

# Certification Statement

Intentional misrepresentation or falsification of any information contained in this cost report may be punishable by fine and/or imprisonment under federal law and state law.

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying submitted cost report for :

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*Facility Name*

For reporting period  to   
*beginning date* *end date*

and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Signature

Title

Date

## FQHC SUPPLEMENTAL DENTAL COST REPORTING

Facility Name

Mailing Address

Telephone

NPI

EIN

Cost Reporting Period From  To

Total Dental Visits

*Total dental visits is defined as total visits for facility, not just one payor type.*

Were all dental costs included in the CMS 224-10 under the section Medicare excluded services?

Yes  No

*Note: dental salaries include all employees working for the dental program. If an employee works for both the dental program and the medical program, please allocate the portion of salary appropriated to dental*

	SALARIES AND WAGES		SALARIES
SALARIES AND WAGES			
1	DENTIST		
2	ORAL SURGEON		
3	DENTAL ASSISTANTS		
4	DENTAL HYGENISTS		
5	OTHER DENTAL PROFESSIONALS		
6	PROFESSIONAL ADMINISTRATIVE STAFF		
7	OTHER NON-DIRECT EMPLOYEE SALARIES		

	COSTS		
EMPLOYEE TAXES INSURANCE AND BENEFITS			
8	EMPLOYEE BENEFITS		
9	INSURANCE		
ADMINISTRATION EXPENSES AND SUPPLIES			
10	DENTAL SUPPLIES		
11	ADMINISTRATION SUPPLIES		
12	MEDICAL RECORDS		
13	ADMINISTRATIVE & GENERAL SERVICES		
14	DUES AND MEMBERSHIPS		
15	CONTINUING EDUCATION		
16	RECRUITMENT AND RETENTION		
17	BOARD MEETING EXPENSE		
18	MARKETING		
19	FUNDRAISING		
OTHER FQHC SERVICES			
20	DIAGNOSTIC & SCREENING LAB TESTS		
21	RADIOLOGY - DIAGNOSTIC		
22	PROSTHETIC DEVICES		
23	DURABLE MEDICAL EQUIPMENT		
24	TELEHEALTH		
25	DRUGS CHARGED TO PATIENTS		
26	OTHER MEDICAID EXCLUDED SERVICES		