

	A	B	C	D	E	F
1	FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING					
2	ENTER HOSPITAL NAME HERE			ENTER FYE HERE		
3	If monthly reporting is required enter 1, if quarterly enter 2			→	2	
4	Instructions:					
5	(A.) Please call your OIHC Account Executive for any clarifications.					
6	(B.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow					
7	(C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no					
8	specific line on this worksheet for it, then it should be included in "All Other Current Assets")					
9	(D.) Footnotes, which provide an explanation of some lines, are located on Page 4.					
10						
11	Description	Entry Label	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
12			YTD	YTD	YTD	YTD
13	Balance Sheet					
14	Cash & Temporary Investments	R06				
15	Gross Patient Receivables					
16	Allowance for Doubtful Accounts	R32				
17	Net Accounts Receivable	R07				
18	All Other Current Assets					
19	Total Current Assets	R09				
20	Long Term Investments	R33				
21	Limited Use or Designated Assets	R10				
22	Gross Property, Plant & Equipment					
23	Accumulated Depreciation	R11				
24	Net Property, Plant & Equipment	R12				
25	All Other Non-current Assets					
26	Total Assets	R13				
27						
28	Accounts Payable & Accrued Expenses	H01				
29	Current Portion of LT Debts	R14				
30	All Other Current Liabilities					
31	Total Current Liabilities	R15				
32	Long Term Capital Debt	R16				
33	All Other Long Term Liabilities					
34	Total Long Term Liabilities					
35	Total Liabilities	R17				
36	Unrestricted Fund Balance	R18				
37	Temporarily Restricted Fund Balance	R39				
38	Restricted Fund Balance	R19				
39	Total Net Assets					
40	Total Net Assets + Total Liabilities					
41						

	A	B	C	D	E	F
1	FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING					
2	ENTER HOSPITAL NAME HERE			ENTER FYE HERE		
3	If monthly reporting is required enter 1, if quarterly enter 2 → 2					
4	Instructions:					
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6	(B.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow					
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8	specific line on this worksheet for it, then it should be included in "All Other Current Assets")					
9	(D.) Footnotes, which provide an explanation of some lines, are located on Page 4.					
10						
11	Description	Entry Label	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
12			YTD	YTD	YTD	YTD
42	Income Statement					
43	Net Inpatient Revenue (1) (6)	H02				
44	Net Outpatient Revenue (1) (6)	H03				
45	Total Net Patient Revenue (1)	R20				
46	All Other Operating Revenue					
47	Total Operating Revenue	R21				
48						
49	Salaries & Wages	H05				
50	Employee Benefits	R36				
51	Total Supplies Expense	H04				
52	Depreciation & Amortization Expense	R22				
53	Interest Expense	R23				
54	Bad Debt Expense (1)	R24				
55	All Other Operating Expenses					
56	Total Operating Expense	R25				
57	Income from Operations					
58						
59	All Non-Operating Revenue	H06				
60	All Non-Operating Expense	H07				
61	Extraordinary Items & Income Taxes	R26				
62	Net Income	R27				
63						
64	Unrecognized Gains/Losses	R28				
65	Other Changes in Fund Balance (2)	R30				
66	Net Increase/Decrease in Fund Balance					
67						

