

CY 2013

NAME OF FACILITY: _____ LIC. NO. _____

CHECKLIST OF INFORMATION FOR DESK AUDIT

(Information identified in this Checklist, is to be submitted to the Rate Setting Unit, no later than May 31, 2013. A separate request will not be sent).

For EACH of the Accounts listed below, please submit the following:

- (1) Invoices
- (2) Individual G/L account information.
- (3) Worksheets/schedules reconciling G/L detail to the amount reported.
- (4) Worksheets/schedules explaining any Accruals and Reversals.
- (5) Worksheets/schedules detailing any Schedule 'A-1' adjustments.
- (6) Rebates, Refunds or Credits received FOR: CY 2013
- (7) Rebates, Refunds or Credits received IN: CY 2013 or later, for prior years.

BM #	ITEM (Please see (1) to (8) above)	Check if Submitted
1451	REAL ESTATE TAX - [Assessed December 31]	
1451A	PERSONAL PROPERTY TAX -Including Property Tax on Leased Equipment [Assessed December 31]	
1451B	FIRE TAX - [Assessed December 31] Tax abatements/refunds relating to appeals, etc.	

	ITEM	Check if Submitted
	Surety Bond (If the facility handles Patient Personal Needs funds)	

If amounts are reclassified between GL Accounts, please ensure that all related expenses are also duly adjusted, using specific identification and not generalized percentages

Please check that the copies you submit are READABLE, and that pertinent detail is not eliminated or truncated, inadvertently.

PERSON TO CONTACT

At the facility:

Name of Contact Person: _____ Tel: _____

email address of contact: _____ Fax: _____

ADMINISTRATOR's email address: _____

At the Accounting Firm:

Name of Contact Person: _____ Tel: _____

email address of contact: _____ Fax: _____

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