08-05	FORM CMS 287-05	3990 (Cont.)
U8-U5	FURIVI CIVIS 287-US	3990 (C.On. )

00-0	ງວ	FORM CIVIS 207-05		3990 (C	ont.)	
STAT	ATEMENT OF COSTS OF SERVICES			SCHEDULE D		
			page 1 of 2			
			Period			
Home	2					
Office	e:		From:		To:	
Part A	Α.	Are there any costs included on Schedule B which resulted				
		from transactions with related organizations as				
		42 CFR 413.17?				
		Yes			No	
		If "YES," complete Parts B and C following.				
Part E	3.					
		Costs incurred and adjustment required as a res	sult of			
		transactions with related organizations:				
	1			T .	I	1
		Account and Amount		Amount	Net Adjustment	
		(on Schedule B, column 3)	T	Allowable	(col. 3 minus	
	Line	Expense Account	Amount	in Cost	col.4) *	1

	Account and Amount (on Schedule B, column 3)			Amount Net Adjustment		
				Allowable	(col. 3 minus	
	Line	Expense Account	Amount	in Cost	col.4) *	
	1	2	3	4	5	
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.
100	Total (sum of lines	1-99)				100

<sup>\*</sup> transfer to column 1 of Schedule C, applicable lines

3990 (Cont.)		FORM CMS 287-05		08-0		
	STATEMENT OF COSTS OF SERVICES	Home Office:		Period:	SCHEDULE	
FROM RELATED ORGANIZATIONS				From:	D page 2 of 2	
				То:		
	Part C. Inter-relationship of chain Home Office	to related organization:	<del>-</del>			1
	Name of Related Organization	Type of Business	Related Through Ownership or Control	Explanation of Relationship		
	1	2	3	4		
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.
6.						6.
7						7
8.						8.
9						9.
-						Э.
10.						10.
11						11
12						12
13						13
14						14
	<u> </u>					
15						15
16						16

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