	A	B	C	D	E	F
1	FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING					
2	ENTER HOSPITAL NAME HERE			ENTER FYE HERE		
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4	Instructions:					
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6	(B.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow					
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8	specific line on this worksheet for it, then it should be included in "All Other Current Assets")					
9	(D.) Footnotes, which provide an explanation of some lines, are located on Page 4.					
10						
11	Description	Entry Label	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
12			YTD	YTD	YTD	YTD
68	Mortgage Reserve Fund					
69	Required MRF Balance	H11				
70	Actual MRF Balance	H12				
71	Net Inpatient Revenue (1)					
72	Medicare	H13				
73	Medicaid	H14				
74	Blue Cross	H15				
75	Commercial Insurance	H16				
76	HMO/Managed Care	H17				
77	Self Pay	H18				
78	Other	H45				
79	Inpatient Utilization					
80	Total Licensed Beds	H19				
81	Total Staffed Beds	H20				
82	Acute Medical/Surgical Service					
83	Number of Beds	H21				
84	Discharges	H22				
85	Patient Days	H23				
86	Newborn Service					
87	Number of Beds	H24				
88	Discharges	H25				
89	Patient Days	H26				
90	Other Acute Care Services					
91	Number of Beds	H27				
92	Discharges	H28				
93	Patient Days	H29				
94	Other Non-Acute Care					
95	Number of Beds	H30				
96	Discharges	H31				
97	Patient Days	H32				

	A	B	C	D	E	F
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4	Instructions:					
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6	(B.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow					
7	(C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no					
8	specific line on this worksheet for it, then it should be included in "All Other Current Assets")					
9	(D.) Footnotes, which provide an explanation of some lines, are located on Page 4.					
10						
11	Description	Entry Label	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
12			YTD	YTD	YTD	YTD
98	Acute Care Only (Excl. Newborn)					
99	Medicare					
100	Case Mix Index (3)	H33				
101	ALOS (5)	H34				
102	Non-Medicare					
103	Case Mix Index (3)	H35				
104	ALOS (5)	H36				
105	All Patients					
106	Case Mix Index (3)	H37				
107	ALOS (5)	H38				
108	Inpatient Cost per Discharge	H39				
109	Outpatient Utilization					
110	Emergency Room Visits	H40				
111	Ambulatory Surgery	H41				
112	Clinic Visits	H42				
113	Other Outpatient Visits	H43				
114	Staffing					
115	Total Full-Time Equivalents (4)	H44				
116						
117						
118	Footnotes:					
119	(1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.					
120	(2) Please provide an explanation for any "Other Changes in Fund Balance".					
121	(3) Please enter using only 2 decimal points					
122	(4) Please enter using only a whole number					
123	(5) Please enter using only 1 decimal point					
124	(6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Total Patient Revenue.					
125						

	A	B	C	D	E	F
1	FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING					
2	ENTER HOSPITAL NAME HERE			ENTER FYE HERE		
3	If monthly reporting is required enter 1, if quarterly enter 2 → 2					
4	Instructions:					
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9	(D.) Footnotes, which provide an explanation of some lines, are located on Page 4.					
10						
11	Description	Entry Label	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
12			YTD	YTD	YTD	YTD
126						
127	Edit Checks		Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
128	Balance Sheet					
129	A15-A16=A17		Yes	Yes	Yes	Yes
130	A14+A17+A18=A19		Yes	Yes	Yes	Yes
131	A19+A20+A21+A24+A25=A26		Yes	Yes	Yes	Yes
132	A28+A29+A30=A31		Yes	Yes	Yes	Yes
133	A32+A33=A34		Yes	Yes	Yes	Yes
134	A31+A34=A35		Yes	Yes	Yes	Yes
135	A36+A37+A38=A39		Yes	Yes	Yes	Yes
136	A35+A39=A40		Yes	Yes	Yes	Yes
137						
138	Income Statement					
139	A43+A44=A45		Yes	Yes	Yes	Yes
140	A45+A46=A47		Yes	Yes	Yes	Yes
141	A49+A50+A51+A52+A53+A54+A55=A56		Yes	Yes	Yes	Yes
142	A57+A59-A60-A61=A62		Yes	Yes	Yes	Yes
143	A62+A64+A65=A66		Yes	Yes	Yes	Yes
144	A72+A73+A74+A75+A76+A77+A78=A43		Yes	Yes	Yes	Yes
145						
146	Various Edit Checks					
147	R20<=R21		Yes	Yes	Yes	Yes
148	R21-R25+H6-H7+R26=R27		Yes	Yes	Yes	Yes
149	H4+H5+R22+R23+R24<=R25		Yes	Yes	Yes	Yes
150	R6+R7+R8<=R9		Yes	Yes	Yes	Yes
151	R9+R10+R12<=R13		Yes	Yes	Yes	Yes
152	R13=R17+R18		Yes	Yes	Yes	Yes
153	H1+R14<=R15		Yes	Yes	Yes	Yes
154	R15+R16<=R17		Yes	Yes	Yes	Yes
155						
156	Reasonableness Review for Cost per Discharge		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
157						

FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 _____

Instructions:

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- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

Description	Entry Label	1st Month YTD	2nd Month YTD
Balance Sheet			
Cash & Temporary Investments	R06		
Gross Patient Receivables			
Allowance for Doubtful Accounts	R32		
Net Accounts Receivable	R07		
All Other Current Assets			
Total Current Assets	R09		
Long Term Investments	R33		
Limited Use or Designated Assets	R10		
Gross Property, Plant & Equipment			
Accumulated Depreciation	R11		
Net Property, Plant & Equipment	R12		
All Other Non-current Assets			
Total Assets	R13		
Accounts Payable & Accrued Expenses	H01		
Current Portion of LT Debts	R14		
All Other Current Liabilities			
Total Current Liabilities	R15		
Long Term Capital Debt	R16		
All Other Long Term Liabilities			
Total Long Term Liabilities			
Total Liabilities	R17		
Unrestricted Fund Balance	R18		
Temporarily Restricted Fund Balance	R39		
Restricted Fund Balance	R19		
Total Net Assets			
Total Net Assets + Total Liabilities			
Income Statement			
Net Inpatient Revenue (1) (6)	H02		
Net Outpatient Revenue (1) (6)	H03		
Total Net Patient Revenue (1)	R20		
All Other Operating Revenue			
Total Operating Revenue	R21		
Salaries & Wages	H05		
Employee Benefits	R36		
Total Supplies Expense	H04		
Depreciation & Amortization Expense	R22		
Interest Expense	R23		
Bad Debt Expense (1)	R24		

All Other Operating Expenses			
Total Operating Expense	R25		
Income from Operations			
All Non-Operating Revenue	H06		
All Non-Operating Expense	H07		
Extraordinary Items & Income Taxes	R26		
Net Income	R27		
Unrecognized Gains/Losses	R28		
Other Changes in Fund Balance (2)	R30		
Net Increase/Decrease in Fund Balance			
Mortgage Reserve Fund			
Required MRF Balance	H11		
Actual MRF Balance	H12		
Net Inpatient Revenue (1)			
Medicare	H13		
Medicaid	H14		
Blue Cross	H15		
Commercial Insurance	H16		
HMO/Managed Care	H17		
Self Pay	H18		
Other	H45		
Inpatient Utilization			
Total Licensed Beds	H19		
Total Staffed Beds	H20		
Acute Medical/Surgical Service			
Number of Beds	H21		
Discharges	H22		
Patient Days	H23		
Newborn Service			
Number of Beds	H24		
Discharges	H25		
Patient Days	H26		
Other Acute Care Services			
Number of Beds	H27		
Discharges	H28		
Patient Days	H29		
Other Non-Acute Care			
Number of Beds	H30		
Discharges	H31		
Patient Days	H32		
Acute Care Only (Excl. Newborn)			
Medicare			
Case Mix Index (3)	H33		
ALOS (5)	H34		
Non-Medicare			
Case Mix Index (3)	H35		
ALOS (5)	H36		
All Patients			
Case Mix Index (3)	H37		
ALOS (5)	H38		
Inpatient Cost per Discharge	H39		
Outpatient Utilization			
Emergency Room Visits	H40		
Ambulatory Surgery	H41		

Clinic Visits	H42		
Other Outpatient Visits	H43		
Staffing			
Total Full-Time Equivalents (4)	H44		

Footnotes:

