

SELF-INSURED HOSPITAL REPORT FOR 2010

THE INDUSTRIAL COMMISSION OF ARIZONA

This report is subject to verification by ICA auditors

SELF INSURED NAME: [Redacted]

PERIOD COVERED: [Redacted] To [Redacted]

INSTRUCTIONS ON SEPARATE PAGE

Operating Expenses

(fill in the bolded cells)

Line 1 Payroll for hospital employees only [Redacted]

Line 2 Employee Benefits (including taxes, insurance, etc..) [Redacted]

Line 3 Surgeon's and Physicians' fees [Redacted]

Line 4 Pharmacy [Redacted]

Line 5 Miscellaneous supplies and services [Redacted]

Line 6 Depreciation [Redacted]

Line 7 Utilities [Redacted]

Line 8 Licenses and taxes [Redacted]

Total Operating Expenses (total of lines 1, 2, 3, 4, 5, 6, 7 & 8)

[Redacted]

Revenue and cash flow:

Charges for services:

Line 9 In-patient care [Redacted]

Line 10 Out-patient care [Redacted]

Line 11 Miscellaneous revenue [Redacted]

Line 12 Employee paid premiums [Redacted]

Line 13 Employer paid premiums [Redacted]

Line 14 Total Revenue (total of lines 9, 10, 11, 12 & 13)

[Redacted]

Line 15 Cash balance at beginning of year. [Redacted]

Line 16 Total cash available (total of lines 14 and 15)

[Redacted]

Line 17 Investments (cash basis only) [Redacted]

Line 18 Operating expenses (cash basis only) [Redacted]

Line 19 Other disbursements (specify) [Redacted]

Net cash balance at end of year (line 16 less lines 17, 18 and 19)

[Redacted]

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: [Redacted]

Primary Email Address: [Redacted]

Officer Name: [Redacted]

Alternative Email Address: [Redacted]

Officer Title: [Redacted]

FAX Number: [Redacted]

Date of Officer Signature: [Redacted]

Primary Phone Number: [Redacted]

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

Alternative Phone Number: [Redacted]

Date Form Completed: [Redacted]