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|---------------------------------------|---------------|-----------------------------------|---------------|
| STATEMENT OF REVENUES AND EXPENSES | PROVIDER CCN: | PERIOD: FROM _____ TO _____ | WORKSHEET G-3 |
|---------------------------------------|---------------|-----------------------------------|---------------|

| Description | | | |
|-------------|--|--|---|
| 1 | Total patient revenues (from Worksheet G-2, Part I, column 3, line 28) | | 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 Worksheet G-2, Part II, line 43) | | 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 other miscellaneous communication services | | 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 |
| 24.50 | COVID-19 PHE Funding | | 24.50 |
| 25 | Total other income (sum of lines 6-24) | | 25 |
| 26 | Total (line 5 plus line 25) | | 26 |
| 27 | Other expenses (specify) | | 27 |
| 28 | Total other expenses (sum of line 27 and subscripts) | | 28 |
| 29 | Net income (or loss) for the period (line 26 minus line 28) | | 29 |