Reference ID _____

CARES Act Provider Relief Fund

Tax ID Number: _____

Name as shown on your income tax return: _____

Federal Tax Classification: _____

Business Name (if different): _____

Street 1: _____

Street 2: _____

City: _____ State: _____ Zip: _____

Registration Type: _____

Group NPI (Group Only): _____

(1) Contact Person Name: _____

(2) Contact Person Title: _____

(3) Contact Person Phone Number: _____

(4) Contact Person Email: _____

(5) Applicant Type: _____

IF FILING TIN INCLUDES FACILITIES

(6) Number of facilities: _____ (7) Beds for all facilities: _____

(8) Total number of FTE: _____

(9) CMS Certification Number (CCN), if applicable: _____

REVENUES

(10) Gross Revenues: $ _____

(11) Fiscal Year of Gross Revenues: _____

(12) Percentage of Gross Revenue from Patient Care: _____ %

(13) Lost Revenues due to COVID-19: $ _____

(14) Increased Expenses due to COVID-19: $ _____

(15) Upload Gross Revenues Worksheet (if required): _____

(16) Upload Federal Tax Form: _____

ENTER PAYER MIX

(17) Medicare Part A + B: _____ %

(18) Medicare Part C: _____ %

(19) Medicaid: _____ %

(20) Commercial Insurer: _____ %

(21) Self-Pay: _____ %

(22) Other government payer: _____ %

(23) Other: _____ %

(24) Total: _____ %

(25) Total Amount received from Treasury SBA / PPP for Filing TIN and subsidiary TINs as of 5/31/2020: $ _____

(26) Total of payments received from FEMA for Filing TIN and subsidiary TINs as of 5/31/2020: $ _____

(27) Primary Provider FTE under filing TIN as of 5/31/2020: _____

(28) Non-Primary FTE under filing TIN as of 5/31/2020: _____

(29) Other FTE under filing TIN as of 5/31/2020: _____

(30) Number of Locations as of 5/31/2020: _____

(31) Upload FTE Worksheet: _____

(32) Upload IRS Form 941 for Q1 2020: _____

BANKING INFORMATION

(33) Bank Name: _____

(34) ABA Routing Number: _____

(35) Account Holder Name: _____

(36) Account Number: _____

OPTIONAL FIELDS

(37) Optional Field Code #1: _____

(38) Optional Field #1: _____

(39) Optional Field Code #2: _____

(40) Optional Field #2: _____

(41) Optional Field Code #3: _____

(42) Optional Field #3: _____

OPTIONAL UPLOADS

(43) Optional Upload Code #1: _____

(44) Optional Upload #1: _____

(45) Optional Upload Code #2: _____

(46) Optional Upload #2: _____

(47) Optional Upload Code #3: _____

(48) Optional Upload #3: _____

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