**TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM**

**PAYMENT RECONCILIATION TOOL**

**FISCAL YEAR 20XX**

|  |
| --- |
| **(1) Name of Award Recipient** |
| **(2)****HRSA THCGME****3-Digit Resident Position Identifier** | **(3)****FTE paid by THC****(from THCGME funding)** | **(4)****FTE paid by****Other Sources** | **(5)****Did the resident in this position rotate at a hospital below its Medicare resident cap?** | **(6)****Explain any Changes or Deviations****from the number****of FTEs funded on your last NGA?** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\* Resident FTE is measured in terms of time spent in residency training during the Fiscal Year rather than a simple count of the number of individual residents who are training.  In box 3 recipients may not include any portion of training in institutions that received (or will request) payment through other sources (including, but not limited to, Medicare, Medicaid, the Children’s Hospital GME program, or the Primary Care Residency Expansion program) for that training.  Recipients are not permitted to receive GME funding from other sources for the same portion of training that the THC funds will cover.