

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-XXXX

20XX

Department of the Treasury
Internal Revenue Service

► To be completed by organizations that answer "yes" to Form 990, Part VII, Line 9.

**Open to Public
Inspection**

Name of filing organization

Employer identification number

Part I Community Benefit Report

	(a) Number of activities or programs	(b) Persons served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care						
1 Charity care at cost (from worksheets 1 and 2)						
2 Unreimbursed Medicaid (from worksheet 3, column a)						
3 Unreimbursed costs – other government programs (from worksheet 3, column b)						
4 Total Charity Care						
Other Benefits						
5 Community health improvement services and community benefit operations (from worksheet 4)						
6 Health professions education (from worksheet 5)						
7 Subsidized health services (from worksheet 6)						
8 Research (from worksheet 7)						
9 Cash and in-kind contributions to community groups (from worksheet 8)						
10 Total Other Benefits						
11 Total Community Benefits						

12a Does the organization prepare an annual community benefit report? Yes No

b If yes, does the organization make it available to the public? Yes No

13a Does the organization have a charity care policy? Yes No

b If yes, describe. Include in the description whether the organization (a) bases eligibility for free or discounted care on federal poverty guidelines, income or asset levels, (b) applies such policy uniformly to all of its facilities or differently based on socio-economic factors, local law, and other community factors, and (c) imposes aggregate budget caps or other limitations that may result in persons otherwise eligible under the policy to not receive free or discounted care.

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Part II Billing and Collections

Section A—Billing Information

	(a) Description	(b) Medicare	(c) Medicaid	(d) Other Government Programs	(e) Insured	(f) Uninsured	(g) Total
1	Gross charges						
2	Discounts						
3	Net expected						
4	Fees collected						

5 Explain how the organization calculates bad debt expense.

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Section B—Collection Practices

6a Does the organization have a written debt collection policy? Yes No

b If yes, describe.

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Part III Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employee's profit % or stock ownership %	(e) Physician's profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Part IV General Information

1 Describe how the organization assesses the health care needs of the communities it serves.

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2 Describe how the organization's patient intake process informs and educates patients about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy, if applicable.

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Part IV General Information *(continued)*

3 Describe the organization's emergency room policies and procedures, including hours of operation, if applicable.

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4 Provide any other information important to describing how the organization's hospital facilities further its exempt purpose.

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Part V Facility Information

(A) Provide the name and address of each of the organization's facilities, and type of service provided at each.	(B) Describe the activities and programs conducted at each facility
Name _____ Address _____ City & State _____ Type _____	
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