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Tot

Edit Checks	Edit Satisfied?	Edit Satisfied?
Balance Sheet		
A17-A18=A19	Yes	Yes
A16+A19+A20=A21	Yes	Yes
A21+A22+A23+A26+A27=A28	Yes	Yes
A30+A31+A32=A33	Yes	Yes
A34+A35=A36	Yes	Yes
A33+A36=A37	Yes	Yes
A38+A39+A40=A41	Yes	Yes
A37+A41=A42	Yes	Yes
Income Statement		
A45+A46=A47	Yes	Yes
A47+A48=A49	Yes	Yes
A51+A52+A53+A54+A55+A56+A57=A58	Yes	Yes
A59+A61-A62-A63=A64	Yes	Yes
A64+A66+A67=A68	Yes	Yes
A74+A75+A76+A77+A78+A79+A80=A45	Yes	Yes
Various Edit Checks		
R20<=R21	Yes	Yes
R21-R25+H6-H7+R26=R27	Yes	Yes
H4+H5+R22+R23+R24<=R25	Yes	Yes
R6+R7+R8<=R9	Yes	Yes
R9+R10+R12<=R13	Yes	Yes
R13=R17+R18	Yes	Yes
H1+R14<=R15	Yes	Yes
R!5+R16<=R17	Yes	Yes
Reasonableness Review for Cost per Discharge	#DIV/0!	#DIV/0!

al Patient Revenue.

Edit Satisfied? Edit Satisfied?

Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes

Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes

Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes
 Yes Yes

total net patient revenue < or = total operating revenue
 tot op rev - tot op exp + non op rev - non op exp - extraord
 tot supplies exp + tot sale & benefits + deep exp + into exp
 cash & temp invest + net AR + inventories<= tot currents a
 tot currents assets + limited use assets + net fixed assets
 total assets = total liabilities + unrestricted fund balance
 AP & accrued exp + current portion LT debt <= total liabilit
 total current lab + LT capital debt = total liabilities

#DIV/0!

#DIV/0!

inary items = net inco
) + bad debt exp <= tot
tssets
<= tot asset

FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

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If **monthly** reporting is required enter 1, if **quarterly** enter 2 _____

Instructions:

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Description	Entry Label	4th Month YTD	5th Month YTD
Balance Sheet			
Cash & Temporary Investments	R06		
Gross Patient Receivables			
Allowance for Doubtful Accounts	R32		
Net Accounts Receivable	R07		
All Other Current Assets			
Total Current Assets	R09		
Long Term Investments	R33		
Limited Use or Designated Assets	R10		
Gross Property, Plant & Equipment			
Accumulated Depreciation	R11		
Net Property, Plant & Equipment	R12		
All Other Non-current Assets			
Total Assets	R13		
Accounts Payable & Accrued Expenses	H01		
Current Portion of LT Debts	R14		
All Other Current Liabilities			
Total Current Liabilities	R15		
Long Term Capital Debt	R16		
All Other Long Term Liabilities			
Total Long Term Liabilities			
Total Liabilities	R17		
Unrestricted Fund Balance	R18		
Temporarily Restricted Fund Balance	R39		
Restricted Fund Balance	R19		
Total Net Assets			
Total Net Assets + Total Liabilities			
Income Statement			
Net Inpatient Revenue (1) (6)	H02		
Net Outpatient Revenue (1) (6)	H03		
Total Net Patient Revenue (1)	R20		
All Other Operating Revenue			
Total Operating Revenue	R21		
Salaries & Wages	H05		
Employee Benefits	R36		
Total Supplies Expense	H04		
Depreciation & Amortization Expense	R22		
Interest Expense	R23		
Bad Debt Expense (1)	R24		

