

Medicare provider number:

Provider name:

FYE from:  to:

Rate review period if different from FYE:

### **Direct graduate medical education cost information**

*If new program, attach documentation of its approval by appropriate agency.*

1. Intern & resident FTEs for the current year from your records:

1996 FTE cap

Unweighted FTEs for allopathic & osteopathic programs

Weighted FTEs for primary care physicians in an allo/osteopathic program

Weighted FTEs for all other physicians in an allo/osteopathic program

Weighted FTEs for dental and podiatric residents

2. Medicare Part A inpatient days (hospital and subunits)

3. Total inpatient days (excluding Nursery and including subunits)

4. Medicare Utilization (line 2/line 3)

5. Medicare Part A Reasonable Cost

6. Medicare Part B Reasonable Cost

7. Total Medicare Cost (line 4 + line 5)

8. Ratio of Part A to Total (line 5/line 7)

9. Ratio of Part B to Total (line 6/line 7)

Contact person for interim rate

Telephone number

Fax number

email address

Person certifying that the information provided is accurate to the best of your knowledge:

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**Send this information:**

By email to [InterimReimbReviews@fcso.com](mailto:InterimReimbReviews@fcso.com) - please include 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 a copy if you have faxed or emailed the information)

**Attachment for PIP providers**

1. Provider number

2. FYE:  From:  To:

Quarterly review: (1) (2) (3) (4)

**Medicare discharges**

	<b>Month</b>	<b>Prior year* Actual</b>	<b>Current year* Projected</b>	<b>Current year* Actual</b>
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Total</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Report discharges net of transfers.