DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

FORM 3 - INCOME ANALYSIS FORM YEAR 1 YEAR 2 (Existing Grantees only) FOR HRSA USE ONLY

Grantee Name

Grant Number

Application Tracking Number

Payor Category Number Of Visits

Average

Charge

Per Visit Gross Charges (a * b)=(c)

Average Adjustment Per Visit

Net Charges (Amount Billed)

[c-(a*d)]

Collection Rate (%)

Projected Income

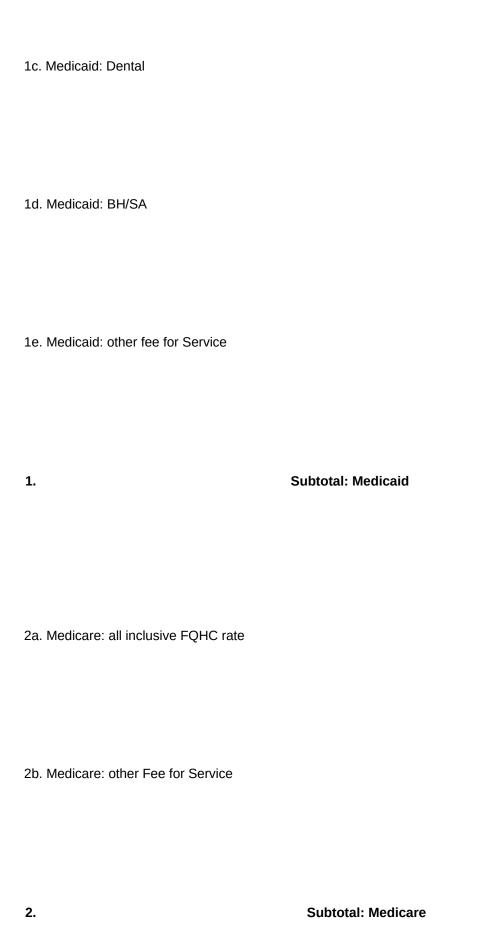
(e * f)

