

SUMMARY OF DAILY CHARGES IN PATIENTS - OUT PATIENTS

Date _____

Sheet No _____

Prescribed by State Board of Accountants

Form GH-2A-2B (Rev. 1965)

	Acct. No.	TITLE OF ACCOUNT	NON-MEDICARE		MEDICARE		Acct No.	TITLE OF ACCOUNT	NON-MEDICARE		MEDICARE		
			In-Pat.	Out-Pat.	In-Pat.	Out-Pat.			In-Pat.	Out-Pat.	In-Pat.	Out-Pat.	
1		REVENUE FROM DAILY PATIENT SERVICE						REVENUE FROM OTHER PROFESSIONAL SERVICES					1
2	310	Medical and Surgical					402	Laboratory					2
3	330	Pediatric					410	Blood Bank					3
4	340	Intensive Care					412	Electrocardiology					4
5	343	Psychiatric					414	Electroencephography					5
6	346	Obstetric					421	Radiology-Diagnostic					6
7	350	Newborn Nurseries					422	Radiology-Therapeutic					7
8							430	Pharmacy					8
9							435	Anesthesiology					9
10							436	Inhalation Therapy					10
11		Total Revenue From					437	Physical Therapy					11
12		Daily Patient Service											12
13													13
14		REVENUE FROM OTHER NURSING SERVICES											14
15	360	Operating Rooms						Total Revenue From					15
16	365	Recovery Rooms						Other Professional Services					16
17	370	Delivery and Labor Rooms											17
18	375	Central Services and Supply						OTHER REVENUES					18
19	377	Intravenous Therapy					557	Television Rentals					19
20	378	Emergency Service					565	Telephone and Telegraph					20
21													21
22													22
23													23
24		Total Revenue From						Total Other Revenues					24
25		Other Nursing Services											25
26													26
27								TOTAL CHARGES POSTED					27
28								TO INCOME JOURNALS					28
29													29
30													30
31													31
32													32
33													33
34													34
35													35
36													36