INCOME ANALYSIS FORM

OMB No. 0915-0285 Expiration Date:

VEAD 3

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 15 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

VEAD 2

VEAD 1

			111111111111111111111111111111111111111				
PAYOR CATEGORY	NUMBER OF VISITS	AVERAGE CHARGE PER VISIT	TOTAL CHARGES (a * b)	AVERAGE ADJUSTMENT PER VISIT	AMOUNT BILLED [c-(a*d)]	COLLECTION RATE (%)	PROJECTED INCOME (e * f)
	(a)	(b)	(c)	(d)	(e)	(f)	(g)
FEE FOR SERVICE							
Medicaid: Medical							
Medicaid: EPSDT (if different from Medical)							
Medicaid: Dental							
Medicaid: Behavioral							
Medicaid: Other Fee for Services							
Medicaid: Capitated							
Subtotal: Medicaid							
Medicare							
Medicare: Other Fee for Services							
Medicare: Capitated							
Subtotal: Medicare							
Private Insurance: Medical							
Private Insurance: Dental							
Private Insurance: Behavioral							
Self-Pay: 100% of charge (no discount): Medical							
Self-Pay: Sliding Fee Scale discounts: Medical							
Self-Pay: 0% of charge, full discount: Medical							
Self-Pay: 100% of charge (no discount): Dental							
Self-Pay: Sliding Fee Scale discounts: Dental							
Self-Pay: 0% of charge, full discount: Dental							
Self-Pay: 100% of charge (no discount): Behavioral							
Self-Pay: Sliding Fee Scale discounts: Behavioral							
Self-Pay: 0% of charge, full discount: Behavioral							
Other: Capitation							
Other: Contracts							
SUB-TOTAL							
OTHER INCOME							
Contributions/Donations							
Fund Raising							
Section 330 Grant							
Other Federal Grants							
State Grants							
Local Support							
Foundation Grants							

Other				1
GRAND TOTAL				