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

SELF-INSURED HOSPITAL REPORT FOR 2018

This report is subject to verification by ICA auditors

SELF INSURED NAME:

PERIOD COVERED: To

Section A - OPERATING EXPENSES

Self-Insured Employers on Plan B and employers who direct medical care pursuant to A.R.S. § 23-1070

(fill in the bolded cells)

Line 1	Expenses related to medical claims (including taxes, excess insurance, etc.)	
Line 2	Surgeon's and Physicians' fees (not included in staff payroll)	
Line 3	Pharmacy	
Line 4	Third Party Administrator fees (if care is self-administered include staff adjuster payroll)	
Line 5	Licenses and taxes	
Line 6	Miscellaneous medical supplies, outsourced services, nurse case mgmt. & admin. expenses	
Line 7	Utilities, rent or mortgage (Plan B only)	
Line 8	Payroll for medical staff (Plan B only)	
	Total Operating Expenses (total of lines 1, 2, 3, 4, 5, 6, 7 & 8)	$ 0.00 -

Section B - REVENUE AND CASH FLOW - Plan B only

Charges for services:

Line 9	In-patient care revenue	
Line 10	Out-patient care revenue	
Line 11	Miscellaneous revenue	
Line 12	Employee paid workers' compensation premiums pursuant to A.R.S. § 23-1070 (not to exceed $12 annually per employee)	
Line 13	Employer paid workers' compensation premium refunds & excess insurance reimbursements	
Line 14	**Total Revenue** (total of lines 9, 10, 11, 12 & 13)	$ 0.00 -
Line 15	**Cash balance at beginning of year.**	
Line 16	Total cash available (total of lines 14 and 15)	$ 0.00 -
Line 17	Investments earnings (annual)	
Line 18	Operating expenses (deduct lines 1 through 8)	
Line 19	Other disbursements (deduct)	
	Net cash balance at end of year (line 16 less lines 17, 18 and 19)	$ 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 stated.

Officer Signature:

Date Form Submitted:

Officer Name:
Officer Title:
Date of Officer Signature:

Submitter Email Address:
Alternative Email Address:
FAX Number:

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

Primary Phone Number:
Alternative Phone Number:

If there are any questions, please contact the Tax Accountant at 602-542-4654 or e-mail at Taxes@azica.gov