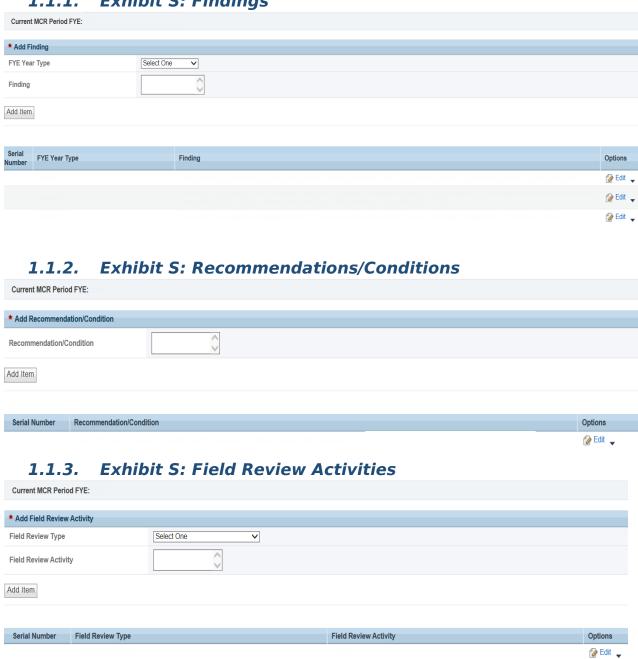
Exhibit S: Final MAC Adjustment and Overlap Resolution Letter

Exhibit S: Findings 1.1.1.



🕜 Edit 🕌

1.1.4. Exhibit S: Medicare Intermediary

Current MCR Period FYE:

Medicare Intermediary Information		
★ Cover Letter Date (mm/dd/yyyy)		
* Assessment Review Type	Select One 🗸	
★ Salutation	Select One V	
Other Salutation		
★ First Name		
★ Last Name		
Title		
Department		
* Company		
* Address Line 1		
Address Line 2		
* City		
* State	Select State V	
★ Zip Code		
★ Letter Signature Name		
★ Letter Signature Title		
★ Subcontractor Name For CC Letter		
★ Subcontractor Title For CC Letter		
* FI Contact Telephone Number	- Ext.	
FI Alternate Telephone Number	- Ext.	
FI Alternate Contact Name		