

**OFFICE OF BEHAVIORAL HEALTH SERVICES
STANDARDIZED FINANCIAL STATEMENTS - INCOME STATEMENT
FOR COMPREHENSIVE AND MR/DD FACILITIES
ACCRUAL BASIS**

	<u> </u> QTR Ending (YEAR-TO-DATE)
REVENUE AND SUPPORT	
1. Charity Care	XXXXXXXXXXXXXXXXXXXXXX
1a. Charity Care - Account 4311.1	()
1b. Charity Care - Account 4311.2	()
1c. Charity Care - Account 4312.1 <small>(Use of this acct. is discouraged)</small>	()
1d. Charity Care - Account 4312.2	()
1e. Charity Care - Account 4314.1	()
1f. Charity Care - Account 4314.2	()
1g. Charity Care - Account 4315.1	()
1h. Contractual Write-Off Charity - Account 4337.1	()
1i. Charity Care Revenue - Account 4329	
1j. Support/Alternative Svcs. Rev. - Account 4358	
Total (Should equal zero)	
2. Gross Client Service Revenue	
3. Contractual Adjustments (Target Funds)	()
3a. Contractual Adjustments (Non-Target Funds)	()
5. Net Client Service Revenue	
Net Client Service Revenue	
6. Medicaid (Target Funds)	
6a. Medicaid (Non-Target Funds)	
7. Medicaid MR/DD Waiver (Non-Target Funds)	
8. ICF/MR (Non-Target Funds)	
9. Private Pay (Non-Target Funds)	
9a. Private Pay (OBHS Target Funds)	
9b. Private Pay (OBHS Non-Target Funds)	
10. Other Client Service Revenue (Target Funds)	
10a. Other Client Service Revenue (Non-Target Funds)	
11. Total Net Client Service Revenue	
<small>(Line 11 must agree with line 5)</small>	
12. OBHS Support	
13. Other/Public Support	
14. Other	
15. TOTAL REVENUE AND SUPPORT	
<small>(Total of line 11 through line 14)</small>	
EXPENSES	
16. Salaries	
17. Fringe Benefits	
18. Contractual Services	
19. Provider Tax	
19 A Bad Debts	
19 B Bad Debts (BHHF Target Funds)	
19 C Bad Debts (BHHF Non-Target Funds)	
20. Depreciation Expense	
21. Other Expenses	
22. TOTAL EXPENSES	
<small>(Total of line 16 through line 21)</small>	
23. NET INCOME (LOSS)	
<small>(Line 15 minus line 22)</small>	

PREPARED BY _____ DATE _____
Name of Provider _____