

**Exhibit G - Attachment 4  
Report G.4A: Health Care Expenses by Service Type**

**MHO:** Jefferson Behavioral Health

**Subcontractor:** \_\_\_\_\_

**Report Period:**     1st Quarter (Jan-Mar)     2nd Quarter (Apr-Jun)  
                                3rd Quarter (Jul-Sep)     4th Quarter (Oct-Dec)

**Report due at the same time as Report G.4 for both Contractor and risk based Subcontractors, within 60 calendar days after the end of each quarter.**

Category	OHP Activity under this Agreement
Outpatient	
Sub Acute & Other 24 hour Services	
Inpatient	
Prevention, Education and Outreach <sup>1</sup>	
Treatment Support Services & Supplies	
Consumer Operated Services	
Other Non-Encountered Services	
<b>TOTAL HEALTH CARE EXPENSES<sup>2</sup></b>	

Revised, January 1, 2008

\_\_\_\_\_  
Preparer's signature and phone number

<sup>1</sup> When an expense is reported on Report G.4A Line 4, complete and attach Report G.4B-Prevention/Education/Outreach Activities

<sup>2</sup> Total of Line 8 "TOTAL HEALTH CARE EXPENSES" on Report G4A must equal line 9 "Total Health Care Expenses" on Report G.4.