

AUTHORIZATION TO ISSUE FINAL REPORT

Provider _____ AC# _____

Draft Issuance Date _____ Exit Conference Held _____

Revisions:

Pages: _____

Special Instructions: _____

NURSING HOME

Cost Report Period _____ Through _____

Contract Period(s) Beginning _____

Corrective Action Letter Paragraph () Yes () No

Accounts Receivable ()

Accounts Payable ()

Final Preparation
Authorized By _____ Date _____