Department of Community Health

Georgia Health Families

CMO Claims Payment Summary to GME Facilities

GME (Graduate Medical Education) Facility Financial Summary

Care Management Organization (CMO) Name:

CMO Provider Number:

Beginning Date of Reporting Period:

Ending Date of Reporting Period:

Report Date:

	Inpatient Payments	Outpatient Payments	Other Payments	Total Payments
			-	-
Total:	\$0.00	\$0.00	\$0.00	\$0.00

Hospital Name/Payment

Note: The Inpatient Payments Column Total must equal the sum of the "Paid Amount" Field in the detail inpatient claims data file