

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2021 to December 31, 2021

SCHEDULE SUPP-1
UPL DATA

Provider Agency: _____
Reporting Period: _____
Submission Type: _____

Is your Provider Agency a hospital or Federally Qualified Health Center? (Yes or No) _____

State Agency: _____ **Program:** _____
MMIS Billing Number: _____ **Site:** _____

Line No.	Line Description	Total Visits	Gross Revenue	Adjustments/ (Allowances)	Net Patient Revenue
		1	2	3	4
	SOURCE OF PAYMENTS:				
1	Medicaid (Fee-for-Service)				
2	HMO/PHSP Medicaid (Managed Care)				
3	Total Medicaid (lines 1 and 2)				
4	All Other Payers				
5	Total (lines 3 and 4)				