

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost report period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0202

HOME OFFICE COST STATEMENT	Designated Intermediary Use Only		Date Received:	SCHEDULE A page 1 of 3
	<input type="checkbox"/>	Desk Reviewed	Intermediary No.	
	<input type="checkbox"/>	Audited		

GENERAL INFORMATION, CERTIFICATION AND LISTING OF CHAIN COMPONENTS

Part I - General Information

1. Home Office Name:	2. No. Assigned by Designated Intermediary:
	2.01 No. Assigned by CMS:
3. Home Office Address:	4. Chain Operations
	Started On:
5. Contact Person	6. Cost Statement Period:
Name: _____	From: _____
Title: _____	To: _____
Phone: _____	7. Was Audited Financial Data used on
	Schedule B? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Type of Chain Organization (check applicable item)	
a) voluntary non-profit	b) proprietary/investor-owned
_____ Church affiliated	_____ Individual
_____ Community	_____ Partnership
_____ Private	_____ Corporation
_____ Charitable	_____ Other (specify) _____
_____ Other (specify) _____	c) governmental
	_____ Federal
	_____ State
	_____ County
	_____ City
	_____ District
	_____ Other(specify) _____
9. Key Officers of Home Office (attach listing if necessary)	
President	_____
Vice President(s)	_____

Secretary	_____
Treasurer	_____
Controller	_____
Others(specify)	_____

Part II--Certification By Officer of Home Office

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying statement of allowable Home Office costs (and equity capital if applicable), the allocation thereof to the chain components, and the other supporting schedules for the period beginning _____, 20__, and ending _____, 20__. To the best of my knowledge and belief, they are true and correct statements from the books and records of the Home Office in accordance with applicable instructions, except as noted (attach a statement with exception if necessary).

(signed) _____
(title) _____
(date) _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0202. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

PART III-- LISTING OF CHAIN HEALTHCARE FACILITY COMPONENTS (Attach additional pages if necessary) (Please indicate all Medicare numbers excluding Sub-Providers, Provider-Based Skilled Nursing Facilities and Home Health Agencies)					Home Office:	Period From: _____ To: _____		SCHEDULE A page 2 of 3		
Component Name Health Care Facilities 1	Medicare No. 2	Periods Ending During Home Office Fiscal Year		Date Acquired During the Home Office Fiscal Year 5	Date Sold/Closed During the Home Office Fiscal Year 6	Medicaid Participation	Type of Reimbursement	Medicare Intermediaries 9	Medicaid Intermediaries 10	
		From: 3	To: 4			Yes/No 7	N, P, T, O 8			
1.										1.
2.										2.
3.										3.
4.										4.
5.										5.
6.										6.
7.										7.
8.										8.
9.										9.
10.										10.
11.										11.
12.										12.
13.										13.
14.										14.
15.										15.
16.										16.
17.										17.

PART IV-- LISTING OF OTHER (NON-PROVIDER) CHAIN COMPONENTS (Attach additional pages if necessary)		Home Office:		Period From: _____ To: _____	SCHEDULE A page 3 of 3	
Component Name Other Components	Periods Ending During Home Office Fiscal Year		During the Home Office Fiscal Year			
	From	To	Date Acquired	Date Sold or Closed		
	1	2	3	4	5	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9

PART V--LISTING OF REGIONS/DIVISIONS

Name	Location		Costs Included in this Cost Statement	Separate Cost Statement Filed		Designated Region/Division Intermediary	
	City	State		Yes	No		
1	2	3	4	5	6	7	
1							1
2							2
3							3
4							4

DISCLOSURE OF THE HOME OFFICE COST STATEMENT

The home office cost statement is not an integral part of the providers' cost report; therefore, it is not affected by 20 CFR 422.435(c) which requires disclosure of providers' cost reports. Any request received under the Freedom of Information Act (FOIA) regarding a home office cost statement will be subjected to a case by case determination of whether to withhold the information in whole or in part. In most cases, since the home office cost statements contain information the disclosure of which may result in a competitive disadvantage for many provider chains, the exemption from disclosure provided in 5 USC, Sec. 552(b)(4) will apply.

