

Statement as of _____ of the _____
 (Year / Quarter Ending) (Company Name)

Indiana Supplemental Report #4 - ENROLLMENT AND UTILIZATION TABLE

(INDIANA ENROLLMENT ONLY)

1 Source of Enrollment	2 Total Members at the End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Members at the End of the Period	6 Cumulative Member Months for Period	Total Member Ambulatory Encounters For Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physician	8 Non-Physician	9 Total			
1. Under 65 years of age											
2. Age 65 and Older											
3. Total Membership											

Indiana Supplemental Report #2 - REVENUE FROM INDIANA ENROLLEES ONLY

	Current Year	Previous Year
Premium		
Medicare		
Medicaid		
Total		