

**WORKSHEET A-2 SERVICES INVENTORY AND UNITS OF SERVICE REPORT
CONTINUED****ACCOUNT NUMBER TABLE
STANDARD UNITS OF SERVICES (SUS)**

Service	Account No.	Standard Unit of Service
Psychiatric Acute Care	6210	Patient Days
Substance Abuse Acute-Detoxification Unit	6220	Patient Days
Medical/Surgical Intensive Care Unit	6310	Patient Days
Coronary Care Unit	6330	Patient Days
Combined ICU/CCU	6310/6330	Patient Days
Neonatal Intensive Care Unit	6370	Patient Days
Burn Intensive Care Unit	6380	Patient Days
Skilled Nursing Care-Certified Medicare/Medicaid	6610	Patient Days
Residential Care	6660	Resident Days
Emergency Services (24-hour Physician Coverage In-House)	6710	Number of Visits
Emergency Service (24-hour Coverage with On-Call Physicians Only)	6710	Number of Visits
Clinic Services	6720	Number of Visits
Home Dialysis Services	6820	Patient Weeks
Ambulatory Surgery Services	6830	Number of Surgery Minutes
Ambulance Services	6850	Number of Trips
Free Standing Clinic	6870	Number of Visits
Psychiatric Day Care Program	6890	Number of Visits
Home Health Services	6990	Number of Visits
Labor & Delivery Services	7010	Number of Procedures
Surgical Services	7040	Number of Surgery Minutes
Neurological Surgery	7040	Number of Surgery Minutes
Open-Heart Surgery	7040	Number of Surgery Minutes
Recovery Services	7060	Number of Recovery Room Minutes
Anesthesiology	7080	Number of Anesthesia Minutes
Laboratory Services	7210	Workload Units
Blood/Plasma Collection	7250	Workload Units
Blood Bank-Processing & Storage	7260	Workload Units
Electrocardiography (ECG)	7290	Workload Units
Cardiac Catheterization Laboratory	7310	Number of Procedures
Radiology/Diagnostic	7320	Number of Procedures
Computerized Tomography (CT Scanner)	7340	Number of Procedures
Magnetic Resonance Imaging	7350	Number of Procedures
Radiation Therapy	7360	Number of Procedures
Nuclear Medicine	7380	Number of Procedures
Respiratory Therapy	7420	Number of Treatments
Physical Therapy	7510	Number of Modalities
Renal Dialysis- Inpatient or Outpatient	7710	Number of Treatments
Lithotripsy	7720	Number of Procedures
Organ Acquisition & Banking	7730	Organs Acquired

Services Inventory and List of Service Codes

Please enter the information below and click on the Add button. You may add comments to each line by clicking on the Comment button.

SERVICES	AIC #	SERVICE CODE	DESCRIPTION	AMOUNT	
01	6110		Days		00
02	6220		Days		00
03	6310		Days		00
04	6330		Days		00
05	62106331		Days		00
06	6370		Days		00
07	6380		Days		00
08	6410		Days		00
09	6440		Days		00
10	6710		Days		00
11	6710		Days		00
12	6720		Days		00
13	6520		Days		00
14	6330		Days		00
15	6330		Days		00
16	6270		Days		00
17	4810		Days		00
18	6190		Days		00
19	7010		Procedures		00
20	7040		Procedures		00
21	7040		Procedures		00
22	7040		Procedures		00
23	7040		Procedures		00
24	7040		Procedures		00
25	7020		Procedures		00
26	7030		Procedures		00
27	7060		Procedures		00
28	7090		Procedures		00
29	7310		Procedures		00
30	7320		Procedures		00
31	7340		Procedures		00
32	7350		Procedures		00
33	7360		Procedures		00
34	7380		Procedures		00
35	7420		Treatments		00
36	7810		Procedures		00
37	7990		Procedures		00
38	7990		Procedures		00
39	7990		Procedures		00
40	7990		Procedures		00
41	7990		Procedures		00
42	7990		Procedures		00
43	8100		Procedures		00
44	8470		Procedures		00

WORKSHEET B-1: DAILY HOSPITAL SERVICES STATISTICS

PURPOSE: To collect statistical data which are used to perform comparative analysis and used for other relevant statistical functions.

INSTRUCTIONS:

GENERAL: Complete columns (1) through (4) for each of the respective services offered by the hospital.

COLUMN DEFINITIONS:

COST CENTER: A description of each of the cost centers/services provided by the hospitals.

ACCOUNT NUMBER: The standardized account number assigned to this cost center. See Chapter III, DESCRIPTION OF ACCOUNTS for more detailed information.

COLUMN 1 – LICENSED BEDS END OF PERIOD: Enter the number of beds licensed and/or registered in the hospital facility as of the last day of the hospital's reporting period.

Enter the number of licensed beds for an Intermediate Care Facility Mentally Retarded in the "INTERMEDIATE CARE" cost center, LINE 18.

COLUMN 2 – BEDS AVAILABLE END OF PERIOD: Enter the number of beds available for use by patients at the end of the reporting period.

See Chapter IV, GLOSSARY OF HEALTHCARE TERMINOLOGY, for a definition of BEDS AVAILABLE.

COLUMN 3 – TOTAL BED DAYS AVAILABLE: Enter the total bed days available. TOTAL BED DAYS AVAILABLE is computed multiplying the number of beds available throughout the period by the number of days in the period.

If the number of beds available has fluctuated throughout the report period, the WEIGHTED AVERAGE TOTAL BED DAYS AVAILABLE should be reported. This is computed by multiplying the available beds for a segment of the report period by the number of days in that segment. Each segment in which the number of beds has changes should be computed separately. The TOTAL BED DAYS AVAILABLE reported is the summation of all segments' total bed days available. For example, if the hospital had a unit of 24 beds open for only six months during the year, the computation would be $24 \times 180 = 4,320$ and NOT $24 \times 365 = 8,760$.

COLUMN 4 – TOTAL INPATIENT DAYS: Enter the total number of INPATIENT DAYS for each of the services.

CLASSIFICATION OF ACUTE AND INTENSIVE CARE PATIENTS SERVED

LINE 26 – SELF-PAY PATIENTS: Enter the total of self-pay acute and intensive care patient days in COLUMN 1 – INPATIENT DAYS. Enter the total of self-pay admissions in COLUMN 2 – ADMISSIONS.

LINE 27 – MEDICARE: Enter the total of MEDICARE reimbursed acute and intensive care patient days in COLUMN 1 – INPATIENT DAYS. Enter the total of MEDICARE reimbursed acute and intensive care admissions in COLUMN 2 – ADMISSIONS.

LINE 27a – MEDICARE – HMO: Enter the total of acute and intensive patient days attributable to patients of a qualified MEDICARE HMO in COLUMN 1 – INPATIENT DAYS. Enter the total of acute and intensive admissions attributable to patients of a qualified MEDICARE HMO in COLUMN 2 – ADMISSIONS.

WORKSHEET B-1 DAILY HOSPITAL SERVICES STATISTICS
CONTINUED-

LINE 28 – MEDICAID: Enter the total of MEDICAID reimbursed acute and intensive care patient days in COLUMN 1 – INPATIENT DAYS. Enter the total of MEDICAID reimbursed acute and intensive care admissions in COLUMN 2 – ADMISSIONS.


LINE 28a – MEDICAID – HMO: Enter the total of acute and intensive patient days attributable to patients of a qualified MEDICAID – HMO in COLUMN 1 – INPATIENT DAYS. Enter the total acute and intensive admissions attributable to patients of a qualified MEDICAID – HMO in COLUMN 2 – ADMISSION.














LINE 29 THROUGH 33 – OTHER PATIENT CLASSIFICATIONS: Enter the total of all OTHER PATIENT CLASSIFICATIONS listed, acute and intensive care patient days in the COLUMN 1 – INPATIENT DAYS of each classification line. Enter the total of all OTHER PATIENT CLASSIFICATIONS listed, acute and intensive care admissions in COLUMN 2 – ADMISSIONS of that classification line.
















LINE 34 – TOTAL ACUTE AND INTENSIVE CARE: Enter the total of LINES 26-33 for each column. The total on LINE 34, COLUMN 1, should agree with the sum of LINE 6 & LINE 16, COLUMN 4, of this worksheet.

