



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

## Hospital-based rural health clinic (interim rate analysis)

Provider name:

Provider number:

Fiscal year end:

Period covered by this rate analysis:                      From:    To:

(this period will be referred to as "Current period" below)

### Current period information:

1. RHC direct cost
2. Overhead allocated to RHC
- 2a. Ratio of overhead to direct (line2/line1)
3. Total RHC costs (line 1 + line 2)

4. Total visits:

Position	Number of FTEs	Total visits
a. Physician		
b. Physician assistants		
c. Nurse practitioners		
d. Visiting nurse		
e. Clinical psychologists		
f. Clinical social worker		
g. Physician service under agreement	N/A	

5. RHC total charges

6. RHC Medicare visits

[medicare.fcso.com](http://medicare.fcso.com)



**Historical Data:**

Cost report beginning: and ending:  
As filed: final settled:

- 1. RHC direct cost
- 2. Overhead allocated to RHC
- 2a. Ratio of overhead to direct (line2/line1)
- 3. Total RHC costs (line 1 + line 2)
- 4. Total visits:

Position	Number of FTEs	Total visits
a. Physician		
b. Physician assistants		
c. Nurse practitioners		
d. Visiting nurse		
e. Clinical psychologists		
f. Clinical social worker		
g. Physician service under agreement	N/A	

- 5. RHC total charges
- 6. RHC Medicare visits
- 7. RHC Medicare charges

**I hereby certify that to the best of my knowledge and belief that this is a true, and complete statement prepared from the books and records of the provider in accordance with applicable instruction, except as noted.**

Prepared by: Title:  
Phone #: Date prepared:  
Email:

**Send this information:**

By email to [InterimReimbReviews@fcso.com](mailto:InterimReimbReviews@fcso.com) - please indicate the provider number in the subject line  
By fax: (904)791-8441  
By mail:

JN PARD Reimbursement  
First Coast Service Options Inc.  
2020 Technology Parkway, Suite 100  
Mechanicsburg, PA 17050-9419

(Do not mail if you have faxed or emailed the information)