

	First Year Ending			Second Year Ending			Third Year Ending		
	Mo.	Yr.		Mo.	Yr.		Mo.	Yr.	
	Existing Facility	Project	Combined	Existing Facility	Project	Combined	Existing Facility	Project	Combined
Admissions	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Patient Days:									
Medicare	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medicaid	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Private	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Patient Days	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
ALOS (Days)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Outpatient visits									
Emergency room visits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Outpatient visits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Inpatient Charge Per Patient Days									
Medicare	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Medicaid	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Private	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Average All Payors (A)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Charge Per Outpatient Visit (B)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Inpatient Cost/Patient Day (C)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost Per Outpatient Visit (D)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

- (A) Compute using total inpatient revenue divided by total patient days (excluding newborn)
- (B) Compute using total outpatient revenue divided by total outpatient visits (include ER)
- (C) Compute using total cost of providing inpatient services divided by total patient days (excluding newborn)
- (D) Compute using total cost of providing outpatient services divided by outpatient visits (include ER)

Schedule B
Long-Term Care Facilitied Three Year Projected Budget of Revenues and Expenses

	Last Completed		First Year Ending		Second Year Ending		Third Year Ending	
	Fiscal Year		Mo.	Yr.	Mo.	Yr.	Mo.	Yr.
	Mo.	Yr.						
Revenues:								
Private Pay	\$	_____	\$	_____	\$	_____	\$	_____
Medicaid	\$	_____	\$	_____	\$	_____	\$	_____
Medicare	\$	_____	\$	_____	\$	_____	\$	_____
Other (specify _____)	\$	_____	\$	_____	\$	_____	\$	_____
Total Revenues	\$	_____	\$	_____	\$	_____	\$	_____
Expenses:								
Payroll Expenses	\$	_____	\$	_____	\$	_____	\$	_____
Other Operating Expenses	\$	_____	\$	_____	\$	_____	\$	_____
Lease Expense	\$	_____	\$	_____	\$	_____	\$	_____
Depreciation	\$	_____	\$	_____	\$	_____	\$	_____
Interest:								
Assumed Debt	\$	_____	\$	_____	\$	_____	\$	_____
New Debt	\$	_____	\$	_____	\$	_____	\$	_____
Other (specify _____)	\$	_____	\$	_____	\$	_____	\$	_____
Total Expenses	\$	_____	\$	_____	\$	_____	\$	_____
Net Income (Loss)	\$	_____	\$	_____	\$	_____	\$	_____
Projected Patient Days:								
Private Pay	_____	_____	_____	_____	_____	_____	_____	_____
Medicaid	_____	_____	_____	_____	_____	_____	_____	_____
Medicare	_____	_____	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____	_____	_____
Total Projected Patient Days	_____	_____	_____	_____	_____	_____	_____	_____
Occupancy Rate (%)	_____	_____	_____	_____	_____	_____	_____	_____
Projected Charge Per Patient Day:								
Private Pay	\$	_____	\$	_____	\$	_____	\$	_____
Medicaid	\$	_____	\$	_____	\$	_____	\$	_____
Medicare	\$	_____	\$	_____	\$	_____	\$	_____
Other	\$	_____	\$	_____	\$	_____	\$	_____
Projected Cost Per Patient Day	\$	_____	\$	_____	\$	_____	\$	_____