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| Virginia Department of Health |
| **Division of Certificate of Public Need** |
|  |  |  |
| **Report of Compliance** **Certificate of Public Need Indigent Care and Primary Care Conditions** |
|  |  |  |
| Reporting period: |  | - |
|  | Calendar Year | Fiscal Year |
|  |  |  |  |  |
| Name of conditioned facility: |  |
|  |  |  |  |  |
| Conditioned facility address: |  |
|  |  |  |  |  |
| Conditioned service: |  |
|  | **Report only ONE service per form**, e.g. CT, MRI, cardiac catheterization, surgery, etc… |
|  |  |  |  |  |
| COPN number(s): |  |  |  |  |
|  |  |  |  |  |
| Gross patient revenue from the conditioned service: | A | $ |  |
|  |  |  |  |  |  |
| Total dollar value required by the condition: | B | $ |   |
| (total conditioned service gross patient revenue x conditioned percent) |  |  |  |
|  |  |  |  |  |
| Total dollar value of charity care provided this period: | C | $ |   |
|  |  |  |  |  |  |
| Total number of patients served by conditioned service: |  |  |  |
|  |  |  |  |  |  |
| Total number of patients who received charity care: |  |  |  |
|  |  |  |  |  |  |
| Conditioned *service* shortfall or (excess): | B-C | $ |   |
|  |  |  |  |  |
| Contributions and/or expenditures made to facilitate the development and operation of primary care: | D | $ |  |
|   |
| Per paragraph I.B.1.b. or paragraph I.B.1.c.of the Compliance with Conditions on Certificates of Public Need Guidance Document |  |  |  |
|  |  |  |  |  |
| ***Provide, on a separate sheet, a detailed explanation of qualifying contributions and/or expenditures including the dollar value of each, the date each was made, and to what facility or organization it was made.*** |
|  |  |  |  |  |
| Total value of indigent and primary care contribution: | C+D | $ |   |
|  |  |  |
| Total shortfall or (excess) conditioned contribution: | B-(C+D) | $ |   |
|  |  |  |  |  |
| Organization/facility to which contributions and/or expenditures were made: |  |
|  |
|  |  |  |  |  |
| Have the terms of the condition been met? | 🞐 | YES | 🞐 | NO |
|  |  |
|  |
| Signature: |  |  |  |
|  | Company Officer, Managing Partner or Manager, Auditor or Owner |  Date |
|  |  |  |  |  |
| Report of Compliance |  |  |  | Revised 2/2/04 |