OKLAHOMA State Department of Health

SCHEDULE A
HOSPITALS AND RELATED FACILITIES
THREE YEAR PROJECTED BUDGET OF REVENUES AND EXPENSES
(Dollars in Thousands)

	First Year Ending Mo. Yr.			Second Year Ending Mo. Yr.			Third Year Ending Mo. Yr.		
	Existing Facility	Project	Combined	Existing Facility	Project	Combined	Existing Facility	Project	Combined
Patient Service Revenues:									
Inpatient	$	$	$	$	$	$	$	$	$
Outpatient	$	$	$	$	$	$	$	$	$
Total Pt Srv Revenues	$	$	$	$	$	$	$	$	$
Less Deductions:									
Contractual Adjustments	$	$	$	$	$	$	$	$	$
Charity Care	$	$	$	$	$	$	$	$	$
Bad Debts	$	$	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$	$	$
Total Deductions	$	$	$	$	$	$	$	$	$
Net Patient Revenue:	$	$	$	$	$	$	$	$	$
Other Operating Rev.:	$	$	$	$	$	$	$	$	$
Total Operating Rev.:	$	$	$	$	$	$	$	$	$
Operating Expenses:									
Salaries	$	$	$	$	$	$	$	$	$
Other Operating Exp	$	$	$	$	$	$	$	$	$
Interest Expense	$	$	$	$	$	$	$	$	$
Depreciation	$	$	$	$	$	$	$	$	$
Lease Expense	$	$	$	$	$	$	$	$	$
Total Operating Exp	$	$	$	$	$	$	$	$	$
Gain (Loss) from Operations:	$	$	$	$	$	$	$	$	$
Nonoperating Revenues:									
Interest Income	$	$	$	$	$	$	$	$	$
Other (specify) _____	$	$	$	$	$	$	$	$	$
Total Nonoperating Rev.	$	$	$	$	$	$	$	$	$
Excess Revenues over Expenses (Expenses over Revenues):	$	$	$	$	$	$	$	$	$

	First Year Ending			Second Year Ending			Third Year Ending		
	Mo.	Yr.		Mo.	Yr.		Mo.	Yr.	
	Existing Facility	Project	Combined	Existing Facility	Project	Combined	Existing Facility	Project	Combined
Admissions	$	$	$	$	$	$	$	$	$
Patient Days:									
Medicare	$	$	$	$	$	$	$	$	$
Medicaid	$	$	$	$	$	$	$	$	$
Private	$	$	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$	$	$
Total Patient Days	$	$	$	$	$	$	$	$	$
ALOS (Days)	$	$	$	$	$	$	$	$	$
Outpatient visits									
Emergency room visits	$	$	$	$	$	$	$	$	$
Outpatient visits	$	$	$	$	$	$	$	$	$
Total	$	$	$	$	$	$	$	$	$
Inpatient Charge Per Patient Days									
Medicare	$	$	$	$	$	$	$	$	$
Medicaid	$	$	$	$	$	$	$	$	$
Private	$	$	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$	$	$
Average All Payors (A)	$	$	$	$	$	$	$	$	$
Charge Per Outpatient Visit (B)	$	$	$	$	$	$	$	$	$
Inpatient Cost/Patient Day (C)	$	$	$	$	$	$	$	$	$
Cost Per Outpatient Visit (D)	$	$	$	$	$	$	$	$	$

(A) Compute using total inpatient revenue divided by total patient days (excluding newborn)
(B) Compute using total outpatient revenue divided by total outpatient visits (include ER)
(C) Compute using total cost of providing inpatient services divided by total patient days (excluding newborn)
(D) Compute using total cost of providing outpatient services divided by outpatient visits (include ER)

Health Resources Development Service
Oklahoma State Department of Health

SCHEDULE B
LONG-TERM CARE FACILITIES THREE YEAR PROJECTED BUDGET of REVENUES and EXPENSES

	Last Completed Fiscal Year Mo. Yr.	First Year Ending Mo. Yr.	Second Year Ending Mo. Yr.	Third Year Ending Mo. Yr.
Revenues:				
Private Pay	$	$	$	$
Medicaid	$	$	$	$
Medicare	$	$	$	$
Other (specify_____	$	$	$	$
Total Revenues	$	$	$	$
Expenses:				
Payroll Expenses	$	$	$	$
Other Operating Expenses	$	$	$	$
Lease Expense	$	$	$	$
Depreciation	$	$	$	$
Interest:				
Assumed Debt	$	$	$	$
New Debt	$	$	$	$
Other (specify_____	$	$	$	$
Total Expenses	$	$	$	$
Net Income (Loss)	$	$	$	$
Projected Patient Days:				
Private Pay				
Medicaid				
Medicare				
Other				
Total Projected Patient Days				
Occupancy Rate (%)				
Projected Charge Per Patient Day:				
Private Pay	$	$	$	$
Medicaid	$	$	$	$
Medicare	$	$	$	$
Other	$	$	$	$
Projected Cost Per Patient Day	$	$	$	$