

# Annual Return

Health Service Agreement (Operating Fund) Expenditure

—Details by Service Type for Year Ended 30 June 2006

Form 2

2005–2006

## Agency:

| Service Type  | Acute Health<br>\$'000s | Mental Health<br>\$'000s | Residential Aged<br>Care<br>\$'000s | Residential<br>Aged Care<br>Mental Health<br>\$'000s | Aged Care<br>\$'000 | Other Services<br>\$'000s | CONSOLIDATE<br>D<br>\$'000s |
|---|-------------------------|--------------------------|-------------------------------------|--|---------------------|---------------------------|-----------------------------|
| <b>1 Admitted Services</b>  |                         |                          |                                     |  |                     |                           |                             |
| i Acute   |                         |                          |                                     |  |                     |                           |                             |
| ii Sub-acute  |                         |                          |                                     |  |                     |                           |                             |
| iii Other   |                         |                          |                                     |  |                     |                           |                             |
| <b>2 Aged and Aged Persons Mental Health Residential (Psychogeriatric) Services</b>           |                         |                          |                                     |  |                     |                           |                             |
| i Generic and Aged Persons Mental Health (Psychogeriatric) services- High Care (Nursing Home) |                         |                          |                                     |  |                     |                           |                             |
| ii Generic and Aged Persons Mental Health (Psychogeriatric) services- Low Care (Hostel)       |                         |                          |                                     |  |                     |                           |                             |
| <b>3 Non-Admitted Services</b>  |                         |                          |                                     |  |                     |                           |                             |
| i Emergency services  |                         |                          |                                     |  |                     |                           |                             |
| ii Outpatient services  |                         |                          |                                     |  |                     |                           |                             |
| iii Community Care Units  |                         |                          |                                     |  |                     |                           |                             |
| iv Other services   |                         |                          |                                     |  |                     |                           |                             |
| <b>4 Total (=1+2+3)</b>   |                         |                          |                                     |  |                     |                           |                             |

Note: The total of Form 2 must equal Form 1B – Row 19 “Total Expenses from Services Supported by Health Services Agreement” for each column except for Acute Health which maps to Admitted Patient Services, Outpatient Services, Emergency Department Services and Off Campus, Ambulatory Services. In particular, please note the mapping of Dental Health – Inpatients (M2002-2100) to Admitted Patient Services; Dental Health – Non-admitted Patients (M2102-2200) to Outpatient Services; and Dental Health – Community/Other (M2202-2400) to Off Campus, Ambulatory Services.