#### FORM CMS-287-22

#### 4895 FORM APPROVED

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 REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

OMB NO. 0938-0202 EXPIRES 11/30/2024

#### HOME OFFICE COST STATEMENT STATUS AND CERTIFICATION

HOME OFFICE PERIOD: NUMBER: FROM:

TO:

SCHEDULE S

#### PART I - COST STATEMENT STATUS 1 Amended cost statement 1 Amendment number 2 3 Date received 3 4 First cost statement for this home office number 4 Last cost statement for this home office number 5 5 6 Cost statement status 6 7 Reopening number 7 8 Date of Finalization of Home Office Cost Statement 8 9 9 Contractor number 10 10 ADR software vendor code

PART II - CERTIFICATION

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 WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
	1	2	SIGNATURE STATEMENT	
1			I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Signature Date			4

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 OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0202. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 466 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, MAIL STOP C4-26-05, BALTIMORE, MD, 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

4895 (CONT.)				FORM CMS-287-22	2						04-23
IDENTIFICATION DATA							HOME OFFICE	PERIOD:	5	CHEDULE S-	
							NUMBER:	FROM:			
								TO:			
							•				
PART I - HOME OFFICE DATA											
	STREET ADDRESS	LINE 1	S	TREET ADDRESS LINE 2		P O BOX	CITY	7	STATE		
	1			2		3	4		5	6	
1 HO/CO Location											1
	1						DATE OPERATIONS	DEDO		VOD	_
		LIONE OFFICE	NAME			OME OFFICE	DATE OPERATIONS		RTING PEF		_
		HOME OFFICE	NAME			NUMBER 2	BEGAN 3	BEGINNING DA	TE EN	DING DATE	_
2 HO/CO Information		1				2	3	4		5	2
2 110/00 1110/11141011											
	TYPE OF CONTROL		DESCRIP	TION	<u> </u>						
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3 HO/CO Control	-										3
							RECONCILE TO				
	PREPARED BY CPA	A / C /	R	SUBMITTED	DAT	E AVAILABLE	COST STATEMENT				
	1	2		3		4	5				
4 Financial Statements											4
		-			-						
	FIRST NAME	LAST NA	AME	TITLE	TELEP	HONE NUMBER	EMAIL A		E	MPLOYER	_
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5 Contact Information											5
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PART II - KEY OFFICER DATA POSITION / JOB TITLE	KEV OF	FICER NAME									
1	KET OF	2									_
1 President		2									1
2 Vice President											2
3 Secretary											3
4 Treasurer											4
5 Controller											5
6											6
7											7
8											8
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03-24					FORM CM	<b>1S-287-22</b>					4895 (CO	NT.)
LISTING	OF COMPONENTS							HOMI NUMI		ERIOD: FROM:	SCHEDULE S-2	
										то:		
DADTI	HEALTHCARE PROVIDER CO	MDONENTC										
PARI I -	HEALTHCARE PROVIDER COL	MPONENTS	OWNED OR		ERIOD ENDING FISCAL YEAR	DATE	DATE SOLD / CLOSED /	MEDICAID PARTICI-	MEDICARE REIMBURSE	MEDICARE CONTRACTOR	MEDICAID CONTRACTOR	
	COMPONENT NAME	CCN	MANAGED	BEGINNING	ENDING	ACQUIRED	CEASE OPER	PATION	MENT TYPE		NAME	
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	- NON-HEALTHCARE COMPONE											
PARI II ·	- NON-HEALTHCARE COMPONE	ENIS	1	ACCOUNTING	PERIOD ENDING		DATE			-		
					FISCAL YEAR	DATE	SOLD /					
	COMPONENT NAME			BEGINNING	ENDING	ACQUIRED	CLOSED					
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1												1
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PART III	- REGION / DIVISION COMPON	IENTS										
		REGIONAL			DECION	V/DIVISION LO	CATION		COSTS INCLUDED IN THIS COST	SEPARATE COST STATEMENT	REGION / DIVISION	
	COMPONENT NAME	HO NUMBER			CI		JAHON	STATE	STATEMENT		CONTRACTOR	
	1	2	3		4			5	6	7	8	
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# 4895 (CONT.) RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

