

File Name: X2022010

SCHEDULE NAME: STATEMENT OF REVENUE AND EXPENSES - WRITE INS

PAGE NUMBER: 004

COLUMN NUMBER	COLUMN NAME	FORMAT	LENGTH
1	COCODE	NUMERIC	5
2	LINE_NO	ALPHA	10
3	WRITEIN_DESC	ALPHA	300
4	UNCOVERED_CURR_YR	NUMERIC	14
5	TOT_CURR_YR	NUMERIC	14
6	TOT_PR_YR	NUMERIC	14

The following column/row intersections either do not exist or do not have values on the Annual Statement.

COLUMN	LINE NUMBER
WRITEIN_DESC	0699 0799 1499 2999
UNCOVERED_CURR_YR	0601 0699 0701 0799

VALID LINE NUMBERS

LINE NUMBER	LINE DESCRIPTION
0601	0601-0696 as needed
0699	Write-in total for other health care related revenues
0701	0701-0796 as needed
0799	Write-in total for other non-health revenues
1401	1401-1496 as needed
1499	Write-in total for other medical and hospital
2901	2901-2996 as needed
2999	Write-in total for other income or expenses