

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

**E-6**

Hospital: \_\_\_\_\_

Hospital Number: |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|

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

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

<b>NOTE: Only include items as Reported in Column E of Form E-4</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>
		<b>Horizon Blue Cross (Indemnity)</b>	<b>Other Blue Cross (Indemnity)</b>	<b>Medicare <sup>(2)</sup></b>	<b>Medicaid <sup>(2)</sup></b>	<b>CHAMPUS</b>	<b>HMO</b>	<b>Medicare HMO</b>	<b>Medicaid HMO</b>	<b>Commercial Insurance <sup>(3)</sup></b>	<b>Charity Care</b>	<b>Self Pay</b>	<b>Others</b>	<b>TOTAL <sup>(1)</sup></b>
1	Gross Revenue from Patient Care													
<b>ALLOWANCES AND ADJUSTMENTS</b>														
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													
<b>MEDICAL DENIALS</b>														
11	Medical Denials													
12	Nursing Home Placement													
13	Total (Lines 11 and 12)													
<b>UNCOMPENSATED CARE</b>														
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, for 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.