



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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