CLASSIFICATION OF SUBACUTE CARE PATIENTS SERVED:

Follow the above instructions for LINES 26-33, entering the corresponding statistics of SUBACUTE patients. The total on LINE 43, COLUMN 1, should agree with the total on LINE 22, COLUMN 4 of this worksheet.

Daily Hospital Services/Statistics		Show Cost Center	Show Acute Patients	Show Sub-Acute Patients	
<p>You can add comments to each line by clicking on the  icon.</p> <p>Please complete the information below and click Save to update the record.</p>					
DAILY HOSPITAL SERVICES	A/C #	LICENSED BEDS (END OF PERIOD)	AVAILABLE BEDS (END OF PERIOD)	TOTAL AVAILABLE BED DAYS	TOTAL INPATIENT DAYS
01 Medical/Surgical Acute	6010	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 Pediatric Acute	6170	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 Psychiatric Acute	6210	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 Substance Abuse Acute-DTU	6220	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 Obstetrics Acute	6250	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 Definitive Observations	6280	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 Other Acute Care *	6290	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 Total Acute Care (Lines 01 through 07)	8107				
09 Medical/Surgical ICU	6310	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 Coronary Care	6330	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Pediatric Intensive Care	6350	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 Neonatal Intensive Care	6370	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13 Burn Care	6380	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14 Psychiatric Intensive Care	6390	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Other Intensive Care **	6410	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total Intensive Care (Lines 09 through 15)	8115				
17 Skilled Nursing Facility	6610	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18 Psychiatric Long-Term Care	6630	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19 Intermediate Care	6650	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20 Residential Care	6660	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
21 Other Sub Acute Care **	6690	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
22 Total Sub Acute Care (Lines 17 through 21)	8122				
23 Total DHS/Excluding Newborn (Lines 8, 16, and 22)	8123				
24 Newborn Nursery	6510	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25 Total Daily Hospital Services (Lines 23 and 24)	8125				

Daily Hospital Services/Statistics				Show Cost Center	Show Acute Patients	Show Sub-Acute Patients
Please complete the information below and click Save to update the record.						
You can add comments to each line by clicking on the  icon.						
ACUTE AND INTENSIVE CARE PATIENTS SERVED	A/C #	INPATIENT DAYS	ADMISSIONS			
26 Self-Pay	S105	<input type="text"/>	<input type="text"/>			
27 Medicare	B127	<input type="text"/>	<input type="text"/>			
27a Medicare-HMO	H110	<input type="text"/>	<input type="text"/>			
28 Medicaid	B128	<input type="text"/>	<input type="text"/>			
28a Medicaid-HMO	H115	<input type="text"/>	<input type="text"/>			
29 Champus	G104	<input type="text"/>	<input type="text"/>			
29a Other Government *	G105	<input type="text"/>	<input type="text"/>			
30 Insurance Charge-Based	B130	<input type="text"/>	<input type="text"/>			
31 Other Charge-Based *	N105	<input type="text"/>	<input type="text"/>			
32 Commercial HMO/PPO	N110	<input type="text"/>	<input type="text"/>			
33 Other Discounted *	B129	<input type="text"/>	<input type="text"/>			
34 Total Acute/Intensive Care	B131					
<input type="button" value="Save"/>						
<input type="button" value="Clear"/>						
NOTE(S):						
<ul style="list-style-type: none"> • TOTAL ON LINE 34(1) IS EQUAL TO THE SUM OF LINES 8(4) AND 16(4). • TOTAL ON LINE 43(1) IS EQUAL TO THAT OF LINE 22(4). • * DETAILS ON WORKSHEET X-4. 						

Daily Hospital Services/Statistics				Show Cost Center	Show Acute Patients	Show Sub-Acute Patients
Please complete the information below and click Save to update the record.						
You can add comments to each line by clicking on the  icon.						
SUB-ACUTE PATIENTS SERVED	A/C #	INPATIENT DAYS	ADMISSIONS			
35 Self-Pay	S110	<input type="text"/>	<input type="text"/>			
36 Medicare	B132	<input type="text"/>	<input type="text"/>			
36a Medicare-HMO	H120	<input type="text"/>	<input type="text"/>			
37 Medicaid	B133	<input type="text"/>	<input type="text"/>			
37a Medicaid-HMO	H125	<input type="text"/>	<input type="text"/>			
38 Champus	G109	<input type="text"/>	<input type="text"/>			
38a Other Government *	G110	<input type="text"/>	<input type="text"/>			
39 Insurance Charge-Based	B135	<input type="text"/>	<input type="text"/>			
40 Other Charge-Based *	N115	<input type="text"/>	<input type="text"/>			
41 Commercial HMO/PPO	N120	<input type="text"/>	<input type="text"/>			
42 Other Discounted *	B134	<input type="text"/>	<input type="text"/>			
43 Total Sub Acute	B136					
						
						
NOTE(S):						
<ul style="list-style-type: none"> • TOTAL ON LINE 34(1) IS EQUAL TO THE SUM OF LINES 8(4) AND 16(4). • TOTAL ON LINE 43(1) IS EQUAL TO THAT OF LINE 22(4). • * DETAILS ON WORKSHEET X-4. 						

WORKSHEET B-4: MEDICAL STAFF PROFILE

PURPOSE: To provide data useful in evaluating residency programs to determine whether teaching hospital requirements are met. To provide for assessment of services provided by physician specialty.

INSTRUCTIONS:

WORKSHEET B-4 MEDICAL STAFF PROFILE

COLUMN DEFINITIONS:

COLUMN 1 – APPROVED PROGRAM: Enter in this column either YES or NO with regard to the hospital's participation in each residency program listed. Total the number of affirmative responses on LINE 50 of the Worksheet.

COLUMN 2 – MEDICAL STUDENTS: Enter in this column, after the appropriate specialty, the number of medical students who are completing their clinical practicum at the hospital. Medical students are to be shown as FTE's, rather than as whole numbers.

COLUMN 3 – RESIDENTS: For each CLINICAL SPECIALTY listed, enter the ACTUAL number of RESIDENTS (FTE's) enrolled in teaching programs at the close of the reporting period (teaching program year). Residents at hospitals providing only clinical experience for an approved teaching program are not to be reported.

COLUMN 4 – ACTIVE STAFF: For each CLINICAL SPECIALTY listed, enter the number of physicians who were members of the active medical staff at the end of the period. Report under the appropriate clinical specialty only physicians who are Board Certified.

Do not include courtesy staff in the reported totals.

NOTE: See Chapter IV. GLOSSARY OF HEALTHCARE TERMINOLOGY, for a definition of ACTIVE MEDICAL STAFF.

Florida Hospital Uniform Reporting System

Please complete the information below and file back to update the report

Please enter all numbers to the left for Billing and DRG use

	CLINICAL SPECIALTY	4-DIGIT	APPROVED POST-TEST	REG PGY, STUDENTS (FY00)	RESIDENTS (FY00)	ACTIVE STAFF (FY00)	
01	Family Practice	4001					
02	Physician	4002	<input type="checkbox"/>				
03	Pediatric Child	4003	<input type="checkbox"/>				
04	Public Health, Preventive Medicine	4004	<input type="checkbox"/>				
05	Acute and Intensive Care	4005	<input type="checkbox"/>				
06	Geriatrics	4006	<input type="checkbox"/>				
07	Internal Medicine	4007	<input type="checkbox"/>				
08	Neurology	4008	<input type="checkbox"/>				
09	Perinatal Obstetrics	4009	<input type="checkbox"/>				
10	Psychiatry	4010	<input type="checkbox"/>				
11	Endocrinology	4011					
12	Emergency Medicine	4012					
13	Orthopedics	4013					
14	Neurology	4014					
15	Infectious Diseases	4015					
16	Pediatric Endocrinology	4016					
17	Pediatric Hematology	4017					
18	Pediatric Cardiology	4018					
19	Neurology	4019					
20	Neurology	4020					
21	Neurology - Pediatric	4021					
22	Neurology - Pediatrics	4022					
23	Neurology - Pediatrics	4023					
24	Neurology - Pediatrics	4024					
25	Neurology - Pediatrics	4025					
26	Neurology - Pediatrics	4026					
27	Neurology - Pediatrics	4027					
28	Neurology - Pediatrics	4028					
29	Neurology - Pediatrics	4029					
30	Neurology - Pediatrics	4030					
31	Neurology - Pediatrics	4031					
32	Neurology - Pediatrics	4032					
33	Neurology - Pediatrics	4033					
34	Neurology - Pediatrics	4034					
35	Neurology - Pediatrics	4035					
36	Neurology - Pediatrics	4036					
37	Neurology - Pediatrics	4037					
38	Neurology - Pediatrics	4038					
39	Neurology - Pediatrics	4039					
40	Neurology - Pediatrics	4040					
41	Neurology - Pediatrics	4041					
42	Neurology - Pediatrics	4042					
43	Neurology - Pediatrics	4043					
44	Neurology - Pediatrics	4044					
45	Neurology - Pediatrics	4045					
46	Neurology - Pediatrics	4046					
47	Neurology - Pediatrics	4047					
48	Neurology - Pediatrics	4048					
49	Neurology - Pediatrics	4049					
50	Neurology - Pediatrics	4050					

