



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

	First Year Ending			Second Year Ending			Third Year Ending		
	Mo.	Yr.	Combined	Mo.	Yr.	Combined	Mo.	Yr.	Combined
	Existing Facility	Project		Existing Facility	Project		Existing Facility	Project	
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):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

SCHEDULE A
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	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)



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

	Last Completed Fiscal Year		First Year Ending		Second Year Ending		Third Year Ending	
	Mo.	Yr.	Mo.	Yr.	Mo.	Yr.	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	\$		\$		\$		\$	