

STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES	PROVIDER NO.: _____	PERIOD: FROM _____ TO _____	WORKSHEET G-2, PARTS I & II
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PART I - PATIENT REVENUES

REVENUE CENTER		INPATIENT	OUTPATIENT	TOTAL
		1	2	3
GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital			1
2	Subprovider			2
4	Swing bed - SNF			4
5	Swing bed - NF			5
6	Skilled nursing facility			6
7	Nursing facility			7
8	Other long term care			8
9	Total general inpatient care services (sum of lines 1-8)			9
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	Intensive care unit			10
11	Coronary care unit			11
12	Burn intensive care unit			12
13	Surgical intensive care unit			13
14	Other special care (specify)			14
15	Total intensive care type inpatient hospital services (sum of lines 10-14)			15
16	Total inpatient routine care services (sum of lines 9 and 15)			16
17	Ancillary services			17
18	Outpatient services			18
19	Home health agency			19
20	Ambulance			20
21	Outpatient rehabilitation providers			21
22	ASC			22
23	Hospice			23
24				24
25	Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1)			25

PART II - OPERATING EXPENSES

		1	2
26	Operating expenses (per Wkst. A, column 3, line 101)		26
27	Add (specify)		27
28			28
29			29
30			30
31			31
32			32
33	Total additions (sum of lines 27-32)		33
34	Deduct (specify)		34
35			35
36			36
37			37
38			38
39	Total deductions (sum of lines 34-38)		39
40	Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4)		40