Certificate of Need Program

SERVICE-SPECIFIC REVENUES AND EXPENSES

Project Title: Mercy Hospital-St. Francis **Project #:** 6204 HS

Historical Financial Data for Latest Three Full Years plus Projections Through Three Full Years Beyond Project Completion

Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.

	Year		
	2022	2023	2024
Amount of Utilization:*	509	700	946
Revenue:			
Average Charge**	$3,000	$3,079	$3,147
Gross Revenue	$1,526,776	$2,155,573	$2,977,062
Revenue Deductions	0	0	0
Operating Revenue	1,526,776	2,155,573	2,977,327
Other Revenue	0	0	0
TOTAL REVENUE	**$1,526,776**	**$2,155,573**	**$2,977,327**
Expenses:			
Direct Expenses			
Salaries	0	0	0
Fees	175,950	239,775	349,110
Supplies	0	0	0
Other	0	0	0
TOTAL DIRECT	$175,950	$239,775	$349,110
Indirect Expenses			
Depreciation	0	0	0
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	$0	$0	$0
TOTAL EXPENSES	**$175,950**	**$239,775**	**$349,110**
NET INCOME (LOSS):	**$1,350,826**	**$1,915,798**	**$2,628,217**

*Utilization will be measured in "patient days" for licensed beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

**Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

****Indicate how overhead was calculated.