FEE FOR SERVICE SCHEDULE
COUNTY MENTAL HEALTH
AND MENTAL RETARDATION PROGRAM

COUNTY PROGRAM

PERIOD
from **to**

COST CENTER	PROVIDER (LIST INDIVIDUALLY)	RATE	DEFINITION OF UNIT FOR RATE	NUMBER OF UNITS PROVIDED	TOTAL COST	AMOUNT ELIGIBLE FOR DPW PARTICIPATION
(1)	(2)	(3)	(3a)	(4)	(3) x (4) = (5)	(6)