

WORKSHEET FOR PRIVATE PAY RATE

Provider Name: _____

Provider #: _____

<u>PRIVATE ROOM RATE</u>		<u>PRIVATE PAY RESIDENTS</u>		<u>AMOUNT</u>
_____	x	_____	=	_____
<u>SEMI-PRIVATE ROOM RATE</u>				
_____	x	_____	=	_____
	Total:	_____		_____

Base Weighted Average Private Pay : \$
(Amount ÷ Residents)

Plus Average Routine Charges
(\$ ÷) +
(Please note what time period was used)

If applicable, these charges need to consist with what's listed in K.A.R. 30-10-15.

Total Weighted Average Private Pay \$

Rate Effective Date: _____

CALCULATING ADD-ON FROM CURRENT COST REPORT

Routine Supplies:
(Line 807 of cost report)
(Line 809 of cost report) + _____

Private Pay Days:
(Inpatient Days less Medicaid Days and Medicare days shown on Page 1 of Payment schedule) - _____

Add-On: ÷ = \$
(Routine Supplies ÷ Private Pay Days)

Do you have a discount policy? Yes ____ No ____

If Yes, when did it begin? _____
(If there is a discount policy, you need to report what is received from the residents, not what is charged.)

Preparer Phone Number
(Failure to submit the documentation may delay the effective date of the average private pay rate in the registry until the complete documentation is received.)