

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CONTROLLER

2013 – 2014 ADULT CARE COST REPORT

EXEMPTION FORM

Report Due Date: December 31, 2014

PLEASE COMPLETE and MAIL or FAX IF EXEMPT

COUNTY _____

(Facility Name)

(Facility License Number)

Please check the appropriate statement below:

_____ We are exempt from the 2013-2014 Cost Report requirements mandated by G.S. 131 D-4.1-4.3 because our facility did not receive any funds through the State/County Special Assistance for Adults Program and did not bill Medicaid PCS.

_____ We are exempt from the 2013-2014 Cost Report requirements mandated by G.S. 131 D-4.1-4.3 because our facility is **refunding all** funds received through the State/County Special Assistance for Adults Program.

(Date)

(Signature of Authorized Representative)

(Area Code) and Telephone Number)

E-Mail Address

Mailing Address:
Department of Health and Human Services
DHHS Office of the Controller
Rate Setting Section
2019 Mail Service Center
Raleigh, NC 27699-2019

Street Address:
Department of Health and Human Services
DHHS Office of the Controller
Rate Setting Section
1050 Umstead Drive
Raleigh, NC 27603

Fax Number: (919) 715-3095