

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

E-5

Hospital: _____

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

**NET INPATIENT REVENUE SUMMARY
(\$000'S)**

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

		A	B	C	D	E	F	G	H	I	J	K	L	M
		Horizon Blue Cross (Indemnity)	Other Blue Cross (Indemnity)	Medicare ⁽²⁾	Medicaid ⁽²⁾	CHAMPUS	HMO	Medicare HMO	Medicaid HMO	Commercial Insurance ⁽³⁾	Charity Care	Self Pay	Others	TOTAL ⁽¹⁾
NOTE: Only include items as reported in Column E of Form E-4														
1	Gross Revenue from Patient Care													
ALLOWANCES AND ADJUSTMENTS														
2	Allowances and Adjustments-Prior Year													
3	Current Year Allowances-(Incl. Medicare C/Y)													
4	Other Uncomp. Care Subsidy (Medicare)	////////	////////	()	////////	////////	////////	////////	////////	////////	////////	////////	////////	()
5	Other Subsidies (Excl. Amts.on Lines 4 & 18)	()	()	()	()	()	()	()	()	()	()	()	()	()
6	Prompt Payment Discount													
7	Personnel Health Allowances													
8	Courtesy Adjustments													
9	Other Administrative Adjustments													
10	Total Allowances and Adjustments													
MEDICAL DENIALS														
11	Medical Denials													
12	Nursing Home Placement													
13	Total (Lines 11 and 12)													
UNCOMPENSATED CARE														
14	Charity Care													
15	Grants and Payments for Indigency	()	()	()	()	()	()	()	()	()	()	()	()	()
16	Bad Debt Provision													
17	Bad Debt Recoveries (Inc. SOIL Recoveries)	()	()	()	()	()	()	()	()	()	()	()	()	()
18	Charity Care Subsidy	()	()	()	()	()	()	()	()	()	()	()	()	()
19	Total Uncomp. Care (Lines 14,15,16,17,18)													
20	Total Deductions from Gross Revenue													

(1) The sum of Forms E-5 and E-6, Column M, should agree with Form E-4, Column E, all lines.

(2) Do not include HMO revenue in Columns C and D.

(3) Include indemnity (other than Blue Cross), and non-HMO managed care (e.g., preferred provider organizations; non-HMO point-of-service plans) in Column I.