Provider-Related Donations And
Health Care Related Taxes, Fees, And
Received Under Public Law 102-234

Summary Total Of Receipts From Form CMS 64.11 A

State: **Quarter Ended:**

	Plan Name	Receipts
	(A)	(B)
Donations		
1.	Donations - Medicaid	
1.A.	Donations - CHIP	
2.	Donations- Outstationed Eligibility Workers - Medicaid	
2.A.	Donations - Outstationed Eligibility Workers - CHIP	
Taxes		
3.	Taxes	
Fees		
4.	Fees	
Assessments		
5.	Assessments	
Totals		
6.	Total Donations (Lines 1+1.A.+2+2.A)	
7.	Total Taxes, Fees, and Assessments (Lines 3+4+5)	