

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0018 | PERIOD FROM 7/ 1/2007 TO 6/30/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 12/ 5/2008 TIME 14: 58

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MOUNT SINAI HOSPITAL MEDICAL CENTER 14-0018 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and TOTAL with corresponding numerical values.

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,184	0	0
2 UNDUPLICATED CENSUS COUNT		175.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	3,184
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	9.37		9.37
6 DIRECTING NURSING SERVICE	9.61		9.61
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.36	.04	2.40
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.01		1.01
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.55		.55
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	2,351	95	111	51
22 SKILLED NURSING VISIT CHARGES	334,449	13,477	15,801	7,436
23 PHYSICAL THERAPY VISITS	1,137	0	4	37
24 PHYSICAL THERAPY VISIT CHARGES	161,725	0	620	5,267
25 OCCUPATIONAL THERAPY VISITS	428	0	0	20
26 OCCUPATIONAL THERAPY VISIT CHARGES	60,879	0	0	2,788
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	46	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	6,506	0	0	0
31 HOME HEALTH AIDE VISITS	629	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	89,537	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	4,591	95	115	108
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	653,096	13,477	16,421	15,491
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	241	0	46	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	8	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	5,961	2	2,705	685

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	40	2,648
22 SKILLED NURSING VISIT CHARGES	0	5,732	376,895
23 PHYSICAL THERAPY VISITS	0	0	1,178
24 PHYSICAL THERAPY VISIT CHARGES	0	0	167,612
25 OCCUPATIONAL THERAPY VISITS	0	0	448
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	63,667
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	1	47
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	155	6,661
31 HOME HEALTH AIDE VISITS	0	17	646
32 HOME HEALTH AIDE VISIT CHARGES	0	2,479	92,016
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	58	4,967
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	8,366	706,851
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	4	298
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	9
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	9,353

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 14-0018
SATELLITE NO:
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/5/2008
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	90					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	2.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	11					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	336,529					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	33,653					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFI CATIONS 4	RECLASSIFI ED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		9,456	9,456	222,294	231,750
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				1,419,611	1,419,611
3	0300	NEW CAP REL COSTS-BLDG & FIXT		3,268,342	3,268,342	4,422,709	7,691,051
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		3,753,934	3,753,934	-2,231	3,751,703
5	0500	EMPLOYEE BENEFITS	130,263	16,742,033	16,872,296	-725,313	16,146,983
6.01	0610	NONPATIENT TELEPHONE	236,451	97,393	333,844	-569	333,275
6.02	0620	DATA PROCESSING		2,492,867	2,492,867	-59,692	2,433,175
6.03	0630	PURCHASING RECEIVING AND STORES	374,452	10,512	384,964		384,964
6.04	0640	ADMINISTRATIVE	1,763,468	280,205	2,043,673	-368,398	1,675,275
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE		2,392,224	2,426,574		2,426,574
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	5,376,506	21,390,019	26,766,525	1,275,104	28,041,629
7	0700	MAINTENANCE & REPAIRS		2,577,386	2,577,386		2,577,386
8	0800	OPERATION OF PLANT	869,917	6,550,613	7,420,530	-35,050	7,385,480
9	0900	LAUNDRY & LINEN SERVICE		1,007,689	1,007,689		1,007,689
10	1000	HOUSEKEEPING	1,815,998	1,489,408	3,305,406		3,305,406
11	1100	DIETARY	1,750,299	3,403,585	5,153,884	-3,104,909	2,048,975
12	1200	CAFETERIA				3,104,909	3,104,909
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	2,933,147	569,967	3,503,114		3,503,114
15	1500	CENTRAL SERVICES & SUPPLY	371,958	1,272,482	1,644,440	-1,056,121	588,319
16	1600	PHARMACY		9,972,904	9,972,904	-6,554,466	3,418,438
17	1700	MEDICAL RECORDS & LIBRARY	1,324,888	618,509	1,943,397		1,943,397
18	1800	SOCIAL SERVICE	646,162	197,852	844,014	-275	843,739
19	1951	OTHER GENERAL SERVICE COST CENTERS					
19.01	1950	OUTPATIENT ACCOUNTING	41,984	2,337,881	2,379,865	156,365	2,536,230
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	6,169,588		6,169,588		6,169,588
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		626,081	626,081	2,114,575	2,740,656
24	2400	PARAMED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	19,810,595	4,952,684	24,763,279	-689,751	24,073,528
26	2600	INTENSIVE CARE UNIT	1,635,657	271,346	1,907,003	-512	1,906,491
26.01	2120	PREMATURE INTENSIVE CARE UNIT	3,297,191	349,048	3,646,239		3,646,239
27	2700	CORONARY CARE UNIT	3,143,284	623,407	3,766,691		3,766,691
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	2,209,345	70,230	2,279,575	-72,477	2,207,098
33	3300	NURSERY	1,222,428	50,651	1,273,079		1,273,079
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	7,092,470	6,776,625	13,869,095	-4,892,610	8,976,485
38	3800	RECOVERY ROOM	1,087,724	96,267	1,183,991		1,183,991
39	3900	DELIVERY ROOM & LABOR ROOM	4,751,958	1,844,350	6,596,308	-38,076	6,558,232
40	4000	ANESTHESIOLOGY	453,771	3,162,688	3,616,459	-103,067	3,513,392
41	4100	RADIOLOGY-DIAGNOSTIC	4,764,940	3,109,915	7,874,855	-415,558	7,459,297
41.01	3430	MAGNETIC RESONANCE IMAGING (MRI)	380,369	223,100	603,469	-69,000	534,469
42	4200	RADIOLOGY-THERAPEUTIC	327,498	609,625	937,123	-253,479	683,644
43	4300	RADIOISOTOPE	257,356	511,548	768,904	-64,940	703,964
44	4400	LABORATORY	4,926,671	6,624,737	11,551,408	-643,784	10,907,624
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	624,393	1,486,888	2,111,281	-957	2,110,324
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	1,878,332	514,322	2,392,654	-178,377	2,214,277
50	5000	PHYSICAL THERAPY	385,371	66,378	451,749		451,749
51	5100	OCCUPATIONAL THERAPY	261,166	31,233	292,399		292,399
52	5200	SPEECH PATHOLOGY	96,917	5,606	102,523		102,523
53	5300	ELECTROCARDIOLOGY	1,279,508	1,045,191	2,324,699	322,616	2,647,315
54	5400	ELECTROENCEPHALOGRAPHY	205,340	40,603	245,943	-975	244,968
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,962,719	4,962,719
56	5600	DRUGS CHARGED TO PATIENTS				9,680,061	9,680,061
57	5700	RENAL DIALYSIS	1,074,246	672,036	1,746,282	58,562	1,804,844
58	5800	ASC (NON-DISTINCT PART)					
59	3560	PULMONARY FUNCTION TESTING OUTPAT SERVICE COST CNTRS	143	350	493	146,478	146,971
60	6000	CLINIC					
60.02	4950	O/P CHEMO THERAPY	391,319	3,303,928	3,695,247	-3,125,857	569,390
60.03	4951	O/P SUBSTANCE ABUSE					
60.04	4952	UNDER THE RAINBOW O/P	560,217	141,416	701,633		701,633
60.06	4953	EAR NOSE THROAT	295,693	55,664	351,357		351,357
61	6100	EMERGENCY	6,266,327	2,308,516	8,574,843	173,215	8,748,058
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1,732,237	262,123	1,994,360		1,994,360
88	8800	INTEREST EXPENSE		5,562,754	5,562,754	-5,562,754	
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
95		SUBTOTALS	94,251,897	125,834,571	220,086,468	40,020	220,126,488

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH		8,384,251	8,384,251	-104	8,384,147
98	9800 PHYSICIANS' PRIVATE OFFICES		720	720	13,790	14,510
99	9900 NONPAID WORKERS					
100	7951 KLING OFFICE BLDG				3,916	3,916
100.01	7952 DAY PSYCH PROGRAM				72	72
100.02	7953 OCCUPATIONAL HEALTH					
100.03	7954 FAMILY PLANNING				841	841
100.04	7955 PLAZA MEDICAL CENTER					
100.05	7956 DEVELOPMENT	10,081	766,647	776,728	-53,815	722,913
100.06	7957 DENTISTRY	20,110	2,216	22,326	-4,720	17,606
100.08	7958 GERIATRIC ASSMNT					
100.09	7959 BETHANY LAB					
101	TOTAL	94,282,088	134,988,405	229,270,493	-0-	229,270,493

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	4,941	236,691
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		1,419,611
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-330,377	7,360,674
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		3,751,703
5 0500	EMPLOYEE BENEFITS	-416,861	15,730,122
6.01 0610	NONPATIENT TELEPHONE	-132,022	201,253
6.02 0620	DATA PROCESSING		2,433,175
6.03 0630	PURCHASING RECEIVING AND STORES		384,964
6.04 0640	ADMITTING		1,675,275
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		2,426,574
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-2,577,749	25,463,880
7 0700	MAINTENANCE & REPAIRS		2,577,386
8 0800	OPERATION OF PLANT	-2,123,551	5,261,929
9 0900	LAUNDRY & LINEN SERVICE		1,007,689
10 1000	HOUSEKEEPING		3,305,406
11 1100	DIETARY		2,048,975
12 1200	CAFETERIA	-1,416,761	1,688,148
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-1,140	3,501,974
15 1500	CENTRAL SERVICES & SUPPLY		588,319
16 1600	PHARMACY	-1,228,210	2,190,228
17 1700	MEDICAL RECORDS & LIBRARY	-19,344	1,924,053
18 1800	SOCIAL SERVICE		843,739
19 1951	OTHER GENERAL SERVICE COST CENTERS		
19.01 1950	OUTPATIENT ACCOUNTING		2,536,230
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		6,169,588
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-14,400	2,726,256
24 2400	PARAMED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-572,167	23,501,361
26 2600	INTENSIVE CARE UNIT		1,906,491
26.01 2120	PREMATURE INTENSIVE CARE UNIT		3,646,239
27 2700	CORONARY CARE UNIT		3,766,691
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER	-64,407	2,142,691
33 3300	NURSERY		1,273,079
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-666,812	8,309,673
38 3800	RECOVERY ROOM		1,183,991
39 3900	DELIVERY ROOM & LABOR ROOM		6,558,232
40 4000	ANESTHESIOLOGY	-1,751,187	1,762,205
41 4100	RADIOLOGY-DIAGNOSTIC	-138,625	7,320,672
41.01 3430	MAGNETIC RESONANCE IMAGING (MRI)	-1,412	533,057
42 4200	RADIOLOGY-THERAPEUTIC		683,644
43 4300	RADIOISOTOPE	-4,439	699,525
44 4400	LABORATORY	-691,233	10,216,391
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		2,110,324
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY	-12	2,214,265
50 5000	PHYSICAL THERAPY	-5	451,744
51 5100	OCCUPATIONAL THERAPY	-3,617	288,782
52 5200	SPEECH PATHOLOGY	-1,123	101,400
53 5300	ELECTROCARDIOLOGY	-102,470	2,544,845
54 5400	ELECTROENCEPHALOGRAPHY		244,968
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-560,773	4,401,946
56 5600	DRUGS CHARGED TO PATIENTS		9,680,061
57 5700	RENAL DIALYSIS	-104,866	1,699,978
58 5800	ASC (NON-DISTINCT PART)		
59 3560	PULMONARY FUNCTION TESTING		146,971
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.02 4950	O/P CHEMO THERAPY		569,390
60.03 4951	O/P SUBSTANCE ABUSE		
60.04 4952	UNDER THE RAINBOW O/P	-4,038	697,595
60.06 4953	EAR NOSE THROAT		351,357
61 6100	EMERGENCY	-109,517	8,638,541
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		1,994,360
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
92 9200	AMBULATORY SURGICAL CENTER (D. P.)		
95	SUBTOTALS	-13,032,177	207,094,311

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH	-6,126,108	2,258,039
98	9800 PHYSICIANS' PRIVATE OFFICES		14,510
99	9900 NONPAID WORKERS		
100	7951 KLING OFFICE BLDG		3,916
100.01	7952 DAY PSYCH PROGRAM		72
100.02	7953 OCCUPATIONAL HEALTH		
100.03	7954 FAMILY PLANNING		841
100.04	7955 PLAZA MEDICAL CENTER		
100.05	7956 DEVELOPMENT		722,913
100.06	7957 DENTISTRY		17,606
100.08	7958 GERIATRIC ASSMNT		
100.09	7959 BETHANY LAB		
101	TOTAL	-19,158,285	210,112,208

COST CENTERS USED IN COST REPORT

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 PREPARED 12/ 5/2008
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LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONE	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1951	OTHER GENERAL SERVICE COST CENTERS
19.01	OUTPATIENT ACCOUNTING	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIALTY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PREMATURE INTENSIVE CARE UNIT	2120	PREMATURE INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DIAGNOSTIC PART)	5800	
59	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.02	O/P CHEMO THERAPY	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	O/P SUBSTANCE ABUSE	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.04	UNDER THE RAINBOW O/P	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.06	EAR NOSE THROAT	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	KLING OFFICE BLDG	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	DAY PSYCH PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.03	FAMILY PLANNING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.04	PLAZA MEDICAL CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.05	DEVELOPMENT	7956	OTHER NONREIMBURSABLE COST CENTERS
100.06	DENTISTRY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GERIATRIC ASSMNT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BETHANY LAB	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TEACHING RECLASS	B	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		2,114,575	
2						
3						
4						
5						
6						
7						
8						
9 PULMONARY RECLASS	C	PULMONARY FUNCTION TESTING	59		146,478	
10 INTEREST EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			4,439,305
11		OTHER ADMINISTRATIVE AND GENERAL	6.06			1,123,449
12 CENTRAL SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,962,719
13						
14 PHARMACY RECLASS	F	DRUGS CHARGED TO PATIENTS	56			9,680,061
15						
16 EQUIPMENT RENTAL RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2			1,385,223
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31 E/R REGISTRATION RECLASS	H	EMERGENCY	61		212,033	
32 INSURANCE RECLASS	I	OLD CAP REL COSTS-BLDG & FIXT	1			222,294
33 O/P REGISTRATION RECLASS	J	OUTPATIENT ACCOUNTING	19.01		156,365	
34 NURSING CONTINUITY RECLASS	K	ADULTS & PEDIATRICS	25		1,030,175	
35		RADIOLOGY-DIAGNOSTIC	41		6,000	
1 POB & FAMILY PLANNING DIRECT EXP DEP	L	PHYSICIANS' PRIVATE OFFICES	98			13,790
2		KLING OFFICE BLDG	100			1,965
3		FAMILY PLANNING	100.03			841
4 DIETARY CAFETERIA RECLASS	M	CAFETERIA	12		773,162	
5		CAFETERIA	12			2,331,747
6 RECLASS SINAI HEALTH SYS EXPENSES	O	DATA PROCESSING	6.02		915,641	
7		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,576,324	
8		EMPLOYEE BENEFITS	5		770,421	
9		NONPATIENT TELEPHONE	6.01		12,181	
10		DEVELOPMENT	100.05		464,012	
11		EMPLOYEE BENEFITS	5			398,922
12						
13						
14						
15						
16 CARDIOLOGY PHYSICIAN RECLASS	P	ELECTROCARDIOLOGY	53		330,083	
17 COMMONWEALTH EDISON METER RENTAL	R	OLD CAP REL COSTS-MVBLE EQUIP	2			34,460
18 RENAL DIALYSIS SALARIES RECLASS	S	RENAL DIALYSIS	57		58,562	
19 CAPITAL LEASE RECLASS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06			570,735
20						
21						
22						
23						
24						
25						
26						
27						
28 EQUIPM DEPR FOR NON REIMB COST CTRS	U	DAY PSYCH PROGRAM	100.01			72
29		DENTISTRY	100.06			280
30		KLING OFFICE BLDG	100			1,951
36 TOTAL RECLASSIFICATIONS					8,566,012	25,167,814

