
Medicare

Provider Reimbursement Manual

Part 2, Provider Cost Reporting Forms and Instructions,
Chapter 34, Form CMS-265-94

Department of Health and
Human Services (DHHS)
Centers for Medicare and
Medicaid Services (CMS)

Transmittal 8

Date: December 2005

NOTE: Transmittal 8, dated December 2005, is rescinded and replaced by Transmittal 9 to include the Excel forms file inadvertently omitted in Transmittal 8. In addition, material is being added to the first paragraph of §3412 on page 34-27 to cover cost reporting periods that straddle April 1, 2005. Finally, pages 34-511 (and 34-512) were added to include a NOTE on page 34-511 under the heading Multiple ESRD Payment Rates. All other information remains the same.