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		
	2027	2028	2029
Amount of Utilization:*	1,700	2,000	2,250
Revenue:			
Average Charge**	$5,499	$5,664	$5,833
Gross Revenue	$9,347,620	$11,327,100	$13,125,285
Revenue Deductions	7,574,362	9,223,228	10,738,274
Operating Revenue	1,773,258	2,103,872	2,387,011
Other Revenue	0	0	0
TOTAL REVENUE	**$1,773,258**	**$2,103,872**	**$2,387,011**
Expenses:			
Direct Expenses			
Salaries	450,494	528,756	599,201
Fees	560,212	678,845	786,611
Supplies	114,405	138,058	159,556
Other	0	0	0
TOTAL DIRECT	$1,125,111	$1,345,659	$1,545,368
Indirect Expenses			
Depreciation	480,338	480,338	480,338
Interest***	0	0	0
Rent/Lease	0	0	0
Overhead****	0	0	0
TOTAL INDIRECT	$480,338	$480,338	$480,338
TOTAL EXPENSES	**$1,605,449**	**$1,825,997**	**$2,025,706**
NET INCOME (LOSS):	**$167,809**	**$277,875**	**$361,305**

*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.