

Date Submitted:

Reporting Period: January 1, 200\_\_\_\_\_ through December 31, 200\_\_\_\_\_

\_\_\_\_\_ through \_\_\_\_\_ (Month/day/year) (Month/day/year)

Check One:  Initial Submission  Revision  See Notes

**TABLE 14 REVENUE REPORT**

FEDERAL GRANTS		AMOUNT
1	Title X (family planning services)	\$
2	Bureau of Primary Health Care (BPHC)	\$
3	Other federal grant (Specify: _____)	\$

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4	Other federal grant (Specify: _____)	\$	
5	<b>TOTAL – FEDERAL GRANTS (SUM ROWS 1 TO 4)</b>	\$	
PAYMENT FOR SERVICES			
6	<b>Total client collections/self-pay</b>	\$	
7	<b>Third-party payers</b>	PREPAID (A)	NOT PRE-PAID (B)
7a	Medicaid (Title XIX)	\$	\$
7b	Medicare (Title XVIII)	\$	\$
7c	State Children’s Health Insurance Program (state CHIP)	\$	\$
7d	Other public health insurance	\$	\$
7e	Private health insurance	\$	\$
8	<b>TOTAL – THIRD-PARTY PAYERS (SUM ROWS 7a TO 7e)</b>	\$	\$
9	<b>TOTAL – PAYMENT FOR SERVICES (SUM ROW 6 + CELL 8A + CELL 8B)</b>	\$	
OTHER REVENUE			
10	Title V (MCH Block Grant)	\$	
11	Title XX (Social Services Block Grant)	\$	
12	Temporary Assistance for Needy Families (TANF)	\$	
13	Local government grants and contracts	\$	
14	Other (Specify: _____)	\$	
15	Other (Specify: _____)	\$	
16	Other (Specify: _____)	\$	
17	Other (Specify: _____)	\$	
18	<b>TOTAL – OTHER REVENUE (SUM ROWS 10 TO 17)</b>	\$	
19	<b>TOTAL REVENUE (SUM ROWS 5 + 9 + 18)</b>	\$	