3690 (Cont.) FOR	M CMS-2552-96				09-01
ANALYSIS OF PAYMENTS TO HOSPITAL-BASEI	PROVIDER NO.:		PERIOD	WORKSHEET M-5	
RHC/FQHC PROVIDER FOR SERVICES RENDERED			FROM		
TO PROGRAM BENEFICIARIES	COMPONENT NO.:	_	ТО		
Check Applicable Box: [] RHC	[]FOHC		1		
	[]- (F	Part B	
DESCRIPTION			1	2	
BBSSIII IIOI			mm/dd/yyyy	Amount	
1 Total interim payments paid to providers			IIIII aa, jjjj	1 Infount	1
2 Interim payments payable on individual bills, either					2.
submitted or to be submitted to the intermediary, for					_
services rendered in the cost reporting periods. If					
none, write "NONE", or enter zero.					
3 List separately each retroactive	1	.01		_	3.01
lump sum adjustment amount	Program	.02		+	3.02
based on subsequent revision of	_	.02			3.02
	to				
the interim rate for the	Provider	.04			3.04
cost reporting period. Also show		.05			3.05
date of each payment.	.	.50			3.50
If none, write "NONE",	Provider	.51			3.51
or enter zero (1).	to	.52			3.52
	Program	.53			3.53
		.54			3.54
Subtotal (sum of lines 3.01-3.49					
minus sum of lines 3.50-3.98)		.99			3.99
4 Total interim payments (sum of lines 1, 2, and 3.99)					4
(transfer to Worksheet M-3, line 25)					
TO BE COMPLETED BY INTERMEDIARY					
5 List separately each tentative	Program	.01			5.01
settlement payment after desk review.	to	.02			5.02
Also show date of each payment.	Provider	.03			5.03
If none, write "NONE,"	Provider	.50			5.50
or enter zero (1).	to	.51			5.51
· ·	Program	.52			5.52
Subtotal (sum of lines 5.01-5.49 minus					
sum of lines 5.50-5.98)		.99			5.99
6 Determine net settlement amount	Program				
(balance due) based on the cost	to				
report (see instructions). (1)	Provider	.01			6.01
report (see instructions). (1)	Provider	.01			0.01
	to				
	Program	.02			6.02
	Tiogram	.02			0.02
7 Total Medicare liability (see instructions)					7
Name of Intermediary		Interm	nediary Number		/
rame of intermediary		mem	iculary mullioci		
Cignature of Authorized Dames		Mart	h Day Veen		
Signature of Authorized Person		(Mont	h, Day, Year)		
		1			

FORM CMS-2552-96 (11/98) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3666

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