## Agency for Health Care Administration

Name & Address of Facility:	
•	
Medicare Provider Number:	

## **Existing Room Configuration**

[Place an "X" in the box indicating 18 (Medicare), 18/19 (dually certified), or 19 (Medicaid)]

Room	# Beds	18 Only	18/19	19 Only		Private			
Number	in Room	18 Only (L37)	(L38)	19 Only (L39)		Pay			
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## Agency for Health Care Administration

Name & Address of Facility:	
•	
Medicare Provider Number:	

## **Proposed Room Configuration**

[Place an "X" in the box indicating 18 (Medicare), 18/19 (dually certified), or 19 (Medicaid)]

Room Number	#	Beds Room		18 Only (L37)	18/19 (L38)	19 Only (L39)		Private Pay			
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(Please check if appropriate) \_\_\_\_These changes will not necessitate movement of a resident or residents.