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 5/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 TEACHING RECLASS	B	ADULTS & PEDIATRICS	25	1,279,190		
2		SUBPROVIDER	31	72,477		
3		OPERATING ROOM	37	534,528		
4		RADIOLOGY-DIAGNOSTIC	41	40,594		
5		ANESTHESIOLOGY	40	101,121		
6		LABORATORY	44	42,847		
7		EMERGENCY	61	38,818		
8		DENTISTRY	100.06	5,000		
9 PULMONARY RECLASS	C	RESPIRATORY THERAPY	49	146,478		
10 INTEREST EXPENSE RECLASS	D	INTEREST EXPENSE	88		5,562,754	11
11						
12 CENTRAL SUPPLY RECLASS	E	CENTRAL SERVICES & SUPPLY	15		737,732	
13		OPERATING ROOM	37		4,224,987	
14 PHARMACY RECLASS	F	O/P CHEMO THERAPY	60.02		3,125,857	
15		PHARMACY	16		6,554,204	
16 EQUIPMENT RENTAL RECLASS	G	OPERATION OF PLANT	8		590	14
17		CENTRAL SERVICES & SUPPLY	15		318,389	
18		PHARMACY	16		262	
19		SOCIAL SERVICE	18		275	
20		ADULTS & PEDIATRICS	25		14,728	
21		INTENSIVE CARE UNIT	26		512	
22		OPERATING ROOM	37		86,403	
23		ANESTHESIOLOGY	40		1,946	
24		RADIOLOGY-DIAGNOSTIC	41		301,286	
25		MAGNETIC RESONANCE IMAGING (MRI)	41.01		69,000	
26		LABORATORY	44		577,927	
27		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		957	
28		RESPIRATORY THERAPY	49		11,869	
29		ELECTROENCEPHALOGRAPHY	54		975	
30		RESEARCH	97		104	
31 E/R REGISTRATION RECLASS	H	ADMINISTRATIVE	6.04	212,033		
32 INSURANCE RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		222,294	12
33 O/P REGISTRATION RECLASS	J	ADMINISTRATIVE	6.04	156,365		
34 NURSING CONTINUITY RECLASS	K	EMPLOYEE BENEFITS	5		1,036,175	
35						
1 POB & FAMILY PLANNING DIRECT EXP DEP	L	NEW CAP REL COSTS-BLDG & FIXT	3		16,596	14
2						
3						
4 DIETARY CAFETERIA RECLASS	M	DIETARY	11	773,162		
5		DIETARY	11		2,331,747	
6 RECLASS SINAI HEALTH SYS EXPENSES	O	DATA PROCESSING	6.02		915,641	
7		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,576,324	
8		EMPLOYEE BENEFITS	5		770,421	
9		NONPATIENT TELEPHONE	6.01		12,181	
10		DEVELOPMENT	100.05		464,012	
11		EMPLOYEE BENEFITS	5		88,060	
12		NONPATIENT TELEPHONE	6.01		569	
13		DATA PROCESSING	6.02		59,692	
14		OTHER ADMINISTRATIVE AND GENERAL	6.06		196,786	
15		DEVELOPMENT	100.05		53,815	
16 CARDIOLOGY PHYSICIAN RECLASS	P	ADULTS & PEDIATRICS	25	330,083		
17 COMMONWEALTH EDISON METER RENTAL	R	OPERATION OF PLANT	8		34,460	14
18 RENAL DIALYSIS SALARIES RECLASS	S	ADULTS & PEDIATRICS	25	58,562		
19 CAPITAL LEASE RECLASS	T	ADULTS & PEDIATRICS	25		37,363	
20		OPERATING ROOM	37		46,692	
21		DELIVERY ROOM & LABOR ROOM	39		38,076	
22		RADIOLOGY-DIAGNOSTIC	41		79,678	
23		RADIOLOGY-THERAPEUTIC	42		253,479	
24		RADIOISOTOPE	43		64,940	
25		LABORATORY	44		23,010	
26		RESPIRATORY THERAPY	49		20,030	
27		ELECTROCARDIOLOGY	53		7,467	
28 EQUIPM DEPR FOR NON REIMB COST CTRS	U	OLD CAP REL COSTS-MVBLE EQUIP	2		72	9
29		NEW CAP REL COSTS-MVBLE EQUIP	4		2,231	9
30						
36 TOTAL RECLASSIFICATIONS				3,791,258	29,942,568	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : TEACHING RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,114,575
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			2,114,575

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,279,190	
SUBPROVIDER	31	72,477	
OPERATING ROOM	37	534,528	
RADIOLOGY-DIAGNOSTIC	41	40,594	
ANESTHESIOLOGY	40	101,121	
LABORATORY	44	42,847	
EMERGENCY	61	38,818	
DENTISTRY	100.06	5,000	
			2,114,575

RECLASS CODE: C
EXPLANATION : PULMONARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PULMONARY FUNCTION TESTING	59	146,478
TOTAL RECLASSIFICATIONS FOR CODE C			146,478

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	146,478	
			146,478

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,439,305
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,123,449
TOTAL RECLASSIFICATIONS FOR CODE D			5,562,754

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	5,562,754	
			0
			5,562,754

RECLASS CODE: E
EXPLANATION : CENTRAL SUPPLY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,962,719
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			4,962,719

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	737,732	
OPERATING ROOM	37	4,224,987	
			4,962,719

RECLASS CODE: F
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	9,680,061
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			9,680,061

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
O/P CHEMO THERAPY	60.02	3,125,857	
PHARMACY	16	6,554,204	
			9,680,061

RECLASS CODE: G
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	1,385,223
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			1,385,223

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	590	
CENTRAL SERVICES & SUPPLY	15	318,389	
PHARMACY	16	262	
SOCIAL SERVICE	18	275	
ADULTS & PEDIATRICS	25	14,728	
INTENSIVE CARE UNIT	26	512	
OPERATING ROOM	37	86,403	
ANESTHESIOLOGY	40	1,946	
RADIOLOGY-DIAGNOSTIC	41	301,286	
MAGNETIC RESONANCE IMAGING (MR)	41.01	69,000	
LABORATORY	44	577,927	
WHOLE BLOOD & PACKED RED BLOOD	46	957	
RESPIRATORY THERAPY	49	11,869	
ELECTROENCEPHALOGRAPHY	54	975	
RESEARCH	97	104	
			1,385,223

RECLASS CODE: H
EXPLANATION : E/R REGISTRATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMERGENCY	61	212,033
TOTAL RECLASSIFICATIONS FOR CODE H			212,033

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMITTING	6.04	212,033	
			212,033

RECLASSIFICATIONS

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RECLASS CODE: I
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	222,294
TOTAL RECLASSIFICATIONS FOR CODE I			222,294

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	222,294	
			222,294

RECLASS CODE: J
EXPLANATION : O/P REGISTRATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTPATIENT ACCOUNTING	19.01	156,365
TOTAL RECLASSIFICATIONS FOR CODE J			156,365

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE	6.04	156,365	
			156,365

RECLASS CODE: K
EXPLANATION : NURSING CONTINUITY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,030,175
2.00	RADIOLOGY-DIAGNOSTIC	41	6,000
TOTAL RECLASSIFICATIONS FOR CODE K			1,036,175

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,036,175	
			0
			1,036,175

RECLASS CODE: L
EXPLANATION : POB & FAMILY PLANNING DIRECT EXP DEP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,790
2.00	KLING OFFICE BLDG	100	1,965
3.00	FAMILY PLANNING	100.03	841
TOTAL RECLASSIFICATIONS FOR CODE L			16,596

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	16,596	
			0
			0
			16,596

RECLASS CODE: M
EXPLANATION : DIETARY CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	773,162
2.00	CAFETERIA	12	2,331,747
TOTAL RECLASSIFICATIONS FOR CODE M			3,104,909

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	773,162	
DIETARY	11	2,331,747	
			3,104,909

RECLASS CODE: O
EXPLANATION : RECLASS SINAI HEALTH SYS EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DATA PROCESSING	6.02	915,641
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,576,324
3.00	EMPLOYEE BENEFITS	5	770,421
4.00	NONPATIENT TELEPHONE	6.01	12,181
5.00	DEVELOPMENT	100.05	464,012
6.00	EMPLOYEE BENEFITS	5	398,922
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			4,137,501

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	915,641	
OTHER ADMINISTRATIVE AND GENER	6.06	1,576,324	
EMPLOYEE BENEFITS	5	770,421	
NONPATIENT TELEPHONE	6.01	12,181	
DEVELOPMENT	100.05	464,012	
EMPLOYEE BENEFITS	5	88,060	
NONPATIENT TELEPHONE	6.01	569	
DATA PROCESSING	6.02	59,692	
OTHER ADMINISTRATIVE AND GENER	6.06	196,786	
DEVELOPMENT	100.05	53,815	
			4,137,501

RECLASS CODE: P
EXPLANATION : CARDIOLOGY PHYSICIAN RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	330,083
TOTAL RECLASSIFICATIONS FOR CODE P			330,083

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	330,083	
			330,083

RECLASS CODE: R
EXPLANATION : COMMONWEALTH EDISON METER RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	34,460
TOTAL RECLASSIFICATIONS FOR CODE R			34,460

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	34,460	
			34,460

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 5/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : RENAL DIALYSIS SALARIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	58,562	ADULTS & PEDIATRICS	25	58,562	
TOTAL RECLASSIFICATIONS FOR CODE S			58,562				

RECLASS CODE: T
EXPLANATION : CAPITAL LEASE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	570,735	ADULTS & PEDIATRICS	25	37,363	
2.00			0	OPERATING ROOM	37	46,692	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	38,076	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	79,678	
5.00			0	RADIOLOGY-THERAPEUTIC	42	253,479	
6.00			0	RADIOISOTOPE	43	64,940	
7.00			0	LABORATORY	44	23,010	
8.00			0	RESPIRATORY THERAPY	49	20,030	
9.00			0	ELECTROCARDIOLOGY	53	7,467	
TOTAL RECLASSIFICATIONS FOR CODE T			570,735	570,735			

RECLASS CODE: U
EXPLANATION : EQUIPM DEPR FOR NON REIMB COST CTRS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DAY PSYCH PROGRAM	100.01	72	OLD CAP REL COSTS-MVBLE EQUIP	2	72	
2.00	DENTISTRY	100.06	280	NEW CAP REL COSTS-MVBLE EQUIP	4	2,231	
3.00	KLING OFFICE BLDG	100	1,951			0	
TOTAL RECLASSIFICATIONS FOR CODE U			2,303	2,303			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,717,125					1,717,125	
2	LAND IMPROVEMENTS	526,594					526,594	
3	BUILDINGS & FIXTURE	52,821,959					52,821,959	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	6,957,765					6,957,765	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	62,023,443					62,023,443	
8	RECONCILING ITEMS							
9	TOTAL	62,023,443					62,023,443	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	57,526					57,526	
3	BUILDINGS & FIXTURE	78,179,199	3,532,861		3,532,861	416,944	81,295,116	
4	BUILDING IMPROVEMENT	134,114	473,348		473,348	589,337	18,125	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	51,915,025	5,305,244		5,305,244	6,000,448	51,219,821	
7	SUBTOTAL	130,285,864	9,311,453		9,311,453	7,006,729	132,590,588	
8	RECONCILING ITEMS							
9	TOTAL	130,285,864	9,311,453		9,311,453	7,006,729	132,590,588	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	-3,043			222,294		17,440	236,691
2	OLD CAP REL COSTS-MV	-72					1,419,683	1,419,611
3	NEW CAP REL COSTS-BL	3,236,775		4,140,495			-16,596	7,360,674
4	NEW CAP REL COSTS-MV	3,751,703						3,751,703
5	TOTAL	6,985,363		4,140,495	222,294		1,420,527	12,768,679

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	9,456						9,456
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,268,342						3,268,342
4	NEW CAP REL COSTS-MV	3,753,934						3,753,934
5	TOTAL	7,031,732						7,031,732

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS		2,173,721	2,173,721	
2	6 1	NONPATIENT TELEPHONE		49,570	49,570	
3	6 2	DATA PROCESSING		2,492,491	2,492,491	
4	6 6	OTHER ADMINISTRATIVE AND		3,910,219	3,910,219	
4.01	14	NURSING ADMINISTRATION		50,545	50,545	
4.02	25	ADULTS & PEDIATRICS		2,371,157	2,371,157	
4.03	37	OPERATING ROOM		471,153	471,153	
4.04	40	ANESTHESIOLOGY		2,695,454	2,695,454	
4.05	41	RADIOLOGY-DIAGNOSTIC		794,701	794,701	
4.06	43	RADIOISOTOPE		46,806	46,806	
4.07	44	LABORATORY		229,080	229,080	
4.08	61	EMERGENCY		761,226	761,226	
4.09	100 5	DEVELOPMENT		762,177	762,177	
5		TOTALS		16,808,300	16,808,300	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE: THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	SINAI HEALTH SYSTEM		0.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	2,425,532		2,425,532	177,200	25,403	2,164,140	108,207
2 31	AGGREGATE	185,856		185,856	154,100	2,240	165,954	8,298
3 37	AGGREGATE	1,299,264		1,299,264	208,000	10,117	1,011,700	50,585
4 40	AGGREGATE	357,924		357,924	200,300	2,820	271,561	13,578
5 41	AGGREGATE	338,280		338,280	225,300	2,143	232,124	11,606
6 44	AGGREGATE	255,096		255,096	215,700	2,579	267,447	13,372
7 61	AGGREGATE	323,484		323,484	165,600	3,131	249,276	12,464
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,185,436		5,185,436		48,433	4,362,202	218,110

