These exhibits are mentioned in reference to the OPPS Remittance Advice (see §3752).

Exhibit 1

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

PROVIDER NUMBER/ PART A PAID DATE: MM/DD/CCYY REMIT#: 1234567890

PAGE 1

NAME

PATIENT NAME	PATIENT CNTRL#	RC	REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
HIC#	ICN	RC	REM	OUTCD CAPCD		COVD CHGS	ESRD NET ADJ	PER DIEM RTE
FROM DT THRU DT	NACHG HICHG TO RC	REM	PROF	COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT
CLM STATUS	COST COVDY NCOVDY	RC	REM	DRG AMT	DEDUCTIBLES	DENIED CHGS		NET REIMB
123456789012345678 1 1	12345678901234567890	123	1234	123	1234567.89	1234567.89	1234567.89	1234567.89
1234567890123456789	12345678901234567890	123	1234	1 1		1234567.89	1234567.89	1234567.89
12345678 12345678	12 1 123	123	1234	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89
12	1234 1234 1234	123	1234	1234567.89	1234567.89	1234567.89		1234567.89
SUBTOTAL FISCAL MMCCYY					12345678.90	12345678.90	12345678.90	12345678.90
YEAR					12345678.90	12345678.90	12345678.90	12345678.90
				12345678.90	12345678.90	12345678.90	12345678.90	12345678.90
12345 12345 12345		12345678.90		12345678.90	12345678.90		12345678.90	
SUBTOTAL PART A				123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
					123456789.01	123456789.01	123456789.01	123456789.01
				123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
123456 123456 123456				123456789.01	123456789.01	123456789.01		123456789.01

2000 VERSION

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER

PROVIDER NUMBER / PART B PAID DATE: MM/DD/CCYY REMIT#: 1234567890
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NAME

PATIENT NAME	PATIENT CNTRL#	RC	REM	DRG#	DRG OUT AMT	COINSURANCE	PAT REFUND	CONTRACT ADJ
HIC#	ICN	RC	REM	OUTCD CAPCD		COVD CHGS	ESRD NET ADJ	PER DIEM RTE
FROM DT THRU DT	NACHG HICHG TO RC	REM	PROF	COMP	MSP PAYMT	NCOVD CHGS	INTEREST	PROC CD AMT
CLM STATUS	COST COVDY NCOVDY	RC	REM	DRG AMT	DEDUCTIBLES	DENIED CHGS		NET REIMB
123456789012345678 1 1	12345678901234567890	123	1234	123	1234567.89	1234567.89	1234567.89	1234567.89
1234567890123456789	12345678901234567890	123	1234	1 1		1234567.89	1234567.89	1234567.89
12345678 12345678	12 1 123	123	1234	1234567.89	1234567.89	1234567.89	1234567.89	1234567.89
12	1234 1234 1234	123	1234	1234567.89	1234567.89	1234567.89		1234567.89
SUBTOTAL FISCAL YEAR	MMCCYY				12345678.90	12345678.90	12345678.90	12345678.90
					12345678.90	12345678.90	12345678.90	12345678.90
				12345678.90	12345678.90	12345678.90	12345678.90	12345678.90
	12345 12345 12345			12345678.90	12345678.90	12345678.90		12345678.90
SUBTOTAL PART B					123456789.01	123456789.01	123456789.01	123456789.01
					123456789.01	123456789.01	123456789.01	123456789.01
				123456789.01	123456789.01	123456789.01	123456789.01	123456789.01
	123456 123456 123456			123456789.01	123456789.01	123456789.01		123456789.01

2000 VERSION

INTERMEDIARY NAME / ADDRESS / CITY / STATE / ZIP / PHONE NUMBER
PROVIDER NUMBER / NAME PAID DATE: MM/DD/CCYY REMIT#: 1234567890

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SUMMARY

CLAIM DATA:

DAYS:
COST: 1234567
COVDY: 1234567
NCOVDY: 1234567

CHARGES:
COVD: 12,345,678.90
NCOVD: 12,345,678.90
DENIED: 12,345,678.90

PROF COMP: 12,345,678.90
MSP PAYMT: 12,345,678.90
DEDUCTIBLES: 12,345,678.90
COINSURANCE: 12,345,678.90
PAT REFUND: 12,345,678.90

INTEREST: 12,345,678.90
CONTRACT ADJ: 12,345,678.90
PROC CD AMT: 12,345,678.90
NET REIMB: 12,345,678.90

PASS THRU AMOUNTS:

CAPITAL:	123,456,789.01
RETURN ON EQUITY:	123,456,789.01
DIRECT MEDICAL EDUCATION:	123,456,789.01
KIDNEY ACQUISITION:	123,456,789.01
BAD DEBT:	123,456,789.01
NON-PHYSICIAN ANESTHETISTS:	123,456,789.01
TOTAL PASS THRU:	123,456,789.01
HEMOPHILIA ADD ON:	123,456,789.01
PIP PAYMENT:	123,456,789.01
SETTLEMENT PAYMENTS:	123,456,789.01
ACCELERATED PAYMENTS:	123,456,789.01
REFUNDS:	123,456,789.01
PENALTY RELEASE:	123,456,789.01
TRANS OUTP PYMT:	123,456,789.01

WITHHOLD FROM PAYMENTS:

CLAIM ACCOUNTS RECEIVABLE:	123,456,789.01
ACCELERATED PAYMENTS:	123,456,789.01
PENALTY:	123,456,789.01
SETTLEMENT:	123,456,789.01
TOTAL WITHHOLD	123,456,789.01

PROVIDER PAYMENT RECAP:

PAYMENTS:

DRG OUT AMT:	123,456,789.01
INTEREST:	123,456,789.01
PROC CD AMT:	123,456,789.01
NET REIMB:	123,456,789.01
TOTAL PASS THRU:	123,456,789.01
PIP PAYMENTS:	123,456,789.01
SETTLEMENT PYMTS:	123,456,789.01
ACCELERATED PYMTS:	123,456,789.01
REFUNDS:	123,456,789.01
PENALTY RELEASE:	123,456,789.01
TRANS OUTP PYMT:	123,456,789.01
HEMOPHILIA ADD ON:	123,456,789.01

WITHHOLD: 123,456,789.01

NET PROVIDER PAYMENT: 123,456,789.01
(PAYMENTS MINUS WITHHOLD)

CHECK / EFT NUMBER: 1234567890

2000 VERSION