

Progressive Provider Services
 (800) 447-2540 Toll Free
 (248) 968-4100 Michigan Office
 (888) 405-4162 Fax

<u>Facility Information:</u>	
Facility Name:	
County:	
Facility Address:	
Medicare Provider Number:	
Cost report Begin date:	
Cost report End date:	
Date Certified for Medicare:	
Type of Business: (Corp, Partnership, Non-Profit, Sole Proprietor etc.)	
<u>Contact Information - For PPS to contact with cost report preparation questions:</u>	
Name:	
Company Name (if different than facility):	
Title:	
Business Phone:	
Mobile Phone:	
E-mail address:	
<u>Contract</u>	
I agree to the PPS Cost Report Preparation Form and Terms	
Confirm price agreed:	
Please submit signed contract to PPS.	

*****If you send any patient-specific information, please send in Excel format with password protection, and we will send you a Business Associate HIPAA Agreement to sign.**

This form is to assist the provider with compiling information in connection with the preparation of their year-end Medicare cost report. The information obtained from this form will be used to complete the appropriate Medicare cost report and supplemental information. This form may be submitted to the intermediary as additional supporting documentation and provider representation regarding certain information included within this form. In addition, we will likely be contacting you during the preparation process to inquire about certain issues or request additional required information. If you have any questions regarding this form or individual items requested, please do not hesitate to contact us.

Please provide Progressive Provider Services the following information:

Note COVID-19 section at the bottom

Excel format is the preferable format when available.

<u>Financial Information</u>	
1	Trial Balance
2	Profit and Loss Statement
3	Balance Sheet
4	Wage related hours
5	Contract related hours
6A	Nursing salary
6B	Nursing hours
7	Were financials audited, reviewed, or compiled by an outside accountant? If so, what is the date?
8	Are you legally required to carry malpractice?
	If yes, is it claims-made or occurrence?
	What is the cost of malpractice insurance?
<u>Facility Statistical Information</u>	
9	Census Summary - Patient Days
10	Admissions Summary
11	Discharges Summary
12	Number of Beds
	Was there a change in the number of beds from prior cost reporting period?
	If yes, Please provide details:
13	Square Footage (See SNF cost centers tab for departments)
	For a new facility, please provide square footage by SNF cost center.
	If we have a prior year cost report, did any square footage change from last years' cost report?
14	Prior Year Cost Report - If PPS prepared your cost report, we have it on file.
15	PS&R in pdf and csv format (see tab for additional instructions.)
16	Medicare Bad Debt Log (see tab for additional information)
	Interim Payments for Medicare Bad Debt
17	Related Party Information
	Do you deal with vendors who are related to the owner(s) of the facility?
	Do any of the owners also own a company which provides services to the facility?
	Do any of the owners draw a salary for work done for the facility?
	Does anyone related to an owner draw a salary for work done at the facility?
	Does anyone related to an owner provide services to the facility?
<u>COVID-19:</u>	
18A	Identification of all COVID-19 revenue accounts
18B	If there are COVID-19 expense accounts which combine several cost centers, send breakouts of these accounts by cost center or clearly-labeled GL details in Excel format for each account