

Balance Sheet Date (mo-da-yr)

12/31/22

SNF-CR Footnotes

## SCHEDULE 12: FOOTNOTES AND EXPLANATIONS

SCHEDULE 1 GENERAL INFORMATIONTABLE 3 LINE 3.11

We consider the preparation of this SNF-CR cost report to be other non-attest services. As such, we will upload the trial balance and account groupings report in support of the cost report.

SCHEDULE 3 EXPENSES

## TABLE 4 CAPITAL &amp; FIXED COST EXPENSES:

## LINE 4.12 OTHER FIXED COSTS

Consist of equipment rental expense paid to non-related third party

DIRECT MANAGEMENT COMPANY ALLOCATION:

The following accounts reflect a direct allocation of expense from the management company

HCF Acct. #	Amount	Explanation

Method of allocation:

## SCHEDULE 7 DETAIL OF FIXED ASSETS:

## TABLE 2 CLAIMED FIXED ASSETS:

Claimed Fixed Costs - Additional Notes, if required

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**SCHEDULE 9 PATIENT STATISTICS DETAIL OF FIXED ASSETS:**

**Other Public Patient Days and/or Other Patient Days consist of:**

Medicaid Hospice

**OTHER:**
