



SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title:

Project #:

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

Year

Amount of Utilization:*

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Revenue:

Average Charge**

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Gross Revenue

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Revenue Deductions

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Operating Revenue

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Other Revenue

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TOTAL REVENUE

--	--	--

Expenses:

Direct Expenses

Salaries

--	--	--

Fees

--	--	--

Supplies

--	--	--

Other

--	--	--

TOTAL DIRECT

--	--	--

Indirect Expenses

Depreciation

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Interest***

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Rent/Lease

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Overhead****

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TOTAL INDIRECT

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TOTAL EXPENSES

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NET INCOME (LOSS):

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*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.