

BALANCE SHEET			Provider Number				0
Name	0		Reporting Period			quarterly	
					From	01/00/00	
					To	01/00/00	
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	
ASSETS							
Current Assets							
	Cash						
	Cash Equivalents						
	Accounts Receivable:						
	Medicare						
	Medicaid						
	Private						
	Foundations						
	Other						
	Inventories						
	Investments						
	Prepaid Expenses & Deposits						
	Other Current Assets						
	Total Current Assets			0	0	0	0
Property Plant and Equipment							
	Net of Accumulated Depreciation						
Other Assets							
	Notes Receivable						
	Risk Reserve						
	Other Assets						
	TOTAL ASSETS			0	0	0	0
LIABILITIES							
Current Liabilities							
	Accounts Payable						
	Notes Payable						
	Accrued Payroll and Expenses						
	Prepaid Premiums to Provider						
	Deferred Revenue						
	Other Current Liabilities						
	Total Current Liabilities			0	0	0	0
Long Term Liabilities							
	Mortgage Payable						
	Notes Payable						
	Other						
	TOTAL LIABILITIES			0	0	0	0
Equity							
	Equity at Beginning of Period						
	Current Period Operating Profit						
	Equity at End of Period			0	0	0	0
	Total Equity			0	0	0	0
TOTAL LIABILITIES AND EQUITY			0	0	0	0	

BUDGET to ACTUAL REVENUE REPORT					Reporting Period		quarterly	
Name		0				From	01/00/00	
Provider #		0				To	01/00/00	
			Current Period:		Year-to-date from:		to:	
REVENUE			Budgeted	Actual	Variance	Budgeted	Actual	Variance
Service Revenue								
1	Medicare - FFS				0			0
2	Medicare - Capitation				0			0
3	Medicaid - FFS				0			0
4	Medicaid - Capitation				0			0
5	Private Pay				0			0
6	Insurance				0			0
7	Other (specify)				0			0
					0			0
8	Subtotal (lines 1-7)		0	0	0	0	0	0
Non - Service Revenue								
9	Foundations				0			0
10	Grants				0			0
11	Interest Income				0			0
12	Other (specify)				0			0
13	Other (specify)				0			0
14	Other (specify)				0			0
					0			0
15	TOTAL REVENUE (Sum lines 8-14)		0	0	0	0	0	0

BUDGET to ACTUAL EXPENSE REPORT							Reporting Period		quarterly			
Name	0						From	01/00/00				
Provider #	0						To	01/00/00				
							Current Period:		Year-to-date	from:	to:	
EXPENDITURES							Budgeted	Actual	Variance	Budgeted	Actual	Variance
DAY HEALTH CENTER (DHC) SERVICES												
16	Center Support Services								0			0
17	Trips to/from Center								0			0
18	Trips to/from Other								0			0
19	Escorted Trips								0			0
20	Meals in Center								0			0
21	Social Work Individual/Group								0			0
22	Nursing Routine/Episodic								0			0
23	Physical Therapy								0			0
24	Occupational Therapy								0			0
25	Speech Therapy								0			0
26	Recreational Therapy								0			0
27	Nutritional Counseling								0			0
28	Personal Care in DHC								0			0
29	Chore Service in DHC								0			0
30	DHC Subtotal						0	0	0	0	0	0
IN-HOME SERVICES												
31	Physician - in home								0			0
32	Nurse Practitioner								0			0
33	Nursing								0			0
34	Physical Therapy								0			0
35	Occupational Therapy								0			0
36	Social Work								0			0
37	Speech Therapy								0			0
38	Home Delivery/Portable Meal								0			0
39	Personal Care/Chores								0			0
40	Overnight Supv - Group								0			0
41	Overnight Supv - Other								0			0
42	In - Home Services Subtotal						0	0	0	0	0	0
PRIMARY & SPEC CARE												
43	Physician - DHC/Outpatient								0			0
44	Nurse Practitioner - DHC								0			0
45	Audiologist								0			0
46	Dentist								0			0
47	Optometrist								0			0
48	Podiatrist								0			0
49	Psychiatrist								0			0
50	Primary & Spec Care Subtotal						0	0	0	0	0	0
OUTPATIENT MEDICAL												
51	Medical Consultant								0			0
52	Prescriptions								0			0
53	Lab Tests								0			0
54	Radiology Service/Procedure								0			0
55	Durable Medical Equipment								0			0
56	Glasses								0			0
57	Hearing Aid								0			0
58	Dentures								0			0
59	Prosthesis								0			0
60	Medical Response								0			0
61	Treatment Room Episode								0			0
62	Outpatient Surgery								0			0
63	Outpatient Medical Subtotal						0	0	0	0	0	0

