

## REVENUE & EXPENDITURE REPORT

Reporting Agency: \_\_\_\_\_

- January – March 20\_\_\_\_
- April – June 20\_\_\_\_
- July – September 20\_\_\_\_
- October – December 20\_\_\_\_

*I have reviewed this report and certify that to the best of my knowledge it is both complete and accurate.*

*Signed by:* \_\_\_\_\_

*Date:* \_\_\_\_\_

By signing this form you assure that no payments were made directly or indirectly to physicians or other persons as inducements to limit services to recipients.

By signing this form you assure that the attached reports are your best estimate due to county or provider books not being officially closed.

If your Agency was audited during this report period, please attach a copy of your corrective action plan(s).

**Provider Admin % (total Admin divided by total expense)**

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