

2024 HEALTHCARE SYSTEM FINANCIAL SURVEY

I. HEALTHCARE SYSTEM FINANCIAL SURVEY

System Financial Information

1. System Name

SYSTNAME

2. Net Patient Revenue

\$ SYSTNPR

3. Other Operating Revenue

\$ SYSTOOR

4. Operating Expenses

\$ SYSTOPEX

5. Operating Margin

\$ SYSTOPMAR

6. Nonoperating Income & Investments

\$ SYSTNONOPINC

7. Nonoperating Expenses

\$ SYSTNONOPEXP

8. Total Revenue

\$ SYSTTOTREV

9. Total Expenses

\$ SYSTTOTEXP

10. Total Margin

\$

SYSTTOTMAR

Services/Programs Other than Hospital

11. System Health Care Services/Programs Other than Hospital: (specify number, zero or blank if not applicable)

Physician Clinics

SYSTCLI

Lab

SYSTLAE

Home Health

SYSTHH

Pharmacy

SYSTPH

Assisted Living

SYSTAL

Dialysis

SYSTDIA

Nursing Home

SYSTNH

Hospice

SYSTHO

Other

☐ SYSTOTH9 -- Y

If "Other", describe

SYSTOTHTEXT

Additional Comments

12. Please enter "no comments" if you have no additional survey comments.

SYSTCOMMENT