

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET G		
Assets (Omit cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	4	
<b>CURRENT ASSETS</b>						
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
<b>FIXED ASSETS</b>						
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
<b>OTHER ASSETS</b>						
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 NO.:	PERIOD: FROM _____ TO _____	WORKSHEET G (CONT.)		
Liabilities and Fund Balances (Omit cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1	2	3	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 CHANGES IN FUND BALANCES

PROVIDER NO.:

PERIOD:  
FROM \_\_\_\_\_  
TO \_\_\_\_\_

WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	ENDOWMENT FUND		PLANT FUND			
	1	2	3	4	5	6	7		8
1 Fund balances at beginning of period									1
2 Net income (loss) (from Wkst. G-3, line 31)									2
3 Total (sum of line 1 and line 2)									3
4 Additions (credit adjustments) (specify)									4
5									5
6									6
7									7
8									8
9									9
10 Total additions (sum of lines 4-9)									10
11 Subtotal (line 3 plus line 10)									11
12 Deductions (debit adjustments) (specify)									12
13									13
14									14
15									15
16									16
17									17
18 Total deductions (sum of lines 12-17)									18
19 Fund balance at end of period per balance sheet (line 11 minus line 18)									19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER NO.: _____	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	
<b>GENERAL INPATIENT ROUTINE CARE SERVICES</b>				
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
<b>INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES</b>				
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 Home health agency				20
21 Ambulance				21
22 Outpatient rehabilitation providers				22
23 ASC				23
24 Hospice				24
25 Other (specify)				25
26 Total patient revenues (sum of lines 17-25) (transfer column 3 to Wkst. G-3, line 1)				26

**PART II - OPERATING EXPENSES**

	1	2	
27 Operating expenses (per Wkst. A, column 3, line 200)			27
28 Add (specify)			28
29			29
30			30
31			31
32			32
33			33
34 Total additions (sum of lines 28-33)			34
35 Deduct (specify)			35
36			36
37			37
38			38
39			39
40 Total deductions (sum of lines 35-39)			40
41 Total operating expenses (sum of lines 27 and 34 minus line 40) (transfer to Wkst. G-3, line 4)			41

STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO.:	PERIOD:	WORKSHEET G-3
	_____	FROM _____ TO _____	

## Description

1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 26)		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 Wkst. G-2, Part II, line 41)		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 telegraph service		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 lines 26-27)		28
29	Net income (or loss) for the period (line 26 minus line 28)		29