

Annual Return

Revenue Statement for Year Ended 30 June 2006

Form 1A

2005-2006

Agency:

	a	b	c	d	e	f	g	h	i	j	k
Revenue	Admitted Patient Services	Outpatient Services	Emergency Department Services	Off Campus, Ambulatory Services	Mental Health	Residential Aged Care	Residential Aged Persons Mental Health	Aged Care	Other Services	Hospital and Community Initiatives	CONSOLIDATED
	\$'000s	\$'000	\$'000	\$'000	\$'000s	\$'000s	\$'000s	\$'000	\$'000s	\$'000s	\$'000s
	A0000 A3000 A4000 A8000 A8500 M2002- M2100	C0000 M2102- M2200	B0000	F0000 D0000	H0000	J0000 J2000	H8700	J5000 J7000	L0000 M0000 M1000 M1500 M2202- M2400 M4000 M5000 M8500 N0000 N2000 N8500 P0000 R0000 R1000 Y0000 Y1000	X0000 Y2000 Z0000	
Services Supported by Health Service Agreement											
1	Victorian Government Grants – Note 1										
2	Commonwealth Grants—Recurrent										
3	Commonwealth Grants— Residential Aged Care – High Care (Nursing Home) and Low Care (Hostel) Services - Note 2										
4	Resident Fees Raised– High Care (Nursing Home) and Low Care (Hostel) Services (excl accommodation payments) – Note 3										
5	Residential Accommodation Payments – Note 4										
6	Fees Raised—Admitted Patients										
7	Fees Raised—Non-Admitted Patients										

8	Fees Raised—Other Clients											
9	Specific Revenues											
10	Others											
11	Transfer Pricing Accounts – Revenue (Note 5)											
12	TOTAL HEALTH SERVICE AGREEMENT REVENUE (=1 to 11) – excluding Capital Purpose Income & Other Activities											

Note 1: Includes State, DHS, Dental Health Services Victoria and indirect contributions (insurance and LSL)

Note 2: The revenue reported here must respectively agree with 'Total Commonwealth Revenue' reported under 'Net Revenue Raised' columns in Form 4B 1avi

Note 3: The revenue reported here must respectively agree with 'Total Resident Fees Revenue' reported under 'Net Revenue Raised' columns in Form 4B 2aii

Note 4: The revenue reported here (together with line 23) must respectively agree with the sum of 'Total Accommodation Payments' reported under 'Net Revenue Raised' in Form 4B 2bvi

Revenue statement for year ended 30 June 2006 (cont..)

	a	b	c	d	e	f	g	h	i	j	k
Revenue	Admitted Patient Services	Outpatient Services	Emergency Department Services	Off Campus, Ambulatory Services	Mental Health	Residential Aged Care	Residential Aged Persons Mental Health	Aged Care	Other Services	Hospital and Community Initiatives	CONSOLIDATED
	\$'000s	\$'000	\$'000	\$'000	\$'000s	\$'000s	\$'000s	\$'000	\$'000s	\$'000s	\$'000s
Services Supported by Hospital and Community Initiatives (H&CI)											
13 Commonwealth Revenue – Community Aged Care and Extended Aged Care at Home package recipients											
14 Fees Raised from Community Aged Care and Extended Aged Care at Home package recipients											
15 Other Income from Services Supported by Hospital and Community Initiatives											
16 Restricted Specific Purpose Revenues											
17 Specific Revenues											
18 Other											
19 Transfer Pricing Accounts – Revenue (Note 5)											
20 TOTAL H&CI REVENUE excluding Capital Purpose Income & Other Activities (=13 to 19)											
Capital Purpose Income And Other Activities										Capital Purpose Income & Other Activities	
21 State Government Capital Grants											
22 Commonwealth Government Capital Grants											
23 Residential accommodation payments – Note 4											
24 Net Gain/(Loss) from Sale of Non Currents Assets											

	a	b	c	d	e	f	g	h	i	j	k
Revenue	Admitted Patient Services \$'000s	Outpatient Services \$'000	Emergency Department Services \$'000	Off Campus, Ambulatory Services \$'000	Mental Health \$'000s	Residential Aged Care \$'000s	Residential Aged Persons Mental Health \$'000s	Aged Care \$'000	Other Services \$'000s	Hospital and Community Initiatives \$'000s	CONSOLIDATED \$'000s
25	Assets Received Free of Charge										
26	Donations and Bequests - Capital										
27	Specific Revenues										
28	Other										
29	Transfer Pricing Accounts – Revenue (Note 5)										
30	TOTAL CAPITAL PURPOSE INCOME AND OTHER ACTIVITIES (=21to 29)										
31	TOTAL REVENUE FROM OPERATIONS (=12+20+30) – Note 6										

Note 5: Transfer Pricing Accounts are for N0000, N2000, N8500, P0000, R0000, R1000, Y0000, and Y1000 & X0000

Note 6: This total must agree with the consolidated total of “Total Revenue from Operations” as reported under “Note 3a – Analysis of Revenue by Source” in the 2005-2006 Annual Financial Statement.