

WORKSHEET FOR PRIVATE PAY RATE
(Private Pay Census Only, No Medicaid)

Provider Name _____

Provider #: _____

<u>PRIVATE ROOM RATE</u>		<u>PRIVATE PAY RESIDENTS</u>			<u>AMOUNT</u>
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_____ x _____ = _____

SEMI-PRIVATE ROOM RATE

_____ x _____ = _____

WARD 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.

Plus Average LOC Charges + _____

Total Weighted Average Private Pay \$

Rate Effective Date: _____

LEVEL OF CARE CHARGES CALCULATION

<u>SERVICES</u>	<u>RATE</u>		<u>PRIVATE PAY RESIDENTS</u>		<u>AMOUNT</u>
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Level I _____	_____	x	_____	=	_____
Level II _____	_____	x	_____	=	_____
Level III _____	_____	x	_____	=	_____

Total _____ \$

Average LOC Charges: \$
(Amount ÷ Residents)

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.