# **Hospice and ICF/DDs**

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#### PROJECTED INCOME AND EXPENSES

		PROJE	CTED YEAR 1 (END	DING	)		
		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		INCREMENTAL DIFFERENCE	
		Amount Col. 1	Per Patient Day(1)  Col. 2	Amount Col. 3	Per Patient Day(1) Col. 4	Amount Col. 5	Per Patient Day(1) Col. 6
NET	OPERATING REVENUE	Col. 1	COI. 2	Col. 3	COI. 4	Col. 5	Col. 6
1 S	CHEDULE 7A , LINE 14, COLUMN 10 PR SCHEDULE 7B, LINE 17, COLUMN 10	\$	\$	\$	\$	\$	\$
EXP	ENSES						
Р	ATIENT SERVICE						
2	Nursing						
3	Other	- <u></u> -				·	
A	NCILLARY						
4	Physical Therapy			-			
5	Speech Therapy		<del></del>	-			
6	Occupational Therapy		<del></del>	-			
7	Medical Supplies		<del></del>	-			
8	Radiology						
9	Laboratory						
10	Pharmacy						
11	Other						
12 <b>T</b>	OTAL ANCILLARY	\$	\$	\$	\$	\$	\$
13	Ambulatory						
Α	DMINISTRATION AND OVERHEAD						
14	Plant Operations						
15	Housekeeping						
16	Administration						
17	Other						
18 TOTAL ADMINISTRATION AND OVERHEAD		\$	\$	\$	\$	\$	\$

<sup>(1)</sup> For utilization other than "patient day," use the applicable measure consistent with Schedules 5 and 7A.

# **Hospice and ICF/DDs**

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#### PROJECTED INCOME AND EXPENSES

	PROJE	CTED YEAR 1 (END	DING	_)			
	INCLUDING THIS PROJECT		WITHOUT	WITHOUT THIS PROJECT		INCREMENTAL DIFFERENCE	
	Amount	Per Patient Day(1)	Amount	Per Patient Day(1)	Amount	Per Patient Day(1)	
	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	
PROPERTY COSTS							
19 Depreciation and Amortization							
20 Interest							
21 Rent							
22 Insurance							
23 Taxes							
24 TOTAL PROPERTY COSTS	\$	\$	\$	_ \$	\$	_ \$	
25 OTHER OPERATING COSTS	\$	\$	\$	_ \$	\$	_ \$	
26 TOTAL OPERATING EXPENSES	\$	\$	\$	_ \$	\$	_ \$	
27 NET PROFIT FROM OPERATIONS	\$	\$	\$	_ \$	\$	_ \$	
28 NON-OPERATING REVENUES	\$	\$	\$	_ \$	\$	_ \$	
NON-OPERATING EXPENSES							
29 Income Taxes							
30 Other			<del></del>				
31 TOTAL NON-OPERATING EXPENSES	\$	<del></del>					
32 NET PROFIT (OR LOSS)	\$	\$	\$	_ \$	\$	_ \$	

## **Hospice and ICF/DDs**

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#### PROJECTED INCOME AND EXPENSES

		PROJE	CTED YEAR 2 (END	DING	)		
		INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		INCREMENTAL DIFFERENCE	
		Amount Col. 7	Per Patient Day(1) Col. 8	Amount Col. 9	Per Patient Day(1) Col. 10	Amount Col. 11	Per Patient Day(1) Col. 12
NET	OPERATING REVENUE						
1 S	CHEDULE 7A, LINE 14, COLUMN 10	\$	\$	\$	\$	\$	\$
0	R SCHEDULE 7B, LINE 17, COLUMN 20						
EXPE	ENSES						
Р	ATIENT SERVICE						
2	Nursing						
3	Other						
Α	NCILLARY						
4	Physical Therapy						
5	Speech Therapy						
6	Occupational Therapy						
7	Medical Supplies						
8	Radiology						
9	Laboratory						
10	Pharmacy						
11	Other						
12 <b>T</b>	OTAL ANCILLARY	\$	\$	\$	\$	\$	\$
13	Ambulatory						
Α	DMINISTRATION AND OVERHEAD						
14	Plant Operations						
15	Housekeeping						
16	Administration						
17	Other						
18 TOTAL ADMINISTRATION AND OVERHEAD		\$	\$	\$	\$	\$	\$

<sup>(1)</sup> For utilization other than "patient day," use the applicable measure consistent with Schedules 5 and 7A.

# **Hospice and ICF/DDs**

PROJECTED INCOME AND EXPENSES

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	PROJE	CTED YEAR 2 (END	ING	_)		
	INCLUDING THIS PROJECT		WITHOUT THIS PROJECT		INCREMENTAL DIFFERENCE	
	Amount	Per Patient Day(1)	Amount	Per Patient Day(1)	Amount	Per Patient Day(1)
	Col. 7	Col. 8	Col. 9	Col. 10	Col. 11	Col. 12
PROPERTY COSTS						
19 Depreciation and Amortization						
20 Interest						
21 Rent						
22 Insurance						
23 Taxes						
24 TOTAL PROPERTY COSTS	\$	\$	\$	_ \$	\$	_ \$
	•	•	•	•	•	
25 OTHER OPERATING COSTS	\$	. \$	\$	_ \$	\$	_ \$
26 TOTAL OPERATING EXPENSES	\$	<u> </u>	\$	_ \$	\$	_ \$
27 NET PROFIT FROM OPERATIONS	\$	\$	\$	_ \$	\$	_ \$
28 NON-OPERATING REVENUES	\$	\$	\$		\$	_ \$
NON-OPERATING EXPENSES						
29 Income Taxes				<u> </u>		<u> </u>
30 Other						
31 TOTAL NON-OPERATING EXPENSES	\$	\$	\$		\$	\$
32 NET PROFIT (OR LOSS)	\$	\$	\$	_ \$	\$	_ \$