

HOSPICE LOW UTILITATION MEDICARE COST REPORT INFORMATION  
REQUEST

Today's Date: \_\_\_\_\_

1. Please complete the following general information on the Hospice:

Hospice Name	
Contact Name	
Hospice Address	
Hospice Phone	
Hospice Fax	
Email Address	
Provider Number	
Cost Reporting Period:	From _____ To _____
Date Certified	

2. Please complete the following table of enrollment days:

	Nursing Home Days		Non-Nursing Home Days	
	Medicare	Medicaid	Medicaid	Private/ Insurance
Continuous (Patient is not in an inpatient facility)				
Routine Home Care (Patient is at home and not receiving continuous home care)				
Inpatient Respite Care (patient receives care in an inpatient facility for respite care)				
General Inpatient Care (Patient receives care in an inpatient facility for pain control or chronic symptom management which cannot be managed in other settings)				

3. Number of Patients Served per License:

	Nursing Home		Non-Nursing Home		
	Medicare	Medicaid	Medicare	Medicaid	Private/ Insurance
Total Number of Patients					

4. Number of Unduplicated Patients Served per License:

	Nursing Home		Non-Nursing Home		
	Medicare	Medicaid	Medicare	Medicaid	Private/ Insurance
Total Unduplicated Patients					

5. Provide the Provider Statistical and Reimbursement Report (PS&R) for the cost reporting period. If possible, please send both the pdf and cvs formats.
6. Provide a Working Trial Balance for the cost reporting period. If an outside accountant prepares your financials, please provide the accountant's contact information. The Working Trial Balance must be prepared on an accrual basis.
7. For new clients, please provide a copy of the prior year Medicare cost report, if applicable.
8. Please list the name of your Fiscal Intermediary and provide any correspondence received related to the Medicare cost report.
9. Inpatient General Care Costs (Not including home care):

	Amount
Drug Costs	
Durable Medical Equipment Costs	
Medical Supply Costs	

Once complete, please email this form to [dwalterscpa@gmail.com](mailto:dwalterscpa@gmail.com) or fax it to 727-279-2851. Feel free to call Doug at 941-756-0700 with any questions. Thank you.