| SCHEDULE | 7A |
|-----------------|----|
|-----------------|----|

Hospice

PROJECTED REVENUES

Page 1 of 2

| | PROJECTED OPERATING YEAR 1 (ENDING): | | | | | | | | | |
|--------------------------------------|--------------------------------------|---------------|---------------|---------------|---------------|-----------|-------------|--------|-----------------|---------|
| • | | | MEDICAID | | MEDICARE | COMMERCIA | OTHER | OTHER | OTHER | |
| | SELF PAY | MEDICAID | HMO | MEDICARE | HMO | INSURANCE | MANAGED | PAYERS | REVENUE | TOTAL |
| | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | CARE Col. 7 | Col. 8 | Col. 9 | Col. 10 |
| PATIENT SERVICE REVENUES | | | | | | | | | | |
| 1 Routine Care 0-60 Days | | · | · | · | · | | | | · _ | |
| 2 Routine Care 61+ Days | | · | · | · | · | | | | | |
| 3 Respite Care | | · | · | · | · | | | | | |
| 4 Other Inpatient Ancillary | | | | | | | | | | |
| 5 General Inpatient Care | | | | | | | | | | |
| 6 Other | | | | | | | | | | |
| 7 TOTAL PATIENT SERVICE REVENUES | | | | | | | | | | |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| 8 Contractual Adjustments | | | | | | | | | | |
| 9 Charity Care | | | | | | | | | | |
| 10 Other | | | | | | | | | | |
| 11 TOTAL DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| | | | | | | | | | | |
| 12 NET PATIENT SERVICE REVENUE | | | | | | | | | | |
| 13 OTHER OPERATING REVENUE | | | | | | | | | | |
| 14 NET OPERATING REVENUE | | | | | | | | | | |
| | | | | | | | | | | |
| 15 Patient Days/Other Measure(1) | | | | | | _ | | | | |
| 40 0/ (D // (D // (A) | | | | | | | | | | |
| 17 Revenue per Patient Day/Other (1) | | | | | | | | | | |

(1) Other Measure: For utilization other than "patient days," use the applicable measure consistent with Schedule 5.

Hospice

PROJECTED REVENUES

Page 2 of 2

| PROJECTED OPERATING YEAR 2 (ENDING): | | | | | | | | | | |
|--------------------------------------|----------|----------|----------|---------------|----------|-----------|--------------|---------|---------|---------|
| • | | | MEDICAID | | MEDICARE | COMMERCIA | I OTHER | OTHER | OTHER | |
| | SELF PAY | MEDICAID | HMO | MEDICARE | HMO | INSURANCE | MANAGED | PAYERS | REVENUE | TOTAL |
| | Col. 11 | Col. 12 | Col. 13 | Col. 14 | Col. 15 | Col. 16 | CARE Col. 17 | Col. 18 | Col. 19 | Col. 20 |
| PATIENT SERVICE REVENUES | | | | | | | | | | |
| 1 Routine Care 0-60 Days | | | | | | _ | | | | |
| 2 Routine Care 61+ Days | | | | | | _ | | | | |
| 3 Respite Care | | | | | | | | | | |
| 4 Other Inpatient Ancillary | | | | | | | | | | |
| 5 General Inpatient Care | | | | | | | | | | |
| 6 Other | | | | | | | | | | |
| 7 TOTAL PATIENT SERVICE REVENUES | | | | | | | | | | |
| | | | | | | | | | | |
| DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| 8 Contractual Adjustments | | | | · | | | | | | |
| 9 Charity Care | | | | · | | | | | | |
| 0 Other | | | | | | | | | | |
| 1 TOTAL DEDUCTIONS FROM REVENUE | | | | | | | | | | |
| | | | | | | | | | | |
| 2 NET PATIENT SERVICE REVENUE | | | | · | | | | | | |
| 3 OTHER OPERATING REVENUE | | | | | | | | | | |
| 4 NET OPERATING REVENUE | | | | | | | | | | |
| | | | | | | | | | | |
| 5 Patient Days/Other Measure(1) | | | | | | _ | | | | |
| 6 % of Patient Days/Other Measure(1) | | | | · | | | | | | |
| 7 Revenue per Patient Day/Other (1) | | | | · | | | | | | |
| | | | | | | | | | | |