

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

E-7

Hospital: _____

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

**OUTPATIENT GROSS REVENUE
BY PAYER AND OUTPATIENT AREA
(\$000'S)**

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

Payer ⁽¹⁾		A	B	C	D	E	F	G	H	I	J	K	L
		Same Day Surgery	Emergency Room	Off-Site Health Services	Clinics	Outpatient Dialysis Service	Private Referred	Same Day Psych.	Outpatient Surgery	Home Dialysis	MICU	Other MICU	TOTAL
1	Horizon Blue Cross of N. J. (Indemnity)												
2	Other Blue Cross (Indemnity)												
3	Medicare ⁽²⁾												
4	Medicaid ⁽²⁾												
5	CHAMPUS												
6	HMO												
7	Medicare HMO												
8	Medicaid HMO												
9	Commercial Insurers ⁽³⁾												
10	Charity Care												
11	Self-Pay												
12	Others												
13	Personnel Health												
14	TOTALS ⁽¹⁾												

⁽¹⁾ Total Line 14, Columns A through I should equal Form E, Page 2 of 2, Line 30, Columns B through G and I through K. Total Line 14, Columns J and K should equal Form E, Page 2 of 2, Line 32, Columns B and C.

⁽²⁾ Do not include HMO revenue on lines 3 and 4.

⁽³⁾ Include indemnity (other than Blue Cross), and non-HMO managed care (e.g., preferred provider organizations; non-HMO point-of-service plans) on line 9.