

STATEMENT OF REVENUES AND EXPENSES	PROVIDER NO.:	PERIOD: FROM _____ TO _____	WORKSHEET G-3
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Description			
1	Total patient revenues (from Wkst. G-2, Part I, column 3, line 25)		1
2	Less contractual allowances and discounts on patients' accounts		2
3	Net patient revenues (line 1 minus line 2)		3
4	Less total operating expenses (from Wkst. G-2, Part II, line 40)		4
5	Net income from service to patients (line 3 minus line 4)		5
OTHER INCOME			
6	Contributions, donations, bequests, etc		6
7	Income from investments		7
8	Revenues from telephone and telegraph service		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to other than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts		18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops, and canteen		20
21	Rental of vending machines		21
22	Rental of hospital space		22
23	Governmental appropriations		23
24	Other (specify)		24
25	Total other income (sum of lines 6-24)		25
26	Total (line 5 plus line 25)		26
27	Other expenses (specify)		27
28			28
29			29
30	Total other expenses (sum of lines 27-29)		30
31	Net income (or loss) for the period (line 26 minus line 30)		31

FORM CMS-2552-96 (9/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3640)