

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

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

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

**PATIENT CARE GROSS REVENUE  
(\$000'S)**

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

Revenue Center			A	B	C	D	E	F	G	H	I	J	K	L
			Inpatient	Same Day Surgery	Emer. Serv.	Off-Site Health Services	Clinics (1)	Outpat. Dialysis Serv. (2)	Private Referred	Skilled Nursing Facility	Same Day Psych.	Out-Patient Surgery	Home Dialysis (2)	TOTAL
1	MSA	Medical/Surgical Acute			////////	////////	////////	////////	////////	////////	////////	////////	////////	
2	PED	Pediatric Acute			////////	////////	////////	////////	////////	////////	////////	////////	////////	
3	OBS	Obstetric Acute			////////	////////	////////	////////	////////	////////	////////	////////	////////	
4	PSA	Psychiatric Acute			////////	////////	////////	////////	////////	////////	////////	////////	////////	
5	ICU	Intensive Care (3)			////////	////////	////////	////////	////////	////////	////////	////////	////////	
6	CCU	Coronary Care			////////	////////	////////	////////	////////	////////	////////	////////	////////	
7	NNI	Neo-Natal Intensive			////////	////////	////////	////////	////////	////////	////////	////////	////////	
8	NBN	Newborn Nursery			////////	////////	////////	////////	////////	////////	////////	////////	////////	
9	SNF	Skilled Nursing Facility	////////	////////	////////	////////	////////	////////		////////	////////	////////	////////	
10	SAC	Sub Acute Care			////////	////////	////////	////////	////////	////////	////////	////////	////////	
11	CLN	Clinics (1)	////////	////////										
12	EMR	Emergency Room												
13	OHS	Off-Site Health Service	////////	////////										
14	ANS	Anesthesiology												
15	BBK	Blood Bank												
16	CCA	Cardiac Catheterization												
17	MSS	Medical and Surgical Supply												
18	DEL	Delivery Room												
19	DIA	Dialysis												

Footnotes – See Page 2 of 2.

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20	EDG	Electrodiagnosis												
21	LAB	Laboratory												
22	NMD	Nuclear Medicine												
23	ORR	Operating and Recovery Rooms												
24	OPM	Other Physical Medicine												
25	DRU	Drugs Sold to Patients												
26	PHT	Physical Therapy												
27	RAD	Radiology, Diagnostic												
28	RSP	Respiratory Therapy												
29	THR	Therapeutic Radiology												
30	Sub-Total (4) (5)													
31	Services Not Related to Patient Care (6)													
32	MICU (7)					////////	////////	////////	////////	////////	////////	////////	////////	
33	TOTALS (8)													

- (1) Inpatient CLN revenue should be reported under Clinics (Column E).
- (2) Report these revenues above Line 30.
- (3) Report Burn Care Revenue in ICU. Provide detailed listing.
- (4) Columns B through K, Line 30 should agree with Form E-6, Column M, Line 1.
- (5) Report Rebundled Service Revenue in the above receiving revenue centers Lines 1 through 29 and not on Line 31.
- (6) Refer to Financial Elements, NJAC 8:31B-4.61, 4.64 and 4.65 for items to be included on Line 31 and attach itemized schedule.
- (7) Should agree with Form E-4, Line 1, Column D.
- (8) Total Line 33, Column L should agree with Form E-4, Line 1, Column A.