

Pro Forma Worksheet

1. Role/Process: _____

2. Annual gain/income from individual/process (follow steps to calculate below)

a. Billable patients/services each day: # _____

b. Estimate number of patients/services reimbursed (not all visits are reimbursed): # _____

c. Daily revenue (calculate below)

Service codes	Revenue per code	# Patients/services per code	Total

Total daily revenue/gain = \$ _____

d. Monthly revenue (calculate below)

Days per month provider works x Total daily revenue/gain = \$ _____

e. Annual revenue (calculate below)

Total monthly revenue x 12 = \$ _____

3. Estimate percent to be reimbursed (annual revenue x percentage): \$ _____

4. Indirect revenue (calculate below)

Indirect Revenue Name	Amount
Contribution 1:	
Contribution 2:	
Contribution 3:	
Grant 1:	
Grant 2:	
Grant 3:	

Total Indirect Revenue \$ _____

5. Calculate total revenue (add direct and indirect revenue): \$ _____

6. Estimate costs (calculate below)

 a. Cost for provider (annual compensation and benefits): \$ _____

 b. Estimate other personnel expenses (coding/billing, computers, etc.): \$ _____

Total costs = \$ _____

7. Pro forma (calculate below)

Total revenue – total costs = \$ _____

8. Review results and evaluate:
