

**SECTION 600**  
**REPORTING SCHEDULE FOR ANNUAL REPORT**  
**OF REVENUE AND EXPENSES AND VOLUMES**

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NOT  
SUBMITTING APPLICABLE

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\*I HEREBY CERTIFY THAT I HAVE REVIEWED THIS LIST OF ANNUAL REPORT SCHEDULES AND AM SUBMITTING ALL SCHEDULE APPLICABLE TO \_\_\_\_\_ HOSPITAL.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_