

**Form Approved**  
**OMB Control Number 00938-069**

1) Provider: \_\_\_\_\_  
Provider Number: \_\_\_\_\_  
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) \$ \_\_\_\_\_  
1) Interim reimbursement for unbilled and unpaid claims  
2) Applicable deductibles and coinsurance \$ \_\_\_\_\_  
3) Net reimbursement (1-2) \$ \_\_\_\_\_  
4) Net reimbursement that can be paid (3x.70) \$ \_\_\_\_\_