All Other Operating Expenses			
Total Operating Expense	R25		
Income from Operations			
All Non-Operating Revenue	H06		
All Non-Operating Expense	H07		
Extraordinary Items & Income Taxes	R26		
Net Income	R27		
Unrecognized Gains/Losses	R28		
Other Changes in Fund Balance (2)	R30		
Net Increase/Decrease in Fund Balance			
Mortgage Reserve Fund			
Required MRF Balance	H11		
Actual MRF Balance	H12		
Net Inpatient Revenue (1)			
Medicare	H13		
Medicaid	H14		
Blue Cross	H15		
Commercial Insurance	H16		
HMO/Managed Care	H17		
Self Pay	H18		
Other	H45		
Inpatient Utilization			
Total Licensed Beds	H19		
Total Staffed Beds	H20		
Acute Medical/Surgical Service			
Number of Beds	H21		
Discharges	H22		
Patient Days	H23		
Newborn Service			
Number of Beds	H24		
Discharges	H25		
Patient Days	H26		
Other Acute Care Services			
Number of Beds	H27		
Discharges	H28		
Patient Days	H29		
Other Non-Acute Care			
Number of Beds	H30		
Discharges	H31		
Patient Days	H32		
Acute Care Only (Excl. Newborn)			
Medicare			
Case Mix Index (3)	H33		
ALOS (5)	H34		
Non-Medicare			
Case Mix Index (3)	H35		
ALOS (5)	H36		
All Patients			
Case Mix Index (3)	H37		
ALOS (5)	H38		
Inpatient Cost per Discharge	H39		
Outpatient Utilization			
Emergency Room Visits	H40		
Ambulatory Surgery	H41		

Clinic Visits	H42		
Other Outpatient Visits	H43		
Staffing			
Total Full-Time Equivalents (4)	H44		

Footnotes:

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Tot

Edit Checks	Edit Satisfied?	Edit Satisfied?
Balance Sheet		
A17-A18=A19	Yes	Yes
A16+A19+A20=A21	Yes	Yes
A21+A22+A23+A26+A27=A28	Yes	Yes
A30+A31+A32=A33	Yes	Yes
A34+A35=A36	Yes	Yes
A33+A36=A37	Yes	Yes
A38+A39+A40=A41	Yes	Yes
A37+A41=A42	Yes	Yes
Income Statement		
A45+A46=A47	Yes	Yes
A47+A48=A49	Yes	Yes
A51+A52+A53+A54+A55+A56+A57=A58	Yes	Yes
A59+A61-A62-A63=A64	Yes	Yes
A64+A66+A67=A68	Yes	Yes
A74+A75+A76+A77+A78+A79+A80=A45	Yes	Yes
Various Edit Checks		
R20<=R21	Yes	Yes
R21-R25+H6-H7+R26=R27	Yes	Yes
H4+H5+R22+R23+R24<=R25	Yes	Yes
R6+R7+R8<=R9	Yes	Yes
R9+R10+R12<=R13	Yes	Yes
R13=R17+R18	Yes	Yes
H1+R14<=R15	Yes	Yes
R!5+R16<=R17	Yes	Yes
Reasonableness Review for Cost per Discharge	#DIV/0!	#DIV/0!

al Patient Revenue.

Edit Satisfied?

Edit Satisfied?

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

total net patient revenue < or = total operating revenue
 tot op rev - tot op exp + non op rev - non op exp - extraord
 tot supplies exp + tot sale & benefits + deep exp + into exp
 cash & temp invest + net AR + inventories<= tot currents a
 tot currents assets + limited use assets + net fixed assets
 total assets = total liabilities + unrestricted fund balance
 AP & accrued exp + current portion LT debt <= total liabilit
 total current lab + LT capital debt = total liabilities

#DIV/0!