WORKSHEET C-1: BALANCE SHEET

PURPOSE: This form was primarily designed to standardize the various methods of reporting used by hospitals throughout the state. The primary purpose for requesting such information is to obtain a general level of comparability as well as to provide AHCA with a complete picture of a particular hospital's range of operations and resources. In addition, this information is used to compute various cost relationships (e.g., interest expense to average loan balance) that will allow AHCA to perform an analysis of significant fluctuations and trends internally and among hospitals of similar nature.

INSTRUCTIONS: NOTE: THIS WORKSHEET IS NOT REQUIRED FOR FACILITIES THAT ARE OPERATED BY THE DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES OR THE DEPARTMENT OF CORRECTIONS.

COLUMN DEFINITIONS: NOTE: Investor owned hospital, not utilizing fund accounting need only complete COLUMN 1 – OPERATING FUNDS.

COLUMN 1 – OPERATING FUNDS: For each line, enter the corresponding amounts from the hospital's balance sheet accounts, which are recorded in the OPERATING FUND.

COLUMN 2 – (Hospital to Supply the Appropriate Fund Title): For each line, enter the corresponding amounts from the hospital's balance sheet accounts, which are recorded in that fund.

COLUMN 3 – (Hospital to Supply the Appropriate Fund Title): For each line, enter the corresponding amounts from the hospital's balance sheet accounts, which are recorded in that fund.

COLUMN 4 – TOTAL/ALL FUNDS: Enter the total of COLUMNS 1, 2 and 3 for each account. These totals should reconcile to the AUDITED COMBINED BALANCE SHEET.

LINE 23 – OTHER CURRENT LIABILITIES: Enter the portion of this reported amount, which represents the current portion of long-term debt on LINE 44.

LINE 33 – INTERCOMPANY INDEBTEDNESS – NONCURRENT: Enter the amount, which represents loans from related parties for which interest or other costs are paid as operating costs. If the intercompany indebtedness account shows a debit balance, the amount should be reported in this account as a negative amount.

LINE 38 – ADDITIONAL PAID-IN CAPITAL: The amount entered should include money loaned by related parties, which has no other associated cost or interest.

NOTE: See Chapter III, DESCRIPTION OF ACCOUNTS, for more detailed definitions of the accounts listed above.

Please complete the information below and click Save to update the report. You can add comments to each line by clicking on the **CR** icon.

ACCOUNT DESCRIPTIONS	LINE #	OPERATING FUNDS	OTHER FUNDS (1)	OTHER FUNDS (2)	TOTAL FUNDS
ASSETS					
01 Cash and Investments	1010	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
02 Current Portion Assets Whose Use Is Limited	1020	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
03 Accounts & Notes Receivable	1030	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
04 Inventories	1040	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
05 Other Current Assets *	1050	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
06 Total Current Assets (Lines 1 through 5)	1099	\$0	\$0	\$0	\$0
07 Restricted Assets	1110	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
08 Other Restricted Assets	1120	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
09 Trusts Held Funds	1140	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
10 Total Assets Whose Use Is Limited (Lines 7 through 9)	1199	\$0	\$0	\$0	\$0
11 Plant, Property, & Equipment	1210	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
12 Less Accumulated Depreciation	1212	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
13 Net Plant, Property, & Equipment	1299	\$0	\$0	\$0	\$0
14 Other Tangible Assets *	1310	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
15 Deferred Financing Costs	1318	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
16 Deferred 3rd-Party Payments	1360	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
17 Deferred Income Taxes	1313	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
18 Goodwill	1311	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
19 Other Intangible Assets *	1316	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
20 Total Assets (Lines 6, 10 and Lines 13 through 19)	1999	\$0	\$0	\$0	\$0
LIABILITIES					
21 Accounts Payable & Other P/L	2110	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
22 Other Current Liabilities (L/T)	2130	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
23 Current Liabilities for Assets Whose Use Is Limited (L/T)	2110	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
24 Total Current Liabilities (Lines 21 through 23)	2199	\$0	\$0	\$0	\$0
25 Deferred Credits and Other Liabilities	2140	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
26 Mortgages Payable (L/T)	2210	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
27 Mortgages Payable (Other)	2210	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
28 Construction Loans	2230	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
29 Notes Payable (Credit)	2240	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
30 Debtless Lease Obligation	2230	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
31 Bonds Payable (Taxable)	2260	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
32 Bonds Payable (Tax-Exempt)	2270	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
33 Interim/Short-Term Documents	2210	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
34 Other Noncurrent Debt	2290	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
35 Total Long-Term Debt (Lines 26 through 34)	2299	\$0	\$0	\$0	\$0
36 Total Liabilities (Lines 24, 25 and 35)	2998	\$0	\$0	\$0	\$0
NET ASSETS					
37 Retained Earnings	2310	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
38 Accumulated Other Comprehensive Income	2360	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
39 Federal Earnings	2370	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
40 Debt-Partner / Sole Proprietor	2310	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
41 Fund Balances (Net Profit)	2390	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
42 Total Equities and Capital (Lines 37 through 41)	2399	\$0	\$0	\$0	\$0
43 Total Liabilities and Net Assets (Lines 36 & 42)	2999	\$0	\$0	\$0	\$0
44 Current Resources Long-Term Debt		<input type="text"/>			\$0

WORKSHEET C-2: INCOME STATEMENT

PURPOSE: The information presented on this form will primarily be used to compute various ratios and relationships (e.g., salaries to total revenues) that will allow AHCA to perform an analysis of significant fluctuations and trends within and among hospitals of similar nature. By requesting such information to be presented using common classifications, AHCA will ultimately have information that will compliment the departmental analysis of revenues and expenses, as presented in other forms, which will permit certain critical cost comparisons, such as food cost per patient day.

INSTRUCTIONS: NOTE: Since this worksheet utilizes information reported on other related worksheets the preparer must complete the following worksheets prior to completion of this worksheet: C-3, C-3a, C-4, C-5, and C-6.

LINE 1 – INPATIENT SERVICES REVENUE: Enter the amount reported on WORKSHEET C-3, COLUMN 1, LINE 54.

LINE 2 – OUTPATIENT SERVICES REVENUE: Enter the amount reported on WORKSHEET C-3, COLUMN 2, LINE 54.

LINE 3 – TOTAL PATIENT SERVICE REVENUE: Enter the total of LINES 1 & 2 of this worksheet.

LINE 4 – TOTAL DEDUCTIONS FROM REVENUE: Enter the total from COLUMN 4, ACCT. COO3, WORKSHEET C-3a.

LINE 5 – NET PATIENT CARE REVENUE: Subtract LINE 4 from LINE 3 and enter the result.

LINE 6 – OTHER OPERATING REVENUE: Enter the amount reported on WORKSHEET C-4, COLUMN 1, LINE 20.

LINE 7 – TOTAL OPERATING REVENUE: Enter the total of LINES 5 & 6.

LINE 8 – SALARIES AND WAGES – PATIENT CARE: Enter the amount reported on WORKSHEET C-5, COLUMN 1, LINE 54.

LINE 9 – OTHER EXPENSE – PATIENT CARE: Enter the amount reported on WORKSHEET C-5, COLUMN 2, LINE 54.

LINE 10 – SALARIES AND WAGES – GENERAL & ADMINISTRATIVE: Enter the amount reported on WORKSHEET C-6, COLUMN 1, LINE 37.

