

## Capitation Payment Sheet

1. Name of company
2. What is the total amount of capitation payments entered on Report 4?
3. If capitation payments were entered on Report 4, provide a breakdown specifying which services were purchased with these payments and the amount of the capitation paid for each service.

**I attest to the validity of the data submitted to the Kentucky Department of Insurance**

Please Print Name

\_\_\_\_\_  
Signature

**You must submit to the Department of Insurance:**

- **A completed Excel Annual Data Report;**
- **A completed Health Benefit Plan Questionnaire; and**
- **A completed Capitation Payments Sheet**