WORKSHEET FOR PRIVATE PAY RATE

Provider Name: ________________________________________________________

Provider #: ____________________________________________________________

<table>
<thead>
<tr>
<th>PRIVATE ROOM RATE</th>
<th>PRIVATE PAY RESIDENTS</th>
<th>AMOUNT</th>
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<tr>
<td>_______</td>
<td>x</td>
<td>______</td>
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</table>

SEMI-PRIVATE ROOM RATE

| _______           | 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.)