LINE 11 – OTHER EXPENSE – GENERAL & ADMINISTRATIVE: Enter the amount reported on WORKSHEET C-6, COLUMN 2, LINE 37.

LINE 12 – TOTAL OPERATING EXPENSE: Enter the total of LINE 8 through LINE 11.

LINE 13 – OPERATING MARGIN: Subtract LINE 12 from LINE 7 and enter the result.

LINE 14 – NONOPERATING REVENUE: Enter the amount reported on WORKSHEET C-4, COLUMN 1, LINE 33.

LINE 15 – NONOPERATING EXPENSES: Enter the amount reported on WORKSHEET C-6, COLUMN 3, LINE 40.

LINE 16 – EXCESS/DEFICIENCY OF NONOPERATING REVENUES OVER NONOPERATING EXPENSES: Subtract LINE 15 from LINE 14 and enter the result.

LINE 17 – TOTAL MARGIN B/F INCOME TAXES & EXTRAORDINARY ITEMS: Enter the total of LINES 13 PLUS OR MINUS 16.

WORKSHEET C-2 INCOME STATEMENT
CONTINUED-

LINE 18 – PROVISION FOR INCOME TAXES: In budgets, taxable entities should report the estimated provision for both state and federal income taxes on the amount of either profit or loss that has been budgeted, even if this results in a negative amount. For proprietary entities, if the provision for income taxes is negative or zero then a detailed explanation of the reason must be provided on WORKSHEET X-4. In Actual reports, hospitals will report the actual amount of taxes paid or allocated, if part of a chain operation.

LINE 19 – and 20– EXTRAORDINARY ITEMS: Report specific extraordinary items in the space allowed. Do not include these amounts on WORKSHEET C-6, COLUMN 3, LINES 1-41. Report only those amounts classified as “EXTRAORDINARY” in accordance with generally accepted accounting principles. Final settlements for the prior year Medicare cost report should be reported as “CONVENTIONAL – MEDICARE” in ACCT 5910 of WORKSHEET C-3a.

Extraordinary gains are bracketed, due to data processing requirements. If these signs are changed the report will show an incorrect total margin and will be returned to the hospital for correction.

LINE 22 – TOTAL MARGIN: Enter the total on LINE 17 plus or minus the amounts on LINES 18 and 24.

Income and Expense Statement	
DESCRIPTION	AMOUNT
OPERATING REVENUE	
01 Inpatient Services Revenue (Worksheet C-3, Col(1), Line 54)	\$0
02 Outpatient Services Revenue (Worksheet C-3, Col(2), Line 54)	\$0
03 Total Patient Service Revenue (Line 1 + Line 2)	\$0
DEDUCTIONS FROM REVENUE AND NET REVENUE	
04 Total Deductions from Revenue (Worksheet C-3a, ACCT, C003, Col(6))	\$0
05 Net Patient Care Revenue (Line 3 - Line 4)	\$0
06 Other Operating Revenue (Worksheet C-4, Col(1), Line 20)	\$0
07 Total Operating Revenue (Line 5 + Line 6)	\$0
OPERATING EXPENSE	
08 Salaries and Wages-Patient Care (Worksheet C-5, Col(1), Line 54)	\$0
09 Other Expense-Patient Care (Worksheet C-5 Col(2), Line 54)	\$0
10 Salaries and Wages-Administrative & General (Worksheet C-6 Col(1), Line 37)	\$0
11 Other Expense-Administrative & General (Worksheet C-6 Col(2), Line 37)	\$0
12 Total Operating Expense (Lines 8 through Line 11)	\$0
13 Operating Margin (Line 7 - Line 12)	\$0
NONOPERATING REVENUE AND EXPENSE	
14 Non-operating Revenue (Worksheet C-4, Col(1), Line 34)	\$0
15 Non-operating Expense (Worksheet C-6, Col(3), Line 40)	\$0
16 Excess (Deficiency) of Non-operating Revenues Over Non-operating Expenses (Line 14 - Line 15)	\$0
17 Total Margin B/F Income Taxes & Extraordinary Items (Line 13 + Line 16)	\$0
18 Provision for Income Taxes	<input type="text"/>
EXTRAORDINARY ITEMS (DETAIL BELOW)	
19 Extraordinary Gains ^a	<input type="text"/>
20 Extraordinary Losses ^b	<input type="text"/>
21 Total Extraordinary Items (Lines 19 + 20)	\$0
22 Total Margin (Line 17 + 18 + 21)	\$0

NOTE(S):

* * * DETAILS ON WORKSHEET N-4

WORKSHEET C-3: STATEMENT OF PATIENT CARE SERVICES REVENUE

PURPOSE: This worksheet summaries inpatient and outpatient revenue by revenue category for all Patient Care Services.

INSTRUCTIONS:**COLUMN DEFINITIONS:**

NOTE: The amounts to be reported for each Patient Care Service listed are the gross revenues (charges), regardless of the method used to charge for that service.

ACCOUNT NUMBER: The standardized account number assigned to this revenue category.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – INPATIENT REVENUE: Enter the gross revenue amount associated with services provided in an inpatient setting during the reporting period.

COLUMN 2 – OUTPATIENT REVENUE: Enter the gross revenue amount associated with services provided in an outpatient setting during the reporting period.

COLUMN 3 – TOTAL REVENUE: Enter the summation of COLUMN 1 and COLUMN 2.

LINE 17 – INTERMEDIATE CARE: Include revenue from INTERMEDIATE CARE – MENTALLY RETARDED with revenue reported in this account.

LINE 23 – HOME DIALYSIS PROGRAM: Report all revenue from HOME DIALYSIS programs, including equipment rentals, and supplies sold.

LINE 26 – OTHER AMBULATORY SERVICES: Include revenue from PSYCHIATRIC DAY CARE SERVICES.

LINE 31 – SURGERY SERVICES: Report revenue from OPEN HEART AND NEUROLOGICAL SURGERY SERVICES in this account.

LINE 34 – MEDICAL SUPPLIES SOLD: Include revenue from the sale, lease and/or rental of DURABLE MEDICAL EQUIPMENT.

LINE 35 – DRUGS SOLD: Include revenues from INTRAVENOUS SOLUTIONS and ADMIXTURE SERVICE in this account.

LINE 36 – LABORATORY SERVICES: Include PATHOLOGY revenue within laboratory services. However, **DO NOT** include the pathologist fees **unless** the hospital bills for the service and collects the payments, and the physician is paid by the hospital under a separate contractual agreement or salary arrangement.

LINE 39 – ELECTROCARDIOGRAPHY: Include CARDIOVASCULAR TREADMILL STRESS TESTING, ECHOCARDIOGRAM, PHONOCARDIOGRAM, NEUROLOGICAL FUNCTION TESTING, AND TELEMETRY revenue with electrocardiography.

LINE 46 – RESPIRATORY THERAPY SERVICES: Include PULMONARY FUNCTION TESTING within respiratory services.

LINE 47 – PHYSICAL THERAPY: Include ELECTROMYOGRAPHY revenue within physical therapy.

WORKSHEET C-3 STATEMENT OF PATIENT CARE SERVICES REVENUE
CONTINUED-

LINE 48 – OTHER REHABILITATIVE SERVICES: Include revenue from OCCUPATIONAL THERAPY, SPEECH THERAPY, RECREATIONAL THERAPY, AND AUDIOLOGY.

LINE 52 – OTHER ANCILLARY SERVICES: Include revenue from GASTROENTEROLOGY, DENTAL SERVICES. (NOTE: Gastroenterology includes all endoscopic procedures).

NOTE: Report the totals on LINE 54 for inpatient, outpatient, and total patient revenue on the appropriate lines on WORKSHEET C-2.