# FORM CMS-287-22

HOME OFFICE NUMBER: PERIOD: FROM: \_

TO:

SCHEDULE A

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9Slaries & Wages Others() <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>4</td></t<>										4
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12Employee Benefics - Non-Pay RelatedIncome SeriesIncome Series <td></td>										
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14Legal FeesIncomeIncom	12 Employee Benefits - Non-Pay Related									
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17CommunicationsInterst AgeInterst Age										
18Travel & Entertainment111 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>										-
19TransportationIndex <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>										-
20Cleaning, Office & Admin SuppliesImageIma										-
11Minor EquipmentImage: Minor EquipmentImage: Mino										+
22Repairs & MaintenanceImage: Control of the second	20 Cleaning, Office & Aufini Supplies									+
23Dues & SubscriptionsImage: ContributionsImage: Contributio										-
24Contributions <td>22 Repairs &amp; Maintenance</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>+</td>	22 Repairs & Maintenance									+
25Isurance Premiums - Non-CapitalIncome <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>										
26Taxes & License - Non-CapitalImage: Second										
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	99 Subtotal Non-capital Cost									+
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			INCR	EASES			DECREASES	
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RECLASSIFICATIONS OF EXPENSES

# 4895 (CONT.) SCHEDULE A-6

PERIOD:

HOME OFFICE NUMBER:

FROM:

FORM CMS-287-22

4895 (CONT.)		FORM CI	MS-287-22					0	04-23
ANALYSIS OF CAPITAL COST CENTERS					HOME NUMB		PERIOD: FROM: TO:	SCHEDULE A-7	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
	BEGINNING BALANCE	PURCHASES	ACQUISITIONS DONATIONS	TOTAL	RETIRE- MENTS AND DISPOSALS	ENDING BALANCE			
DESCRIPTION	1	2	3	4	5	6	7	-	
1 Land									1
2 Land Improvements									2
3 Buildings & Fixtures									3
4 Building Improvements									4
5 Fixed Equipment									5
6 Movable Equipment									6
7 Subtotal									7
8 Reconciling Items									8
9 Total									9

		COMPUTATIO	ON OF RATIOS		ALLOCA	TION OF OTHER (	CAPITAL RELATE	ED COSTS
		CAPITAL-	GROSS		INSURANCE	TAXES &	ALL OTHER	
	GROSS	IZED	ASSETS		PREMIUMS-	LICENSES-	CAPITAL	ALLOCATION
	ASSETS	LEASES	FOR RATIO	RATIO	OTHER CRC	OTHER CRC	REL COSTS	TOTAL
DESCRIPTION	1	2	3	4	5	6	7	8
1 CRC-B&F								
2 CRC-ME								
3 Total								

			SU	MMARY OF CAPI	ΓAL			T
				INSURANCE	TAXES &	ALL OTHER		1
	DEPRE-			PREMIUMS-	LICENSES-	CAPITAL		
	CIATION	LEASE	INTEREST	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
DESCRIPTION	9	10	11	12	13	14	15	
1 CRC-B&F								1
2 CRC-ME								2
3 Total								

10-2	2 FORM CMS-287-22					4895 (0	CONT.)
ADJU	STMENTS TO EXPENSES			HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE A	<b>A-8</b>
					10:		
					SCHEDULE A COS	T CENTER	-
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOU	NT	DESCRIPTION	LINE #	
	1	2	3		4	5	
	Federal, state income tax, franchise tax, and related interest and penalties on late payments (CMS Pub. 15-1, chapter 21, §2122.2)						1
	Stockholders servicing costs (CMS Pub. 15-1, chapter 21, §2134.9)						2
	Acquisition expenses (CMS Pub. 15-1, chapter 21, §2134.11)						3
	Bad debts (CMS Pub. 15-1, chapter 3, §300)						4
	Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub. 15-1, chapter 21, §2130)						5
	Annual stockholder meeting expenses (CMS Pub. 15-1, chapter 21, §2134.9)						6
	Non-healthcare projects (CMS Pub. 15-1, chapter 21, §2102.3)						7
	Non-competition agreement expenses (CMS Pub. 15-1, chapter 21, §2105.1)						8
	Fund-raising expenses (CMS Pub. 15-1, chapter 21, §2136.2)						9
	Rebates/refunds on expenses (CMS Pub. 15-1, chapter 8, §804)						10
	Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, chapter 10, §1011.5)						11
	Related organizations (CMS Pub. 15-1, chapter 10, §1000)	Sch. A-8-1					12
	Value of services of non-paid workers (CMS Pub. 15-1, chapter 7, §700)						13
	Interest on loans between home office and components (CMS Pub. 15-1, chapter 21, §2150.2C)						14
	Costs of corporate acquisitions of capital stocks and acquisition & development department (CMS Pub. 15-1, chapter 21, §2150.2B)						15
	Interest on loans paid to owners/partners (CMS Pub. 15-1, chapter 2, §218)						16
17	Abandoned construction in progress cost (CMS Pub. 15-1, chapter 21, §2155)						17
18							18
19							19
20							20
21							21
22							22
23							23
24							24
25							25
26							26 27
27		_					27
28		_					28
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		+ +					
		+ +					
	Total						100

