APPENDIX 16

Proposed Cost Adjustment Sheet

Provider Name: _____ **Provider Number:**

For the Cost Report Period Beginning and Ending

			Audit Narrative Numbers			Cost Report Information						
	A	B	C	D	E	F	G	H	I	J	K	L
7	Account#	Work Ref	Narr # 1	Narr# 2	Narr # 3	Col. 5 As Reported or Adjusted	Audit Adjustment (Increase or Decrease)	Col. 5 Adjusted before Allocation	Column 7 Ratio of Allocation - 4 decimals	Column 8 As Adjusted	Column 8 As Reported	Adjustment
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30												

	A	B	C	D	E	F	G	H	I	J	K	L
31												
32												