#DIV/0!

inary items = net inco
) + bad debt exp <= tot
tssets
<= tot asset

FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

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- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

Description	Entry Label	7th Month YTD	8th Month YTD
Balance Sheet			
Cash & Temporary Investments	R06		
Gross Patient Receivables			
Allowance for Doubtful Accounts	R32		
Net Accounts Receivable	R07		
All Other Current Assets			
Total Current Assets	R09		
Long Term Investments	R33		
Limited Use or Designated Assets	R10		
Gross Property, Plant & Equipment			
Accumulated Depreciation	R11		
Net Property, Plant & Equipment	R12		
All Other Non-current Assets			
Total Assets	R13		
Accounts Payable & Accrued Expenses	H01		
Current Portion of LT Debts	R14		
All Other Current Liabilities			
Total Current Liabilities	R15		
Long Term Capital Debt	R16		
All Other Long Term Liabilities			
Total Long Term Liabilities			
Total Liabilities	R17		
Unrestricted Fund Balance	R18		
Temporarily Restricted Fund Balance	R39		
Restricted Fund Balance	R19		
Total Net Assets			
Total Net Assets + Total Liabilities			
Income Statement			
Net Inpatient Revenue (1) (6)	H02		
Net Outpatient Revenue (1) (6)	H03		
Total Net Patient Revenue (1)	R20		
All Other Operating Revenue			
Total Operating Revenue	R21		
Salaries & Wages	H05		
Employee Benefits	R36		
Total Supplies Expense	H04		
Depreciation & Amortization Expense	R22		
Interest Expense	R23		
Bad Debt Expense (1)	R24		

All Other Operating Expenses			
Total Operating Expense	R25		
Income from Operations			
All Non-Operating Revenue	H06		
All Non-Operating Expense	H07		
Extraordinary Items & Income Taxes	R26		
Net Income	R27		
Unrecognized Gains/Losses	R28		
Other Changes in Fund Balance (2)	R30		
Net Increase/Decrease in Fund Balance			
Mortgage Reserve Fund			
Required MRF Balance	H11		
Actual MRF Balance	H12		
Net Inpatient Revenue (1)			
Medicare	H13		
Medicaid	H14		
Blue Cross	H15		
Commercial Insurance	H16		
HMO/Managed Care	H17		
Self Pay	H18		
Other	H45		
Inpatient Utilization			
Total Licensed Beds	H19		
Total Staffed Beds	H20		
Acute Medical/Surgical Service			
Number of Beds	H21		
Discharges	H22		
Patient Days	H23		
Newborn Service			
Number of Beds	H24		
Discharges	H25		
Patient Days	H26		
Other Acute Care Services			
Number of Beds	H27		
Discharges	H28		
Patient Days	H29		
Other Non-Acute Care			
Number of Beds	H30		
Discharges	H31		
Patient Days	H32		
Acute Care Only (Excl. Newborn)			
Medicare			
Case Mix Index (3)	H33		
ALOS (5)	H34		
Non-Medicare			
Case Mix Index (3)	H35		
ALOS (5)	H36		
All Patients			
Case Mix Index (3)	H37		
ALOS (5)	H38		
Inpatient Cost per Discharge	H39		
Outpatient Utilization			
Emergency Room Visits	H40		
Ambulatory Surgery	H41		

Clinic Visits	H42		
Other Outpatient Visits	H43		
Staffing			
Total Full-Time Equivalents (4)	H44		

Footnotes:

- (1) Bad Debt Expense is recorded as a separate line item, not as a component of net patient revenue.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
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- (6) These are estimates. To estimate the Net Inpatient Revenue, use the percentage of Gross Inpatient Revenue to Gross Tot

