

Co-Pay and Deductibles - Self Pay Collections

Facility -

INPATIENT SERVICES

	Fiscal Year Ending 07	% of Self Pay	Fiscal Year Ending 08	% of Self Pay
Total Self Pay Charges ¹				
Total Client Payments POS & Collections ²		#DIV/0!		#DIV/0!
Balance Remaining	\$ -	#DIV/0!	\$ -	#DIV/0!

INTERMEDIATE SERVICES ³

Total Self Pay Charges				
Total Client Payments POS & Collections ²		#DIV/0!		#DIV/0!
Balance Remaining	\$ -	#DIV/0!	\$ -	#DIV/0!

OUTPATIENT CLINIC SERVICES ⁴

Total Self Pay Charges				
Total Client Payments POS & Collections ²		#DIV/0!		#DIV/0!
Balance Remaining	\$ -	#DIV/0!	\$ -	#DIV/0!

TOTAL ALL SERVICES

Total Self Pay Charges	\$ -		\$ -	
Total Client Payments POS & Collections ²	\$ -	#DIV/0!	\$ -	#DIV/0!
Balance Remaining	\$ -	#DIV/0!	\$ -	#DIV/0!

NOTES

1. **Self Pay Charges** - Include all co-pay and deductible charges for commercially insured patients. Exclude Medicare coinsurance amounts, and self pay amounts for clients without insurance.
2. **Client Payments**- Includes any co-pay or deductible payments made either at point of service or thru collections.
3. **Intermediate Services** - Includes PHP, IOP, EDT.
4. **Outpatient Clinic Services** - Include both either hospital outpatient clinic or freestanding clinics.

Indicates cells where data is entered