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/5/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	NONPATIENT TELEPHONE	4	PHONES	ENTERED
6.02	DATA PROCESSING	5	EDP TIME	ENTERED
6.03	PURCHASING RECEIVING AND STORES	6	SUP COST	ENTERED
6.04	ADMITTING	7	I/P CHARGE S	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GRS REV	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQ FT 2	ENTERED
8	OPERATION OF PLANT	10	SQ FT 2	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS	ENTERED
10	HOUSEKEEPING	12	SQ FT 1	ENTERED
11	DIETARY	13	MEALS	ENTERED
12	CAFETERIA	14	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	15	SQ FT 2	ENTERED
14	NURSING ADMINISTRATION	16	NUR HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	C/S REQ	ENTERED
16	PHARMACY	18	PHARM REQ	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GRS REV	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS	21	ASSIGNED TIME	NOT ENTERED
19.01	OUTPATIENT ACCOUNTING	22	O/P REV	ENTERED
20	NONPHYSICIAN ANESTHETISTS	23	BLANK	NOT ENTERED
21	NURSING SCHOOL	24	BLANK	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	25	I/R TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	I/R TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	BLANK	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	236,691	236,691					
003 OLD CAP REL COSTS-MVBLE E	1,419,611		1,419,611				
004 NEW CAP REL COSTS-BLDG &	7,360,674			7,360,674			
005 NEW CAP REL COSTS-MVBLE E	3,751,703				3,751,703		
006 EMPLOYEE BENEFITS	15,730,122	1,355	8,127	42,141	21,479	15,803,224	
006 01 NONPATIENT TELEPHONE	201,253	245	1,472	7,630	3,889	40,030	254,519
006 02 DATA PROCESSING	2,433,175	1,933	11,595	60,118	30,642	147,419	5,240
006 03 PURCHASING RECEIVING AND	384,964	3,420	20,510	106,344	54,203	60,287	3,743
006 04 ADMINISTRATION	1,675,275	616	3,694	19,153	9,762	224,608	1,684
006 05 CASHIERING/ACCOUNTS RECEI	2,426,574	971	5,823	30,194	15,390	5,530	6,363
006 06 OTHER ADMINISTRATIVE AND	25,463,880	17,116	102,657	532,278	271,300	1,119,413	24,329
007 MAINTENANCE & REPAIRS	2,577,386	8,905	53,410	276,929	141,150		3,930
008 OPERATION OF PLANT	5,261,929	3,820	22,911	118,791	60,547	140,058	4,492
009 LAUNDRY & LINEN SERVICE	1,007,689	6,668	39,994	207,370	105,695		187
010 HOUSEKEEPING	3,305,406	436	2,616	13,565	6,914	292,377	1,310
011 DIETARY	2,048,975	1,499	8,990	46,611	23,757	157,320	4,304
012 CAFETERIA	1,688,148	10,991	65,919	341,788	174,208	124,480	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,501,974	4,325	25,939	134,495	68,552	472,240	4,117
015 CENTRAL SERVICES & SUPPLY	588,319	12,829	76,945	398,958	203,347	59,886	187
016 PHARMACY	2,190,228	1,796	10,770	55,841	28,462		2,246
017 MEDICAL RECORDS & LIBRARY	1,924,053	2,226	13,352	69,232	35,287	213,308	3,743
018 SOCIAL SERVICE	843,739	1,312	7,867	40,792	20,791	104,033	2,433
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	2,536,230	2,706	16,229	84,146	42,889	31,934	6,176
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	6,169,588					993,310	
023 I&R SERVICES-OTHER PRGM C	2,726,256	2,284	13,698	71,024	36,201	340,449	
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,501,361	59,493	356,838	1,850,217	943,049	3,086,844	75,048
026 INTENSIVE CARE UNIT	1,906,491	3,433	20,592	106,768	54,419	263,342	3,181
026 01 PREMATURE INTENSIVE CARE	3,646,239	1,097	6,578	34,106	17,383	530,851	3,181
027 CORONARY CARE UNIT	3,766,691	3,962	23,762	123,204	62,797	506,072	3,930
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,142,691	6,752	40,496	209,971	107,021	344,038	5,240
033 NURSERY	1,273,079	866	5,192	26,918	13,720	196,812	1,310
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,309,673	15,884	95,266	493,953	251,765	1,055,835	16,095
038 RECOVERY ROOM	1,183,991	778	4,664	24,182	12,326	175,125	1,123
039 DELIVERY ROOM & LABOR ROO	6,558,232	3,677	22,052	114,340	58,279	765,070	3,369
040 ANESTHESIOLOGY	1,762,205	1,081	6,485	33,624	17,138	56,777	2,433
041 RADIOLOGY-DIAGNOSTIC	7,320,672	10,043	60,233	312,307	159,181	761,590	7,860
041 01 MAGNETIC RESONANCE IMAGIN	533,057	623	3,739	19,384	9,880	61,240	1,684
042 RADIOLOGY-THERAPEUTIC	683,644	2,211	13,260	68,751	35,042	52,728	1,310
043 RADIOISOTOPE	699,525	1,471	8,822	45,744	23,315	41,435	1,871
044 LABORATORY	10,216,391	14,525	87,120	451,716	230,237	786,301	14,597
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	2,110,324	496	2,977	15,434	7,867	100,528	374
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,214,265	1,418	8,506	44,106	22,481	278,830	1,123
050 PHYSICAL THERAPY	451,744	1,608	9,647	50,021	25,496	62,045	1,497
051 OCCUPATIONAL THERAPY	288,782	1,879	11,268	58,423	29,778	42,048	1,123
052 SPEECH PATHOLOGY	101,400	429	2,575	13,353	6,806	15,604	561
053 ELECTROCARDIOLOGY	2,544,845	3,586	21,506	111,508	56,835	259,146	4,117
054 ELECTROENCEPHALOGRAPHY	244,968	768	4,604	23,874	12,168	33,060	3,930
055 MEDICAL SUPPLIES CHARGED	4,401,946						
056 DRUGS CHARGED TO PATIENTS	9,680,061						
057 RENAL DIALYSIS	1,699,978	795	4,768	24,722	12,601	182,383	936
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	146,971	794	4,761	24,683	12,581	23,606	187
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	569,390					63,003	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	697,595	4,338	26,017	134,900	68,758	90,195	6,737
060 06 EAR NOSE THROAT	351,357					47,607	
061 EMERGENCY	8,638,541	3,873	23,227	120,429	61,382	1,036,773	5,989
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,994,360	2,906	17,429	90,370	46,061	278,892	4,866
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	207,094,311	234,239	1,404,902	7,284,408	3,712,831	15,724,462	248,156
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6.01
097 NONREIMBURS COST CENTERS							
098 RESEARCH	2,258,039	1,522	9,127	47,324	24,121		3,556
099 PHYSICIANS' PRIVATE OFFICE	14,510						
100 NONPAID WORKERS							
100 KLING OFFICE BLDG	3,916						
100 01 DAY PSYCH PROGRAM	72						
100 02 OCCUPATIONAL HEALTH							1,497
100 03 FAMILY PLANNING	841						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	722,913	581	3,486	18,074	9,212	76,329	936
100 06 DENTISTRY	17,606	349	2,096	10,868	5,539	2,433	374
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	210,112,208	236,691	1,419,611	7,360,674	3,751,703	15,803,224	254,519

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	2,690,122						
006 03 PURCHASING RECEIVING AND	161,407	794,878					
006 04 ADMINISTRATIVE	134,506	3,336	2,072,634				
006 05 CASHIERING/ACCOUNTS RECEI	457,321	2,511		2,950,677			
006 06 OTHER ADMINISTRATIVE AND	215,210	10,219			27,756,402	27,756,402	
007 MAINTENANCE & REPAIRS		1,863			3,063,573	466,306	3,529,879
008 OPERATION OF PLANT		45,959			5,658,507	861,281	65,501
009 LAUNDRY & LINEN SERVICE		55,314			1,422,917	216,582	114,343
010 HOUSEKEEPING		36,962			3,659,586	557,026	7,480
011 DIETARY		242			2,291,698	348,819	25,701
012 CAFETERIA					2,405,534	366,146	188,461
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,897			4,214,539	641,495	74,160
015 CENTRAL SERVICES & SUPPLY		20,763			1,361,234	207,193	219,984
016 PHARMACY	107,605	1,968			2,398,916	365,139	30,790
017 MEDICAL RECORDS & LIBRARY	134,506	990			2,396,697	364,801	38,174
018 SOCIAL SERVICE		296			1,021,263	155,446	22,492
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	215,210				2,935,520	446,815	46,398
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					7,162,898	1,090,265	
023 I&R SERVICES-OTHER PRGM C		1,305			3,191,217	485,735	39,163
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	349,716	17,984	311,490	256,772	30,808,812	4,689,437	1,020,204
026 INTENSIVE CARE UNIT		1,014	34,936	28,772	2,422,948	368,797	58,871
026 01 PREMATURE INTENSIVE CARE		2,274	84,680	69,819	4,396,208	669,147	18,806
027 CORONARY CARE UNIT		1,695	54,000	44,524	4,590,637	698,741	67,934
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		1,171	35,417	29,201	2,921,998	444,757	115,777
033 NURSERY		1,157	56,359	46,469	1,621,882	246,867	14,843
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	161,407		118,434	208,585	10,726,897	1,632,741	272,364
038 RECOVERY ROOM		273	42,624	92,510	1,537,596	234,037	13,334
039 DELIVERY ROOM & LABOR ROO		20,247	86,897	140,962	7,773,125	1,183,147	63,047
040 ANESTHESIOLOGY		3,446	80,837	103,507	2,067,533	314,699	18,540
041 RADIOLOGY-DIAGNOSTIC	295,913	78,164	146,121	268,203	9,420,287	1,433,862	172,205
041 01 MAGNETIC RESONANCE IMAGIN		11,734	21,205	38,201	700,747	106,661	10,688
042 RADIOLOGY-THERAPEUTIC		6,273	1,095	17,205	881,519	134,176	37,909
043 RADIOISOTOPE		13,985	14,223	24,296	874,687	133,136	25,223
044 LABORATORY	349,716	127,904	178,175	487,798	12,944,480	1,970,279	249,074
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		12,591	20,939	23,166	2,294,696	349,276	8,510
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		18,970	94,827	80,752	2,765,278	420,903	24,320
050 PHYSICAL THERAPY		2,764	5,384	4,731	614,937	93,600	27,582
051 OCCUPATIONAL THERAPY		297	4,013	3,357	440,968	67,120	32,214
052 SPEECH PATHOLOGY		72	1,707	2,840	145,347	22,123	7,363
053 ELECTROCARDIOLOGY		34,421	105,496	130,683	3,272,143	498,053	61,485
054 ELECTROENCEPHALOGRAPHY		711	1,796	11,532	337,411	51,357	13,164
055 MEDICAL SUPPLIES CHARGED		219,806	121,257	148,504	4,891,513	744,537	
056 DRUGS CHARGED TO PATIENTS			274,033	328,244	10,282,338	1,565,075	
057 RENAL DIALYSIS		14,636	20,547	62,970	2,024,336	308,124	13,631
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			13,111	13,026	239,720	36,488	13,610
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY		1,434	76	12,128	646,031	98,332	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		238		13,278	1,042,056	158,611	74,383
060 06 EAR NOSE THROAT		1,001	24	9,459	409,448	62,322	
061 EMERGENCY			142,931	249,183	10,282,328	1,565,073	66,404
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	107,605	757			2,543,246	387,107	49,830
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,690,122	779,644	2,072,634	2,950,677	206,861,653	27,261,634	3,423,962
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
097 NONREIMBURS COST CENTERS							
097 RESEARCH		15,209			2,358,898	359,048	26,094
098 PHYSICIANS' PRIVATE OFFICE					14,510	2,209	
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					3,916	596	39,322
100 01 DAY PSYCH PROGRAM					72	11	
100 02 OCCUPATIONAL HEALTH					1,497	228	5,844
100 03 FAMILY PLANNING					841	128	18,699
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT			4		831,535	126,568	9,966
100 06 DENTISTRY		21			39,286	5,980	5,992
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,690,122	794,878	2,072,634	2,950,677	210,112,208	27,756,402	3,529,879

COST CENTER DESCRIPTION	OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA		MAINTENANCE OF PERSONNEL		NURSING ADMINISTRATION	
	8	9	10	11	12	13	14							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
006 01 NONPATIENT TELEPHONE														
006 02 DATA PROCESSING														
006 03 PURCHASING RECEIVING AND														
006 04 ADMINISTRATION														
006 05 CASHIERING/ACCOUNTS RECEI														
006 06 OTHER ADMINISTRATIVE AND														
007 MAINTENANCE & REPAIRS														
008 OPERATION OF PLANT	6,585,289													
009 LAUNDRY & LINEN SERVICE	217,349	1,971,191												
010 HOUSEKEEPING	14,218		4,238,310											
011 DIETARY	48,854		33,223	2,748,295										
012 CAFETERIA	358,237		243,620		3,561,998									
013 MAINTENANCE OF PERSONNEL														
014 NURSING ADMINISTRATION	140,968		95,866		94,654								5,261,682	
015 CENTRAL SERVICES & SUPPLY	418,158		284,370		39,119									
016 PHARMACY	58,528		39,802											
017 MEDICAL RECORDS & LIBRARY	72,564		49,348		82,590									
018 SOCIAL SERVICE	42,755		29,076		34,471									
019 OTHER GENERAL SERVICE COS														
019 01 OUTPATIENT ACCOUNTING	88,196		59,978		13,434									
020 NONPHYSICIAN ANESTHETISTS														
021 NURSING SCHOOL														
022 I&R SERVICES-SALARY & FRI					362,898									
023 I&R SERVICES-OTHER PRGM C	74,442		50,625											
024 PARAMED ED PRGM-(SPECIFY)														
025 INPAT ROUTINE SRVC CNTRS														
025 ADULTS & PEDIATRICS	1,939,262	815,807	1,318,798	2,117,262	934,796								2,281,783	
026 INTENSIVE CARE UNIT	111,906	85,226	76,102	141,336	60,264								175,140	
026 01 PREMATURE INTENSIVE CARE	35,747	13,758	24,310		105,589								338,522	
027 CORONARY CARE UNIT	129,133	94,367	87,817	176,199	109,592								322,168	
028 BURN INTENSIVE CARE UNIT														
029 SURGICAL INTENSIVE CARE U														
031 SUBPROVIDER	220,076	78,601	149,663	313,498	96,051								269,992	
033 NURSERY	28,214		19,187		52,982								162,344	
034 SKILLED NURSING FACILITY														
035 NURSING FACILITY														
037 ANCILLARY SRVC COST CNTRS														
037 OPERATING ROOM	517,724	88,273	352,080		244,037								613,594	
038 RECOVERY ROOM	25,346	22,495	17,237		39,119								97,475	
039 DELIVERY ROOM & LABOR ROO	119,843	118,351	81,500		186,352								459,883	
040 ANESTHESIOLOGY	35,242		23,966		7,899									
041 RADIOLOGY-DIAGNOSTIC	327,337	59,702	222,606		184,364									
041 01 MAGNETIC RESONANCE IMAGIN	20,317	8,983	13,817		11,499									
042 RADIOLOGY-THERAPEUTIC	72,059	12,020	49,004		13,756									
043 RADIOISOTOPE	47,945	26,750	32,605		11,499									
044 LABORATORY	473,455		321,974		234,418									
045 PBP CLINICAL LAB SERVICES														
046 WHOLE BLOOD & PACKED RED	16,177		11,001		27,109									
047 BLOOD STORING, PROCESSING														
048 INTRAVENOUS THERAPY														
049 RESPIRATORY THERAPY	46,229		31,438		86,379									
050 PHYSICAL THERAPY	52,429		35,654											
051 OCCUPATIONAL THERAPY	61,234		41,643											
052 SPEECH PATHOLOGY	13,996		9,518											
053 ELECTROCARDIOLOGY	116,874	15,556	79,481		53,735									
054 ELECTROENCEPHALOGRAPHY	25,023	4,960	17,017		12,843									
055 MEDICAL SUPPLIES CHARGED														
056 DRUGS CHARGED TO PATIENTS														
057 RENAL DIALYSIS	25,911	54,344	17,621		43,982									
058 ASC (NON-DISTINCT PART)														
059 PULMONARY FUNCTION TESTIN	25,871		17,594											
060 OUTPAT SERVICE COST CNTRS														
060 CLINIC														
060 02 O/P CHEMO THERAPY					13,810									
060 03 O/P SUBSTANCE ABUSE														
060 04 UNDER THE RAINBOW O/P	141,392		96,154		22,139									
060 06 EAR NOSE THROAT					23,563									
061 EMERGENCY	126,225	471,998	85,840		289,281								540,781	
062 OBSERVATION BEDS (NON-DIS														
065 OTHER REIMBURS COST CNTRS														
066 AMBULANCE SERVICES														
066 DURABLE MEDICAL EQUIP-REN														
067 DURABLE MEDICAL EQUIP-SOL														
070 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY	94,719		64,414		68,431									
092 SPEC PURPOSE COST CENTERS														
095 AMBULATORY SURGICAL CENTE														
SUBTOTALS	6,383,955	1,971,191	4,183,949	2,748,295	3,560,655								5,261,682	
096 NONREIMBURS COST CENTERS														
GIFT, FLOWER, COFFEE SHOP														

COST CENTER DESCRIPTION	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O	NURSING ADMIN
	PLANT	EN SERVICE				F PERSONNEL	I STRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
097 RESEARCH	49,601		33,732				
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG	74,745						
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH	11,108						
100 03 FAMILY PLANNING	35,545						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	18,944		12,883				
100 06 DENTISTRY	11,391		7,746		1,343		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,585,289	1,971,191	4,238,310	2,748,295	3,561,998		5,261,682

