

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET G		
Assets (Omit cents)		General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT ASSETS						
1	Cash on hand and in banks					1
2	Temporary investments					2
3	Notes receivable					3
4	Accounts receivable					4
5	Other receivables					5
6	Allowances for uncollectible notes and accounts receivable					6
7	Inventory					7
8	Prepaid expenses					8
9	Other current assets					9
10	Due from other funds					10
11	Total current assets (sum of lines 1-10)					11
FIXED ASSETS						
12	Land					12
13	Land improvements					13
14	Accumulated depreciation					14
15	Buildings					15
16	Accumulated depreciation					16
17	Leasehold improvements					17
18	Accumulated depreciation					18
19	Fixed equipment					19
20	Accumulated depreciation					20
21	Automobiles and trucks					21
22	Accumulated depreciation					22
23	Major movable equipment					23
24	Accumulated depreciation					24
25	Minor equipment depreciable					25
26	Accumulated depreciation					26
27	HIT designated Assets					27
28	Accumulated depreciation					28
29	Minor equipment-nondepreciable					29
30	Total fixed assets (sum of lines 12-29)					30
OTHER ASSETS						
31	Investments					31
32	Deposits on leases					32
33	Due from owners/officers					33
34	Other assets					34
35	Total other assets (sum of lines 31-34)					35
36	Total assets (sum of lines 11, 30, and 35)					36

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET G (CONT.)	
Liabilities and Fund Balances (Omit cents)	General Fund 1	Specific Purpose Fund 2	Endowment Fund 3	Plant Fund 4	
CURRENT LIABILITIES					
37	Accounts payable				37
38	Salaries, wages, and fees payable				38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds				43
44	Other current liabilities				44
45	Total current liabilities (sum of lines 37 thru 44)				45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable				47
48	Unsecured loans				48
49	Other long term liabilities				49
50	Total long term liabilities (sum of lines 46 thru 49)				50
51	Total liabilities (sum of lines 45 and 50)				51
CAPITAL ACCOUNTS					
52	General fund balance				52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)				59
60	Total liabilities and fund balances (sum of lines 51 and 59)				60

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET G-2, PARTS I & II
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PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT	OUTPATIENT	TOTAL
		1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital			1
2	Subprovider IPF			2
3	Subprovider IRF			3
4	Subprovider (Other)			4
5	Swing bed - SNF			5
6	Swing bed - NF			6
7	Skilled nursing facility			7
8	Nursing facility			8
9	Other long term care			9
10	Total general inpatient care services (sum of lines 1-9)			10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive care unit			11
12	Coronary care unit			12
13	Burn intensive care unit			13
14	Surgical intensive care unit			14
15	Other special care (specify)			15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)			16
17	Total inpatient routine care services (sum of lines 10 and 16)			17
18	Ancillary services			18
19	Outpatient services			19
20	Rural Health Clinic (RHC)			20
21	Federally Qualified Health Center (FQHC)			21
22	Home health agency			22
23	Ambulance			23
24	Outpatient rehabilitation providers			24
25	ASC			25
26	Hospice			26
27	Other (specify)			27
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)			28

PART II - OPERATING EXPENSES

		1	2
29	Operating expenses (per Wkst. A, column 3, line 200)		
30	Add (specify)		
31			
32			
33			
34			
35			
36	Total additions (sum of lines 30-35)		
37	Deduct (specify)		
38			
39			
40			
41			
42	Total deductions (sum of lines 37-41)		
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		

STATEMENT OF REVENUES AND EXPENSES	PROVIDER CCN: _____	PERIOD: FROM _____ TO _____	WORKSHEET G-3
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Description			
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)		1
2	Less contractual allowances and discounts on patients' accounts		2
3	Net patient revenues (line 1 minus line 2)		3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)		4
5	Net income from service to patients (line 3 minus line 4)		5

OTHER INCOME

6	Contributions, donations, bequests, etc		6
7	Income from investments		7
8	Revenues from telephone and <i>other miscellaneous communication</i> services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops, and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
25	Total other income (sum of lines 6-24)		25
26	Total (line 5 plus line 25)		26
27	Other expenses (specify)		27
28	Total other expenses (sum of line 27 and subscripts)		28
29	Net income (or loss) for the period (line 26 minus line 28)		29