

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 3 - INCOME ANALYSIS FORM YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/>	FOR HRSA USE ONLY		
	Applicant Name		
	Grant Number	Application Tracking Number	

PART 1: NON FEDERAL SHARE, PROGRAM INCOME

Payor Category	Number Of Visits	Average Charge Per Visit	Gross Charges (a * b)=(c)	Average Adjustment Per Visit	Net Charges (Amount Billed) [c-(a*d)]	Collection Rate (%)	Projected Income (e * f)	Actual Accrued Income Past 12 Months
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)

PROJECTED FEE FOR SERVICE INCOME

1a. Medicaid: Medical								
1b. Medicaid: EPSDT (if different from medical rate)								
1c. Medicaid: Dental								
1d. Medicaid: BH/SA								
1e. Medicaid: other fee for Service								
1. Subtotal: Medicaid								
2a. Medicare: all inclusive FQHC rate								
2b. Medicare: other Fee for Service								
2. Subtotal: Medicare								
3a. Private Insurance (Medical)								
3b. Private Insurance (Dental)								
3c. Private Insurance (BH/SA)								
3. Subtotal: Private								
4a. Self-Pay: 100% charge, no discount (Medical)								
4b. Self-Pay: 0% - 99% of charge, Sliding discounts including full discount (Medical)								
4c. Self-Pay: 100% charge, no discount (Dental)								
4d. Self-Pay: 0% - 99% of charge, Sliding discounts including full discount (Dental)								
4e. Self-Pay: 100% charge, no discount (BH/SA)								
4f. Self-Pay: 0% - 99% of charge, sliding discount including full discount, (BH/SA)								
4. Subtotal: Self Pay								
5. Subtotal: Other Public								
6. TOTAL FEE FOR SERVICE								

PROJECTED CAPITATED MANAGED CARE INCOME

TYPE OF PAYOR	Number of	Rate Per	Risk Pool	FQHC and	Projected Gross
---------------	-----------	----------	-----------	----------	-----------------

	Member Months (a)	Member Month (b)	Adjustment (c)	Other Adjustments (d)	Income (e)
7a. Medicaid:					
7b. Medicare					
7c. Commercial					
7d. Other Public					
7. TOTAL CAPITATED MANAGED CARE					
8. Managed Care Charges	(a) Visits		(b) Average Charge Per Visit		(c) Total Charges
TOTAL PROGRAM INCOME [line 6, column g + line 7, column e]					
Matches line 7 "Program Income" of SF 424A					

PART 2: NON-FEDERAL SHARE, OTHER INCOME

		Total Other Income by Source
9. Applicant		
10. State Funds		
11. Local Funds		
Other Support		
12a. Other Federal Grants		
12b. Contributions and Fundraising		
12c. Foundation Grants		
12d. Other _____ (please list)		
12. Subtotal Other Support		
13. TOTAL OTHER INCOME		
TOTAL NON-FEDERAL SHARE		
[line 6, row (g) + line 7, row (e) + line 13] Matches line 5, column f, "Non Federal" Totals of SF 424A		

Comments/Explanatory Notes for Income Analysis Form (if applicable):