Edit Checks	Edit Satisfied?	Edit Satisfied?
Balance Sheet		
A17-A18=A19	Yes	Yes
A16+A19+A20=A21	Yes	Yes
A21+A22+A23+A26+A27=A28	Yes	Yes
A30+A31+A32=A33	Yes	Yes
A34+A35=A36	Yes	Yes
A33+A36=A37	Yes	Yes
A38+A39+A40=A41	Yes	Yes
A37+A41=A42	Yes	Yes
Income Statement		
A45+A46=A47	Yes	Yes
A47+A48=A49	Yes	Yes
A51+A52+A53+A54+A55+A56+A57=A58	Yes	Yes
A59+A61-A62-A63=A64	Yes	Yes
A64+A66+A67=A68	Yes	Yes
A74+A75+A76+A77+A78+A79+A80=A45	Yes	Yes
Various Edit Checks		
R20<=R21	Yes	Yes
R21-R25+H6-H7+R26=R27	Yes	Yes
H4+H5+R22+R23+R24<=R25	Yes	Yes
R6+R7+R8<=R9	Yes	Yes
R9+R10+R12<=R13	Yes	Yes
R13=R17+R18	Yes	Yes
H1+R14<=R15	Yes	Yes
R!5+R16<=R17	Yes	Yes
Reasonableness Review for Cost per Discharge	#DIV/0!	#DIV/0!

al Patient Revenue.

Edit Satisfied?

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Yes

total net patient revenue < or = total operating revenue
 tot op rev - tot op exp + non op rev - non op exp - extraord
 tot supplies exp + tot sale & benefits + deep exp + into exp
 cash & temp invest + net AR + inventories<= tot currents a
 tot currents assets + limited use assets + net fixed assets
 total assets = total liabilities + unrestricted fund balance
 AP & accrued exp + current portion LT debt <= total liabilit
 total current lab + LT capital debt = total liabilities

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inary items = net inco
) + bad debt exp <= tot
tssets
<= tot asset

FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 _____

Instructions:

- (A.) Please call your OIHC Account Executive for any clarifications.
- (B.) For the FY month that you are completing, a value must be entered for all cells highlighted in yellow
- (C.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet, list it on a specific line on this worksheet for it, then it should be included in "All Other Current Assets")
- (D.) Footnotes, which provide an explanation of some lines, are located on Page 4.

Description	Entry Label	10th Month YTD	11th Month YTD
Balance Sheet			
Cash & Temporary Investments	R06		
Gross Patient Receivables			
Allowance for Doubtful Accounts	R32		
Net Accounts Receivable	R07		
All Other Current Assets			
Total Current Assets	R09		
Long Term Investments	R33		
Limited Use or Designated Assets	R10		
Gross Property, Plant & Equipment			
Accumulated Depreciation	R11		
Net Property, Plant & Equipment	R12		
All Other Non-current Assets			
Total Assets	R13		
Accounts Payable & Accrued Expenses	H01		
Current Portion of LT Debts	R14		
All Other Current Liabilities			
Total Current Liabilities	R15		
Long Term Capital Debt	R16		
All Other Long Term Liabilities			
Total Long Term Liabilities			
Total Liabilities	R17		
Unrestricted Fund Balance	R18		
Temporarily Restricted Fund Balance	R39		
Restricted Fund Balance	R19		
Total Net Assets			
Total Net Assets + Total Liabilities			
Income Statement			
Net Inpatient Revenue (1) (6)	H02		
Net Outpatient Revenue (1) (6)	H03		
Total Net Patient Revenue (1)	R20		
All Other Operating Revenue			
Total Operating Revenue	R21		
Salaries & Wages	H05		
Employee Benefits	R36		
Total Supplies Expense	H04		
Depreciation & Amortization Expense	R22		
Interest Expense	R23		
Bad Debt Expense (1)	R24		

All Other Operating Expenses			
Total Operating Expense	R25		
Income from Operations			
All Non-Operating Revenue	H06		
All Non-Operating Expense	H07		
Extraordinary Items & Income Taxes	R26		
Net Income	R27		
Unrecognized Gains/Losses	R28		
Other Changes in Fund Balance (2)	R30		
Net Increase/Decrease in Fund Balance			
Mortgage Reserve Fund			
Required MRF Balance	H11		
Actual MRF Balance	H12		
Net Inpatient Revenue (1)			
Medicare	H13		
Medicaid	H14		
Blue Cross	H15		
Commercial Insurance	H16		
HMO/Managed Care	H17		
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Reasonableness Review for Cost per Discharge	#DIV/0!	#DIV/0!

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