ACCOUNT DESCRIPTIONS		AMOUNT	INPATIENT REVENUE	OUTPATIENT REVENUE	TOTAL REVENUE
DAILY HOSPITAL SERVICES					
01	Medical Supplies	30.00			
02	Bedside Care	17.00			
03	Bedside Care	82.00			
04	Intermediate Care (1-2)	220.00			
05	Intermediate Care	220.00			
06	Bedside Care	248.00			
07	Other Nurse Care	254.00			
08	Medical Supplies	34.00			
09	Intermediate Care	330.00			
10	Bedside Care	330.00			
11	Other Nurse Care	330.00			
12	Intermediate Care	426.00			
13	Other Nurse Care	54.00			
14	Medical Supplies	20.00			
15	Bedside Care	27.00			
16	Other Nurse Care	254.00			
17	Intermediate Care	243.00			
18	Bedside Care	348.00			
19	Other Nurse Care	348.00			
20	Total Daily Hospital Services (Lines 01 through 19)	2333	80	80	80
AMBULATORY SERVICES					
21	Emergency Services	27.00			
22	Other Services	27.00			
23	Home Care Program	324.00			
24	Emergency Surgery Services	223.00			
25	Other Ambulatory Services	243.00			
26	Other Ambulatory Services	306.00			
27	Other Ambulatory Services	27.00			
28	Home Health Services	474.00			
29	Total Ambulatory Services	1337	80	80	80
ANALOGY SERVICES					
30	Medical Center Services	40.00			
31	Other Services	40.00			
32	Other Services	40.00			
33	Insurance	45.00			
34	Medical Center Services	4.00			
35	Other Services	4.00			
36	Other Services	45.00			
37	Other Services	40.00			
38	Other Services	45.00			
39	Other Services	40.00			
40	Other Services	40.00			
41	Other Services	40.00			
42	Other Services	40.00			
43	Other Services	40.00			
44	Other Services	40.00			
45	Other Services	40.00			
46	Other Services	40.00			
47	Other Services	40.00			
48	Other Services	40.00			
49	Other Services	40.00			
50	Other Services	40.00			
51	Other Services	40.00			
52	Other Services	40.00			
53	Total Ambulatory Services (Lines 30 through 52)	1343	80	80	80
54	Total Patient Care Services (Lines 01, 20, 29, 33, & 53)	6370	80	80	80

WORKSHEET C-3a: STATEMENT OF PATIENT CARE REVENUE AND DEDUCTIONS FROM REVENUE BY PAYER CLASS FOR INPATIENT AND OUTPATIENT SERVICES

PURPOSE: This worksheet summarizes inpatient and outpatient revenues, deductions from revenue, and net revenue by payer class for all Patient Care Services. This categorization is necessary to properly calculate the assessment for the Patient Medical Assistance Trust Fund (PMATF)

INSTRUCTIONS:**COLUMN DEFINITIONS:**

NOTE: The inpatient and outpatient revenue amounts to be reported for each payer class listed are the gross patient service revenues (charges) regardless of the method used to charge for that service.

ACCOUNT NUMBER: The AHCA standardized account number assigned to this payer category.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – INPATIENT REVENUE: Enter the inpatient revenue amounts associated with each class of payer, for which services were provided during the reporting period. The total reported in COLUMN 1, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 1 on WORKSHEET C-3.

COLUMN 2 – OUTPATIENT REVENUE: Enter the outpatient revenue amounts associated with each class of payer, for which services were provided during the reporting period. The total reported in COLUMN 2, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 2 on WORKSHEET C-3.

COLUMN 3 – TOTAL PATIENT REVENUE: Enter the summation of COLUMN 1 and COLUMN 2. The total reported in COLUMN 3, Account COO3, must equal the revenue reported in account C370 on LINE 54, COLUMN 3 on WORKSHEET C-3.

COLUMN 4 – TOTAL INPATIENT DEDUCTIONS FROM REVENUE: Enter the amount of inpatient deductions from revenue associated with each class of payer during the reporting period.

COLUMN 5 – TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE: Enter the amount of outpatient deductions from revenue associated with each class of payer during the reporting period.

COLUMN 6 – TOTAL DEDUCTIONS FROM REVENUE: Enter the summation of COLUMN 4 and COLUMN 5. Amounts reported in this column represent the total revenue deduction for the indicated account. The total in COLUMN 6, Line 19 will also be reported on WORKSHEET C-2, Line 4.

COLUMN 7 – NET INPATIENT REVENUE: Subtract amount of inpatient deductions from revenue in COLUMN 4 from the amount of inpatient revenue reported in COLUMN 1 and enter the result.

COLUMN 8 – NET OUTPATIENT REVENUE: Subtract amount of outpatient deductions from revenue in COLUMN 5 from the amount of outpatient revenue reported in COLUMN 2 and enter the result.

COLUMN 9 – TOTAL NET PATIENT REVENUE: Enter the summation of COLUMN 7 and COLUMN 8. Amounts reported in this column represents the total net patient services revenue for the indicated account. The total in COLUMN 9, Line 19 will also be reported on WORKSHEET C-2, Line 5.

WORKSHEET C-3a – STATEMENT OF PATIENT CARE REVENUE AND DEDUCTIONS FROM REVENUE BY PAYER CLASS FOR INPATIENT AND OUTPATIENT SERVICES (CONTINUED)

ACCOUNT 5980 – ADMINISTRATIVE, COURTESY, AND POLICY DISCOUNT CARE: This account is used to report the discounting by the hospital of care provided to members of its Governing Board, staff physicians and their families, and members of the clergy. These discounts may range from 10% to 100% of the hospital's bill. If the hospital discounts 100% of the bill, the gross charges should be reported in COLUMNS 1, 2, and 3, ACCOUNT 5905 and a deduction equal to those charges should be reported in COLUMNS 4, 5, and 6, ACCOUNT 5980. If the hospital discounts only a portion of the bill, the gross charges must be reported in the primary classification, e.g., commercial insurance, self pay, etc., and the amount discounted should be reported in account 5980, COLUMNS 4, 5, and 6.

ACCOUNT 5981 – EMPLOYEE DISCOUNTED CARE: Discounts for employees will generally be a secondary deduction of the commercial insurance classification. The hospital's discount portion will be reported in account 5981, COLUMNS 4,5, and 6. However, the uncollectible amounts of employee deductibles and coinsurance should be reported in account 5900, COLUMNS 4,5, and 6.


ACCOUNT 5995 – RESTRICTED FUNDS FOR INDIGENT CARE: This account is the amount received from donors and government agencies to off set the cost of indigent care provided by the hospital. This account was formerly listed on worksheet C-2 as "RESTRICTED GRANTS AND DONATIONS FOR INDIGENT CARE". The amount reported herein represents an offset to total deductions from revenue.

ACCOUNT 4900 – RADIATION THERAPY REVENUE AND DEDUCTIONS: Enter the amount of radiation therapy revenue for both inpatient and outpatient services on line 20 in COLUMNS 1, 2, and total in COLUMN 3. The amount in COLUMN 3 should equal ACCOUNT 4360, COLUMN 3, line 44, on worksheet C-3. Enter radiation therapy deductions from revenue on line 20 in COLUMNS 4, 5, and 6. Subtract the amounts on line 20 in COLUMNS 4, 5, and 6 from those on line 20 in COLUMNS 1, 2, and 3 and enter the result on line 20 in COLUMNS 7, 8, AND 9.

ACCOUNT C035 – ADJUSTED REVENUE AND DEDUCTIONS: Subtract the amounts on LINE 20 from those on LINE 19 and enter the result on LINE 21. This represents the adjustment for radiation therapy net revenues from total net patient service revenues.

ACCOUNT C004 – TOTAL HMO/PPO PAYMENTS: Enter the amount of HMO/PPO payment for inpatient and outpatient services on COLUMNS 7 and 8, then sum the two figures and enter the total in COLUMN 9.

Revenue by Payer Classification

Please complete the information below and click Save to update this record. You can add comments to each line by clicking on the  icon.

