

STATEMENT OF REVENUES AND EXPENSES		PROVIDER NO: _____	PERIOD: FROM _____ TO _____	WORKSHEET G - 3
1	Total patient revenues (From Wkst. G - 2, Part I, col. 3, line 14)			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 15)			4
5	Net income from service to patients (Line 3 minus 4)			5
6	Other income:			6
7	Contributions, donations, bequests, etc			7
8	Income from investments			8
9	Revenues from telephone and telegraph service			9
10	Revenue from television and radio service			10
11	Purchase discounts			11
12	Rebates and refunds of expenses			12
13	Parking lot receipts			13
14	Revenue from laundry and linen service			14
15	Revenue from meals sold to employees and guests			15
16	Revenue from rental of living quarters			16
17	Revenue from sale of medical and surgical supplies to other than patients			17
18	Revenue from sale of drugs to other than patients			18
19	Revenue from sale of medical records and abstracts			19
20	Tuition (fees, sale of textbooks, uniforms, etc.)			20
21	Revenue from gifts, flower, coffee shops, canteen			21
22	Rental of vending machines			22
23	Rental of skilled nursing space			23
24	Governmental appropriations			24
25	Other (specify)			25
26	Total other income (Sum of lines 7 - 25)			26
27	Total (Line 5 plus line 26)			27
28	Other expenses (specify)			28
29				29
30				30
31	Total other expenses (Sum of lines 28 - 30)			31
32	Net income (or loss) for the period (Line 27 minus line 31)			32