



**SECTION III - Estimated Nursing Facility Cost - To be completed by the nursing facility.**

Name of nursing facility / address (*number and street, city, state, and ZIP code*)

Name of applicant

Per 460 IAC 1-1-8(e), the nursing facility must provide to the IPAS agency an estimate of the cost of all services that the applicant is anticipated to require.

State level of NF services needed

Estimated NF cost for NF services at the rate charged to private payers

\$

Information provided by

Telephone number

(      )

FAX number

(      )