FISCAL SUMMARY WORKSHEET
CONTRACT AND REVENUE DETAIL

PROVIDER NAME: _____

PROVIDER NO. : _____

Control Center No. _____

CONTRACT NO. _____

	MODE OF SERVICE	00	00	00	00	00	00	00	TOTAL	
	COST CENTER	00	00	00	00	00	00	00		
28	NEG./FEE FOR SERV. CONTRACTS	0	0	0	0	0	0	0	0	28
40	CONTRACTS	0	0	0	0	0	0	0	0	40
45	GROSS COST	0	0	0	0	0	0	0	0	45
68	REVENUES									68
69	a. GRANTS	0	0	0	0	0	0	0	0	69
70	b. PATIENT FEES	0	0	0	0	0	0	0	0	70
71	c. PATIENT INSURANCE	0	0	0	0	0	0	0	0	71
72	d. MEDI-CAL/FEDERAL	0	0	0	0	0	0	0	0	72
73	e. MEDI-CAL/NON-FEDERAL	0	0	0	0	0	0	0	0	73
74	f. MEDICARE	0	0	0	0	0	0	0	0	74
75	g. OTHER	0	0	0	0	0	0	0	0	75
76	h. SUPPL. RATES/SED	0	0	0	0	0	0	0	0	76
78	TOTAL REVENUES (Lines 69 thru 76)	0	0	0	0	0	0	0	0	78
80	NET COST (Line 45 minus 78)	0	0	0	0	0	0	0	0	80
82	PATIENT DAYS OR VISITS	0	0	0	0	0	0	0	0	82
85	COST PER UNIT OF SERVICE	0.00	0.00	0.00	0.00	0.00	0.00	0.00		85
86	UNITS OF TIME (1/4 HOUR)	0	0	0	0	0	0	0	0	86

Attachment to DMH Policy #400.2