

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 62.16 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.

Children's Hospitals Graduate Medical Education Payment Program Government Performance and Results Act (GPRA) Tables											
Name of Applicant:		#REF!									
City:	#REF!	State:	#REF!	Zip Code:	#REF!						
Medicare Provider Number:		#REF!									
Fiscal Year in which applying for funding:				FFY	#REF!						
Type of Application (check box to the left)				For submission with Reconciliation Application only.							

Table 1. Number of FTE Residents Enrolled in Approved Residency Programs Supported by or Rotating at the Children's Hospital

<i>Number of FTE Residents Enrolled in Approved Residency Programs</i>		<i>Family Medicine Residents</i>	<i>General Internal Medicine Residents</i>	<i>General Pediatric Residents</i>	<i>Preventive Medicine Residents</i>	<i>Geriatric Medicine Residents</i>	<i>Osteopathic General Practice Residents</i>	<i>General Surgery Residents</i>	<i>Subspecialty Pediatric Residents (Fellows)</i>	<i>All Other Non-Pediatric Residents</i>	<i>Total</i>
1.01	Sponsored by the Children's Hospital and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.02	Sponsored by the Children's Hospital and Rotating at Non-Provider sites	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.03	Sponsored by Other Hospitals and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.04	Sum of Lines 1.01 through 1.03 (above)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.05	Sponsored by the Children's Hospital and Rotating at Other Hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

**Children's Hospitals Graduate Medical Education Payment Program
 Government Performance and Results Act (GPR) Tables**

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Table 2. Hospital's Total and Operating Margins	
Total Margins	
Operating Margins	

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

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 Medicaid & SCHIP		
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 sources		
5. Hospital's total gross revenue attributed to patient care	\$0.00	\$0.00
6. Hospital's total expenses attributed to uncompensated care		
7. Hospital's total expenses attributed to charity care		