

## FSA Disclosure Requirements

**The Obligor(s) shall provide immediate notification to FSA and the Bond and Master Trustee(s) of a name change of any obligor on the FSA insured bonds (Such name change shall require the filing of a new UCC Statement).**

The financial audit for the most recent fiscal year for both the Bond Obligated group (including consolidating statements) and affiliates should be submitted electronically to FSA, along with **the Management Letter** received from the external auditors and the following information. Also of critical importance, please submit a **certificate of covenant compliance** as a separate document indicating mathematically, as appropriate, compliance with the bond covenants. If there are various calculations related to separately secured debt issues, all calculations should be provided and appropriately labeled for the differing obligations and/or Obligated Groups.

<b>Name of Hospital Obligor or Obligated Group</b>	
<b>City (List all if multiple locations.)</b>	
<b>State (List all if Multi-state system.)</b>	

	<b>Fiscal Year Ending: (MM/DD/YYYY)</b>	<b>Prior FY Ending: (MM/DD/YYYY)</b>
1 Maximum Debt Service Amount		
2 Maximum Debt Service Year		

		Acute Care	L/T Care	Other Specialty Care		Acute Care	L/T Care	Other Specialty Care
<b>UTILIZATION - HOSPITAL OBLIGOR OR OBLIGATED GROUP</b>								
3 Licensed Beds								
4 Beds In Service								
5 Admissions								
6 Discharges								
7 Patient Days								
8 Observational Days								
9 Average Length of Stay								
10 Occupancy (Beds in service only.)								
11 Hospital-wide Case Mix Index								
12 Medicare Case Mix Index								
13 ER Visits								
14 Outpatient Visits at the Hospital								
15 Physician Clinic Visits								
16 Inpatient Surgical Operations								
17 Outpatient Surgical Operations								
18 Births								
19 Top 10 Physicians Admitting Percentage								
20 % Revenue attributable to top 10 Revenue - Producing Physicians								
21 Number of Active Physicians								
22 Average Age of Active Physicians								
23 Active Physicians Board Certified (List %)								

<b>Name of person completing this form</b>	<b>Telephone Number</b>	<b>Email Address</b>

## Section 2 - Supplemental Data

Insert Name of Hospital Obligor or Obligated Group Below

Market Share Percentage of Inpatient Admissions		
	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
1	Market Share Percentage PSA (Attach separately for each member of the Obligated Group.)	
2	Market Share Percentage SSA (Attach separately for each member of the Obligated Group.)	

Percentage of Gross revenues by Payor Source (inpatient and outpatient combined - acute care only)		
	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
3	Medicare	
4	Medicare Risk	
5	Medicaid	
6	Medicaid Managed Care	
7	Blue Cross Indemnity	
8	Blue Cross Managed Care	
9	Commercial Indemnity	
10	Commercial Managed Care	
11	Self Pay	
12	Other	
	<b>TOTAL</b>	<b>100%</b>

	FY Ending: (MM/DD/YYYY)	Prior FYE: (MM/DD/YYYY)
<b>Labor</b>		
13	Nurses (FTEs)	
14	Nurse Turnover Rate (List %)	
15	Nurse Vacancy Rate (List %)	
16	Temporary and Agency Staff (including nurse FTEs)	
17	Number of Employed Physicians (FTEs)	
18	Total Paid FTEs	
19	Total Gain or Loss of Employed Physicians (List \$ and attach method of calculation.)	
20	Are Bond debt service reserves funded to requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(If answer to above question is no, please attach explanation)*

**\*Other Specialty Care (e.g. psychiatric and/or rehabilitation, Insert description below)**

- Additional Disclosure Requirements: Notice to FSA of the following events with 45 days of the related event:**  
 (If any of the following are applicable, please attach pertinent information on a separate page.)
- 21 Disclosure obligations set forth in the related bond documents.
  - 22 Federal, state and local law enforcement and regulatory enforcement investigations that could have a material adverse financial impact.
  - 23 Change in name of obligated entity; change in sponsorship or control of obligated entity. **Please attach copies of revised UCCs.**
  - 24 Change in CEO, CFO, COO.
  - 25 A letter from your organization summarizing the letters of your various counsel concerning material litigation (if any) and containing a schedule of all material pending litigation or investigation.
- Please attach:**
- 26 UCC renewals.
  - 27 Auditor's Management Letter.
  - 28 A certificate from your organization regarding insurance coverage with respect to its property and operations.

<b>Name of person completing this form</b>	<b>Telephone</b>	<b>Email Address</b>