	REPORT C4: MHO Contractor's Quarterly Statement of Revenue and Expenses	
Mental Health Organization:		
Subcontractor:		
Report Period: $\Box \underline{4^{\text{th}} \text{ Quarter (Oct-Dec)}}$	$\Box \underline{1^{st} \text{ Quarter }}(\text{Jan-Mar})$	
$\Box \underline{2^{nd} \text{ Quarter }}(\text{Apr-Jun})$	$\Box \ \underline{3^{rd} \ Quarter \ (Jul-Sep)}$	
□ <u>Annual Fiscal Year</u>		
Report due within 60 calendar days	s after the end of each calendar quarter.	

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□ Full Accrual □ Modified Accrual □ Cash (Please Specify)

	Category	OHP Activity under this Agreement
REVENUES		
1.	Capitation	
2.	ITS Pilot Payments (if applicable)	
3.	Other Health Care Revenues (please specify)	
	a.	
	b.	
	c.	
4.	Total Revenues	

HEALTH CARE EXPENSES		
5. Health Care Expenses		
a. Staff Model		
b. Fee-for-Service		
c. Risk Models		
d. Other payment arrangements		
6. Incentive Pool and Withhold Adjustments		
7. Subcapitation Payments		
8. Other health care expenses not included above. (please specify)		
9. DEDUCTIONS		
a. Coordination of Benefits		
b. Reinsurance Recoveries Incurred		
c. Subrogation		
10. TOTAL HEALTH CARE EXPENSES		
ADMINISTRATIVE EXPENSES		
11.Contractor		
12.Subcontractor		
13.Total Adminstrative Expenses		
14 TOTAL EXPENSES		
15. NET INCOME (LOSS) ⁱ		
16. Beginning Balance		
17. Increase (Decrease) in Retained Earnings/Fund Balance		
18. Other Changes		
19 Balance at End of Period		

Accounting of Net Income (Loss) Recorded on Line 15 Contractor shall submit an additional Report C4 based on a fiscal year which includes a detailed description of how a net loss was covered or how a net income will be used during the next fiscal year

Line 15 Amount

\$

Preparer's signature and phone number

ⁱ Contractor shall account for the amount of this line by providing an additional fiscal year C4. If the figure reflects a net loss, Contractor shall describe how the net loss was covered. If the figure reflects a net income, Contractor shall describe how such net income will be used during the next fiscal year.