FORM CMS-287-22 (10/2022) (INSTRUCTIONS FOR THIS SCHEDULE ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4802.100 THROUGH SECTION 4802.102.)	
48-508	

	1 11200011		SULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS AND/OR HO					
	00111			SCH A-8-1	AMOUNT	AMOUNT	NUT	
		DULE A COST CENTER		PART II	ALLOWABLE	INCLUDED IN	NET	
	LINE #	DESCRIPTION	EXPENSE ITEM DESCRIPTION	LINE #	IN COST	SCH A, COL 3	ADJUSTMENT	
	1	2	3	4	5	6	7	
1								
2								
3								
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7								
8								
9								
10								
								1
								1
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100	TOTAL							1

#### PART II - INTERRELATIONSHIP OF HOME OFFICE / CHAIN ORGANIZATION TO RELATED ORGANIZATIONS

	in morbiu	dentrification of fitoline office		, and a second second				
	INTERRELA-	INTERRELATIONSHIP			RELATED			
	TIONSHIP	DESCRIPTION	NAME OF	PERCENTAGE	ORGANIZATION	PERCENTAGE	TYPE OF	
	SYMBOL	(IF SCH A-8-1, PART II, COL 1 = G)	RELATED INDIVIDUAL	OWNERSHIP	NAME	OWNERSHIP	BUSINESS	
	1	2	3	4	5	6	7	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
50								50

#### 4895 (CONT.) FORM CMS-287-22 COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND/OR HOME OFFICE/CHAIN ORGANIZATIONS

SCHEDULE A-8-1

#### FORM CMS-287-22

1 2 3

4 5

50

51

#### DIRECT ALLOCATION OF CAPITAL RELATED COSTS

HOME OFFICE PERIOD: NUMBER: FROM:\_\_\_\_\_ TO:\_\_\_\_ SCHEDULE B

PART I - HEALTHCARE PROVIDER COMPONENTS CAPITAL RELATED OTHER CAPITAL RELATED INSURANCE TAXES & ALL OTHER CRC-CRC-PREMIUMS-LICENSES-CAPITAL OTHER CRC OTHER CRC REL COSTS TOTAL B&F ME COMPONENT NAME CCN 1 2 3 4 5 6 1 2 3 4 5 50 51 Total PART II - NON-HEALTHCARE COMPONENTS

CAPITAL RELATED OTHER CAPITAL RELATED INSURANCE TAXES & ALL OTHER CRC-CRC-PREMIUMS-LICENSES-CAPITAL B&F ME OTHER CRC OTHER CRC REL COSTS TOTAL COMPONENT NAME 1 2 4 5 6 7 1 1 2 2 3 3 4 5 4 5 50 50 51 Total 51

#### PART III - REGION / DIVISION COMPONENTS

		CAPITAL	RELATED	OT	HER CAPITAL RELAT	ГED		
				INSURANCE	TAXES &	ALL OTHER	1	
	REGIONAL	CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
	НО	B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
COMPONENT NAME	NUMBER	1	2	4	5	6	7	
1								1
2								2
3								3
4								4
5								5
50								50
51 Total								51
52 Grand Total								52

4895 (CONT.)

