NEW JERSEY ACUTE CARE HOSPITALS
2022 COST REPORTS

CAPITAL FACILITIES INFORMATION

D-3

Hospital: _____

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

C/N Number (1) _____

Do not change any preprinted wording on this form.

BUILDING LIFE

1	Total Plant Square Feet Related to Patient Care	
2	Acquisition Cost (Include Cost of Fixed Equipment) ($000's) (2)	
3	Accumulated Depreciation (Straight Line) ($000's) (2)	
4	Net Book Value (Line 2 Minus Line 3) ($000's)	
5	Portion Not Depreciated (Line 4 Divided by Line 2)	
6	Remaining Useful Life (35.0 x Line 5)	

	CAPITAL CASH REQUIREMENTS (All lines below round to the nearest thousand ($000's)	**REPORTING ACTUALS YEAR 2022**	**PROSPECTIVE FORECAST YEAR 2024**
7	Principal Payments-Long Term Debt (Excl."Balloons")		
8	Portion of Line 7 Attributable to M.M.E.	( )	( )
9	Interest Expense - Long Term Debt		
10	Portion of Line 9 Attributable to M.M.E.	( )	( )
11	Rentals & Operating Lease-Bldg.& Fixed Equipment (3)		
12	Other Required Debt Service Payments		
13	"Balloon" Payments		
14	Interest Income Reported as Exp. Recovery on Form C	( )	( )
15	Capital Cash Requirements (Lines 7 through 14)		

FIXED PLANT DEPRECIATION

16	Straight Line Depreciation – Building and Fixed Equipment (4)		

OTHER CAPITAL INFORMATION

17	Early Extinguishment of Debt Losses		

(1) For any increase in debt service and depreciation as a result of a Certificate of Need.

(2) Excludes portion related to square footage not utilized for services related to patient care as defined in NJAC 8:31B-4.32.

(3) Excludes Financing (Capitalized) Leases.

(4) Must agree with Form C, BLD Cost Center (Line 44), Dep. & Fac. Int. Column (Col. J).