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,530,058						
016 PHARMACY	35,346	2,928,521					
017 MEDICAL RECORDS & LIBRARY	37		3,004,211				
018 SOCIAL SERVICE		20,943		1,326,446			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						3,590,341	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS	260,476	20,383	261,435	838,342			
026 INTENSIVE CARE UNIT	41,896	1,892	29,295	50,661			
026 01 PREMATURE INTENSIVE CARE	60,541	4,406	71,087	26,350			
027 CORONARY CARE UNIT	49,637	3,311	45,333	71,522			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,805	163	29,731	175,354			
033 NURSERY	9,824	24	47,313	4,705			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		14,212	212,372			320,642	
038 RECOVERY ROOM	14,280	665	94,189			165,807	
039 DELIVERY ROOM & LABOR ROO	163,476	9,778	143,521	6,744		200,346	
040 ANESTHESIOLOGY	105,642	28,299	105,386			106,531	
041 RADIOLOGY-DIAGNOSTIC	236,629	546	273,073			426,979	
041 01 MAGNETIC RESONANCE IMAGIN	1,301	6	38,894			59,881	
042 RADIOLOGY-THERAPEUTIC		98	17,518			47,119	
043 RADIOISOTOPE	2,886	30,461	24,737			36,330	
044 LABORATORY	99,463	426	496,615			986,190	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	2,244		23,587			17,059	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	47,811	201	82,218			7,425	
050 PHYSICAL THERAPY	2,600		4,817			843	
051 OCCUPATIONAL THERAPY	312		3,417			139	
052 SPEECH PATHOLOGY	207		2,892			4,141	
053 ELECTROCARDIOLOGY	57,761	7,669	133,055			126,315	
054 ELECTROENCEPHALOGRAPHY	4,107		11,741			29,049	
055 MEDICAL SUPPLIES CHARGED	1,281,841	2,731,324	151,200			140,265	
056 DRUGS CHARGED TO PATIENTS			334,204			295,705	
057 RENAL DIALYSIS	16,100		64,113	98,186		133,035	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			13,263			6,406	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	7,194		12,348			34,871	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	6		13,519			38,376	
060 06 EAR NOSE THROAT	2,309	593	9,631			27,281	
061 EMERGENCY		39,026	253,707	54,582		379,606	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	14,931	11,716					
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,522,662	2,926,142	3,004,211	1,326,446		3,590,341	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
098 RESEARCH	7,394	2,379					
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY		2					
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,530,058	2,928,521	3,004,211	1,326,446		3,590,341	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		8,616,061					
023 I&R SERVICES-OTHER PRGM C			3,841,182				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		5,410,083	2,411,904		55,128,784	-7,821,987	47,306,797
026 INTENSIVE CARE UNIT		300,560	133,995		4,058,889	-434,555	3,624,334
026 01 PREMATURE INTENSIVE CARE		200,374	89,330		6,054,175	-289,704	5,764,471
027 CORONARY CARE UNIT		100,187	44,665		6,591,243	-144,852	6,446,391
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		901,681	401,984		6,123,131	-1,303,665	4,819,466
033 NURSERY					2,208,185		2,208,185
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,001,868	446,649		16,443,453	-1,448,517	14,994,936
038 RECOVERY ROOM					2,261,580		2,261,580
039 DELIVERY ROOM & LABOR ROO					10,509,113		10,509,113
040 ANESTHESIOLOGY		100,187	44,665		2,958,589	-144,852	2,813,737
041 RADIOLOGY-DIAGNOSTIC					12,757,590		12,757,590
041 01 MAGNETIC RESONANCE IMAGIN					972,794		972,794
042 RADIOLOGY-THERAPEUTIC					1,265,178		1,265,178
043 RADIOISOTOPE					1,246,259		1,246,259
044 LABORATORY					17,776,374		17,776,374
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED					2,749,659		2,749,659
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					3,512,202		3,512,202
050 PHYSICAL THERAPY					832,462		832,462
051 OCCUPATIONAL THERAPY					647,047		647,047
052 SPEECH PATHOLOGY					205,587		205,587
053 ELECTROCARDIOLOGY		100,187	44,665		4,566,979	-144,852	4,422,127
054 ELECTROENCEPHALOGRAPHY		100,187	44,665		651,524	-144,852	506,672
055 MEDICAL SUPPLIES CHARGED					9,940,680		9,940,680
056 DRUGS CHARGED TO PATIENTS					12,477,322		12,477,322
057 RENAL DIALYSIS					2,799,383	-336,529	2,462,854
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN					352,952		352,952
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					812,586		812,586
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P					1,586,636		1,586,636
060 06 EAR NOSE THROAT					535,147		535,147
061 EMERGENCY		400,747	178,660		14,734,258	-579,407	14,154,851
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY					3,234,394		3,234,394
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		8,616,061	3,841,182		205,994,155	-12,793,772	193,200,383
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
097 RESEARCH					2,837,146		2,837,146
098 PHYSICIANS' PRIVATE OFFICE					16,719		16,719
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					118,579		118,579
100 01 DAY PSYCH PROGRAM					83		83
100 02 OCCUPATIONAL HEALTH					18,677		18,677
100 03 FAMILY PLANNING					55,213		55,213
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT					999,896		999,896
100 06 DENTISTRY					71,740		71,740
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		8,616,061	3,841,182		210,112,208	-12,793,772	197,318,436

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/5/2008
 WORKSHEET B PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,355	8,127			9,482	9,482
006 01 NONPATIENT TELEPHONE		245	1,472			1,717	24
006 02 DATA PROCESSING		1,933	11,595			13,528	89
006 03 PURCHASING RECEIVING AND		3,420	20,510			23,930	36
006 04 ADMINISTRATION		616	3,694			4,310	135
006 05 CASHIERING/ACCOUNTS RECEI		971	5,823			6,794	3
006 06 OTHER ADMINISTRATIVE AND		17,116	102,657			119,773	674
007 MAINTENANCE & REPAIRS		8,905	53,410			62,315	
008 OPERATION OF PLANT		3,820	22,911			26,731	84
009 LAUNDRY & LINEN SERVICE		6,668	39,994			46,662	
010 HOUSEKEEPING		436	2,616			3,052	176
011 DIETARY		1,499	8,990			10,489	95
012 CAFETERIA		10,991	65,919			76,910	75
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,325	25,939			30,264	285
015 CENTRAL SERVICES & SUPPLY		12,829	76,945			89,774	36
016 PHARMACY		1,796	10,770			12,566	
017 MEDICAL RECORDS & LIBRARY		2,226	13,352			15,578	129
018 SOCIAL SERVICE		1,312	7,867			9,179	63
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING		2,706	16,229			18,935	19
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							598
023 I&R SERVICES-OTHER PRGM C		2,284	13,698			15,982	205
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS		59,493	356,838			416,331	1,821
026 INTENSIVE CARE UNIT		3,433	20,592			24,025	159
026 01 PREMATURE INTENSIVE CARE		1,097	6,578			7,675	320
027 CORONARY CARE UNIT		3,962	23,762			27,724	305
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		6,752	40,496			47,248	207
033 NURSERY		866	5,192			6,058	119
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		15,884	95,266			111,150	636
038 RECOVERY ROOM		778	4,664			5,442	106
039 DELIVERY ROOM & LABOR ROO		3,677	22,052			25,729	461
040 ANESTHESIOLOGY		1,081	6,485			7,566	34
041 RADIOLOGY-DIAGNOSTIC		10,043	60,233			70,276	459
041 01 MAGNETIC RESONANCE IMAGIN		623	3,739			4,362	37
042 RADIOLOGY-THERAPEUTIC		2,211	13,260			15,471	32
043 RADIOISOTOPE		1,471	8,822			10,293	25
044 LABORATORY		14,525	87,120			101,645	474
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		496	2,977			3,473	61
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,418	8,506			9,924	168
050 PHYSICAL THERAPY		1,608	9,647			11,255	37
051 OCCUPATIONAL THERAPY		1,879	11,268			13,147	25
052 SPEECH PATHOLOGY		429	2,575			3,004	9
053 ELECTROCARDIOLOGY		3,586	21,506			25,092	156
054 ELECTROENCEPHALOGRAPHY		768	4,604			5,372	20
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		795	4,768			5,563	110
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN		794	4,761			5,555	14
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							38
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		4,338	26,017			30,355	54
060 06 EAR NOSE THROAT							29
061 EMERGENCY		3,873	23,227			27,100	625
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		2,906	17,429			20,335	168
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		234,239	1,404,902			1,639,141	9,435
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
097 NONREIMBURS COST CENTERS							
097 RESEARCH		1,522	9,127			10,649	
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT		581	3,486			4,067	46
100 06 DENTISTRY		349	2,096			2,445	1
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		236,691	1,419,611			1,656,302	9,482

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 12/5/2008
 WORKSHEET B PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE	1,741						
006 02 DATA PROCESSING	36	13,653					
006 03 PURCHASING RECEIVING AND	26	819	24,811				
006 04 ADMINISTRATIVE	12	683	104	5,244			
006 05 CASHIERING/ACCOUNTS RECEI	44	2,321	78		9,240		
006 06 OTHER ADMINISTRATIVE AND	166	1,092	319			122,024	
007 MAINTENANCE & REPAIRS	27		58			2,050	64,450
008 OPERATION OF PLANT	31		1,434			3,786	1,196
009 LAUNDRY & LINEN SERVICE	1		1,726			952	2,088
010 HOUSEKEEPING	9		1,153			2,448	137
011 DIETARY	29		8			1,533	469
012 CAFETERIA						1,609	3,441
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	28		90			2,820	1,354
015 CENTRAL SERVICES & SUPPLY	1		648			911	4,017
016 PHARMACY	15	546	61			1,605	562
017 MEDICAL RECORDS & LIBRARY	26	683	31			1,603	697
018 SOCIAL SERVICE	17		9			683	411
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	42	1,092				1,964	847
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						4,792	
023 I&R SERVICES-OTHER PRGM C			41			2,135	715
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	511	1,775	561	661	811	20,640	18,628
026 INTENSIVE CARE UNIT	22		32	91	91	1,621	1,075
026 01 PREMATURE INTENSIVE CARE	22		71	220	220	2,941	343
027 CORONARY CARE UNIT	27		53	141	141	3,071	1,240
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	36		37	92	92	1,955	2,114
033 NURSERY	9		36	147	147	1,085	271
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	110	819		308	659	7,176	4,973
038 RECOVERY ROOM	8		9	111	292	1,029	243
039 DELIVERY ROOM & LABOR ROO	23		632	226	445	5,200	1,151
040 ANESTHESIOLOGY	17		108	210	327	1,383	339
041 RADIOLOGY-DIAGNOSTIC	54	1,502	2,439	380	847	6,302	3,144
041 01 MAGNETIC RESONANCE IMAGIN	12		366	55	121	469	195
042 RADIOLOGY-THERAPEUTIC	9		196	3	54	590	692
043 RADIOISOTOPE	13		436	37	77	585	461
044 LABORATORY	100	1,775	3,991	464	1,461	8,660	4,548
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	3		393	55	73	1,535	155
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8		592	247	255	1,850	444
050 PHYSICAL THERAPY	10		86	14	15	411	504
051 OCCUPATIONAL THERAPY	8		9	10	11	295	588
052 SPEECH PATHOLOGY	4		2	4	9	97	134
053 ELECTROCARDIOLOGY	28		1,074	275	413	2,189	1,123
054 ELECTROENCEPHALOGRAPHY	27		22	5	36	226	240
055 MEDICAL SUPPLIES CHARGED			6,866	316	469	3,272	
056 DRUGS CHARGED TO PATIENTS				713	1,037	6,879	
057 RENAL DIALYSIS	6		457	53	199	1,354	249
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	1			34	41	160	249
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY			45		38	432	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	46		7		42	697	1,358
060 06 EAR NOSE THROAT			31		30	274	
061 EMERGENCY	41			372	787	6,879	1,212
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	33	546	24			1,701	910
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	1,698	13,653	24,335	5,244	9,240	119,849	62,517
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	24		475			1,578		476
099 PHYSICIANS' PRIVATE OFFICE						10		
100 NONPAID WORKERS								
100 KLING OFFICE BLDG						3		718
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	10						1	107
100 03 FAMILY PLANNING							1	341
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT	6						556	182
100 06 DENTISTRY	3		1				26	109
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	1,741	13,653	24,811	5,244	9,240	122,024		64,450

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	33,262						
009 LAUNDRY & LINEN SERVICE	1,098	52,527					
010 HOUSEKEEPING	72		7,047				
011 DIETARY	247			55	12,925		
012 CAFETERIA	1,809			405		84,249	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	712		159		2,239		37,951
015 CENTRAL SERVICES & SUPPLY	2,112		473		925		
016 PHARMACY	296		66				
017 MEDICAL RECORDS & LIBRARY	367		82		1,953		
018 SOCIAL SERVICE	216		48		815		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	445		100		318		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					8,583		
023 I&R SERVICES-OTHER PRGM C	376		84				
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,793	21,738	2,196	9,957	22,111		16,457
026 INTENSIVE CARE UNIT	565	2,271	127	665	1,425		1,263
026 01 PREMATURE INTENSIVE CARE	181	367	40		2,497		2,442
027 CORONARY CARE UNIT	652	2,515	146	829	2,592		2,324
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,112	2,095	249	1,474	2,272		1,947
033 NURSERY	143		32		1,253		1,171
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,615	2,352	585		5,772		4,426
038 RECOVERY ROOM	128	599	29		925		703
039 DELIVERY ROOM & LABOR ROO	605	3,154	136		4,408		3,317
040 ANESTHESIOLOGY	178		40		187		
041 RADIOLOGY-DIAGNOSTIC	1,653	1,591	370		4,361		
041 01 MAGNETIC RESONANCE IMAGIN	103	239	23		272		
042 RADIOLOGY-THERAPEUTIC	364	320	81		325		
043 RADIOISOTOPE	242	713	54		272		
044 LABORATORY	2,391		535		5,544		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	82		18		641		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	233		52		2,043		
050 PHYSICAL THERAPY	265		59				
051 OCCUPATIONAL THERAPY	309		69				
052 SPEECH PATHOLOGY	71		16				
053 ELECTROCARDIOLOGY	590	415	132		1,271		
054 ELECTROENCEPHALOGRAPHY	126	132	28		304		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	131	1,448	29		1,040		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	131		29				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					327		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	714		160		524		
060 06 EAR NOSE THROAT					557		
061 EMERGENCY	638	12,578	143		6,842		3,901
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	478		107		1,619		
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	32,243	52,527	6,957	12,925	84,217		37,951
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
098 RESEARCH	251		56				
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 01 KLING OFFICE BLDG	378						
100 02 DAY PSYCH PROGRAM							
100 03 OCCUPATIONAL HEALTH	56						
100 04 FAMILY PLANNING	180						
100 05 PLAZA MEDICAL CENTER							
100 06 DEVELOPMENT	96		21				
100 07 DENTISTRY	58		13		32		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	33,262	52,527	7,047	12,925	84,249		37,951

