

**REPORT C4:
MHO CONTRACTOR'S QUARTERLY STATEMENT
OF REVENUE AND EXPENSES**

Mental Health Organization: _____

Subcontractor: _____

Report Period: 1st Quarter (Jan-Mar) 2nd Quarter (Apr-Jun)
 3rd Quarter (Jul-Sep) 4th Quarter (Oct-Dec)
 Annual Fiscal Year

Report due within 60 calendar days after the end of each calendar quarter.

Full Accrual Modified Accrual Cash (Please Specify)

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

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

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.