

# Billing and Revenue

This is the only page to be completed with **previous** service year information (e.g., 07/06-06/07).

System Name:

Center Name:

Please also send (in any format possible) a copy of your 2006-2007 line-item expenditure breakdown.

Did you bill for services during the last service year?

- A. Medicaid
  - FFS
  - Managed Care
- B. Non-OHP (Medicare, SCHIP, FHIAP)
- C. FPEP
- D. Private insurance
  - FFS
  - Managed care
- E. Do you collect client fees at the time of the visit?
- F. Do you collect registration fees for use of the SBHC?

Estimated annual revenue from billing:

- A. Medicaid
  - FFS \_\_\_\_\_
  - Managed Care \_\_\_\_\_
- B. Non-OHP (Medicare, SCHIP, FHIAP) \_\_\_\_\_
- C. FPEP \_\_\_\_\_
- D. Private insurance \_\_\_\_\_
- E. Client fees \_\_\_\_\_
- F. Client registration fees \_\_\_\_\_
- TOTAL** \_\_\_\_\_

## Total Operational \$\$ by Funding Sources for Previous Service Year

Date Range 07/06-06/07

State funding	
Federal funding	
County/city government	
Grants (all sources)	
In-kind donations	
Billing & fee revenue	
Fundraising	
Other	
<b>TOTAL \$\$</b>	

The TOTAL to the left should equal Billing & Fee Revenue above.

Who does the actual billing and revenue collection (primary responsibility)?

- Medical sponsor
- SBHC center staff
- Contracted services

Your SBHC Medical Director:

Is employed by your Medical Sponsor.

**OR**

Their services are contracted.