Sheet No. _____

Month of _____ 19____

INCOME JOURNAL – HOSPITAL

IN-PATIENT

Prescribed by State Board of Accounts

Form GH-1A (Rev. 1966)

	Date	Charge Slip or Acct. No.	✓	Accounts Receivable	Fees Payable Anesthesiologist 217.11	Fees Payable Radiologist 217.12	Fees Payable Pathologist 217.13	Fees Payable Cardiologist 217.14	REVENUE FROM DAILY PATIENT SERVICE								REVENUE FROM OTHER						
									Med. and Surgical 310	Pediatric 330	Intensive Care 340	Psychiatric 343	Obstetric 346	Newborn Nurseries 350			Total 310-359	Operating Rooms 360	Recovery Rooms 365	Delivery and Labor Rooms 370	Central Service & Supply 375	Intravenous Therapy 377	Emergency Service 378	
1																								1
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SAMPLE

INCOME JOURNAL – HOSPITAL

IN – PATIENT

Sheet No. _____

Month of _____ 19____

SAMPLE

	NURSING SERVICES				REVENUE FROM OTHER PROFESSIONAL SERVICES										OTHER REVENUES					
				Total 360-389	Laboratory 402	Blood Bank 410	Electro-Cardiology 412	Electro-encephalogr'y 414	Radiology Diagnostic 421	Radiology Therapeutic 422	Pharmacy 430	Anesthesiology 435	Inhalation Therapy 436	Physical Therapy 437	Total 402-499			Total 530-599	Other Misc. Acct. No.	Dr. or Cr.	Amount
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