#### FORM CMS-287-22 DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS HOME OFFICE PERIOD: SCHEDULE B-1, PART I NUMBER: FROM: TO:

PART	I - HEALTHCARE PROVIDER COMP	ONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	1
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMENT	PORTATON	I
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	1
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2															2
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51	Total														51
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			CLEANING,		<b>REPAIRS &amp;</b>	DUES &		INSURANCE	TAXES &						
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				I
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	I
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	1
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51

DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS

HOME OFFICE	PERIOD:	SCHEDULE B-1,
NUMBER:	FROM:	PART II
	TO	

ADT II I	NON HEALTHCARE COMPONEN	ITTC													
ART II - I	NON-HEALTHCARE COMPONED	NIS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-		TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMENT	PORTATON	
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	
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	1		CLEANING		REPAIRS &	DUES &		INSURANCE	TAXES &						51
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			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME			TOTAL	51
	I COMPONENT NAME		OFFICE &		MAINTEN-	SUBSCRIP-		PREMIUMS-	LICENSES-					TOTAL 99	51
			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1
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			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1
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			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1
			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1 2 3 4
			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1 2 3 4
			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				1 2 3 4

FORM CMS-287-22 (10/2022) (INSTRUCTIONS FOR THIS SCHEDULE ARE PUBLISHED IN CMS PUBLISHED IN	UB. 15-2, SECTION 4803.20 THROUGH SECTION 4803.23.)			
Rev. 1				48-511
4895 (CONT.)	FORM CMS-287-22			10-22
DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS		HOME OFFICE	PERIOD:	SCHEDULE B-1,
		NUMBER:	FROM:	PART III

											TO:			
														_
T III - REGION/DIVISION COMPC	NENTS													
		SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		Т
	REGIONAL	OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	
	HO	OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMENT	PORTATON	í
COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	1
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Total														T
Grand Total														T
		CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						Τ
	REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				
	HO	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	1
														Τ
														Ι
														T
														T
														T
														T
														T
														Ť
Total														T
Grand Total				1	i		i		i		İ	i	1	+

	FORM CMS-287-22	2		4895 (C	ONT.)
FUNCTIONAL ALLOCATION OF CAPITAL RELATED COSTS		HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE C	
			TO:		
PART I - HEALTHCARE PROVIDER COMPONENTS	· · · ·	I		1	
		CRC-	CRC-		
		B&F	ME	TOTAL	
COMPONENT NAME	CCN	1	2	3	1
2					1 2 3 4
3					3
4 5					5
50					50
50 51 Total					50
	L. L.			•	
PART II - NON-HEALTHCARE COMPONENTS				1	<u> </u>
		CRC-	CRC-		
		B&F	ME	TOTAL	
COMPONENT NAME		1	2	3	1
2					2
3					3
4 5					4
50 51 Total					50 51
					51
PART III - REGION / DIVISION COMPONENTS				1	
	REGIONAL	CRC-	0		
	НО	B&F	0	TOTAL	
COMPONENT NAME	NUMBER	1	2	3	1
					1 2
3					2 3 4
4					4
5					5
50					50
51 Total 52 Grand Total					51 52
					52

4895 (CONT.)	FOR	RM CMS-287-22	2			04-23
FUNCTIONAL ALLOCATION OF CA	APITAL RELATED COSTS - STATIST	TICS	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE C-1	L
				TO:		
PART I - HEALTHCARE PROVIDER	COMPONENTS		•	•	•	
	COMPONENTS					
COM	1PONENT NAME	CCN	CRC- B&F (SQUARE FEET) (1) 1	CRC- ME (DOLLAR VALUE) (2) 2		
1						1
2						2 3 4
4						4
5						5
50 51 Total						50 51
						51
PART II - NON-HEALTHCARE COM	IPONENTS					
СОМ	IPONENT NAME	CCN	CRC- B&F (SQUARE FEET) (1) 1	CRC- ME (DOLLAR VALUE) (2) 2		
1						1
2						2
4						4
5						5
50 51 Total						50 51
						51
PART III - REGION / DIVISION COM	APONENTS					
СОМ	IPONENT NAME	CCN	CRC- B&F (SQUARE FEET) (1) 1	CRC- ME (DOLLAR VALUE) (2) 2		
1						1
2 3						2 3 4
4						4
5						5
50 51 Total						50 51
52 Grand Total						52
53 Cost to be allocated 54 UCM						53 54
						54

