

# Oregon DATABANK Input Form

**Hospital Name:** \_\_\_\_\_

**Hospital ID:** \_\_\_\_\_

**Beds Avail:** \_\_\_\_\_

**Month:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Beds Lic:** \_\_\_\_\_

Column Letters	A	B	C	D	E	F	G	H
<b>Utilization</b>				<b>Optional Payor Categories</b>				
<b>1 Discharges</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Self Pay</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>Others</b>	<b>Total</b>
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
<b>e Total</b>								

Column Letters	A	B	C	D	E	F	G	H
<b>2 Patient Days</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Self Pay</b>	<b>Optional Payor Categories</b>			<b>Others</b>	<b>Total</b>
a Acute Care								
b Swing Bed								
c Subacute/LTC								
d DPU								
<b>e Total</b>								

<b>3</b>	<b>Number of Inpatient Surgeries</b>		<b>3</b>
<b>4</b>	<b>Number of Births</b>		<b>4</b>
<b>5</b>	<b>Number of Newborn Patient Days</b>		<b>5</b>
<b>6</b>	<b>Number of Admissions from Emergency Department</b>		<b>6</b>

<b>7</b>	<b>Emergency Department Visits</b>		<b>7</b>
<b>8</b>	<b>Ambulatory Surgery Visits</b>		<b>8</b>
<b>9</b>	<b>Observation Visits</b>		<b>9</b>
<b>10</b>	<b>Home Health Visits</b>		<b>10</b>
<b>11</b>	<b>All Other Visits</b>		<b>11</b>
<b>12</b>	<b>Total Outpatient Visits</b>		<b>12</b>

Column Letters	A	B	C	D	E	F	G	H
<b>Charges</b>	<b>Medicare</b>	<b>Medicaid</b>	<b>Self Pay</b>	<b>Optional Payor Categories</b>			<b>Others</b>	<b>Total</b>
<b>13</b>	Inpatient - Acute							<b>13</b>
<b>14</b>	Outpatient - Acute							<b>14</b>
<b>15</b>	Swing Bed							<b>15</b>
<b>16</b>	Subacute/LTC							<b>16</b>
<b>17</b>	DPU							<b>17</b>
<b>18</b>	Home Health							<b>18</b>
<b>19</b>	<b>Total Charges</b>							<b>19</b>

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Column Letters	A	B	C	D	E	F	G	H
				Optional Payor Categories				
				One	Two	Three		
20	Contractuals-Allowances							
21	Contractuals-Acute							20
21	Contractuals-Other							21
22	<b>Total Contractuals</b>							22

23 **Charity Care**   23

**Operating Expenses**

24	Payroll Expense	Amount	Hours
a	Facility Payroll	A	D
b	Physician Payroll	B	E
c	<b>Total Payroll, Total Hours</b>	C	F

25	Benefit Expense		25
26	Supply Expense		26
27	Depreciation Expense		27
28	Interest Expense		28
29	Bad Debt Expense		29
30	All Other Expense		30
31	<b>Total Operating Expense</b>		31

**Other Financial Data**

32	Other Operating Revenue		32
33	<b>Operating Margin</b>		33
<b>Calculation:</b> 19H - 22H - 23 - 31 + 32 = 33			
34	Net Nonoperating Gains		34
35	Tax Subsidies		35
36	<b>Total Margin</b>		36
<b>Calculation:</b> 33 + 34 + 35			

	A	B	C	D	E	F	G	H
				Optional Payor Categories				
				One	Two	Three	Others	Total
37	Gross Patient Accounts Receivable	Medicare	Medicaid	Self Pay				

**Comments:**