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BUDGET to ACTUAL SERVICES REPORT							Reporting Period		quarterly
Name	0						From	01/00/00	
Provider #	0						To	01/00/00	
SERVICES		Encounter Units	Number of Encounters			Number of Encounters			
			Current Period:			Year-to-date from:	to:		
			Budgeted	Actual	Variance	Budgeted	Actual	Variance	
DAY HEALTH CENTER (DHC) SERVICES									
116	Ctr Support (days of attend)	each day			0				0
117	Trips to/from Center	one-way trip			0				0
118	Trips to/from Other	one-way trip			0				0
119	Escorted Trips	one-way trip			0				0
120	Meals in Center	each meal			0				0
121	Social Work Individual/Group	service day unit			0				0
122	Nursing Routine/Episodic	service day unit			0				0
123	Physical Therapy	service day unit			0				0
124	Occupational Therapy	service day unit			0				0
125	Speech Therapy	service day unit			0				0
126	Recreational Therapy	service day unit			0				0
127	Nutritional Counseling	service day unit			0				0
128	Personal Care in DHC	service day unit			0				0
129	Chore Service in DHC	service day unit			0				0
130	DHC Subtotal		0	0	0	0	0	0	0
IN-HOME SERVICES									
131	Physician - in home	service day unit			0				0
132	Nurse Practitioner	service day unit			0				0
133	Nursing	service day unit			0				0
134	Physical Therapy	service day unit			0				0
135	Occupational Therapy	service day unit			0				0
136	Social Work	service day unit			0				0
137	Speech Therapy	service day unit			0				0
138	Home Delivery/Portable Meal	each meal			0				0
139	Personal Care/Chores	hours			0				0
140	Overnight Supv - Group	each day			0				0
141	Overnight Supv - Other	each day			0				0
142	In - Home Services Subtotal		0	0	0	0	0	0	0
PRIMARY & SPEC CARE									
143	Physician - DHC/Outpatient	service day unit			0				0
144	Nurse Practitioner - DHC	service day unit			0				0
145	Audiologist	service day unit			0				0
146	Dentist	service day unit			0				0
147	Optometrist	service day unit			0				0
148	Podiatrist	service day unit			0				0
149	Psychiatrist	service day unit			0				0
150	Primary & Spec Care Subtotal		0	0	0	0	0	0	0
OUTPATIENT MEDICAL									
151	Medical Consultant	each service			0				0
152	Prescriptions	each Rx			0				0
153	Lab Tests	each test			0				0
154	Radiology Service/Procedure	each service			0				0
155	Durable Medical Equipment	each piece			0				0
156	Glasses	each pair			0				0
157	Hearing Aid	each hearing aid			0				0
158	Dentures	each denture			0				0
159	Prosthesis	each prosthesis			0				0
160	Medical Response	once at start			0				0
161	Treatment Room Episode	each episode			0				0
162	Outpatient Surgery	each surgery			0				0
163	Outpatient Medical Subtotal		0	0	0	0	0	0	0

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BUDGET to ACTUAL SERVICES REPORT										
								Reporting Period		quarterly
Name	0							From	01/01/98	
Provider #	0							To	03/31/98	
			Encounter	Number of Encounters			Number of Encounters			
			Units	Current Period:			Year-to-date	from:	to:	
SERVICES (con't)				Budgeted	Actual	Variance	Budgeted	Actual	Variance	
INPATIENT RELATED										
164	Hospital Medical/Surgical	each day				0			0	
165	Hospital Intensive Care	each day				0			0	
166	Hospital Cardiac Care	each day				0			0	
167	Hospital Burn Unit	each day				0			0	
168	Dialysis	each day				0			0	
169	Nursing Home Care	each day				0			0	
170	Medical Consultant	each service				0			0	
171	Emergency Room	each episode				0			0	
172	Ambulance Services	one-way trip				0			0	
173	Other	specify				0			0	
174	Inpatient Related Subtotal			0	0	0	0	0	0	
PROGRAM RELATED HOUSING										
175	Housing	each day				0			0	
176	Housing Subtotal			0	0	0	0	0	0	
STAFF INPATIENT VISITS										
177	Physician Visit - Hospital	service day unit				0			0	
178	Physician Visit - NF, Rehab,					0			0	
	Psychiatric	service day unit				0			0	
179	Nurse Practitioner	service day unit				0			0	
180	Nurse	service day unit				0			0	
181	Social Worker	service day unit				0			0	
182	Physical Therapist	service day unit				0			0	
183	Occupational Therapist	service day unit				0			0	
184	Speech Therapist	service day unit				0			0	
185	Other (specify)					0			0	
186	Other (specify)					0			0	
187	ESRD Costs	service day unit				0			0	
188	Non reimbursable Expenses					0			0	
189	Administrative and General Expe					0			0	
190	Operation of Plant					0			0	
191	Depreciation					0			0	
192	Other (Specify)	specify				0			0	
193	Other (Specify)	specify				0			0	
194	Other (Specify)	specify				0			0	
195	Other (Specify)	specify				0			0	
196	Staff Inpatient Visits Subtotal			0	0	0	0	0	0	
197										
198	TOTAL ENCOUNTERS (sum of lines 130, 142, 150, 163, 174, 176,			0	0	0	0	0	0	
199										
200	Number of Member Months					0.00			0.00	
201	DHC Services/Member Month					#DIV/0!			#DIV/0!	
201	In-home Services/Member Month					#DIV/0!			#DIV/0!	
202	Primary & Spec Care/Member					#DIV/0!			#DIV/0!	
203	Outpatient Medical/Member					#DIV/0!			#DIV/0!	
204	In-patient Related/Member					#DIV/0!			#DIV/0!	
205	Program Related Housing/Member					#DIV/0!			#DIV/0!	
206	Staff In-patient Visits/Member					#DIV/0!			#DIV/0!	
207	Total Encounters/Member Month					#DIV/0!			#DIV/0!	