# FUNCTIONAL ALLOCATION OF NON-CAPITAL RELATED COSTS

# FORM CMS-287-22

HOME OFFICE	PERIOD:	SCHEDULE D,
NUMBER:	FROM:	PART I
	то:	

PART	I - HEALTHCARE PROVIDER COMP	PONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	1
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS		ING FEES	UTILITIES	CATIONS	TAINMENT	PORTATON	1
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	1
1														1 1	1
2														1 1	2
3														1 1	3
4														1 1	4
5														1 1	5
50															50
51	Total														51
	•														
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
			OFFICE &	MINOR	MAINTEN-		CONTRI-	PREMIUMS-		INTEREST	INTEREST				1
			ADMIN SUP	-	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	1
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	1
1			20			25	24	20	20	27	20			35	1
2		+												+	2
3		+												+	3
4		1												+	4
														+	5
		+												╉────┨	
		+												+	
50		+												+	50
	Total													+	51
- 51	1000														51

 FORM CMS-287-22 (10/2022) (INSTRUCTIONS FOR THIS SCHEDULE ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4805 THROUGH SECTION 4805.13.)

 Rev. 1

 4895 (CONT.)

 FORM CMS-287-22

FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS

# HOME OFFICE PERIOD: SCHEDULE D, NUMBER: FROM: PART II TO: TO:

PART	II - NON-HEALTHCARE COMPONENTS														
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		· · · · ·
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	1
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS		PORTATON	1
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	1
1			_	_	-			_		_					1
2														++	2
3														++	3
4														++	4
5														++	5
														++	
														++	
50														++	50
	Total													++	51
			CLEANING,		<b>REPAIRS &amp;</b>	DUES &		INSURANCE	TAXES &	1		1		Г	
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-		INTEREST	INTEREST				1
			ADMIN SUP		ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	1
	COMPONENT NAME	-	20	21	22	23	24	25	26	27	28			31	1
1	COMPONENT NAME		20	21	22	25	24	25	20	27	20			51	1
2														┥───┤	2
2														╉────┤	3
3														╉────┤	4
4														╂────┤	4
5														╂─────┤	<u> </u>
														╂────┤	<u> </u>
														┥───┤	50
50														┥───┤	50
51	Total														51

FORM CMS-287-22 (10/2022) (INSTRUCTIONS FOR THIS	S SCHEDULE ARE PUBLISHED IN CMS PUB. 15-2, SECTION 4805 THROUGH SECTION 4805.13.)			
48-516				Rev. 1
10-22	FORM CMS-287-22			4895 (CONT.)
FUNCTIONAL ALLOCATION OF NON-CAPITAL COST	ΓS	HOME OFFICE	PERIOD:	SCHEDULE D,
		NUMBER:	FROM:	PART III

											то			
											TO:			
											•			
RT PART III - REGION / DIVISION	COMPONENTS													_
		SALARIES	SALARIES	0	EMP BEN-	EMP BEN-	PROFIT	0	AUDIT /	0	0	TRAVEL	0	
	REGIONAL	OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-	0	COMMUNI-	& ENTER-	TRANS-	
	HO		OF OTHERS		RELATED		SION PLANS		ING FEES	UTILITIES	CATIONS		PORTATON	
COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	Ŧ
														∔
														∔
														+
														∔
														∔
														∔
														∔
)														∔
Total														∔
Grand Total														Τ
1												1	-	Ļ
		CLEANING,		REPAIRS &			INSURANCE							
	REGIONAL	OFFICE &	MINOR	MAINTEN-			PREMIUMS-		INTEREST	INTEREST				
	HO	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	1
COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	∔
														∔
														∔
														∔
														∔
														∔
														∔
														∔
														∔
1 Total														∔
2 Grand Total														1

# 4895 (CONT.)

#### FORM CMS-287-22 FUNCTIONAL ALLOCATION OF NON-CAPITAL RELATED COSTS - STATISTICS SCHEDULE D-1, HOME OFFICE PERIOD: NUMBER: FROM: PART I TO:

