

INCOME JOURNAL - HOSPITAL

OUT - PATIENT

Prescribed by State Board of Accounts

Form GA-18 (Rev. 1-66)

Date	Charge Slip or Acct No	✓	Accounts Receivable	Fees Payable Anesthetologist	Fees Payable Radiologist	Fees Payable Pathologist	Fees Payable Cardiologist	REVENUE FROM DAILY PATIENT SERVICE					REVENUE FROM OTHER NURSING SERVICES			
				217 11	217 12	217 13	217 14					Total	Operating Rooms	Recovery Rooms	Central Services & Supply	Intravenous Pharmacy
										310 359	360	385	375	377	378	
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SAMPLE

INCOME JOURNAL - HOSPITAL

Sheet No. _____

OUT - PATIENT

Month of _____ 19__

		REVENUE FROM OTHER PROFESSIONAL SERVICES																
		Total 360-989	Laboratory 402	Blood Bank 410	Electro- Cardiology 412	Electro- encephalography 414	Radiology Diagnostic 421	Radiology Therapeutic 422	Pharmacy 430	Anesthe- siology 435	Inhalation Therapy 436	Physical Therapy 437			Total 402-499	Other Misc Acct No	Dr- or Cr	Amount
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REVENUE FROM OTHER PROFESSIONAL SERVICES

SAMPLE