DESCRIPTION	A/C #	TOTAL INPATIENT REVENUE	TOTAL OUTPATIENT REVENUE	TOTAL PATIENT REVENUE	TOTAL INPATIENT DEDUCTIONS FROM REVENUE	TOTAL OUTPATIENT DEDUCTIONS FROM REVENUE	TOTAL DEDUCTIONS FROM REVENUE	NET INPATIENT REVENUE	NET OUTPATIENT REVENUE	TOTAL NET PATIENT REVENUE
01 Bed Balts	5900				<input type="text"/>	<input type="text"/>				
02 Self-Pay Patients	5935	<input type="text"/>	<input type="text"/>							
03 Chair Care-HL Edfen	5930				<input type="text"/>	<input type="text"/>				
04 Chair Care-OTter	5960				<input type="text"/>	<input type="text"/>				
05 Conventional Medical	5920	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
06 Conventional Medical	5920	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
07 Other Government Fixed-Price Payors	5920	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
08 Insurance Charge-Based	5935	<input type="text"/>	<input type="text"/>							
09 Other Charge-Based Payors	5935	<input type="text"/>	<input type="text"/>							
10 Medicare-MD	5921	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
11 Medicare-MD	5921	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
12 Commercial-MD	5940	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
13 Commercial-PPO	5941	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
14 Other Commercial Discounted Payors	5945	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
15 Admin. Codes, and Policy Discounts	5900				<input type="text"/>	<input type="text"/>				
16 Employee Discounts	5950				<input type="text"/>	<input type="text"/>				
17 Other Deductions from Revenue	5990				<input type="text"/>	<input type="text"/>				
18 Restricted Funds for Inpatient Care	5995				<input type="text"/>	<input type="text"/>				
19 Total Revenue and Deductions	C003	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
20 Radiation Therapy Revenue	4500	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>				
21 Adjusted Revenue And Deductions	C035	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
22 Total HKD/PPG Payment	C004			\$0			\$0			\$0

NOTES:

- THE AMOUNT ON LINE 19, COLUMN 3 SHOULD EQUAL ACCOUNT 0370(3), ON WORKSHEET C-3
- THE REVENUE AND DEDUITS FOR ACCOUNT 4900 SHOULD EQUAL ACCOUNT 4360, 17, 21 (3), ON WORKSHEET C-3
- ACCOUNT 5995 IS "RESTRICTED FUNDS FOR INPATIENT CARE" WHICH FORMERLY APPEARED ON WORKSHEET C-2.

WORKSHEET C-4: STATEMENT OF OTHER OPERATING AND NONOPERATING REVENUE

PURPOSE: This form will gather the various types of operating and non-operating revenue generated by the hospital into a schedule that can be used to analyze each class of revenue.

INSTRUCTIONS:**COLUMN DEFINITIONS:**

ACCOUNT NUMBER: Enter the preprinted standardized account numbers for these revenue categories.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – AMOUNT: Enter the corresponding revenue amounts in either the OPERATING REVENUE or NONOPERATING REVENUE sections.

LINE 15 – TELEVISION RENTAL SERVICE: Report all revenue from the operation of a television rental service, either by the hospital or by an auxiliary organization. If the service is operated by an auxiliary organization, report the commissions paid to the hospital by the organization here. If operated directly by the hospital, report all revenue generated by the service. Report salaries, wages, and other expenses related to the operation of the television rental service in HOSPITAL ADMINISTRATION, LINE 21 of WORKSHEET C-6.

LINE 16 – GIFT SHOP: Report all revenue from the operation of a gift shop, either by the hospital or by an auxiliary organization. If the shop is operated by an auxiliary organization, report the commissions paid to the hospital by the organization here. If operated directly by the hospital, report all revenues from the shop NET of purchases. Report salaries, wages, and other expenses related to the operation of the gift shop in HOSPITAL ADMINISTRATION, LINE 21 of WORKSHEET C-6.

LINE 18 & 33– OTHER OPERATING REVENUE and OTHER NONOPERATING REVENUE: Include revenue from seminars, conferences, and silver recovery in Account 5870 – OTHER OPERATING REVENUES.

If the individual revenue amounts reported in accounts 5870 or 9150 equal or exceed .25% of NET PATIENT SERVICE REVENUE, each amount should be detailed on WORKSHEET X-4, EXPLANATIONS AND COMMENTS.

Revenue Center

Please complete the information below and click Save to update the report. You can add comments to each line by clicking on the **CO** icon.

DESCRIPTION	BYC #	REVENUE AMOUNT	
OTHER OPERATING REVENUE			
01 Transfers from Restricted Funds for Research Expenses	5000	<input type="text"/>	00
02 Tuition Education	5200	<input type="text"/>	01
03 Approved Post Graduate Medical Education	5240	<input type="text"/>	02
04 Disapproved Post Graduate Medical Education	5250	<input type="text"/>	03
05 Other Allied Health Programs *	5260	<input type="text"/>	04
06 Transfers from Restricted Funds for Education Expenses	5300	<input type="text"/>	05
07 Cafeteria Revenue, Non-Patient	5320	<input type="text"/>	06
08 Laundry and Linen Revenue	5330	<input type="text"/>	07
09 Spec. Services Revenue	5350	<input type="text"/>	08
10 Laundry Revenue	5380	<input type="text"/>	09
11 Parking Revenue	5440	<input type="text"/>	10
12 Housekeeping Revenue	5450	<input type="text"/>	11
13 Telephone Service Revenue	5610	<input type="text"/>	12
14 Data Processing Service Revenue	5620	<input type="text"/>	13
15 Television Rental Revenue	5630	<input type="text"/>	14
16 Gift Shop	5640	<input type="text"/>	15
17 Purchasing Services Revenue	5690	<input type="text"/>	16
18 Other Operating Revenue *	5670	<input type="text"/>	17
19 Transfers from Restricted Funds for Operating Expenses	5800	<input type="text"/>	18
20 Total Other Operating Revenue (Lines 1 through 19)	C430	<input type="text"/>	00
NONOPERATING REVENUE			
21 Gain/(Loss) on Sale of Assets	9010	<input type="text"/>	00
22 Unrestricted Contributions	9020	<input type="text"/>	01
23 Donated Services	9230	<input type="text"/>	02
24 Income and/or Gain/(Loss) from Unrestricted Investments	9040	<input type="text"/>	03
25 Unrestricted Income, Endowment Funds	9050	<input type="text"/>	04
26 Unrestricted Income, Other Restricted Funds	9060	<input type="text"/>	05
27 Term Endowment Funds Becoming Unrestricted	9070	<input type="text"/>	06
28 Nursing Challenge Scholarship Revenue	9075	<input type="text"/>	07
29 Transfers from Restricted Funds for Non-operating Expenses	9080	<input type="text"/>	08
30 Physician Private Office Rental Revenue	9110	<input type="text"/>	09
31 Unrestricted Tax Revenue & Appropriated Funds - State/Federal	9130	<input type="text"/>	10
32 Unrestricted Tax Revenue & Appropriated Funds - Local Govt	9132	<input type="text"/>	11
33 Other Non-operating Revenue *	9150	<input type="text"/>	12
34 Total Non-operating Revenue (Lines 21 through 33)	C441	<input type="text"/>	00

WORKSHEET C-5: STATEMENT OF PATIENT CARE SERVICES EXPENSE

PURPOSE: This schedule is used to report expenses by category. It is setup in the same format as WORKSHEET C-3. Salaries are disclosed separately due to their significance in proportion to total hospital expenses. This schedule, when analyzed in conjunction with the statistical section, will provide important information as to the operational efficiency of the hospital.

INSTRUCTIONS:**COLUMN DEFINITIONS:**

ACCOUNT NUMBER: Enter the standardized account number for this expense category. See Chapter III, DESCRIPTION OF ACCOUNTS, for further detail.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – SALARIES AND WAGES: Enter the amount of salaries and wages attributable to the related PATIENT CARE SERVICES cost center. The amount reported should not include the cost of the FRINGE BENEFITS related to the salaries and wages reported. FRINGE BENEFITS such as: FICA, pension expense, health insurance, and other payroll related fringe benefits are to be reported in COLUMN “2” – OTHER EXPENSES. **DO NOT report** as salaries and wages amounts paid to the agency personnel through the accounts payable system; only personnel who are paid through the hospital’s payroll system should be reported in this classification.

COLUMN 2 – OTHER EXPENSES: Enter the amount of other expenses, including employee fringe benefit, for the specific cost center.

COLUMN 3 – TOTAL EXPENSE: Enter the total of the expenses reported in COLUMNS 1 and 2.

COLUMN 4 – FTE’S: Enter the number of FULL-TIME EQUIVALENT (FTE) employees. **DO NOT include** as FTE’s, agency or contracted personnel who are not on the hospital’s payroll. Round the total to the nearest tenth of a point, (e.g., 99.9).

