Other adjustments (see instructions) (specify)  
#### 26 Total cost (see instructions)  
#### 26.01 Sequestration adjustment (see instructions)  
#### 26.02 Demonstration payment adjustment amount after sequestration  
#### 27 Interim payments (see instructions)  
#### 28 Tentative settlement (for contractor use only)  
#### 29 Balance due component/program (line 26 minus lines 26.01, 26.02, 27, and 28)  
#### 30 Protested amounts (nonallowable cost report items in accordance with CMS Pub. 15-2, chapter 1, §115.2)