

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

E-4

Hospital: _____

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

**GROSS REVENUE AND DEDUCTIONS
FROM GROSS REVENUE (\$000'S)**

*Do not change any preprinted
wording on this form.*

		A	B	C	D	E
		Total	Skilled Nursing Facility	Services Not Related to Patient Care (1)	MICU	Net Total Column A Minus Columns B, C, D
1	Gross Revenue from Patient Care					
ALLOWANCES AND ADJUSTMENTS						
2	Allowances and Adjustments – Prior Period					
3	Current Year Allowances, Include Medicare Current Year Allowances					
4	Other Uncompensated Care Subsidy (Medicare)	()	//////////	//////////	//////////	()
5	Other Subsidies (Incl. Hospital Relief Fund and Mental Health Subsidies)	()	//////////	//////////	//////////	()
6	Prompt Payment Discount					
7	Personnel Health Allowances					
8	Courtesy Adjustments					
9	Other Administrative Adjustments					
10	Total Allowances and Adjustments (Lines 2 through 9)					
MEDICAL DENIALS						
11	Medical Denials					
12	Nursing Home Placement Days					
13	Total (Lines 11 and 12)					
UNCOMPENSATED CARE						
14	Charity Care					
15	Grants and Payments for Indigency	()	()	()	()	()
16	Bad Debt Provisions					
17	Bad Debt Recoveries, Include SOIL Recoveries	()	()	()	()	()
18	Charity Care Subsidy	()	//////////	//////////	//////////	()
19	Total Net Uncompensated Care (Lines 14 through 18)					
20	Total Deductions from Gross Revenue (Lines 10 + 13 + 19)					

(1) This includes but is not limited to items covered under NJAC 8:31B-4.61 , 4.62, 4.64, and 4.65.