Proposed Cost Adjustment Sheet

Provider Name: _____ **Provider Number:**

For the Cost Report Period Beginning and Ending

	A	B	C	D	E	F	G	H	I	J	K	L
5			**Audit Narrative Numbers**			**Cost Report Information**						
6	**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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