DESCRIPTION		ICD-9	Revenue - J Regain	CHARGES	TOTAL EMPLOYEES	STAFF
DAILY HOSPITAL SERVICES						
11	Room - Single Room	8112				
12	Room - Double	8113				
13	Room - Triple	8114				
14	Room - Suite Single	8115				
15	Room - Suite Double	8116				
16	Room - Suite Triple	8117				
17	Room - Suite Quad	8118				
18	Room - Suite Pent	8119				
19	Room - Suite Sext	8120				
20	Room - Suite Sept	8121				
21	Room - Suite Oct	8122				
22	Room - Suite 11	8123				
23	Room - Suite 12	8124				
24	Room - Suite 13	8125				
25	Room - Suite 14	8126				
26	Room - Suite 15	8127				
27	Room - Suite 16	8128				
28	Room - Suite 17	8129				
29	Room - Suite 18	8130				
30	Room - Suite 19	8131				
31	Room - Suite 20	8132				
32	Room - Suite 21	8133				
33	Room - Suite 22	8134				
34	Room - Suite 23	8135				
35	Room - Suite 24	8136				
36	Room - Suite 25	8137				
37	Room - Suite 26	8138				
38	Room - Suite 27	8139				
39	Room - Suite 28	8140				
40	Room - Suite 29	8141				
41	Room - Suite 30	8142				
42	Room - Suite 31	8143				
43	Room - Suite 32	8144				
44	Room - Suite 33	8145				
45	Room - Suite 34	8146				
46	Room - Suite 35	8147				
47	Room - Suite 36	8148				
48	Room - Suite 37	8149				
49	Room - Suite 38	8150				
50	Room - Suite 39	8151				
51	Room - Suite 40	8152				
52	Room - Suite 41	8153				
53	Room - Suite 42	8154				
54	Room - Suite 43	8155				
55	Room - Suite 44	8156				
56	Room - Suite 45	8157				
57	Room - Suite 46	8158				
58	Room - Suite 47	8159				
59	Room - Suite 48	8160				
60	Room - Suite 49	8161				
61	Room - Suite 50	8162				
62	Room - Suite 51	8163				
63	Room - Suite 52	8164				
64	Room - Suite 53	8165				
65	Room - Suite 54	8166				
66	Room - Suite 55	8167				
67	Room - Suite 56	8168				
68	Room - Suite 57	8169				
69	Room - Suite 58	8170				
70	Room - Suite 59	8171				
71	Room - Suite 60	8172				
72	Room - Suite 61	8173				
73	Room - Suite 62	8174				
74	Room - Suite 63	8175				
75	Room - Suite 64	8176				
76	Room - Suite 65	8177				
77	Room - Suite 66	8178				
78	Room - Suite 67	8179				
79	Room - Suite 68	8180				
80	Room - Suite 69	8181				
81	Room - Suite 70	8182				
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84	Room - Suite 73	8185				
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86	Room - Suite 75	8187				
87	Room - Suite 76	8188				
88	Room - Suite 77	8189				
89	Room - Suite 78	8190				
90	Room - Suite 79	8191				
91	Room - Suite 80	8192				
92	Room - Suite 81	8193				
93	Room - Suite 82	8194				
94	Room - Suite 83	8195				
95	Room - Suite 84	8196				
96	Room - Suite 85	8197				
97	Room - Suite 86	8198				
98	Room - Suite 87	8199				
99	Room - Suite 88	8200				
100	Room - Suite 89	8201				
101	Room - Suite 90	8202				
102	Room - Suite 91	8203				
103	Room - Suite 92	8204				
104	Room - Suite 93	8205				
105	Room - Suite 94	8206				
106	Room - Suite 95	8207				
107	Room - Suite 96	8208				
108	Room - Suite 97	8209				
109	Room - Suite 98	8210				
110	Room - Suite 99	8211				
111	Room - Suite 00	8212				
112	Room - Suite 01	8213				
113	Room - Suite 02	8214				
114	Room - Suite 03	8215				
115	Room - Suite 04	8216				
116	Room - Suite 05	8217				
117	Room - Suite 06	8218				
118	Room - Suite 07	8219				
119	Room - Suite 08	8220				
120	Room - Suite 09	8221				
121	Room - Suite 10	8222				
122	Room - Suite 11	8223				
123	Room - Suite 12	8224				
124	Room - Suite 13	8225				
125	Room - Suite 14	8226				
126	Room - Suite 15	8227				
127	Room - Suite 16	8228				
128	Room - Suite 17	8229				
129	Room - Suite 18	8230				
130	Room - Suite 19	8231				
131	Room - Suite 20	8232				
132	Room - Suite 21	8233				
133	Room - Suite 22	8234				
134	Room - Suite 23	8235				
135	Room - Suite 24	8236				
136	Room - Suite 25	8237				
137	Room - Suite 26	8238				
138	Room - Suite 27	8239				
139	Room - Suite 28	8240				
140	Room - Suite 29	8241				
141	Room - Suite 30	8242				
142	Room - Suite 31	8243				
143	Room - Suite 32	8244				
144	Room - Suite 33	8245				
145	Room - Suite 34	8246				
146	Room - Suite 35	8247				
147	Room - Suite 36	8248				
148	Room - Suite 37	8249				
149	Room - Suite 38	8250				
150	Room - Suite 39	8251				
151	Room - Suite 40	8252				
152	Room - Suite 41	8253				
153	Room - Suite 42	8254				
154	Room - Suite 43	8255				
155	Room - Suite 44	8256				
156	Room - Suite 45	8257				
157	Room - Suite 46	8258				
158	Room - Suite 47	8259				
159	Room - Suite 48	8260				
160	Room - Suite 49	8261				
161	Room - Suite 50	8262				
162	Room - Suite 51	8263				
163	Room - Suite 52	8264				
164	Room - Suite 53	8265				
165	Room - Suite 54	8266				
166	Room - Suite 55	8267				
167	Room - Suite 56	8268				
168	Room - Suite 57	8269				
169	Room - Suite 58	8270				
170	Room - Suite 59	8271				
171	Room - Suite 60	8272				
172	Room - Suite 61	8273				
173	Room - Suite 62	8274				
174	Room - Suite 63	8275				
175	Room - Suite 64	8276				
176	Room - Suite 65	8277				
177	Room - Suite 66	8278				
178	Room - Suite 67	8279				
179	Room - Suite 68	8280				
180	Room - Suite 69	8281				
181	Room - Suite 70	8282				
182	Room - Suite 71	8283				
183	Room - Suite 72	8284				
184	Room - Suite 73	8285				
185	Room - Suite 74	8286				
186	Room - Suite 75	8287				
187	Room - Suite 76	8288				
188	Room - Suite 77	8289				
189	Room - Suite 78	8290				
190	Room - Suite 79	8291				
191	Room - Suite 80	8292				
192	Room - Suite 81	8293				
193	Room - Suite 82	8294				
194	Room - Suite 83	8295				
195	Room - Suite 84	8296				
196	Room - Suite 85	8297				
197	Room - Suite 86	8298				
198	Room - Suite 87	8299				
199	Room - Suite 88	8300				
200	Room - Suite 89	8301				
201	Room - Suite 90	8302				
202	Room - Suite 91	8303				
203	Room - Suite 92	8304				
204	Room - Suite 93	8305				
205	Room - Suite 94	8306				
206	Room - Suite 95	8307				
207	Room - Suite 96	8308				
208	Room - Suite 97	8309				
209	Room - Suite 98	8310				
210	Room - Suite 99	8311				
211	Room - Suite 00	8312				
212	Room - Suite 01	8313				
213	Room - Suite 02	8314				
214	Room - Suite 03	8315				
215	Room - Suite 04	8316				
216	Room - Suite 05	8317				
217	Room - Suite 06	8318				
218	Room - Suite 07	8319				
219	Room - Suite 08	8320				
220	Room - Suite 09	8321				
221	Room - Suite 10	8322				
222	Room - Suite 11	8				

WORKSHEET C-6: STATEMENT OF OTHER OPERATING AND NONOPERATING EXPENSE**INSTRUCTIONS:**

COLUMN DEFINITIONS: NOTE: SMALL HOSPITALS have the option of reporting expenses on a more summarized level: A "Small Hospital" is defined as a hospital or hospital health services complex that has had, for three (3) accounting periods preceding the reporting period, average annual hospital admissions of less than 4,000 patients. The following classifications apply to small hospitals:

Expenses for Plant Operation and Maintenance, Utilities – Energy and Other, Security and Protection, and Parking, LINES 11-15, may be summarized and the total amount reported on LINE 11, Plant Operation and Maintenance.

