

TRANSMITTAL CHECK SHEET -- PROVIDER REIMBURSEMENT MANUAL - PART 2

CHAPTER 38

Use this check list to record receipt of revision transmittals.

- | | | | |
|-----------|-----------|-----------|------------|
| 1. _____ | 26. _____ | 51. _____ | 76. _____ |
| 2. _____ | 27. _____ | 52. _____ | 77. _____ |
| 3. _____ | 28. _____ | 53. _____ | 78. _____ |
| 4. _____ | 29. _____ | 54. _____ | 79. _____ |
| 5. _____ | 30. _____ | 55. _____ | 80. _____ |
| 6. _____ | 31. _____ | 56. _____ | 81. _____ |
| 7. _____ | 32. _____ | 57. _____ | 82. _____ |
| 8. _____ | 33. _____ | 58. _____ | 83. _____ |
| 9. _____ | 34. _____ | 59. _____ | 84. _____ |
| 10. _____ | 35. _____ | 60. _____ | 85. _____ |
| 11. _____ | 36. _____ | 61. _____ | 86. _____ |
| 12. _____ | 37. _____ | 62. _____ | 87. _____ |
| 13. _____ | 38. _____ | 63. _____ | 88. _____ |
| 14. _____ | 39. _____ | 64. _____ | 89. _____ |
| 15. _____ | 40. _____ | 65. _____ | 90. _____ |
| 16. _____ | 41. _____ | 66. _____ | 91. _____ |
| 17. _____ | 42. _____ | 67. _____ | 92. _____ |
| 18. _____ | 43. _____ | 68. _____ | 93. _____ |
| 19. _____ | 44. _____ | 69. _____ | 94. _____ |
| 20. _____ | 45. _____ | 70. _____ | 95. _____ |
| 21. _____ | 46. _____ | 71. _____ | 96. _____ |
| 22. _____ | 47. _____ | 72. _____ | 97. _____ |
| 23. _____ | 48. _____ | 73. _____ | 98. _____ |
| 24. _____ | 49. _____ | 74. _____ | 99. _____ |
| 25. _____ | 50. _____ | 75. _____ | 100. _____ |

HOSPICE FACILITY
FORM CMS 1984-99

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