

**STATEMENT OF REVENUE AND EXPENSE  
TOTAL (INCLUDE ACUTE AND ALL DPUs)**

CAH Form

HOSPITAL NAME: \_\_\_\_\_

BUDGET FISCAL YEAR ENDING: \_\_\_\_\_

LINE	CLASSIFICATION	TOTAL A	MEDICARE B	MEDICAID C	PEIA D	OTHER GOVT. E	NON-GOVT. F
1	GROSS PATIENT REVENUE						
2	CONTRACT. ALLOW.						
3	UNCOLL. ACCOUNTS						
4	CHARITY CARE						
5	NET PATIENT REVENUE						
6	OPERATING EXPENSES						
7	INCOME FROM PATIENTS						
8	OTHER OPER. REVENUE						
9	NON-OPER. REVENUE						
10	NON-OPER. REVENUE GIFTS						
11	NON-OPER. REV. OTHER						
12	EXTRAORDINARY ITEM						
14	EROE (AFTER TAX)						

**DPU Revenue:**

Total excluding home health & hospice	
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Complete the section below for:

**non-governmental acute care only - Budget Year**

Nongovernmental budgeted discharges	
Non-governmental budgeted o/p visits	
Average acute n/g charge per discharge	
Average acute n/g charge per o/p visit	

Complete the section below for:

**non-governmental acute care only - Projected Actual**

Non-governmental projected actual discharges	
Non-governmental projected actual o/p visits	
Average acute Prj. Actual n/g charge per discharge	
Average acute Prj. Actual n/g charge per o/p visit	