

**PROVIDER-RELATED DONATIONS AND
HEALTH CARE RELATED TAXES, FEES AND ASSESSMENTS RECEIVED UNDER PUBLIC HEALTH LAW 102-334 BY**

New York State Department of Health

(Print or type name of agency)

FOR THE QUARTER ENDED

DECEMBER 31, 2024

CODE	NAME OF TAX/ASSESSMENT PROGRAM	ST. CITE	PROVIDER/SERVICE CLASS (42 CFR)	AMOUNT
1	Bad Debt and Charity Care and Capital Statewide Pool Assessment	PHL 2807-c(18)	Inpatient Hospital Services	146,660,396.00
1	Bad Debt and Charity Care Regional Allowance	PHL 2807-c(14) & (16)	Inpatient Hospital Services	0.00
1	Patient Services Payments	PHL 2807-j	Inpatient Hospital Services	633,676,324.06
1	Patient Services Payments	PHL 2807-j	Outpatient Hospital Services	620,730,148.25
1	Patient Services Payments	PHL 2807-j	Ambulatory Surgical Center Services	33,433,499.29
1	Patient Services Payments	PHL 2807-j	Diagnostic and Treatment Centers	19,834,796.09
1	Patient Services Payments	PHL 2807-j	Clinical Laboratories	0.00
1	Patient Services Payments	PHL 2807-s	Inpatient Hospital Services	989,542.00
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (6.0%)	159,895,491.42
1	Health Facility Cash Assessment Program	PHL 2807-d	Nursing Facility Services (5.0%)	8,433.01
1	Health Facility Cash Assessment Program	PHL 2807-d	Inpatient Hospital Services (.35%)	92,099,025.00
1	Health Facility Cash Assessment Program	PHL 3614-a & b	Home Health Care Services (.35%)	1,701,284.00

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1	Health Facility Cash Assessment Program	PHL 3614-a & b	LT Home Health Care Services (.35%)	2,796.00
5	Health Facility Cash Assessment Program	Social Services Law 367-i	Personal Care Providers (.35%)	1,968,479.19
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	LT Home Health Care Services (.7%)	0.00
1	Health Facility Cash Assessment Program	Section 90 of Part H of Chapter 59 of the Laws of 2011	Nursing Facility Services (.8%)	21,309,171.87
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.4%)	0.00
1	Health Facility Cash Assessment Program	PHL 2807-dd	Nursing Facility Services (.2%)	0.00
1	Hospital Quality Contribution Report	PHL 2807-d-1	Inpatient Hospital Services (1.6%)	17,113,149.00
	Total			1,749,422,535.18

I certify that this report represents a true and accurate statement of actual cash revenues collected by the above agency during the quarter described above.

Dated: _____ Signature: _____ Title: _____

Codes: 1 – Permissible