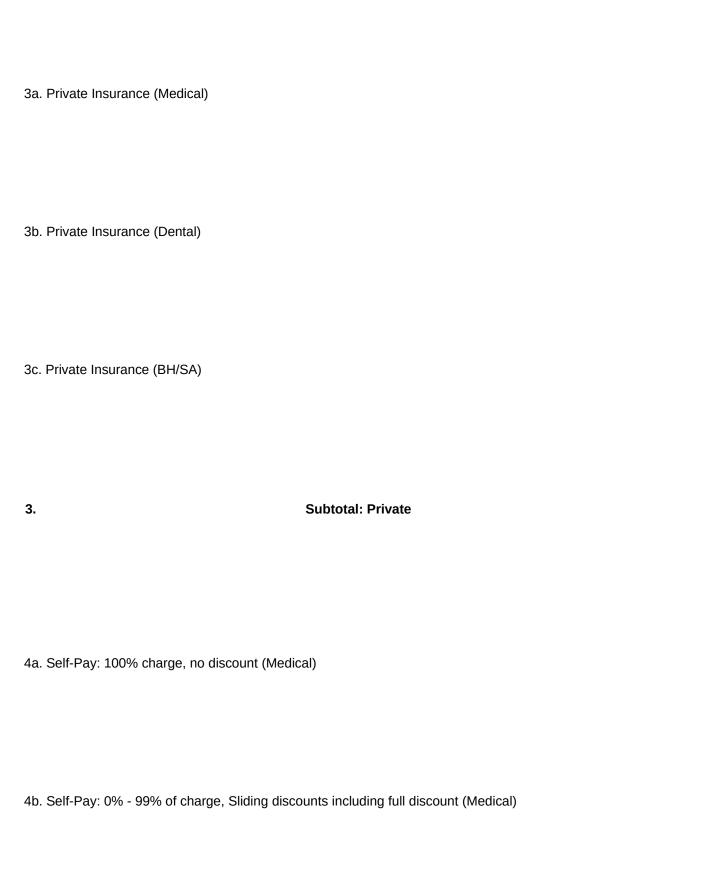
Actual Accrued Income Past 12 Months

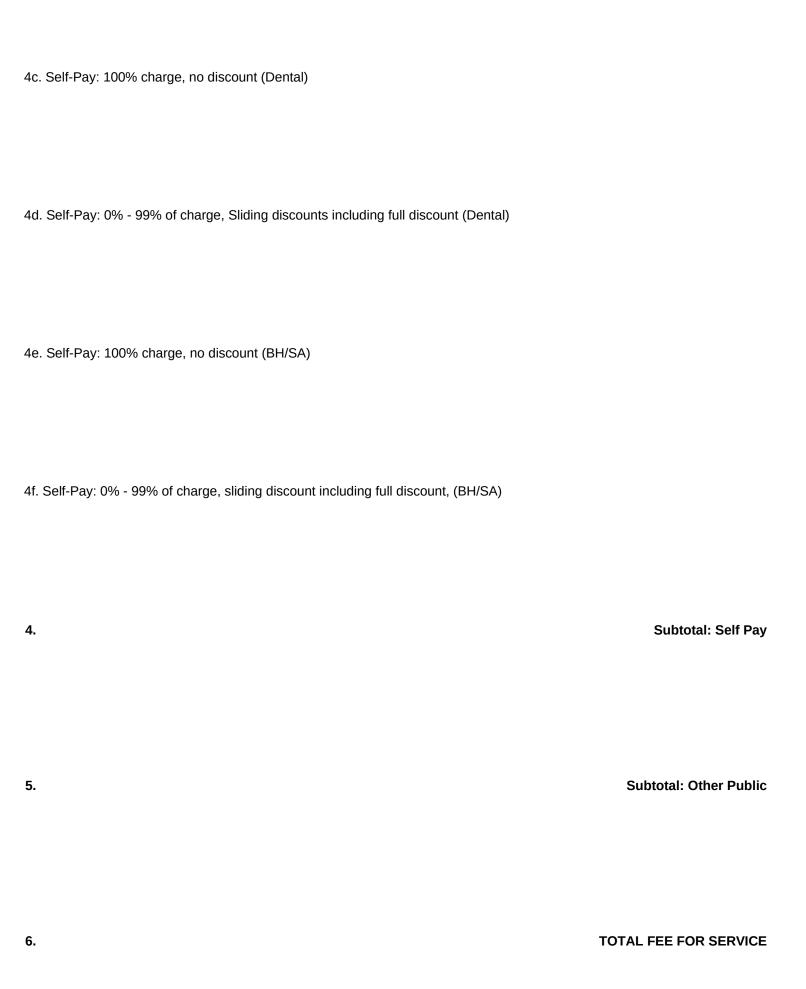
- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g) (h)

1a. Medicaid: Medical

1b. Medicaid: EPSDT (if different from medical rate)







TYPE OF PAYOR Number of Member Months (a) Rate Per Member Month (b) Risk Pool Adjustment (c) FQHC and Other Adjustments (d) Projected Gross Income (e)

7a. Medicaid:

7b. Medicare

7c. Commercial

7c. Commercial

7d. Other Public

7. TOTAL CAPITATED MANAGED CARE

8. Managed Care Charges

(a) Visits
(b) Average Charge Per Visit
(c) Total Charges

9. Applicant		
10. State Funds		
11. Local Funds		
Other Support		
12a. Other Federal Grants		
12b. Contributions and Fundraising		
12c. Foundation Grants		
12d. Other(please list)		

Subtotal Other Support

TOTAL OTHER INCOME

Total Other Income by Source

TOTAL NON-FEDERAL SHARE

12.

13.

[line6, row (g) + line 7, row (e) + line 13] Matches line 5, column f, "Non Federal" Totals of SF 424A

Comments/Explanatory Notes for Income Analysis Form (if applicable):