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	98,897						
016 PHARMACY	1,382	17,099					
017 MEDICAL RECORDS & LIBRARY	1		21,150				
018 SOCIAL SERVICE		122		11,563			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						23,762	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,181	119	1,824	7,307			
026 INTENSIVE CARE UNIT	1,638	11	204	442			
026 01 PREMATURE INTENSIVE CARE	2,366	26	496	230			
027 CORONARY CARE UNIT	1,940	19	316	623			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	149	1	207	1,529			
033 NURSERY	384		330	41			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		83	1,482			2,131	
038 RECOVERY ROOM	558	4	657			1,102	
039 DELIVERY ROOM & LABOR ROO	6,390	57	1,002	59		1,332	
040 ANESTHESIOLOGY	4,129	165	735			708	
041 RADIOLOGY-DIAGNOSTIC	9,249	3	1,906			2,838	
041 01 MAGNETIC RESONANCE IMAGIN	51		271			398	
042 RADIOLOGY-THERAPEUTIC		1	122			313	
043 RADIOISOTOPE	113	178	173			241	
044 LABORATORY	3,888	2	3,652			6,454	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	88		165			113	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,869	1	574			49	
050 PHYSICAL THERAPY	102		34			6	
051 OCCUPATIONAL THERAPY	12		24			1	
052 SPEECH PATHOLOGY	8		20			28	
053 ELECTROCARDIOLOGY	2,258	45	929			840	
054 ELECTROENCEPHALOGRAPHY	161		82			193	
055 MEDICAL SUPPLIES CHARGED	50,107	15,949	1,055			932	
056 DRUGS CHARGED TO PATIENTS			2,332			1,965	
057 RENAL DIALYSIS	629		447	856		884	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			93			43	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	281		86			232	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P			94			255	
060 06 EAR NOSE THROAT	90	3	67			181	
061 EMERGENCY		228	1,771	476		2,523	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	584	68					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	98,608	17,085	21,150	11,563		23,762	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	289	14					
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY							
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	98,897	17,099	21,150	11,563		23,762	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 12/5/2008
 WORKSHEET B PART II

	21	22	23	24	25	26	27
	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONE						
006	02 DATA PROCESSING						
006	03 PURCHASING RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019	OTHER GENERAL SERVICE COS						
019	01 OUTPATIENT ACCOUNTING						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	13,973					
023	I&R SERVICES-OTHER PRGM C		19,538				
024	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS				563,422		563,422
026	ADULTS & PEDIATRICS						
026	01 INTENSIVE CARE UNIT				35,727		35,727
026	PREMATURE INTENSIVE CARE				20,457		20,457
027	CORONARY CARE UNIT				44,658		44,658
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				62,816		62,816
033	NURSERY				11,226		11,226
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS				145,277		145,277
038	OPERATING ROOM						
038	RECOVERY ROOM				11,945		11,945
039	DELIVERY ROOM & LABOR ROO				54,327		54,327
040	ANESTHESIOLOGY				16,126		16,126
041	RADIOLOGY-DIAGNOSTIC				107,374		107,374
041	01 MAGNETIC RESONANCE IMAGIN				6,974		6,974
042	RADIOLOGY-THERAPEUTIC				18,573		18,573
043	RADIOISOTOPE				13,913		13,913
044	LABORATORY				145,584		145,584
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED				6,855		6,855
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY				18,309		18,309
050	PHYSICAL THERAPY				12,798		12,798
051	OCCUPATIONAL THERAPY				14,508		14,508
052	SPEECH PATHOLOGY				3,406		3,406
053	ELECTROCARDIOLOGY				36,830		36,830
054	ELECTROENCEPHALOGRAPHY				6,974		6,974
055	MEDICAL SUPPLIES CHARGED				78,966		78,966
056	DRUGS CHARGED TO PATIENTS				12,926		12,926
057	RENAL DIALYSIS				13,455		13,455
058	ASC (NON-DISTINCT PART)						
059	PULMONARY FUNCTION TESTIN				6,350		6,350
060	OUTPAT SERVICE COST CNTRS						
060	02 O/P CHEMO THERAPY				1,479		1,479
060	03 O/P SUBSTANCE ABUSE						
060	04 UNDER THE RAINBOW O/P				34,306		34,306
060	06 EAR NOSE THROAT				1,262		1,262
061	EMERGENCY				66,116		66,116
062	OBSERVATION BEDS (NON-DIS						
065	OTHER REIMBURS COST CNTRS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY				26,573		26,573
092	SPEC PURPOSE COST CENTERS						
095	AMBULATORY SURGICAL CENTE						
095	SUBTOTALS				1,599,512		1,599,512
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
097 NONREIMBURS COST CENTERS							
097 RESEARCH					13,812		13,812
098 PHYSICIANS' PRIVATE OFFICE					10		10
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					1,099		1,099
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH					174		174
100 03 FAMILY PLANNING					522		522
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT					4,974		4,974
100 06 DENTISTRY					2,688		2,688
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS		13,973	19,538		33,511		33,511
102 NEGATIVE COST CENTER							
103 TOTAL		13,973	19,538		1,656,302		1,656,302

COST CENTER
 DESCRIPTION

001 GENERAL SERVICE COST CNTR
 002 OLD CAP REL COSTS-BLDG &
 003 OLD CAP REL COSTS-MVBLE E
 004 NEW CAP REL COSTS-BLDG &
 005 NEW CAP REL COSTS-MVBLE E
 006 EMPLOYEE BENEFITS
 006 01 NONPATIENT TELEPHONE
 006 02 DATA PROCESSING
 006 03 PURCHASING RECEIVING AND
 006 04 ADMINISTRATION
 006 05 CASHIERING/ACCOUNTS RECEI
 006 06 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 013 MAINTENANCE OF PERSONNEL
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 019 OTHER GENERAL SERVICE COS
 019 01 OUTPATIENT ACCOUNTING
 020 NONPHYSICIAN ANESTHETISTS
 021 NURSING SCHOOL
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMEDICAL PRGM-(SPECIFY)
 025 INPAT ROUTINE SRVC CNTRS
 026 ADULTS & PEDIATRICS
 026 01 INTENSIVE CARE UNIT
 026 01 PREMATURE INTENSIVE CARE
 027 CORONARY CARE UNIT
 028 BURN INTENSIVE CARE UNIT
 029 SURGICAL INTENSIVE CARE U
 031 SUBPROVIDER
 033 NURSERY
 034 SKILLED NURSING FACILITY
 035 NURSING FACILITY
 037 ANCILLARY SRVC COST CNTRS
 038 OPERATING ROOM
 038 RECOVERY ROOM
 039 DELIVERY ROOM & LABOR ROO
 040 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 041 01 MAGNETIC RESONANCE IMAGIN
 042 RADIOLOGY-THERAPEUTIC
 043 RADIOISOTOPE
 044 LABORATORY
 045 PBP CLINICAL LAB SERVICES
 046 WHOLE BLOOD & PACKED RED
 047 BLOOD STORING, PROCESSING
 048 INTRAVENOUS THERAPY
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 058 ASC (NON-DISTINCT PART)
 059 PULMONARY FUNCTION TESTIN
 060 OUTPAT SERVICE COST CNTRS
 060 CLINIC
 060 02 O/P CHEMO THERAPY
 060 03 O/P SUBSTANCE ABUSE
 060 04 UNDER THE RAINBOW O/P
 060 06 EAR NOSE THROAT
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 065 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 066 DURABLE MEDICAL EQUIP-REN
 067 DURABLE MEDICAL EQUIP-SOL
 070 I&R SERVICES-NOT APPRVD P
 071 HOME HEALTH AGENCY
 092 SPEC PURPOSE COST CENTERS
 095 AMBULATORY SURGICAL CENTE
 095 SUBTOTALS
 096 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/5/2008
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				42,141	21,479	63,620	63,620
006 01 NONPATIENT TELEPHONE				7,630	3,889	11,519	161
006 02 DATA PROCESSING				60,118	30,642	90,760	593
006 03 PURCHASING RECEIVING AND				106,344	54,203	160,547	243
006 04 ADMINITTING				19,153	9,762	28,915	904
006 05 CASHIERING/ACCOUNTS RECEI				30,194	15,390	45,584	22
006 06 OTHER ADMINISTRATIVE AND				532,278	271,300	803,578	4,505
007 MAINTENANCE & REPAIRS				276,929	141,150	418,079	
008 OPERATION OF PLANT				118,791	60,547	179,338	564
009 LAUNDRY & LINEN SERVICE				207,370	105,695	313,065	
010 HOUSEKEEPING				13,565	6,914	20,479	1,177
011 DIETARY				46,611	23,757	70,368	633
012 CAFETERIA				341,788	174,208	515,996	501
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				134,495	68,552	203,047	1,901
015 CENTRAL SERVICES & SUPPLY				398,958	203,347	602,305	241
016 PHARMACY				55,841	28,462	84,303	
017 MEDICAL RECORDS & LIBRARY				69,232	35,287	104,519	859
018 SOCIAL SERVICE				40,792	20,791	61,583	419
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING				84,146	42,889	127,035	129
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							3,998
023 I&R SERVICES-OTHER PRGM C				71,024	36,201	107,225	1,370
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,850,217	943,049	2,793,266	12,436
026 INTENSIVE CARE UNIT				106,768	54,419	161,187	1,060
026 01 PREMATURE INTENSIVE CARE				34,106	17,383	51,489	2,137
027 CORONARY CARE UNIT				123,204	62,797	186,001	2,037
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				209,971	107,021	316,992	1,385
033 NURSERY				26,918	13,720	40,638	792
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				493,953	251,765	745,718	4,250
038 RECOVERY ROOM				24,182	12,326	36,508	705
039 DELIVERY ROOM & LABOR ROO				114,340	58,279	172,619	3,079
040 ANESTHESIOLOGY				33,624	17,138	50,762	229
041 RADIOLOGY-DIAGNOSTIC				312,307	159,181	471,488	3,065
041 01 MAGNETIC RESONANCE IMAGIN				19,384	9,880	29,264	246
042 RADIOLOGY-THERAPEUTIC				68,751	35,042	103,793	212
043 RADIOISOTOPE				45,744	23,315	69,059	167
044 LABORATORY				451,716	230,237	681,953	3,165
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED				15,434	7,867	23,301	405
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				44,106	22,481	66,587	1,122
050 PHYSICAL THERAPY				50,021	25,496	75,517	250
051 OCCUPATIONAL THERAPY				58,423	29,778	88,201	169
052 SPEECH PATHOLOGY				13,353	6,806	20,159	63
053 ELECTROCARDIOLOGY				111,508	56,835	168,343	1,043
054 ELECTROENCEPHALOGRAPHY				23,874	12,168	36,042	133
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				24,722	12,601	37,323	734
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN				24,683	12,581	37,264	95
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							254
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P				134,900	68,758	203,658	363
060 06 EAR NOSE THROAT							192
061 EMERGENCY				120,429	61,382	181,811	4,173
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				90,370	46,061	136,431	1,122
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS				7,284,408	3,712,831	10,997,239	63,303
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
097 NONREIMBURS COST CENTERS							
097 RESEARCH				47,324	24,121	71,445	
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT				18,074	9,212	27,286	307
100 06 DENTISTRY				10,868	5,539	16,407	10
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				7,360,674	3,751,703	11,112,377	63,620

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 12/5/2008
 WORKSHEET B PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER TRATIVE	ADMINIS AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
01 NONPATIENT TELEPHONE	11,680							
02 DATA PROCESSING	240	91,593						
03 PURCHASING RECEIVING AND	172	5,496	166,458					
04 ADMINITING	77	4,580	699	35,175				
05 CASHIERING/ACCOUNTS RECEI	292	15,570	526		61,994			
06 OTHER ADMINIS TRATIVE AND	1,116	7,327	2,140			818,666		
07 MAINTENANCE & REPAIRS	180		390			13,752	432,401	
08 OPERATION OF PLANT	206		9,625			25,401	8,024	
09 LAUNDRY & LINEN SERVICE	9		11,584			6,387	14,007	
10 HOUSEKEEPING	60		7,741			16,428	916	
11 DIETARY	198		51			10,287	3,148	
12 CAFETERIA						10,798	23,086	
13 MAINTENANCE OF PERSONNEL								
14 NURSING ADMINISTRATION	189		607			18,919	9,084	
15 CENTRAL SERVICES & SUPPLY	9		4,348			6,111	26,947	
16 PHARMACY	103	3,664	412			10,769	3,772	
17 MEDICAL RECORDS & LIBRARY	172	4,580	207			10,759	4,676	
18 SOCIAL SERVICE	112		62			4,584	2,755	
19 OTHER GENERAL SERVICE COS								
01 OUTPATIENT ACCOUNTING	283	7,327				13,178	5,684	
02 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI						32,154		
023 I&R SERVICES-OTHER PRGM C			273			14,325	4,797	
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRIS	3,442	11,907	3,766	5,371	5,406	138,372	124,972	
026 INTENSIVE CARE UNIT	146		212	591	606	10,877	7,212	
01 PREMATURE INTENSIVE CARE	146		476	1,433	1,470	19,735	2,304	
027 CORONARY CARE UNIT	180		355	914	937	20,607	8,322	
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER	240		245	599	615	13,117	14,182	
033 NURSERY	60		242	954	978	7,281	1,818	
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
OPERATING ROOM	739	5,496		2,004	4,391	48,153	33,364	
038 RECOVERY ROOM	52		57	721	1,948	6,902	1,633	
039 DELIVERY ROOM & LABOR ROO	155		4,240	1,471	2,968	34,894	7,723	
040 ANESTHESIOLOGY	112		722	1,368	2,179	9,281	2,271	
041 RADIOLOGY-DIAGNOSTIC	361	10,075	16,369	2,473	5,646	42,288	21,095	
01 MAGNETIC RESONANCE IMAGIN	77		2,457	359	804	3,146	1,309	
042 RADIOLOGY-THERAPEUTIC	60		1,314	19	362	3,957	4,644	
043 RADIOISOTOPE	86		2,929	241	511	3,926	3,090	
044 LABORATORY	670	11,907	26,786	3,015	10,144	58,108	30,511	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED	17		2,637	354	488	10,301	1,042	
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	52		3,973	1,605	1,700	12,413	2,979	
050 PHYSICAL THERAPY	69		579	91	100	2,760	3,379	
051 OCCUPATIONAL THERAPY	52		62	68	71	1,980	3,946	
052 SPEECH PATHOLOGY	26		15	29	60	652	902	
053 ELECTROCARDIOLOGY	189		7,209	1,785	2,751	14,689	7,532	
054 ELECTROENCEPHALOGRAPHY	180		149	30	243	1,515	1,613	
055 MEDICAL SUPPLIES CHARGED			46,025	2,052	3,126	21,958		
056 DRUGS CHARGED TO PATIENTS				4,638	6,910	46,157		
057 RENAL DIALYSIS	43		3,065	348	1,326	9,087	1,670	
058 ASC (NON-DISTINCT PART)								
059 PULMONARY FUNCTION TESTIN	9			222	274	1,076	1,667	
060 OUTPAT SERVICE COST CNTRS								
CLINIC								
02 O/P CHEMO THERAPY			300	1	255	2,900		
060 03 O/P SUBSTANCE ABUSE								
060 04 UNDER THE RAINBOW O/P	309		50		280	4,678	9,112	
060 06 EAR NOSE THROAT			210		199	1,838		
061 EMERGENCY	275			2,419	5,246	46,157	8,134	
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 I&R SERVICES-NOT APPRVD P								
HOME HEALTH AGENCY	223	3,664	159			11,417	6,104	
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE								
SUBTOTALS	11,388	91,593	163,268	35,175	61,994	804,074	419,426	
096 NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP								

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	163		3,185			10,589		3,196
099 PHYSICIANS' PRIVATE OFFICE						65		
100 NONPAID WORKERS								
100 KLING OFFICE BLDG							18	4,817
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	69						7	716
100 03 FAMILY PLANNING							4	2,291
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT	43			1			3,733	1,221
100 06 DENTISTRY	17			4			176	734
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	11,680	91,593	166,458	35,175	61,994	818,666		432,401

