

Clinic Managed Care Quarterly Settlement Data Submission

Data Source		
Settlement Period:	Period Begin Date	4/1/2017
	Period End Date	6/30/2017
	Date Submitted	10/18/2017
Clinic:	Provider ID	500500911
Primary Contact :	Name	
	Phone Number	
	Fax Number	
	E-mail Address	
Back-up Contact	Back-up Name	
	Back-up Phone	
	Back-up Fax	
	Back-up E-mail	

Data Summary		
Costs Incurred During the Settlement Period	Expected Number of Encounters (from Encounters worksheet)	1200
	PPS Rate	\$ 200.00
	PPS Rate (# Encounters * Rate)	240,000.00
Amounts Received During the Settlement Period	Received Capitation Amounts	0.00
	Risk Withhold Payments	0.00
	Received from Copayments	0.00
	Received From CCOs (Global payments)	0.00
	Received on Claims From CCOs	120,000.00
	Received on Claims From Medicare	0.00
	Received on Claims From TPRs	0.00
	Received HSD/OHA Interim Payments (only for quarterly settlement)	0.00
	Receipt Total	\$120,000.00
Net	Costs Less Amounts Received	\$120,000.00