

# Annual Return

Bed Days and Calculation of Net Fee Income for Year Ended 30 June 2003  
2002–2003

Form 4A



**Agency:**

Acute Inpatients (including Sub Acute Program)	Bed Days	(i) Fees Raised YTD including adjustments \$'000s	(ii) Less Prov. Bad Debts Expense \$'000s	(iii) Net Fee Income (i-ii) \$'000s
1 Shared—Acute				
2 Shared—Sub Acute				
3 Single—Acute				
4 Single— Sub Acute				
5 Same Day—Acute				
6 Same Day— Sub Acute				
7 Work Cover Authority—Acute				
8 Work Cover Authority—Sub Acute				
9 TAC and other compensables—Acute				
10 TAC and other compensables—Sub Acute				
11 Nursing Home Type				
12 Other (includes ineligible & prosthesis)				
13 Palliative Care				
14 Mental Health				
15 Other				
16 <b>Sub Total Acute/Sub Acute (=1+...+12)</b>				
17 <b>Total Hospital (=13+14+15+16)</b>				