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	223,158						
009 LAUNDRY & LINEN SERVICE	7,365	352,417					
010 HOUSEKEEPING	482		47,283				
011 DIETARY	1,656		371	86,712			
012 CAFETERIA	12,140		2,718		565,239		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,777		1,069		15,020		254,613
015 CENTRAL SERVICES & SUPPLY	14,170		3,172		6,208		
016 PHARMACY	1,983		444				
017 MEDICAL RECORDS & LIBRARY	2,459		551		13,106		
018 SOCIAL SERVICE	1,449		324		5,470		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	2,989		669		2,132		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					57,587		
023 I&R SERVICES-OTHER PRGM C	2,523		565				
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	65,716	145,853	14,711	66,803	148,339		110,415
026 INTENSIVE CARE UNIT	3,792	15,237	849	4,459	9,563		8,475
026 01 PREMATURE INTENSIVE CARE	1,211	2,460	271		16,755		16,381
027 CORONARY CARE UNIT	4,376	16,871	980	5,559	17,391		15,590
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	7,458	14,053	1,670	9,891	15,242		13,065
033 NURSERY	956		214		8,408		7,856
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,544	15,782	3,928		38,725		29,692
038 RECOVERY ROOM	859	4,022	192		6,208		4,717
039 DELIVERY ROOM & LABOR ROO	4,061	21,159	909		29,571		22,254
040 ANESTHESIOLOGY	1,194		267		1,253		
041 RADIOLOGY-DIAGNOSTIC	11,093	10,674	2,483		29,256		
041 01 MAGNETIC RESONANCE IMAGIN	688	1,606	154		1,825		
042 RADIOLOGY-THERAPEUTIC	2,442	2,149	547		2,183		
043 RADIOISOTOPE	1,625	4,782	364		1,825		
044 LABORATORY	16,044		3,592		37,199		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	548		123		4,302		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,567		351		13,707		
050 PHYSICAL THERAPY	1,777		398				
051 OCCUPATIONAL THERAPY	2,075		465				
052 SPEECH PATHOLOGY	474		106				
053 ELECTROCARDIOLOGY	3,961	2,781	887		8,527		
054 ELECTROENCEPHALOGRAPHY	848	887	190		2,038		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	878	9,716	197		6,979		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	877		196				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					2,191		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	4,791		1,073		3,513		
060 06 EAR NOSE THROAT					3,739		
061 EMERGENCY	4,277	84,385	958		45,905		26,168
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,210		719		10,859		
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	216,335	352,417	46,677	86,712	565,026		254,613
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
097 RESEARCH	1,681		376				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG	2,533						
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH	376						
100 03 FAMILY PLANNING	1,205						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	642		144				
100 06 DENTISTRY	386		86		213		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	223,158	352,417	47,283	86,712	565,239		254,613

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT AC COUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	663,511						
016 PHARMACY	9,269	114,719					
017 MEDICAL RECORDS & LIBRARY	10		141,898				
018 SOCIAL SERVICE		820		77,578			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						159,426	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS	68,310	798	12,366	49,032			
026 INTENSIVE CARE UNIT	10,987	74	1,386	2,963			
026 01 PREMATURE INTENSIVE CARE	15,877	173	3,362	1,541			
027 CORONARY CARE UNIT	13,017	130	2,144	4,183			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	998	6	1,406	10,256			
033 NURSERY	2,576	1	2,238	275			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		557	10,045			14,247	
038 RECOVERY ROOM	3,745	26	4,455			7,367	
039 DELIVERY ROOM & LABOR ROO	42,872	383	6,788		394	8,902	
040 ANESTHESIOLOGY	27,705	1,109	4,985			4,733	
041 RADIOLOGY-DIAGNOSTIC	62,056	21	12,916			18,972	
041 01 MAGNETIC RESONANCE IMAGIN	341		1,840			2,661	
042 RADIOLOGY-THERAPEUTIC		4	829			2,094	
043 RADIOISOTOPE	757	1,193	1,170			1,614	
044 LABORATORY	26,084	17	23,290			43,718	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	588		1,116			758	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12,538	8	3,889			330	
050 PHYSICAL THERAPY	682		228			37	
051 OCCUPATIONAL THERAPY	82		162			6	
052 SPEECH PATHOLOGY	54		137			184	
053 ELECTROCARDIOLOGY	15,148	300	6,293			5,612	
054 ELECTROENCEPHALOGRAPHY	1,077		555			1,291	
055 MEDICAL SUPPLIES CHARGED	336,167	106,995	7,152			6,232	
056 DRUGS CHARGED TO PATIENTS			15,808			13,139	
057 RENAL DIALYSIS	4,222		3,032		5,742	5,911	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			627			285	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	1,887		584			1,549	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	2		639			1,705	
060 06 EAR NOSE THROAT	605	23	456			1,212	
061 EMERGENCY		1,529	12,000		3,192	16,867	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,916	459					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	661,572	114,626	141,898	77,578		159,426	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	1,939		93				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY							
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	663,511	114,719	141,898	77,578		159,426	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/5/2008
 WORKSHEET B PART III

	21	22	23	24	25	26	27
	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONE						
006	02 DATA PROCESSING						
006	03 PURCHASING RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019	OTHER GENERAL SERVICE COS						
019	01 OUTPATIENT ACCOUNTING						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	93,739					
023	I&R SERVICES-OTHER PRGM C		131,078				
024	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS				3,781,281		3,781,281
026	ADULTS & PEDIATRICS				239,676		239,676
026	01 INTENSIVE CARE UNIT				137,221		137,221
027	PREMATURE INTENSIVE CARE				299,594		299,594
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				421,420		421,420
033	NURSERY				75,287		75,287
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS				974,635		974,635
038	OPERATING ROOM				80,117		80,117
038	RECOVERY ROOM				364,442		364,442
039	DELIVERY ROOM & LABOR ROO				108,170		108,170
040	ANESTHESIOLOGY				720,331		720,331
041	RADIOLOGY-DIAGNOSTIC				46,777		46,777
041	01 MAGNETIC RESONANCE IMAGIN				124,609		124,609
042	RADIOLOGY-THERAPEUTIC				93,339		93,339
043	RADIOISOTOPE				976,203		976,203
044	LABORATORY						
045	PBP CLINICAL LAB SERVICES				45,980		45,980
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY				122,821		122,821
050	PHYSICAL THERAPY				85,867		85,867
051	OCCUPATIONAL THERAPY				97,339		97,339
052	SPEECH PATHOLOGY				22,861		22,861
053	ELECTROCARDIOLOGY				247,050		247,050
054	ELECTROENCEPHALOGRAPHY				46,791		46,791
055	MEDICAL SUPPLIES CHARGED				529,707		529,707
056	DRUGS CHARGED TO PATIENTS				86,652		86,652
057	RENAL DIALYSIS				90,273		90,273
058	ASC (NON-DISTINCT PART)						
059	PULMONARY FUNCTION TESTIN				42,592		42,592
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	02 O/P CHEMO THERAPY				9,921		9,921
060	03 O/P SUBSTANCE ABUSE						
060	04 UNDER THE RAINBOW O/P				230,173		230,173
060	06 EAR NOSE THROAT				8,474		8,474
061	EMERGENCY				443,496		443,496
062	OBSERVATION BEDS (NON-DIS						
065	OTHER REIMBURS COST CNTRS						
066	AMBULANCE SERVICES						
067	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY				178,283		178,283
092	SPEC PURPOSE COST CENTERS						
095	AMBULATORY SURGICAL CENTE						
095	SUBTOTALS				10,731,382		10,731,382
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
097 NONREIMBURS COST CENTERS							
097 RESEARCH					92,667		92,667
098 PHYSICIANS' PRIVATE OFFICE					65		65
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					7,368		7,368
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH					1,168		1,168
100 03 FAMILY PLANNING					3,500		3,500
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT					33,377		33,377
100 06 DENTISTRY					18,033		18,033
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS		93,739	131,078		224,817		224,817
102 NEGATIVE COST CENTER							
103 TOTAL		93,739	131,078		11,112,377		11,112,377

COST CENTER
 DESCRIPTION

001 GENERAL SERVICE COST CNTR
 002 OLD CAP REL COSTS-BLDG &
 003 OLD CAP REL COSTS-MVBLE E
 004 NEW CAP REL COSTS-BLDG &
 005 NEW CAP REL COSTS-MVBLE E
 006 EMPLOYEE BENEFITS
 006 01 NONPATIENT TELEPHONE
 006 02 DATA PROCESSING
 006 03 PURCHASING RECEIVING AND
 006 04 ADMINISTRATION
 006 05 CASHIERING/ACCOUNTS RECEI
 006 06 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 013 MAINTENANCE OF PERSONNEL
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 019 OTHER GENERAL SERVICE COS
 019 01 OUTPATIENT ACCOUNTING
 020 NONPHYSICIAN ANESTHETISTS
 021 NURSING SCHOOL
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM-(SPECIFY)
 025 INPAT ROUTINE SRVC CNTRS
 026 ADULTS & PEDIATRICS
 026 01 INTENSIVE CARE UNIT
 026 01 PREMATURE INTENSIVE CARE
 027 CORONARY CARE UNIT
 028 BURN INTENSIVE CARE UNIT
 029 SURGICAL INTENSIVE CARE U
 031 SUBPROVIDER
 033 NURSERY
 034 SKILLED NURSING FACILITY
 035 NURSING FACILITY
 037 ANCILLARY SRVC COST CNTRS
 038 OPERATING ROOM
 038 RECOVERY ROOM
 039 DELIVERY ROOM & LABOR ROO
 040 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 041 01 MAGNETIC RESONANCE IMAGIN
 042 RADIOLOGY-THERAPEUTIC
 043 RADIOISOTOPE
 044 LABORATORY
 045 PBP CLINICAL LAB SERVICES
 046 WHOLE BLOOD & PACKED RED
 047 BLOOD STORING, PROCESSING
 048 INTRAVENOUS THERAPY
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 058 ASC (NON-DISTINCT PART)
 059 PULMONARY FUNCTION TESTIN
 060 OUTPAT SERVICE COST CNTRS
 060 CLINIC
 060 02 O/P CHEMO THERAPY
 060 03 O/P SUBSTANCE ABUSE
 060 04 UNDER THE RAINBOW O/P
 060 06 EAR NOSE THROAT
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 065 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 066 DURABLE MEDICAL EQUIP-REN
 067 DURABLE MEDICAL EQUIP-SOL
 070 I&R SERVICES-NOT APPRVD P
 071 HOME HEALTH AGENCY
 092 SPEC PURPOSE COST CENTERS
 095 AMBULATORY SURGICAL CENTE
 095 SUBTOTALS
 096 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE E (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE E (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	382,002					
003 OLD CAP REL COSTS-MVB		382,002				
004 NEW CAP REL COSTS-BLD			382,002			
005 NEW CAP REL COSTS-MVB				382,002		
006 EMPLOYEE BENEFITS	2,187	2,187	2,187	2,187	98,156,158	
006 01 NONPATIENT TELEPHONE	396	396	396	396	248,632	1,360
006 02 DATA PROCESSING	3,120	3,120	3,120	3,120	915,641	28
006 03 PURCHASING RECEIVING	5,519	5,519	5,519	5,519	374,452	20
006 04 ADMINITTING	994	994	994	994	1,395,070	9
006 05 CASHIERING/ACCOUNTS R	1,567	1,567	1,567	1,567	34,350	34
006 06 OTHER ADMINSTRATIVE	27,624	27,624	27,624	27,624	6,952,830	130
007 MAINTENANCE & REPAIRS	14,372	14,372	14,372	14,372		21
008 OPERATION OF PLANT	6,165	6,165	6,165	6,165	869,917	24
009 LAUNDRY & LINEN SERVI	10,762	10,762	10,762	10,762		1
010 HOUSEKEEPING	704	704	704	704	1,815,998	7
011 DIETARY	2,419	2,419	2,419	2,419	977,137	23
012 CAFETERIA	17,738	17,738	17,738	17,738	773,162	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO	6,980	6,980	6,980	6,980	2,933,147	22
015 CENTRAL SERVICES & SU	20,705	20,705	20,705	20,705	371,958	1
016 PHARMACY	2,898	2,898	2,898	2,898		12
017 MEDICAL RECORDS & LIB	3,593	3,593	3,593	3,593	1,324,888	20
018 SOCIAL SERVICE	2,117	2,117	2,117	2,117	646,162	13
019 OTHER GENERAL SERVICE						
019 01 OUTPATIENT ACCOUNTING	4,367	4,367	4,367	4,367	198,349	33
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					6,169,588	
023 I&R SERVICES-OTHER PR	3,686	3,686	3,686	3,686	2,114,575	
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICALS	96,022	96,022	96,022	96,022	19,172,935	401
026 INTENSIVE CARE UNIT	5,541	5,541	5,541	5,541	1,635,657	17
026 01 PREMATURE INTENSIVE C	1,770	1,770	1,770	1,770	3,297,191	17
027 CORONARY CARE UNIT	6,394	6,394	6,394	6,394	3,143,284	21
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	10,897	10,897	10,897	10,897	2,136,868	28
033 NURSERY	1,397	1,397	1,397	1,397	1,222,428	7
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,635	25,635	25,635	25,635	6,557,942	86
038 RECOVERY ROOM	1,255	1,255	1,255	1,255	1,087,724	6
039 DELIVERY ROOM & LABOR	5,934	5,934	5,934	5,934	4,751,958	18
040 ANESTHESIOLOGY	1,745	1,745	1,745	1,745	352,650	13
041 RADIOLOGY-DIAGNOSTIC	16,208	16,208	16,208	16,208	4,730,346	42
041 01 MAGNETIC RESONANCE IM	1,006	1,006	1,006	1,006	380,369	9
042 RADIOLOGY-THERAPEUTIC	3,568	3,568	3,568	3,568	327,498	7
043 RADIOISOTOPE	2,374	2,374	2,374	2,374	257,356	10
044 LABORATORY	23,443	23,443	23,443	23,443	4,883,824	78
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED	801	801	801	801	624,393	2
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2,289	2,289	2,289	2,289	1,731,854	6
050 PHYSICAL THERAPY	2,596	2,596	2,596	2,596	385,371	8
051 OCCUPATIONAL THERAPY	3,032	3,032	3,032	3,032	261,166	6
052 SPEECH PATHOLOGY	693	693	693	693	96,917	3
053 ELECTROCARDIOLOGY	5,787	5,787	5,787	5,787	1,609,591	22
054 ELECTROENCEPHALOGRAPH	1,239	1,239	1,239	1,239	205,340	21
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,283	1,283	1,283	1,283	1,132,808	5
058 ASC (NON-DISTINCT PAR						
059 PULMONARY FUNCTION TE	1,281	1,281	1,281	1,281	146,621	1
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 02 O/P CHEMO THERAPY					391,319	
060 03 O/P SUBSTANCE ABUSE						
060 04 UNDER THE RAINBOW O/P	7,001	7,001	7,001	7,001	560,217	36
060 06 EAR NOSE THROAT					295,693	
061 EMERGENCY	6,250	6,250	6,250	6,250	6,439,542	32
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	4,690	4,690	4,690	4,690	1,732,237	26

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONE
	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
092 OTHER REIMBURS COST C						
095 SPEC PURPOSE COST CEN						
096 AMBULATORY SURGICAL C						
097 SUBTOTALS	378,044	378,044	378,044	378,044	97,666,955	1,326
098 NONREIMBURS COST CEN						
099 GIFT, FLOWER, COFFEE						
100 RESEARCH	2,456	2,456	2,456	2,456		19
100 01 PHYSICIANS' PRIVATE O						
100 02 NONPAID WORKERS						
100 03 KLING OFFICE BLDG						
100 04 DAY PSYCH PROGRAM						
100 05 OCCUPATIONAL HEALTH						8
100 06 FAMILY PLANNING						
100 07 PLAZA MEDICAL CENTER						
100 08 DEVELOPMENT	938	938	938	938	474,093	5
100 09 DENTISTRY	564	564	564	564	15,110	2
101 08 GERIATRIC ASSMNT						
101 09 BETHANY LAB						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED	236,691	1,419,611	7,360,674	3,751,703	15,803,224	254,519
(WRKSHT B, PART I)						
105 UNIT COST MULTIPLIER	.619607		19.268679		.161001	
(WRKSHT B, PT I)		3.716240		9.821161		187.146324
106 COST TO BE ALLOCATED					9,482	1,741
(WRKSHT B, PART II)						
107 UNIT COST MULTIPLIER					.000097	
(WRKSHT B, PT II)						1.280147
108 COST TO BE ALLOCATED					63,620	11,680
(WRKSHT B, PART III)						
UNIT COST MULTIPLIER					.000648	
(WRKSHT B, PT III)						8.588235

