

Model Form G: Schedule of Providers in Group

Case No.: _____

Page _____ of _____

Group Name: _____

Date Prepared: _____

Group Representative: _____

Lead Intermediary: _____

Issue: _____

#	Provider Number	Provider Name / Location (city, county, state)	FYE	Intermediary / MAC	A Date of Final Determination	B Date of Hearing Request / Add Issue Request	C No. of Days	D Audit Adj. No.	E Amount in Controversy	F Prior Case No(s).	G Date of Direct Add / Transfer(s) to Group

Total Amount in Controversy for all Providers: \$ _____