	<b>New Hampshire</b> Department of Revenue Administration	DP-153-SCH	
	NET EXCLU	DED CHARGES CALCU	LATION SCHEDULE
	MMDDYYYY Tax Period Begin Date	Tax Period End Da	te MMDDYYYY
Hospital Name			Taxpayer Identification Number
Name of Person Co	ompleting this Form		Hospital Fiscal Year End Date

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## Step 1: Calculate Gross Excluded Charges For Outpatient Hospital Services

**DO NOT STAPLE** 

## Source: Form CMS-2552-10 (if applicable)

	AMOUNT	WORKSHEET	COLUMN	ROW
1. Adult Day Care				
2. Ambulance Services				
3. Ambulatory Surgical Center				
4. Dental Service				
5. Diabetes Education				
6. Durable Medical Equipment				
7. Emergency ALS Training Program				
8. Nursing Facility taxable under RSA 84:C				
9. Nutritional Consultation				
10. Physician Service				
11. Podiatry Service				
12. Retail Pharmacy				
13. Rural Health Clinic				
14. Senior Center Clinic				
15. Swing Bed taxable under RSA 84-C				
16. Wound Care Clinic				
17. Other (itemize):				
18. Total (Sum of Lines 1 through 17)				

## Step 2: Calculate Net Excluded Charges - Outpatient Hospital Services

	AMOUNT	WORKSHEET	COLUMN	ROW
19. Gross Excluded Revenue (From Line 18)				
20. Net Revenue Percent (From Line 26)				
21. Net Excluded Charges-Outpatient Hospital Services (Line 19 Multiplied by Line 20) Report on DP-153, Line 2				

## Step 3: Calculate Net Revenue Percent

		AMOUNT	WORKSHEET	COLUMN	ROW
22.	Net Patient Revenues (CMS-2552-10, Wkst G-3, Line 3)				
23.	Bad Debts				
24.	Net Patient Revenues Less Bad Debts (Line 22 minus Line 23)				
25.	Total Patient Revenues (CMS-2552-10, Wkst G-3, Line 1)				
26.	Net Revenue Percent (Line 24 divided by Line 25)				