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE)S	CASHIERING/ACCOUNTS RECEI (GRS REV)	OTHER ADMINISTRATIVE AND RECONCILIATION (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)	
	6.02	6.03	6.04	6.05	6a.06	6.06	7
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	100						
006 03 PURCHASING RECEIVING	6	14,480,120					
006 04 ADMINISTRATION	5	60,777	449,653,690				
006 05 CASHIERING/ACCOUNTS R	17	45,748		776,572,614			
006 06 OTHER ADMINISTRATIVE	8	186,150			-27,756,402	182,355,806	
007 MAINTENANCE & REPAIRS		33,946				3,063,573	332,234
008 OPERATION OF PLANT		837,227				5,658,507	6,165
009 LAUNDRY & LINEN SERVI		1,007,649				1,422,917	10,762
010 HOUSEKEEPING		673,328				3,659,586	704
011 DIETARY		4,405				2,291,698	2,419
012 CAFETERIA						2,405,534	17,738
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		52,767				4,214,539	6,980
015 CENTRAL SERVICES & SU		378,235				1,361,234	20,705
016 PHARMACY	4	35,842				2,398,916	2,898
017 MEDICAL RECORDS & LIB	5	18,038				2,396,697	3,593
018 SOCIAL SERVICE		5,392				1,021,263	2,117
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	8					2,935,520	4,367
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						7,162,898	
023 I&R SERVICES-OTHER PR		23,777				3,191,217	3,686
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13	327,608	67,543,259	67,571,595		30,808,812	96,022
026 INTENSIVE CARE UNIT		18,480	7,580,041	7,571,709		2,422,948	5,541
026 01 PREMATURE INTENSIVE C		41,424	18,372,836	18,373,449		4,396,208	1,770
027 CORONARY CARE UNIT		30,883	11,716,179	11,716,853		4,590,637	6,394
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		21,340	7,684,348	7,684,348		2,921,998	10,897
033 NURSERY		21,071	12,228,011	12,228,708		1,621,882	1,397
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	6		25,696,339	54,890,755		10,726,897	25,635
038 RECOVERY ROOM		4,974	9,247,951	24,344,622		1,537,596	1,255
039 DELIVERY ROOM & LABOR		368,833	18,853,701	37,095,141		7,773,125	5,934
040 ANESTHESIOLOGY		62,767	17,539,021	27,238,684		2,067,533	1,745
041 RADIOLOGY-DIAGNOSTIC		1,423,904	31,703,363	70,579,688		9,420,287	16,208
041 01 MAGNETIC RESONANCE IM		213,749	4,600,678	10,052,849		700,747	1,006
042 RADIOLOGY-THERAPEUTIC		114,268	237,569	4,527,760		881,519	3,568
043 RADIOISOTOPE		254,764	3,085,950	6,393,745		874,687	2,374
044 LABORATORY	13	2,330,020	38,658,104	128,447,464		12,944,480	23,443
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED		229,374	4,543,067	6,096,306		2,294,696	801
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		345,583	20,574,325	21,250,400		2,765,278	2,289
050 PHYSICAL THERAPY		50,353	1,168,161	1,244,959		614,937	2,596
051 OCCUPATIONAL THERAPY		5,406	870,628	883,291		440,968	3,032
052 SPEECH PATHOLOGY		1,317	370,406	747,472		145,347	693
053 ELECTROCARDIOLOGY		627,046	22,889,191	34,390,134		3,272,143	5,787
054 ELECTROENCEPHALOGRAPH		12,959	389,759	3,034,656		337,411	1,239
055 MEDICAL SUPPLIES CHAR		4,004,121	26,308,829	39,079,951		4,891,513	
056 DRUGS CHARGED TO PATI			59,456,095	86,380,021		10,282,338	
057 RENAL DIALYSIS		266,615	4,458,108	16,570,939		2,024,336	1,283
058 ASC (NON-DISTINCT PAR							
059 PULMONARY FUNCTION TE			2,844,623	3,427,892		239,720	1,281
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 02 O/P CHEMO THERAPY		26,120	16,537	3,191,510		646,031	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		4,327		3,494,105		1,042,056	7,001
060 06 EAR NOSE THROAT		18,227	5,263	2,489,191		409,448	
061 EMERGENCY			31,011,348	65,574,417		10,282,328	6,250
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	4	13,797				2,543,246	4,690

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	RE ADMITTING (I/P CHARGE) S	CASHIERING/AC COUNTS RECEI (GRS REV)	RECONCILIATION ()	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)
OTHER REIMBURS COST C SPEC PURPOSE COST CEN 092 AMBULATORY SURGICAL C 095 SUBTOTALS	6.02	6.03	6.04	6.05	6a.06	6.06	7
NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE 097 RESEARCH	100	14,202,611	449,653,690	776,572,614	-27,756,402	179,105,251	322,265
098 PHYSICIANS' PRIVATE O 099 NONPAID WORKERS		277,054				2,358,898 14,510	2,456
100 KLINING OFFICE BLDG 100 01 DAY PSYCH PROGRAM						3,916 72	3,701
100 02 OCCUPATIONAL HEALTH 100 03 FAMILY PLANNING						1,497 841	550 1,760
100 04 PLAZA MEDICAL CENTER 100 05 DEVELOPMENT		72				831,535	938
100 06 DENTISTRY 100 08 GERIATRIC ASSMNT 100 09 BETHANY LAB		383				39,286	564
101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER 103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,690,122	794,878	2,072,634	2,950,677		27,756,402	3,529,879
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.054894		.003800		.152210	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	26,901.220000 13,653	24,811	.004609 5,244	9,240		122,024	10.624677 64,450
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.001713		.000012		.000669	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	136.530000 91,593	166,458	.000012 35,175	61,994		818,666	.193990 432,401
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	915.930000	.011496	.000078	.000080		.004489	1.301495

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	326,069						
009 LAUNDRY & LINEN SERVICE	10,762	1,873,788					
010 HOUSEKEEPING	704		308,592				
011 DIETARY	2,419			200,149			
012 CAFETERIA	17,738		17,738		132,577		
013 MAINTENANCE OF PERSONNEL						294,466	
014 NURSING ADMINISTRATION	6,980		6,980		3,523	6,980	1,414,049
015 CENTRAL SERVICES & SUPPLIES	20,705		20,705		1,456	20,705	
016 PHARMACY	2,898		2,898			2,898	
017 MEDICAL RECORDS & LIBRARY	3,593		3,593		3,074	3,593	
018 SOCIAL SERVICE	2,117		2,117		1,283	2,117	
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	4,367		4,367		500	4,367	
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS					13,507		
023 I&R SERVICES-OTHER PERSONNEL	3,686		3,686			3,686	
024 PARAMEDICAL PRGM-(SPECIFIC)							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	96,022	775,496	96,022	154,193	34,793	96,022	613,217
026 INTENSIVE CARE UNIT	5,541	81,015	5,541	10,293	2,243	5,541	47,068
026 01 PREMATURE INTENSIVE CARE	1,770	13,078	1,770		3,930	1,770	90,976
027 CORONARY CARE UNIT	6,394	89,704	6,394	12,832	4,079	6,394	86,581
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	10,897	74,717	10,897	22,831	3,575	10,897	72,559
033 NURSERY	1,397		1,397		1,972	1,397	43,629
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	25,635	83,911	25,635		9,083	25,635	164,900
038 RECOVERY ROOM	1,255	21,383	1,255		1,456	1,255	26,196
039 DELIVERY ROOM & LABOR	5,934	112,503	5,934		6,936	5,934	123,591
040 ANESTHESIOLOGY	1,745		1,745		294	1,745	
041 RADIOLOGY-DIAGNOSTIC	16,208	56,752	16,208		6,862	16,208	
041 01 MAGNETIC RESONANCE IMAGING	1,006	8,539	1,006		428	1,006	
042 RADIOLOGY-THERAPEUTIC	3,568	11,426	3,568		512	3,568	
043 RADIOISOTOPE	2,374	25,428	2,374		428	2,374	
044 LABORATORY	23,443		23,443		8,725	23,443	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	801		801		1,009	801	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,289		2,289		3,215	2,289	
050 PHYSICAL THERAPY	2,596		2,596			2,596	
051 OCCUPATIONAL THERAPY	3,032		3,032			3,032	
052 SPEECH PATHOLOGY	693		693			693	
053 ELECTROCARDIOLOGY	5,787	14,787	5,787		2,000	5,787	
054 ELECTROENCEPHALOGRAPHY	1,239	4,715	1,239		478	1,239	
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	1,283	51,659	1,283		1,637	1,283	
058 ASC (NON-DISTINCT PULMONARY FUNCTION TEST)							
059 OUTPAT SERVICE COST CENTER	1,281		1,281			1,281	
060 CLINIC							
060 02 O/P CHEMO THERAPY					514		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	7,001		7,001		824	7,001	
060 06 EAR NOSE THROAT					877		
061 EMERGENCY	6,250	448,675	6,250		10,767	6,250	145,332
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	4,690		4,690		2,547	4,690	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
		8	9	10	11	12	13	14
092	OTHER REIMBURS COST C							
095	SPEC PURPOSE COST CEN AMBULATORY SURGICAL C SUBTOTALS	316,100	1,873,788	304,634	200,149	132,527	284,477	1,414,049
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE RESEARCH	2,456		2,456			2,456	
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	KLING OFFICE BLDG	3,701					3,701	
100	01 DAY PSYCH PROGRAM							
100	02 OCCUPATIONAL HEALTH	550					550	
100	03 FAMILY PLANNING	1,760					1,780	
100	04 PLAZA MEDICAL CENTER							
100	05 DEVELOPMENT	938		938			938	
100	06 DENTISTRY	564		564		50	564	
100	08 GERIATRIC ASSMNT							
100	09 BETHANY LAB							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,585,289	1,971,191	4,238,310	2,748,295	3,561,998		5,261,682
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.051982		13.731245			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	20.195998 33,262	52,527	13.734348 7,047	12,925	26.867390 84,249		3.721004 37,951
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.028033		.064577			
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.102009 223,158	352,417	.022836 47,283	86,712	.635472 565,239		.026839 254,613
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.188077		.433237			
		.684389		.153222		4.263477		.180060

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE COSTS (ASSIGNED TIME)	OUTPATIENT AC COUNTING (O/P REV)	NONPHYSICIAN ANESTHETISTS (BLANK)
	15	16	17	18	19	19.01	20
092 OTHER REIMBURS COST C							
095 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C	6,789,076	10,736,374	776,572,614	8,457		326,896,934	
096 SUBTOTALS							
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE	19,898	8,730					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	5						
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,530,058	2,928,521	3,004,211	1,326,446		3,590,341	
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.272545		156.845926		.010983	
105 (WRKSHT B, PT I)	.371577		.003869				
105 COST TO BE ALLOCATED	98,897	17,099	21,150	11,563		23,762	
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.001591		1.367270		.000073	
107 (WRKSHT B, PT II)	.014524		.000027				
107 COST TO BE ALLOCATED	663,511	114,719	141,898	77,578		159,426	
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.010676		9.173229		.000488	
108 (WRKSHT B, PT III)	.097446		.000183				

COST CENTER DESCRIPTION	NURSING SCHOOL (BLANK)	I&R SERVICES-SALARY & FRI (I/R TIME)	I&R SERVICES-OTHER PRGM C (I/R TIME)	PARAMED ED PRGM-(SPECIFY) (BLANK)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONE				
006 02 DATA PROCESSING				
006 03 PURCHASING RECEIVING				
006 04 ADMINISTRATION				
006 05 CASHIERING/ACCOUNTS R				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
019 OTHER GENERAL SERVICE				
019 01 OUTPATIENT ACCOUNTING				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &		8,600		
023 I&R SERVICES-OTHER PR			8,600	
024 PARAMED ED PRGM-(SPEC				
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS		5,400	5,400	
026 INTENSIVE CARE UNIT		300	300	
026 01 PREMATURE INTENSIVE C		200	200	
027 CORONARY CARE UNIT		100	100	
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER		900	900	
033 NURSERY				
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
037 ANCILLARY SRVC COST C				
037 OPERATING ROOM		1,000	1,000	
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY		100	100	
041 RADIOLOGY-DIAGNOSTIC				
041 01 MAGNETIC RESONANCE IM				
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY				
045 PBP CLINICAL LAB SERV				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORING, PROCES				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		100	100	
054 ELECTROENCEPHALOGRAPH		100	100	
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
059 PULMONARY FUNCTION TE				
060 OUTPAT SERVICE COST C				
060 CLINIC				
060 02 O/P CHEMO THERAPY				
060 03 O/P SUBSTANCE ABUSE				
060 04 UNDER THE RAINBOW O/P				
060 06 EAR NOSE THROAT				
061 EMERGENCY		400	400	
062 OBSERVATION BEDS (NON				
065 OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				