	I - HEALTHCARE PROVIDER COMP	ONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMENT	PORTATON	
			(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	
			BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
			CLEANING, OFFICE &	MINOR	REPAIRS & MAINTEN-	DUES & SUBSCRIP-	CONTRI-	INSURANCE PREMIUMS-	TAXES & LICENSES-	INTEREST	INTEREST				
			· · · · · · · · · · · · · · · · · · ·	MINOR EQUIP			CONTRI- BUTIONS			INTEREST EXPENSE	INTEREST INCOME				
			OFFICE &	-	MAINTEN-	SUBSCRIP-		PREMIUMS-	LICENSES-		-				
			OFFICE & ADMIN SUP	EQUIP	MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	EXPENSE	INCOME				
	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER	EQUIP (ENTER	MAINTEN- ANCE (ENTER	SUBSCRIP- TIONS (ENTER	BUTIONS (ENTER	PREMIUMS- NON-CAP (ENTER	LICENSES- NON-CAP (ENTER	EXPENSE (ENTER	INCOME (ENTER			99	
1	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	1
1	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2
$\begin{array}{c} 1\\ 2\\ 3 \end{array}$	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3
	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3 4
	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3
	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3 4
3 4 5	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3 4 5
3 4 5 50	COMPONENT NAME	CCN	OFFICE & ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	PREMIUMS- NON-CAP (ENTER BASIS)	LICENSES- NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)			99	2 3 4

FORM CMS-287-22

10-22

#### FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS - STATISTICS

HOME OFFICE	PERIOD:	SCHEDULE D-1,
NUMBER:	FROM:	PART II
	TO:	

ART II - NON-HEALTHCARE COMPONENTS													
	SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
	OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	
	OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS		PORTATON	
	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	
	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	1
COMPONENT NAME	8	9	10	11	12	13	14	15	16	17	18	19	1
1													
2													
3													
4													
5													
50													5
51 Total													5
							-			1	-	•	
	CLEANING,			DUES &		INSURANCE							
	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-		INTEREST					
	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME				
	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER				
	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)				
COMPONENT NAME	20	21	22	23	24	25	26	27	28			99	L
1													
2													
3													
4													
5													
													<u> </u>
													5
50 51 Total													5

FORM CMS-287-22 (10/2022) (INSTRUCTIONS FOR THIS SCHEDULE ARE PUBLISHED IN CMS F	UB. 15-2, SECTION 4805.20 THROUGH SECTION 4805.23.)			
Rev. 1				48-519
4895 (CONT.)	FORM CMS-287-22			10-22
FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS - STATISTICS		HOME OFFICE	PERIOD:	SCHEDULE D-1,
		NUMBER:	FROM:	PART III

											TO:		
T III - REGION/DIVISION COMPO	NENTS												
I III - REGION / DIVISION COMPO		SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL	1
		OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-
		-	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS		PORTATON
	REGIONAL	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER
	НО	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)
COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19
		~											
Total													
Grand Total													
Cost to be allocated													
UCM													
•					•							•	•
		CLEANING,		<b>REPAIRS &amp;</b>	DUES &		INSURANCE	TAXES &					
		OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST			
		ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			
	REGIONAL	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER			(ENTER
	HO	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)			BASIS)
COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99
Total													
Grand Total													
B Cost to be allocated													
4 UCM													

03-24												
ALLOCATION OF POOLED COSTS FOR DOUBLE ALLOCATION ME	THOD				HOME NUME		PERIOD: FROM: TO:	SCHEDULE E				
	ALLOCATION STATISTICS (TOTAL COST) (1)	ALLOCATION RATIO	CAPITAL CRC- B&F	RELATED CRC- ME	NC SALARIES OF OFFICERS	N-CAPITAL RI SALARIES & WAGES OF OTHER	ALL OTHER	INTEREST INCOME				
DESCRIPTION 1 Healthcare Provider Components	1	2	3	4	5	6	/	8	1			
2 Non-Healthcare Components					1	1			2			
3 Region / Division Components									3			
4 Total									4			

#### 4895 (CONT.) FORM CMS-287-22 O ALLOCATION OF POOLED COSTS TO COMPONENTS HOME OFFICE NUMBER: PERIOD: FROM: \_\_\_\_\_\_ SCHEDULE E-1 TO: \_\_\_\_\_\_

