

| <p><b>a. PAYMENT CLAUSES</b><br/>                 (Check one. If b or a insert name address and telephone number)</p> <p><b>2. (X) DFAFS</b></p> <p>Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:</p> <p>Director, Division of Payment Management<br/>                 Post Office Box 6021<br/>                 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443- 1660</p> | <p><b>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN)</b></p> <p>1-446000987-B7</p>  |                               |            |                               |         |  |  |               |          |                     |
|--|--|-------------------------------|------------|-------------------------------|---------|--|--|---------------|----------|---------------------|
| <p><b>b. {} AGENCY LETTER OF CREDIT</b></p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>   | <p><b>3. DOCUMENT NUMBER</b></p> <p>_____ (HEALTH)</p>   |                               |            |                               |         |  |  |               |          |                     |
| <p><b>c. {} TREASURY CHECK</b></p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p> <p>HHS-640T</p>  | <p><b>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</b></p> <table border="1"> <thead> <tr> <th><u>Fiscal Year</u></th> <th><u>CAN</u></th> <th><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2015</td> <td></td> <td></td> </tr> <tr> <td>ANNUAL BUDGET</td> <td>55996800</td> <td><b>\$11,442,162</b></td> </tr> </tbody> </table> <p>3rd Quarter Supplemental Award for the Period 4/1/2015 through 6/30/2015</p> <p><b>IMPORTANT:SEE REMARKS BELOW</b></p> <p>Total Amount of This Award <b>\$27,800</b></p> <p><b>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</b></p> <p>Amount _____</p> <p><b>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</b></p> <p>_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p> <p><b>7. REMARKS:</b></p> <p><b>The Medicare funds awarded in this notice can only be drawn from sub-account 15S&amp;CTITLE18MEDICARE</b></p> <p>For Deemed Hospital Validation Costs</p> | <u>Fiscal Year</u>            | <u>CAN</u> | <u>Amount of Award/Action</u> | FY 2015 |  |  | ANNUAL BUDGET | 55996800 | <b>\$11,442,162</b> |
| <u>Fiscal Year</u>   | <u>CAN</u>   | <u>Amount of Award/Action</u> |            |                               |         |  |  |               |          |                     |
| FY 2015  |  |                               |            |                               |         |  |  |               |          |                     |
| ANNUAL BUDGET  | 55996800   | <b>\$11,442,162</b>           |            |                               |         |  |  |               |          |                     |