

Exhibit S: Final Medicare FI Assessment Letter (Top Memorandum)

1.1.1. Exhibit S: Findings

Current MCR Period FYE:

*** Add Finding**

FYE Year Type

Finding

Serial Number	FYE Year Type	Finding	Options
			Edit
			Edit
			Edit

1.1.2. Exhibit S: Recommendations/Conditions

Current MCR Period FYE:

*** Add Recommendation/Condition**

Recommendation/Condition

Serial Number	Recommendation/Condition	Options
		Edit

1.1.3. Exhibit S: Field Review Activities

Current MCR Period FYE:

*** Add Field Review Activity**

Field Review Type


Field Review Activity

Serial Number	Field Review Type	Field Review Activity	Options
			Edit
			Edit

1.1.4. Exhibit S: Medicare Intermediary

Current MCR Period FYE:

Medicare Intermediary Information

* Cover Letter Date (mm/dd/yyyy)	<input type="text"/>		
* Assessment Review Type	<input type="text" value="Select One"/>		
* Salutation	<input type="text" value="Select One"/>		
Other Salutation	<input type="text"/>		
* First Name	<input type="text"/>		
* Last Name	<input type="text"/>		
Title	<input type="text"/>		
Department	<input type="text"/>		
* Company	<input type="text"/>		
* Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>		
* City	<input type="text"/>		
* State	<input type="text" value="Select State"/>		
* Zip Code	<input type="text"/>	- <input type="text"/>	
* Letter Signature Name	<input type="text"/>		
* Letter Signature Title	<input type="text"/>		
* Subcontractor Name For CC Letter	<input type="text"/>		
* Subcontractor Title For CC Letter	<input type="text"/>		
* FI Contact Telephone Number	<input type="text"/>	- <input type="text"/>	Ext. <input type="text"/>
FI Alternate Telephone Number	<input type="text"/>	- <input type="text"/>	Ext. <input type="text"/>
FI Alternate Contact Name	<input type="text"/>		