



**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.	Combined	Mo.	Yr.	Combined	Mo.	Yr.	Combined
	Existing Facility	Project		Existing Facility	Project		Existing Facility	Project	
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	\$	_____	\$	_____	\$	_____	\$	_____