SELF-INSURED HOSPITAL REPORT FOR 2022

INDUSTRIAL COMMISSION OF ARIZONA
800 W WASHINGTON STREET
PHOENIX, ARIZONA 85007
(602) 542-4661

This form applies to Self-Insured Employers on the Ex-Medical Tax Plan pursuant to A.A.C. R20-5-1537 and employers who direct medical care pursuant to A.R.S. § 23-1070.

SELF INSURED NAME:

PERIOD COVERED: -

Section A - OPERATING EXPENSES

		Amount
Line 1	In-Patient Surgery	
Line 2	Out-Patient Surgery	
Line 3	Pharmaceutical Paid for Work-Related Injuries	
Line 4	Nurse Case Management Remuneration Expense	
Line 5	Rehabilitation Services Remuneration Expenses	
Line 6	Medical Support Staff Remuneration Expense	
Line 7	Administrative Staff Remuneration Expense	
Line 8	Contracted Nurses Remuneration expense	
Line 9	All Other Expenses	
Line 10	Medical Malpractice Expense Paid	
Line 11	Contracted Medical Service Expense (Including Surgeon and Physician expense not included in staff payroll)	
Line 12	License Fees	
Line 13	Tax Expense	
Line 14	Medical Supplies Expense	
Line 15	Utilities Expense	
Line 16	Rent Expense	
Line 17	Mortgage/Property Expense	
	Total Operating Expenses (total of lines 1 -17)	$ $ 0.00

Section B - REVENUE AND CASH FLOW

Line 18	In-patient care revenue related to Work-Related Injuries	
Line 19	Out-patient care revenue realted to Work-Related Injuries	
Line 20	Medicare patient revenue not related to Work Injuries	
Line 21	Stop Loss Recoveries Received	
Line 22	Excess Insurance Reimbursement Received	
Line 23	Collected medical, surgical and hospital benefits from employee	
Line 24	All other revenue not related to Work Injuries	
Line 25	**Total Revenue** (total of lines 18 - 24)	$ 0.00
Line 26	**Cash balance at beginning of year.**	
Line 27	Total cash available (total of lines 25 and 26)	$ $ 0.00
Line 28	Investments earnings (annual)	
Line 29	Operating expenses (deduct lines 1 through 17)	0.00
Line 30	Other disbursements (deduct)	
	Net cash balance at end of year (line 27, plus line 28, less lines29 and 30)	$ $ 0.00

I certify this report is a true and complete account of Operating expenses, revenue and cash flow, and net cash balances for the period. By submitting this form electronically, I certify that I am an interested party or an authorized representative of an interested party. I further certify that I am authorized to sign this form and that all of the representations included in this form are true, accurate, and complete.

Officer Signature:

Date Form Completed:

Officer Name:

Officer Title:

Date of Officer Signature:

Primary Email Address:

Alternative Email Address:

FAX Number:

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

Primary Phone Number:

Alternative Phone Number:

Submit

For questions, please contact the Tax Accountant at (602) 542-1836 or e-mail at Taxes@azica.gov