PART	I - HEALTHCARE PROVIDER COMPONENTS										
			ALLOCATION								
			STATISTICS				NON	I-CAPITAL RELA	TED		
			(ENTER		CAPITAL	RELATED	SALARIES	SALARIES	ALL	1	
			BASIS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
			(BASIS CODE)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	1
1											1
2											2
3											3
4											4
5											5
50											50
51	Total										51

PART II - NON-HEALTHCARE COMPONENTS

	ALLOCATION								
	STATISTICS				NON	I-CAPITAL RELA	TED		1
	(TOTAL		CAPITAL	RELATED	SALARIES	SALARIES	ALL		
	COSTS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
COMPONENT NAME	1	2	3	4	5	6	7	8	1
1									1
2									2
3									3
4									4
5									5
50									50
51 Total									51

03-24

#### ALLOCATION OF POOLED COSTS TO COMPONENTS

#### 

		ALLOCATION								<u> </u>
		STATISTICS				NON	-CAPITAL RELA	TED		
		(TOTAL		CAPITAL	RELATED	SALARIES	SALARIES	ALL		
	REGIONAL	COSTS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	HO	(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
COMPONENT	NAME NUMBER	1	2	3	4	5	6	7	8	
1										
2										1
3										
4										
5										
										<u> </u>
50										50
51 Total										51
52 Grand Total										52

395 (CONT.) UMMARY OF CAPITAL RELATED COSTS	FORM CMS-287-22		HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE F	03-2
				TO:		
ART I - HEALTHCARE PROVIDER COMPONENTS			i i			
		DIRECT	FUNCTIONAL	POOLED	TOTAL CAPITAL COST	
COMPONENT NAME	CCN	1	2	3	4	
2						-
3 4						
5						_
50						
51 Total						
ART II - NON-HEALTHCARE COMPONENTS						_
					TOTAL CAPITAL	
COMPONENT NAME		DIRECT 1	FUNCTIONAL 2	POOLED 3	COST 4	-
1						
2 3						
4						
5						
50 51 Total						
			1		1	
ART III - REGION / DIVISION COMPONENTS					TOTAL	
	REGIONAL	DIRECT	FUNCTIONAL	POOLED	CAPITAL	
COMPONENT NAME	HO NUMBER	1	2	3	4	7
1 2						+
3						$\pm$
4 5						+
50						$-\top$
50 51 Total						
52 Grand Total					1	

# FORM CMS-287-22

SUMMARY OF NON-CAPITAL RELATED COSTS

HOME OFFICE PERIOD: NUMBER: FROM: \_\_\_\_\_ \_\_\_\_\_ TO: \_\_\_\_

D: SCHEDULE F-:

PART	I - HEALTHCARE PROVIDER COMP	ONENTS										
			SALARIES ALL OTHER NON-CAPITAL COSTS					S	TOTAL	i		
						SUBTOTAL				SUBTOTAL ALL	NON-CAPITAL	1
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	1
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	9	I
1												1
2												2
3												3
4												4
5												5
												(
50												50
	Total											51
01	1 otur							I I		1		
PART	II - NON-HEALTHCARE COMPONEN	TS										
				SALA	RIES			ALL OTHER NON	-CAPITAL COST	S	TOTAL	(
						SUBTOTAL			0.001	SUBTOTAL ALL		1
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	1
	COMPONENT NAME		1	2	3	4	5	6	7	8	9	1
1	COMI OREIGI IMIME		1	2	5		5	0	,	0	5	1
2												2
3												3
4												4
5												5
5												
50												50
	Total											51
51	Total											
DADT	III - REGION OFFICE / DIVISION CO	MPONENTS										_
TARI	III - REGION OFFICE / DIVISION CO			SALA	DIES			ALL OTHER NON	CADITAL COST	S	TOTAL	
		REGIONAL		5/11/		SUBTOTAL			-C/IIII/IE CO51	SUBTOTAL ALL	NON-CAPITAL	1
		HO	DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	1
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	9	1
1	COMI OREIGI IMIME	NUMBER	1	2	5		5	0	/	0	5	1
2												2
3												3
4										+		4
5												5
5												5
										+		
50										+		50
	Total									+		51
	Grand Total									+		52
52												52

4895 (CONT.)

#### SUMMARY OF INTEREST INCOME

# FORM CMS-287-22

HOME OFFICE PERIOD: NUMBER: FROM: \_ \_\_\_\_\_ TO: \_

SCHEDULE F-2

PART	I - HEALTHCARE PROVIDER COMPON	NENTS						_	_		
				INTEREST	INCOME						
						TOTAL	1				
			DIRECT	FUNCTIONAL	POOLED	INT INCOME					
	COMPONENT NAME	CCN	1	2	3	4					1
1											1
2											2
3											3
4											4
5											5
											<u> </u>
											<u> </u>
50											50
	Total										51
51	Total										L 31
DADT	II - NON-HEALTHCARE COMPONENTS										
171111				INTEREST	T INCOME						<u> </u>
		-				TOTAL					
			DIRECT	FUNCTIONAL	POOLED	INT INCOME					
	COMPONENT NAME	-	1	2	3	4					
1	COMPONENT NAME		1	2	3	4					1
2											2
											3
3											4
4											
5											5
											_
											<u> </u>
50											50
51	Total										51
PART	III - REGION OFFICE / DIVISION COMP	PONENTS						1	1		
				INTEREST	INCOME						
	R	REGIONAL				TOTAL					
		НО	DIRECT	FUNCTIONAL	POOLED	INT INCOME					
	COMPONENT NAME	NUMBER	1	2	3	4					<u> </u>
1											1
2											2
3											3
4											4
5											5
50											50
	Total										51
52	Grand Total										52

HOME OFFICE	PERIOD:
NUMBER:	FROM:
	TO:
	10.

SCHEDULE G

	-	 10:	-
		1	AMOUNT
	DESCRIPTION		1
	ASSETS		
	CURRENT ASSETS		
1	Cash on hand and in banks		1
2	Temporary investments		2
3			3
4	Accounts receivable		4
5	Other receivables		5
6	Less: allowances for uncollectible notes and accounts receivable		6
7	Inventory		7
	Prepaid expenses		8
	Other current assets		9
10	Total current assets		10
	FIXED ASSETS		
	Land		11
12	Land improvements		12
13	、 		13
	Buildings		14
15	Less: accumulated depreciation		15
	Leasehold improvements		16
17	Less: accumulated depreciation		17
	Fixed Equipment		18
19	Less: accumulated depreciation		19
	Automobiles and trucks		20
21	Less: accumulated depreciation		21
22	Major movable equipment		22
23	Less: accumulated depreciation		23
24	Minor equipment non-depreciable		24
25	Other fixed assets		25
26	Total fixed assets		26
	OTHER ASSETS		
27	Investments		27
28	Deposits on leases		28
29	Due from owners/officers		29
30	Other assets		30
31	Total other assets		31
32	Total assets		32
	LIABILITIES		
	CURRENT LIABILITIES		
33	Accounts payable		33
34	Salaries, wages, and fees payable		34
	Payroll taxes payable		35
	Notes and short-term loans payable		36
37	Deferred income		37
38	Accelerated payments		38
	Other current liabilities		39
	Total current liabilities		40
	LONG TERM LIABILITIES		
41	Mortgage payable		41
	Notes payable		42
	Unsecured loans		43
	Other long term liabilities		44
45	Total long term liabilities		45
46	Total liabilities		46
	CAPITAL		10
47	Retained earnings		47
	Total liabilities and retained earnings		48
			1.0

4895 (CON	IT.)		
CTATEMENT	OF DEVENUES	AND	EV

			01 =0
STATEMENT OF REVENUES AND EXPENSES	HOME OFFICE	PERIOD:	SCHEDULE G-1
	NUMBER:	FROM:	
		то:	

	DESCRIPTION	AMOUNT	
	1	2	
1	Total operating revenue	2	1
	Less: Operating expenses		2
	Operating profit or (loss)		3
	Other income:	_	
	Contributions, donations, bequests, etc.		4
	Interest income		5
	Purchase discounts		6
	Rebates and refunds of expenses		7
	Parking lot receipts		8
	Rental income		9
10	Renal income		10
			10
11 12			11
12			12
13			13
14	Total other income		14
15			15
16	Other expenses:		16
17			17
18			18
19			19
20	m · l · l		20
21	Total other expenses		21
22	Net income or loss for the period		22