

1) Provider: _____ Provider No.: _____
Address: _____

2) Intermediary: _____

3) Check (A) or (B) or both, if applicable.

Cash balance is seriously impaired due to:

/ / (A) Abnormal delay in Title XVIII claims processing and/or payment by the health insurance intermediary

/ / (B) Delay in provider billing process of an isolated, temporary nature beyond the provider's normal billing cycle and not attributable to other third-party payers or private patients.

4) A) General fund cash position for provider as of:	_____	\$ _____
B) Anticipated receipts from all sources (exclusive of accelerated payments) in the next 30 days		\$ _____
C) Anticipated expenditures in next 30 days		\$ _____
D) Indicated cash position in next 30 days (A+B-C)		\$ _____ 0
1) Interim reimbursement for unbilled and unpaid claims		\$ _____
2) Applicable deductibles and coinsurance		\$ _____
3) Net reimbursement (1-2)		\$ _____ 0
4) Net reimbursement that can be paid (3x70%)		\$ _____ 0