

**Department of Community Health
Georgia Health Families
Reimbursement for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) Services**

Settlement Sheet

FQHC/RHC Provider Name: _____
 FQHC/RHC Medicaid Provider Number: _____
 Beginning Date of Reporting Period: _____
 Ending Date of Reporting Period: _____

Payments Received:

Incentive Payments	10.00
Capitation Payments	-
Administrative Fees	30.00
Fee-For-Service Claims	1,398.00
	<u>1,438.00</u>

Exclusions from PPS Settlement:

Health Check Exempt Procedures	198.00 (A)
Non Qualified Providers	320.00 (B)
	<u>518.00</u>

Total Qualified Payments Received from CMO	<u>920.00</u>
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PPS Equivalent Calculation:

Total Qualified Visits	12.00 (C)
PPS Rate - Prior Period	
PPS Rate -Current Period	110.00
	<u>1,320.00</u>

Adjustments:

Carry Forward from Prior Period	-
+/- Previously Settled Claims	-
	<u>-</u>

Net Payment Due (Carry Forward) to FQHC/RHC	<u>400.00</u>
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