S E L F - I N S U R E D HOSPITAL R E P O R T F O R 2009

THE INDUSTRIAL COMMISSION OF ARIZONA

This report is subject to verification by ICA auditors

SELF INSURED NAME:

PERIOD COVERED: To **INSTRUCTIONS ON SEPARATE PAGE**

Operating Expenses

(fill in the bolded cells)

Line 1	Payroll for hospital employees only	
Line 2	Employee Benefits (including taxes, insurance, etc..)	
Line 3	Surgeon's and Physicians' fees	
Line 4	Pharmacy	
Line 5	Miscellaneous supplies and services	
Line 6	Depreciation	
Line 7	Utilities	
Line 8	Licenses and taxes	
	Total Operating Expenses (total of lines 1, 2, 3, 4, 5, 6, 7 & 8)	$ -

Revenue and cash flow:

Charges for services:

Line 9	In-patient care	
Line 10	Out-patient care	
Line 11	Miscellaneous revenue	
Line 12	Employee paid premiums	
Line 13	Employer paid premiums	
Line 14	**Total Revenue** (total of lines 9, 10, 11, 12 & 13)	$ -
Line 15	**Cash balance at beginning of year.**	
Line 16	Total cash available (total of lines 14 and 15)	$ -
Line 17	Investments (cash basis only)	
Line 18	Operating expenses (cash basis only)	
Line 19	Other disbursements (specify)	
	Net cash balance at end of year (line 16 less lines 17, 18 and 19)	$ -

I certify this report is a true and complete account of Operating expenses, revenue and cash flow, and net cash balances for the period stated.

Officer Signature:

Officer Name:

Officer Title:

Date of Officer Signature:

Name and Title of Person completing form if different from above:

Date Form Completed:

Primary Email Address:

Alternative Email Address:

FAX Number:

Primary Phone Number:

Alternative Phone Number: