1. Status:	As Filed (Provider Version)	Χ	Desk Reviewed	
	Revised Desk Reviewed		Field Audited	
	Medicaid Reimbursement Status			
	Cost Settled		PPS	

NORTH CAROLINA DIVISION OF HEALTH BENEFITS 2018 HOSPITAL BASED RURAL HEALTH CLINIC COST REPORT

∠. ivame an	d Address							
Name of	Facility:							
	P.O. Box:							
City:			State:		Zip:			
County:			Telephone No:		• • •			
3. Cost Rep	oorting Period	From:		To:				
4 NDL Provider No								
4. NPI Provider No.:		Medicaid Provider No.:			NPI Provider No.:		Medicaid Provider No.:	
-		1						
5. Type of Control		a. Voluntary			b. Proprietary			
		1. Corporation			3. Individual			
		2. Other (Specify)			4. Corporation			
					5. Partne	rship		
					6. Other	(Specify)		
		c. Governme	ent			_		
		7. Federal			10. State			
		8. City/County			11. City			
		9. County			12. Other	(Specify)		
		egarding the cost contact?		 If the Notice of Program Reimbursement Settlement should be mailed to other than the facility, please 				
report, w	e questions r ho should we		cost	should b	be mailed to oth	er than the fa		
report, w Name:			cost	should b list the r		er than the fa		
report, w Name: Address:			cost	should k list the r Name:	be mailed to oth	er than the fa		
report, w Name:		contact?	cost	should b list the r	be mailed to oth	er than the fa		
report, w Name: Address: City:	ho should we		cost	should b list the r Name: Address:	be mailed to oth	er than the fa	acility, please	
report, w Name: Address: City: State: Contact Na Telephone:	ho should we	contact?	cost	should t list the r Name: Address: City:	be mailed to oth	er than the fa	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail:	ho should we	Zip Code:		should t list the r Name: Address: City: Zip Code:	be mailed to oth	er than the fa	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA	ho should we	Zip Code:	R FALSIFICATION OF AM	should t list the r Name: Address: City: Zip Code:	TION CONTAINE	er than the fa	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA	ho should we	Zip Code:	R FALSIFICATION OF AN	should t list the r Name: Address: City: Zip Code: Y INFORMAT	FION CONTAINE	er than the fa	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN	ho should we	Zip Code: Zip Code: SENTATION OF	R FALSIFICATION OF AN	should t list the r Name: Address: City: Zip Code: Y INFORMAT FEDERAL AI ON STATEM	FION CONTAINE ND STATE LAW.	er than the fa	Sate:	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN	ho should we	Zip Code: Zip Code: SENTATION OF TINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER CERTIFICATI	should t list the r Name: Address: City: Zip Code: Y INFORMAT FEDERAL AI ON STATEM	TION CONTAINE ND STATE LAW.	er than the fa	Sate:	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN I HER by	ho should we me: I MISREPRES IISHABLE BY F EBY CERTIFY (Name of F	Zip Code: Zip Code: SENTATION OF TINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER <u>CERTIFICATI</u> d the above statement ar	should the list the rest of th	TION CONTAINE ND STATE LAW.	er than the fa ss. D IN THIS CO schedules pre peginning	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN I HER by and er compl	ho should we me: L MISREPRES IISHABLE BY F EBY CERTIFY (Name of F nding ete statement	Zip Code: Zip Code: SENTATION OF FINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER <u>CERTIFICATI</u> d the above statement ar	should the list the rest of the list	TION CONTAINE ND STATE LAW. MENT the accompanying post report period b	er than the fa ss. D IN THIS CO schedules pre beginning	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN I HER by and er compl	ho should we me: IL MISREPRES IISHABLE BY F EBY CERTIFY (Name of F nding	Zip Code: Zip Code: SENTATION OF FINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER <u>CERTIFICATI</u> d the above statement an and tha	should the list the rest of the list	TION CONTAINE ND STATE LAW. <u>MENT</u> be accompanying post report period b f my knowledge a ccordance with ap	er than the fa ss. D IN THIS CO schedules pre beginning nd belief, it is a oplicable instru	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN I HER by and er compl	ho should we me: L MISREPRES IISHABLE BY F EBY CERTIFY (Name of F nding ete statement	Zip Code: Zip Code: SENTATION OF FINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER <u>CERTIFICATI</u> d the above statement an and tha	should the list the r Name: Address: City: Zip Code: IY INFORMAT FEDERAL AI ON STATEM d examined the for the cal to the best of the facility in a Signature	TION CONTAINE ND STATE LAW. <u>MENT</u> be accompanying post report period b f my knowledge a ccordance with ap	er than the fa ss. D IN THIS CO schedules pre beginning	acility, please	
report, w Name: Address: City: State: Contact Na Telephone: E-Mail: INTENTIONA MAY BE PUN I HER by and er compl	ho should we	Zip Code: Zip Code: SENTATION OF FINE AND/OR I	R FALSIFICATION OF AN MPRISONMENT UNDER <u>CERTIFICATI</u> d the above statement an and tha	should the list the rest of the facility in a state of the facility in a st	TION CONTAINE ND STATE LAW. <u>MENT</u> be accompanying post report period b f my knowledge a ccordance with ap	er than the fa ss. D IN THIS CO schedules pre beginning nd belief, it is a oplicable instru	acility, please	