Expenses for Patient Accounting/Admitting, Hospital Administration, Data Processing, Purchasing and Stores, and Medical Staff Administration, LINES 20-23 and LINE 25, may be summarized and the total amount reported on LINE 21, Hospital Administration.

ACCOUNT NUMBER: Use the AHCA standardized account number for this expense category. See Chapter III, DESCRIPTION OF ACCOUNTS for further detail.

NOTE: Account numbers are standardized for data processing purposes. No changes or substitutions can be made to these account numbers.

COLUMN 1 – SALARIES AND WAGES: Enter the amount of salaries and wages attributable to the related expense category. The amount reported should not include the cost of the FRINGE BENEFITS related to the salaries and wages reported. FRINGE BENEFITS such as FICA, pension expense, health insurance, and other payroll related fringe benefits should be reported as part of "OTHER EXPENSE".

DO NOT report as salaries and wages amounts paid to agency personnel through the accounts payable system; only personnel who are paid through the hospital's payroll system should be reported in this classification.

COLUMN 2 – OTHER EXPENSE: Report in this column all expenses other than salaries and wages that are normally charged to the specific cost center. Fringe benefits and administrative professional fees should be reported here.

LINE 2 – NURSING EDUCATION: Enter the total expenses associated with a formally organized nursing educational program that leads to either a degree or diploma. DO NOT report the expenses of inservice nursing educational programs.

LINE 9 – SOCIAL SERVICES: Include in this cost center the total expenses associated with providing social services to patients and families. Those expenses should include, but are not limited to patient aftercare and health education, placement of patient in a skilled nursing or other facility, and assisting families in securing public assistance.

LINE 28 – NURSING ADMINISTRATION: Report in this cost center all expenses related to the administration of the hospital's nursing service. Include the salaries of the Director of Nursing, the Assistant Director of Nursing, and Hospital Shift Supervisors, as well as those of the nursing office personnel. Expenses associated with inservice educational programs should be reported here.

LINE 30 – DEPRECIATION EXPENSE: Enter here the total amount of depreciation expense on all of the hospital's plant, property, and equipment. Regardless of the method the hospital uses to compute depreciation, for AHCA reporting purposes, only the straight line method may be used. A reconciliation between the AHCA report and the hospital's financial statements will be provided on WORKSHEET B-3.

LINE 30a – AMORTIZATION EXPENSE: This account is to report all amortization expense on the hospital's intangible assets. Include amortization on goodwill, start-up costs, and bond issue costs in this account.

WORKSHEET C-6 – STATEMENT OF OTHER OPERATING AND NONOPERATING EXPENSE
CONTINUED-

LINE 30b – LEASE AND RENTAL EXPENSE: Report all leases, including lease of the hospital building, and equipment rental expense.

LINE 32 – INSURANCE – MALPRACTICE: Report here all expenses associated with providing the hospital professional and liability (malpractice) insurance. This should include all premium expenses for purchased commercial insurance as well as payments made into a self-insurance fund. This line should also contain any assessments made by the Florida Patient's Compensation Fund. Amounts related to the Florida Patient's Compensation Fund should be detailed on WORKSHEET X-4, EXPLANATION AND COMMENTS.

LINE 34 – TAXES AND LICENSES (OTHER THAN INCOME TAXES): This account should be used to report the expenses of all sales, ad valorem, and personal property taxes, as well as the cost of all hospital licenses. Include all assessments related to the HEALTHCARE COST CONTAINMENT TRUST FUND and the BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION TRUST FUND.

LINE 34a – PUBLIC MEDICAL ASSISTANCE TRUST FUND ASSESSMENT: Include all assessments related to the PUBLIC MEDICAL ASSISTANCE TRUST FUND (PMATF).

LINE 41 – TOTAL HOSPITAL EXPENSE: Total the amount of LINE 54 from WORKSHEET C-5, with the amounts on LINES 37 and 40 on WORKSHEET C-6 and enter the result on LINE 41.

COLUMN 4 – FTE'S: Enter the number of FULL-TIME EQUIVALENT (FTE) employees. **DO NOT** include as FTE's, agency or contracted personnel who are not on the hospital's payroll. Round the total to the nearest tenth of a point. (e.g., 99.9).

Please complete the information provided on this report accurately.

Supplemental comments to be provided by the reporting entity.

DESCRIPTION	A/R #	Salaries and Wages	OTHER EXPENSE	TOTAL EXPENSE	#TOS
OTHER OPERATING EXPENSE					
01 Teacher Expense	0000				
02 Nursing Education	0000				
03 Bachelor Graduate Medical Education Program	0040				
04 Non-Bachelor Graduate Medical Education Program	0050				
05 Allied Health Education Program	0060				
06 Dietary Services - Patients	0100				
07 Catering - Inpatient	0120				
08 Laundry and Linen	0130				
09 Zook Services	0150				
10 Housing	0160				
11 Plant Operation & Maintenance	0400				
12 Utility - Electric	0410				
13 Utility - Other	0420				
14 Security and Protection	0430				
15 Parking	0440				
16 Housekeeping Services	0450				
17 General Supply Administration	0460				
18 Pharmacy Administration	0470				
19 General Accounting	2500				
20 Patient Accounting / Admitting	0500				
21 Hospital Administration	0510				
22 Data Processing Services	0520				
23 Purchasing - Storage	0530				
24 General Records Services	0540				
25 Medical Staff Administration	0700				
26 Medical Staff Services	0710				
27 Medical Care Review	0720				
28 Nursing Administration	0730				
29 Field Reporting Expense	0760				
30 Depreciation	0800				
30a Amortization	0800				
30b Lease and Rents	0810				
31 Employee Benefits - Hospital	0820				
32 Insurance - Life	0900				
33 Insurance - Other	0910				
34 Taxes and Licenses (Including Intangible Taxes)	0920				
34a Franchise Assessment	0555				
35 Interest - Short-Term	0970				
36 Interest - Long-Term	0980				
37 Total Other Operating Expense (Lines 1 through 36)	0837	\$0	\$0	\$0	0.00
NON-OPERATING EXPENSE					
38 Professional Office Building Expense	9200				
39 Other Non-Operating Expense	9200				
40 Total Non-Operating Expense (Lines 38 and 39)	0841	\$0	\$0	\$0	0.00
41 Total Hospital Expense (Lines 37, 40, & 54, C5)	0542	\$0	\$0	\$0	0.00

WORKSHEET X-1: ANALYSIS OF EMPLOYEE BENEFITS

PURPOSE: Generally, salaries and the related fringe benefits comprise a significant portion of a hospital's operating expenses. (See the Revenue and Expense section for data gathering techniques to analyze salaries). The information on this form will primarily be used to compute various significant cost relationships (e.g., group health insurance per FTE) which will provide the Board with a greater understanding of fluctuations and trends within and among hospitals of similar nature.

INSTRUCTIONS:

AMOUNT OF BENEFITS:

For each benefit category listed, enter the appropriate total amount of benefit costs for the reporting period.

LINE 11 – EMPLOYEE BENEFITS – NONPAYROLL RELATED

The total entered for this line should equal the amount reported on WORKSHEET C-6, COLUMN (3), LINE 31.

Analysis of Employee Benefits	
DETAIL OF EMPLOYEE BENEFITS	DOLLAR AMOUNT
02 FICA - Employer's Portion	<input type="text"/>
03 FICA - Employee's Portion (Paid by Employer)	<input type="text"/>
04 State and Federal Unemployment Insurance	<input type="text"/>
05 Group Health Insurance	<input type="text"/>
06 Group Life Insurance	<input type="text"/>
07 Pension and Retirement	<input type="text"/>
08 Worker's Compensation Insurance	<input type="text"/>
09 Union Health and Welfare	<input type="text"/>
10 Other Payroll Related Employee Benefits *	<input type="text"/>
11 Employee Benefits - Non-payroll Related (1)	
12 Total Employee Benefits	\$0

NOTE(S):

- * NONPAYROLL RELATED EMPLOYEE BENEFITS SHOWN ON THIS LINE SHOULD EQUAL LINE 31, COLUMN 2 ON WORKSHEET C-6.
- ** DETAILS ON WORKSHEET X-1.