

## **CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM**

### **APPLICATION FORM HRSA 99-4**

#### **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 0247. Public reporting burden for the applicant for this collection of information is estimated to average 69 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 14 33, Rockville, Maryland, 20857.

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: 03/31/2010

<b>Government Performance and Results Act (GPRA) Tables</b>					
<b>Name of Applicant:</b>		0			
<b>City:</b>	0	<b>State:</b>	0	<b>Zip Code:</b>	0
<b>Medicare Provider Nu</b> 0					
<b>Fiscal Year in which applying for funding:</b>					
<b>Type of Application (check box to the left) For submission with Reconciliation Application</b>					
<b>Table 1. Number of FTE Residents Enrolled in Approved Residency Programs Supported by or Rotating at the Children's Hospital</b>					
<i>Number of FTE Residents Enrolled in Approved Residency Programs</i>		<i>General Pediatric Residents</i>	<i>Subspecialty Pediatric Residents (Fellows)</i>	<i>Non-Pediatric Residents</i>	<i>Total</i>
1.01	<b>Sponsored by the Children's Hospital and Rotating at the Children's Hospital</b>	0.00	0.00	0.00	0.00
1.02	<b>Sponsored by the Children's Hospital and Rotating at Non-Provider sites</b>	0.00	0.00	0.00	0.00
1.03	<b>Sponsored by Other Hospitals and Rotating at the Children's Hospital</b>	0.00	0.00	0.00	0.00
1.04	<b>Sum of Lines 1.01 through 1.03 (above)</b>	0.00	0.00	0.00	0.00
1.05	<b>Sponsored by the Children's Hospital and Rotating at Other Hospitals</b>	0.00	0.00	0.00	0.00

<b>Table 2. Hospital's Total and Operating Margins</b>	
<b>Total Margins</b>	
<b>Operating Margins</b>	

<b>Government Performance and Results Act (GPRA) Tables</b>			
<b>Name of Applicant:</b>	0		
<b>City:</b>	0	<b>State:</b>	0
		<b>Zip Code:</b>	0
<b>Medicare Provider Nu</b>	0		
<b>Fiscal Year in which applying for funding:</b>			
<b>Type of Application (check box to the left)</b>	<b>For submission with Reconciliation Application</b>		

**Table 3. Hospital's Allowable Operating Expenses**

<b>Total Allowable Operating Expenses</b>	
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**Table 4. Hospital's Revenue, Gross Revenue and Expenses Attributed to Patient Care**

<i>Revenue and Expense Type</i>	<i>Inpatient</i>	<i>Outpatient</i>
1. Hospital's gross revenue attributed to Medica		
2. Hospital's gross revenue attributed to Medicare		
3. Hospital's gross revenue attributed to self-pay		
4. Hospital's gross revenue attributed to other sou		
5. Hospital's total gross revenue attributed to pati	\$0.00	\$0.00
6. Hospital's total expenses attributed to		
uncompensated care (bad debt)		
hospital's total expenses attributed to charity c		