

**NEW JERSEY ACUTE CARE HOSPITALS
2024 COST REPORTS**

**OTHER OPERATING INCOME
NON-OPERATING INCOME (\$000'S)**

Hospital: _____

C-5

Hospital Number: |_____| |_____| |_____| |_____|

Do not change any preprinted wording on this form.

Cost Center	Items Included As Expense Recover (1)	Revenue (\$000's)	Expense (\$000's)	Gain/Loss (\$000's)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Items Included as Expense Recovery	(2)		

Items Not Included As Expense Recover (1)	Revenue (\$000's)	Expense (\$000's)	Gain/Loss (\$000's)
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CASE "A" (3)

21	Research & Education Income (Non-Approved)			
22	Sale of medical Supplies to Other Facility			
23	Medical Records Transcription			
24				
25				
26	Total Case "A"			

CASE "B" (3)

27	Organ Donations			
28	Provision of Services to Another Health Facility			
29	Physicians' Fees Returned to the Hospital			
30	Research and Education income (Approved)			
31	Salaried House Physicians			
32	Pension Reversions			
33				
34	Total Case "B"			

CASE "C" (3)

35	Blood and Plasma			
36	Gift and Coffee Shops			
37	Services to Staff Physicians			
38	Outpatient/Home Dialysis			
39	MICU			
40				
41				
42				
43	Total Case "C"			

44	Total of Lines 26, 34, and 43 Gain/(Loss) Column			
45	Grand Total (Lines 20 and 44)			
46	Total of Other Operating and Non-Operating Income per Audited F/S			
47	Difference (Line 45 minus Line 46) (4)			

- (1) All Expense recoveries in Form C, Column L related to grant operating income must be itemized by title of grants.
- (2) Should agree with Form C, Page 2 of 2, Line 53, Expense Recovery column (Column L).
- (3) Refer to Financial Elements, NJAC 8:31B-4.61 for definitions of Cases "A," "B," and "C."
- (4) If Line 46 does not agree with Line 45, the hospital must reconcile the difference (Line 47) by attaching an itemized, detailed explanation.