TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	**FY 2013**	**FY 2014**	**FY 2015**	**FY 2016**	**FY 2017**	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**	**FY2022**
1. REVENUE										
a. Inpatient Services	$ 186,796	$ 188,916	$ 192,507	$ 195,515	$ 197,548	$ 199,602	$ 201,676	$ 203,976	$ 206,881	$ 209,797
b. Outpatient Services	$ 103,930	$ 110,003	$ 104,059	$ 106,178	$ 107,250	$ 108,332	$ 109,425	$ 110,656	$ 112,187	$ 113,724
Gross Patient Service Revenues	***$ 290,726***	***$ 298,919***	***$ 296,566***	***$ 301,694***	***$ 304,798***	***$ 307,934***	***$ 311,101***	***$ 314,632***	***$ 319,068***	***$ 323,521***
c. Allowance For Bad Debt	$ 9,345	$ 8,267	$ 8,291	$ 8,435	$ 8,521	$ 8,609	$ 8,698	$ 8,796	$ 8,920	$ 9,045
d. Contractual Allowance	$ 40,747	$ 42,878	$ 34,411	$ 35,006	$ 35,367	$ 35,731	$ 36,098	$ 36,508	$ 37,022	$ 37,539
e. Charity Care	$ 5,177	$ 4,501	$ 4,022	$ 4,092	$ 4,134	$ 4,176	$ 4,219	$ 4,267	$ 4,327	$ 4,388
Net Patient Services Revenue	***$ 235,456***	***$ 243,273***	***$ 249,841***	***$ 254,161***	***$ 256,776***	***$ 259,418***	***$ 262,086***	***$ 265,061***	***$ 268,798***	***$ 272,549***
f. Other Operating Revenues (Specify/add rows if needed)	$ 22,586	$ 19,509	$ 22,011	$ 21,295	$ 20,580	$ 19,864	$ 19,864	$ 19,864	$ 19,864	$ 19,864
	$ 25,000									
	$ 1,813	$ 1,861	$ 1,902	$ 1,826	$ 2,674	$ 2,762	$ 1,734	$ 1,392	$ 1,666	$ 1,830
NET OPERATING REVENUE	***$ 284,854***	***$ 264,643***	***$ 273,753***	***$ 277,281***	***$ 280,029***	***$ 282,044***	***$ 283,684***	***$ 286,317***	***$ 290,328***	***$ 294,243***
2. EXPENSES										
a. Salaries & Wages (including benefits)	$ 119,888	$ 118,525	$ 115,740	$ 116,008	$ 115,952	$ 120,297	$ 120,078	$ 121,375	$ 122,834	$ 124,243
b. Contractual Services	$ 44,653	$ 43,052	$ 48,541	$ 53,234	$ 50,657	$ 51,673	$ 52,102	$ 52,424	$ 53,000	$ 53,444
c. Interest on Current Debt	$ 774	$ 829	$ 1,033	$ 1,401	$ 1,696	$ 1,888	$ -	$ 2,497	$ 2,411	$ 2,315
d. Interest on Project Debt	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,489	$ 3,416	$ 3,339
e. Current Depreciation	$ 15,201	$ 15,255	$ 15,740	$ 16,282	$ 18,104	$ 17,784	$ 18,267	$ 17,538	$ 17,453	$ 16,775
f. Project Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,751	$ 7,751	$ 7,751
g. Current Amortization	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
h. Project Amortization	$ -	$ -	$ -	$ -	$ 38	$ 38	$ 38	$ 38	$ 38	$ 38
i. Supplies	$ 60,225	$ 67,541	$ 64,125	$ 63,286	$ 62,874	$ 63,510	$ 63,800	$ 64,518	$ 65,228	$ 65,932
j. Other Expenses (Specify/add rows if needed)	$ 9,400	$ 16,684	$ 16,628	$ 16,743	$ 16,901	$ 17,820	$ 18,786	$ 19,079	$ 19,376	$ 19,676
TOTAL OPERATING EXPENSES	**$ 250,141**	**$ 261,886**	**$ 261,807**	**$ 266,954**	**$ 266,222**	**$ 273,010**	**$ 273,070**	**$ 288,710**	**$ 291,507**	**$ 293,514**
3. INCOME										
a. Income From Operation	**$ 34,713**	**$ 2,757**	**$ 11,946**	**$ 10,327**	**$ 13,807**	**$ 9,034**	**$ 10,614**	**$ (2,392)**	**$ (1,179)**	**$ 729**

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income. See additional instruction in the column to the right of the table.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY2022
b. Non-Operating Income										
SUBTOTAL	***$ 34,713***	***$ 2,757***	***$ 11,946***	***$ 10,327***	***$ 13,807***	***$ 9,034***	***$ 10,614***	***$ (2,392)***	***$ (1,179)***	***$ 729***
c. Income Taxes										
NET INCOME (LOSS)	***$ 34,713***	***$ 2,757***	***$ 11,946***	***$ 10,327***	***$ 13,807***	***$ 9,034***	***$ 10,614***	***$ (2,392)***	***$ (1,179)***	***$ 729***
4. PATIENT MIX										
a. Percent of Total Revenue										
1) Medicare	46.7%	46.1%	47.4%	47.4%	47.4%	47.4%	47.4%	47.4%	47.4%	47.4%
2) Medicaid	4.6%	4.9%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%	5.1%
3) Blue Cross	17.8%	18.8%	18.6%	18.6%	18.6%	18.6%	18.6%	18.6%	18.6%	18.6%
4) Commercial Insurance	25.7%	25.4%	23.3%	23.3%	23.3%	23.3%	23.3%	23.3%	23.3%	23.3%
5) Self-pay	3.6%	3.3%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
6) Other	1.6%	1.6%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%	2.2%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***
b. Percent of Equivalent Inpatient Days										
1) Medicare	50.4%	49.3%	50.2%	50.2%	50.2%	50.2%	50.2%	50.2%	50.2%	50.2%
2) Medicaid	6.8%	7.1%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%	7.4%
3) Blue Cross	15.7%	17.1%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%	16.9%
4) Commercial Insurance	21.4%	21.4%	19.7%	19.7%	19.7%	19.7%	19.7%	19.7%	19.7%	19.7%
5) Self-pay	4.4%	4.0%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%	3.8%
6) Other	1.3%	1.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%	2.1%
TOTAL	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***	***100.0%***