

SCHEDULE OF SELECTED BALANCES

SCHEDULE OF SELECTED BALANCES (UNAUDITED)
As of (insert applicable reporting period, e.g. June 30, 2018)

Carrier Name: _____
Enrollment Code: _____

ASSETS	FY 2018	FY 2017	
Cash and Cash Equivalents			
Investments			
Prepaid Expenses			
Other Assets (except Balance in LOCA, Interest Receivable on LOCA and Program Income Receivable) (provide description)			
LIABILITIES			
Health Benefits Incurred but not Reported (IBNR)			
Claims Reported but not Paid			
Accrued Administrative Expenses			
Other Liabilities (do not include Special Reserve)			
REVENUE			
Interest Income, Net (do not include interest on LOCA)			
EXPENSES			
Health Benefits Paid (A)			
Less: Beginning Health Benefits Accrual, e.g. October 1 (B)			
Plus: Ending Health Benefits Accrual, e.g. June 30 (C)			
Total Health Benefits Charges – (A), (B) and (C)			
Administrative Expenses			
Service Charge			
Other Expenses			
Prior Period Adjustment (reflect as "negative", if increase to equity)			
Preparer Information		CFO/Accounting Manager Information	
Name (print)		Name (print)	
Signature		Signature	
Date Signed		Date Signed	
Phone		Phone	
Fax		Fax	
Email		Email	