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

Provider Name:__________________________________________________________

Provider #:_____________________________________________________________

PRIVATE PAY

PRIVATE ROOM RATE

RESIDENTS AMOUNT

_______  x  _______  =  __________

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. 30-10-15a.

Total Weighted Average Private Pay  $

Rate Effective Date: __________________________

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.)