

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES	PROVIDER NO: _____	PERIOD: FROM _____ TO _____	WORKSHEET G - 2 PARTS I & II
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PART I - PATIENT REVENUES

	Revenue Center	INPATIENT	OUTPATIENT	TOTAL	
		1	2	3	
GENERAL INPATIENT ROUTINE CARE SERVICES					
1	Skilled Nursing Facility				1
2					2
3	Nursing facility				3
4	Other long term care				4
5	Total general inpatient care services (Sum of lines 1 - 4)				5
All Other Care Service					
6	Ancillary services				6
7	Clinic				7
8	Home health agency				8
9					9
10	Ambulance				10
11	Hospice				11
12	Outpatient Rehabilitation Provider				12
13					13
14	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)				14

PART II - OPERATING EXPENSES

1	Operating Expenses (Per Worksheet A, Col. 3, Line 75)				1
2	Add (Specify)				2
3					3
4					4
5					5
6					6
7					7
8	Total Additions (Sum of lines 2 - 7)				8
9	Deduct (Specify)				9
10					10
11					11
12					12
13					13
14	Total Deductions (Sum of lines 9 - 13)				14
15	Total Operating Expenses (Sum of lines 1 and 8, minus line 14) (Transfer to Worksheet G-3, Line 4)				15

**FORM CMS 2540-96 (07/96) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN
CMS PUB. 15-II, SECTION 3536.2)**