COST CENTER DESCRIPTION	NURSING SCHOOL (BLANK)	I&R SERVICES- SALARY & FRI (I/R TIME)	I&R SERVICES- OTHER PRGM C (I/R TIME)	PARAMED ED PRGM-(SPECIFY) (BLANK)
	21	22	23	24
092 OTHER REIMBURS COST C				
095 SPEC PURPOSE COST CEN				
096 AMBULATORY SURGICAL C				
097 SUBTOTALS		8,600	8,600	
098 NONREIMBURS COST CENT				
099 GIFT, FLOWER, COFFEE				
100 RESEARCH				
100 01 PHYSICIANS' PRIVATE O				
100 02 NONPAID WORKERS				
100 03 KLING OFFICE BLDG				
100 04 DAY PSYCH PROGRAM				
100 05 OCCUPATIONAL HEALTH				
100 06 FAMILY PLANNING				
100 07 PLAZA MEDICAL CENTER				
100 08 DEVELOPMENT				
100 09 DENTISTRY				
101 01 GERIATRIC ASSMNT				
101 02 BETHANY LAB				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
104 COST TO BE ALLOCATED		8,616,061	3,841,182	
(PER WRKSHT B, PART				
105 UNIT COST MULTIPLIER		1,001.867558		
(WRKSHT B, PT I)			446.649070	
106 COST TO BE ALLOCATED		13,973	19,538	
(PER WRKSHT B, PART				
107 UNIT COST MULTIPLIER		1.624767		
(WRKSHT B, PT II)			2.271860	
108 COST TO BE ALLOCATED		93,739	131,078	
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER		10.899884		
(WRKSHT B, PT III)			15.241628	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	67,543,259		67,543,259			
26	INTENSIVE CARE UNIT	7,580,041		7,580,041			
26	01 PREMATURE INTENSIVE CARE	18,372,836		18,372,836			
27	CORONARY CARE UNIT	11,716,179		11,716,179			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	7,684,348		7,684,348			
33	NURSERY	12,228,011		12,228,011			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	25,696,339	29,194,416	54,890,755	.273178	.273178	.278417
38	RECOVERY ROOM	9,247,951	15,096,671	24,344,622	.092899	.092899	.092899
39	DELIVERY ROOM & LABOR ROO	18,853,701	18,241,440	37,095,141	.283302	.283302	.283302
40	ANESTHESIOLOGY	17,539,021	9,699,663	27,238,684	.103299	.103299	.106470
41	RADIOLOGY-DIAGNOSTIC	31,703,363	38,876,324	70,579,687	.180754	.180754	.182258
41	01 MAGNETIC RESONANCE IMAGIN	4,600,678	5,452,171	10,052,849	.096768	.096768	.096768
42	RADIOLOGY-THERAPEUTIC	237,569	4,290,191	4,527,760	.279427	.279427	.279427
43	RADIOISOTOPE	3,085,950	3,307,795	6,393,745	.194918	.194918	.194918
44	LABORATORY	38,658,104	89,789,359	128,447,463	.138394	.138394	.138394
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	4,543,067	1,553,239	6,096,306	.451037	.451037	.451037
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	20,574,325	676,075	21,250,400	.165277	.165277	.165277
50	PHYSICAL THERAPY	1,168,161	76,798	1,244,959	.668666	.668666	.668666
51	OCCUPATIONAL THERAPY	870,628	12,663	883,291	.732541	.732541	.732541
52	SPEECH PATHOLOGY	370,406	377,066	747,472	.275043	.275043	.275043
53	ELECTROCARDIOLOGY	22,889,191	11,500,943	34,390,134	.128587	.128587	.128587
54	ELECTROENCEPHALOGRAPHY	389,759	2,644,897	3,034,656	.166962	.166962	.166962
55	MEDICAL SUPPLIES CHARGED	26,308,829	12,771,122	39,079,951	.254368	.254368	.254368
56	DRUGS CHARGED TO PATIENTS	59,456,095	26,923,925	86,380,020	.144447	.144447	.144447
57	RENAL DIALYSIS	4,458,108	12,112,831	16,570,939	.148625	.148625	.148625
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	2,844,623	583,269	3,427,892	.102965	.102965	.102965
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	02 O/P CHEMO THERAPY	16,537	3,174,973	3,191,510	.254609	.254609	.254609
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P		3,494,105	3,494,105	.454089	.454089	.454089
60	06 EAR NOSE THROAT	5,263	2,483,928	2,489,191	.214988	.214988	.214988
61	EMERGENCY	31,011,348	34,563,070	65,574,418	.215859	.215859	.216991
62	OBSERVATION BEDS (NON-DIS	650	2,339,776	2,340,426	1.113970	1.113970	1.113970
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	449,654,340	329,236,710	778,891,050			
102	LESS OBSERVATION BEDS						
103	TOTAL	449,654,340	329,236,710	778,891,050			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,994,936	1,119,912	13,875,024			14,994,936
38	RECOVERY ROOM	2,261,580	92,062	2,169,518			2,261,580
39	DELIVERY ROOM & LABOR ROO	10,509,113	418,769	10,090,344			10,509,113
40	ANESTHESIOLOGY	2,813,737	124,296	2,689,441			2,813,737
41	RADIOLOGY-DIAGNOSTIC	12,757,590	827,705	11,929,885			12,757,590
41	01 MAGNETIC RESONANCE IMAGIN	972,794	53,751	919,043			972,794
42	RADIOLOGY-THERAPEUTIC	1,265,178	143,182	1,121,996			1,265,178
43	RADIOISOTOPE	1,246,259	107,252	1,139,007			1,246,259
44	LABORATORY	17,776,374	1,121,787	16,654,587			17,776,374
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,749,659	52,835	2,696,824			2,749,659
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,512,202	141,130	3,371,072			3,512,202
50	PHYSICAL THERAPY	832,462	98,665	733,797			832,462
51	OCCUPATIONAL THERAPY	647,047	111,847	535,200			647,047
52	SPEECH PATHOLOGY	205,587	26,267	179,320			205,587
53	ELECTROCARDIOLOGY	4,422,127	283,880	4,138,247			4,422,127
54	ELECTROENCEPHALOGRAPHY	506,672	53,765	452,907			506,672
55	MEDICAL SUPPLIES CHARGED	9,940,680	608,673	9,332,007			9,940,680
56	DRUGS CHARGED TO PATIENTS	12,477,322	99,578	12,377,744			12,477,322
57	RENAL DIALYSIS	2,462,854	103,728	2,359,126			2,462,854
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	352,952	48,942	304,010			352,952
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	02 O/P CHEMO THERAPY	812,586	11,400	801,186			812,586
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	1,586,636	264,479	1,322,157			1,586,636
60	06 EAR NOSE THROAT	535,147	9,736	525,411			535,147
61	EMERGENCY	14,154,851	509,612	13,645,239			14,154,851
62	OBSERVATION BEDS (NON-DIS	2,607,165	238,131	2,369,034			2,607,165
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	122,403,510	6,671,384	115,732,126			122,403,510
102	LESS OBSERVATION BEDS	2,607,165	238,131	2,369,034			2,607,165
103	TOTAL	119,796,345	6,433,253	113,363,092			119,796,345

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	54,890,755	.273178	.273178
38	RECOVERY ROOM	24,344,622	.092899	.092899
39	DELIVERY ROOM & LABOR ROO	37,095,141	.283302	.283302
40	ANESTHESIOLOGY	27,238,684	.103299	.103299
41	RADIOLOGY-DIAGNOSTIC	70,579,687	.180754	.180754
41 01	MAGNETIC RESONANCE IMAGIN	10,052,849	.096768	.096768
42	RADIOLOGY-THERAPEUTIC	4,527,760	.279427	.279427
43	RADIOISOTOPE	6,393,745	.194918	.194918
44	LABORATORY	128,447,463	.138394	.138394
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	6,096,306	.451037	.451037
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	21,250,400	.165277	.165277
50	PHYSICAL THERAPY	1,244,959	.668666	.668666
51	OCCUPATIONAL THERAPY	883,291	.732541	.732541
52	SPEECH PATHOLOGY	747,472	.275043	.275043
53	ELECTROCARDIOLOGY	34,390,134	.128587	.128587
54	ELECTROENCEPHALOGRAPHY	3,034,656	.166962	.166962
55	MEDICAL SUPPLIES CHARGED	39,079,951	.254368	.254368
56	DRUGS CHARGED TO PATIENTS	86,380,020	.144447	.144447
57	RENAL DIALYSIS	16,570,939	.148625	.148625
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	3,427,892	.102965	.102965
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 02	O/P CHEMO THERAPY	3,191,510	.254609	.254609
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	3,494,105	.454089	.454089
60 06	EAR NOSE THROAT	2,489,191	.214988	.214988
61	EMERGENCY	65,574,418	.215859	.215859
62	OBSERVATION BEDS (NON-DIS	2,340,426	1.113970	1.113970
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	653,766,376		
102	LESS OBSERVATION BEDS	2,340,426		
103	TOTAL	651,425,950		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,443,453	1,119,912	15,323,541	111,991	888,765	15,442,697
38	RECOVERY ROOM	2,261,580	92,062	2,169,518	9,206	125,832	2,126,542
39	DELIVERY ROOM & LABOR ROO	10,509,113	418,769	10,090,344	41,877	585,240	9,881,996
40	ANESTHESIOLOGY	2,958,589	124,296	2,834,293	12,430	164,389	2,781,770
41	RADIOLOGY-DIAGNOSTIC	12,757,590	827,705	11,929,885	82,771	691,933	11,982,886
41	01 MAGNETIC RESONANCE IMAGIN	972,794	53,751	919,043	5,375	53,304	914,115
42	RADIOLOGY-THERAPEUTIC	1,265,178	143,182	1,121,996	14,318	65,076	1,185,784
43	RADIOISOTOPE	1,246,259	107,252	1,139,007	10,725	66,062	1,169,472
44	LABORATORY	17,776,374	1,121,787	16,654,587	112,179	965,966	16,698,229
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,749,659	52,835	2,696,824	5,284	156,416	2,587,959
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,512,202	141,130	3,371,072	14,113	195,522	3,302,567
50	PHYSICAL THERAPY	832,462	98,665	733,797	9,867	42,560	780,035
51	OCCUPATIONAL THERAPY	647,047	111,847	535,200	11,185	31,042	604,820
52	SPEECH PATHOLOGY	205,587	26,267	179,320	2,627	10,401	192,559
53	ELECTROCARDIOLOGY	4,566,979	283,880	4,283,099	28,388	248,420	4,290,171
54	ELECTROENCEPHALOGRAPHY	651,524	53,765	597,759	5,377	34,670	611,477
55	MEDICAL SUPPLIES CHARGED	9,940,680	608,673	9,332,007	60,867	541,256	9,338,557
56	DRUGS CHARGED TO PATIENTS	12,477,322	99,578	12,377,744	9,958	717,909	11,749,455
57	RENAL DIALYSIS	2,462,854	103,728	2,359,126	10,373	136,829	2,315,652
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	352,952	48,942	304,010	4,894	17,633	330,425
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	02 O/P CHEMO THERAPY	812,586	11,400	801,186	1,140	46,469	764,977
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	1,586,636	264,479	1,322,157	26,448	76,685	1,483,503
60	06 EAR NOSE THROAT	535,147	9,736	525,411	974	30,474	503,699
61	EMERGENCY	14,734,258	509,612	14,224,646	50,961	825,029	13,858,268
62	OBSERVATION BEDS (NON-DIS	2,607,165	238,131	2,369,034	23,813	137,404	2,445,948
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	124,865,990	6,671,384	118,194,606	667,141	6,855,286	117,343,563
102	LESS OBSERVATION BEDS	2,607,165	238,131	2,369,034	23,813	137,404	2,445,948
103	TOTAL	122,258,825	6,433,253	115,825,572	643,328	6,717,882	114,897,615

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	54,890,755	.281335	.297527
38	RECOVERY ROOM	24,344,622	.087352	.092520
39	DELIVERY ROOM & LABOR ROO	37,095,141	.266396	.282173
40	ANESTHESIOLOGY	27,238,684	.102126	.108161
41	RADIOLOGY-DIAGNOSTIC	70,579,687	.169778	.179582
41 01	MAGNETIC RESONANCE IMAGIN	10,052,849	.090931	.096233
42	RADIOLOGY-THERAPEUTIC	4,527,760	.261892	.276265
43	RADIOISOTOPE	6,393,745	.182909	.193241
44	LABORATORY	128,447,463	.130000	.137521
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	6,096,306	.424513	.450170
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	21,250,400	.155412	.164613
50	PHYSICAL THERAPY	1,244,959	.626555	.660741
51	OCCUPATIONAL THERAPY	883,291	.684735	.719878
52	SPEECH PATHOLOGY	747,472	.257614	.271529
53	ELECTROCARDIOLOGY	34,390,134	.124750	.131974
54	ELECTROENCEPHALOGRAPHY	3,034,656	.201498	.212923
55	MEDICAL SUPPLIES CHARGED	39,079,951	.238960	.252810
56	DRUGS CHARGED TO PATIENTS	86,380,020	.136021	.144332
57	RENAL DIALYSIS	16,570,939	.139742	.147999
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	3,427,892	.096393	.101537
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 02	O/P CHEMO THERAPY	3,191,510	.239691	.254251
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	3,494,105	.424573	.446520
60 06	EAR NOSE THROAT	2,489,191	.202354	.214597
61	EMERGENCY	65,574,418	.211337	.223918
62	OBSERVATION BEDS (NON-DIS	2,340,426	1.045087	1.103796
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	653,766,376		
102	LESS OBSERVATION BEDS	2,340,426		
103	TOTAL	651,425,950		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	563,422		563,422	3,781,281		3,781,281
26	INTENSIVE CARE UNIT	35,727		35,727	239,676		239,676
26 01	PREMATURE INTENSIVE CARE	20,457		20,457	137,221		137,221
27	CORONARY CARE UNIT	44,658		44,658	299,594		299,594
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	62,816		62,816	421,420		421,420
33	NURSERY	11,226		11,226	75,287		75,287
101	TOTAL	738,306		738,306	4,954,479		4,954,479

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	54,936	12,536	10.26	128,619	68.83	862,853
26	INTENSIVE CARE UNIT	3,676	653	9.72	6,347	65.20	42,576
26 01	PREMATURE INTENSIVE CARE	6,889		2.97		19.92	
27	CORONARY CARE UNIT	4,583	1,274	9.74	12,409	65.37	83,281
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	8,154	1,769	7.70	13,621	51.68	91,422
33	NURSERY	8,038		1.40		9.37	
101	TOTAL	86,276	16,232		160,996		1,080,132

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	145,277	974,635	54,890,755	14,550	.002647	39
38	RECOVERY ROOM	11,945	80,117	24,344,622	8,651	.000491	4
39	DELIVERY ROOM & LABOR ROO	54,327	364,442	37,095,141		.001465	
40	ANESTHESIOLOGY	16,126	108,170	27,238,684		.000592	
41	RADIOLOGY-DIAGNOSTIC	107,374	720,331	70,579,687	70,399	.001521	107
41	01 MAGNETIC RESONANCE IMAGIN	6,974	46,777	10,052,849	20,401	.000694	14
42	RADIOLOGY-THERAPEUTIC	18,573	124,609	4,527,760		.004102	
43	RADIOISOTOPE	13,913	93,339	6,393,745	1,102	.002176	2
44	LABORATORY	145,584	976,203	128,447,463	351,083	.001133	398
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	6,855	45,980	6,096,306		.001124	
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	18,309	122,821	21,250,400	1,035	.000862	1
50	PHYSICAL THERAPY	12,798	85,867	1,244,959		.010280	
51	OCCUPATIONAL THERAPY	14,508	97,339	883,291	59,714	.016425	981
52	SPEECH PATHOLOGY	3,406	22,861	747,472	342	.004557	2
53	ELECTROCARDIOLOGY	36,830	247,050	34,390,134	12,531	.001071	13
54	ELECTROENCEPHALOGRAPHY	6,974	46,791	3,034,656	1,371	.002298	3
55	MEDICAL SUPPLIES CHARGED	78,966	529,707	39,079,951	108,513	.002021	219
56	DRUGS CHARGED TO PATIENTS	12,926	86,652	86,380,020	526,326	.000150	79
57	RENAL DIALYSIS	13,455	90,273	16,570,939		.000812	
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	6,350	42,592	3,427,892	18,864	.001852	35
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	02 O/P CHEMO THERAPY	1,479	9,921	3,191,510		.000463	
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	34,306	230,173	3,494,105		.009818	
60	06 EAR NOSE THROAT	1,262	8,474	2,489,191		.000507	
61	EMERGENCY	66,116	443,496	65,574,418	234,672	.001008	237
62	OBSERVATION BEDS (NON-DIS	30,882	207,249	2,340,426		.013195	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	865,515	5,805,869	653,766,376	1,429,554		2,134

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.017756	258
38	RECOVERY ROOM	.003291	28
39	DELIVERY ROOM & LABOR ROO	.009825	
40	ANESTHESIOLOGY	.003971	
41	RADIOLOGY-DIAGNOSTIC	.010206	718
41 01	MAGNETIC RESONANCE IMAGIN	.004653	95
42	RADIOLOGY-THERAPEUTIC	.027521	
43	RADIOISOTOPE	.014598	16
44	LABORATORY	.007600	2,668
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.007542	
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.005780	6
50	PHYSICAL THERAPY	.068972	
51	OCCUPATIONAL THERAPY	.110200	6,580
52	SPEECH PATHOLOGY	.030584	10
53	ELECTROCARDIOLOGY	.007184	90
54	ELECTROENCEPHALOGRAPHY	.015419	21
55	MEDICAL SUPPLIES CHARGED	.013554	1,471
56	DRUGS CHARGED TO PATIENTS	.001003	528
57	RENAL DIALYSIS	.005448	
58	ASC (NON-DISTINCT PART)		
59	PULMONARY FUNCTION TESTIN	.012425	234
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 02	O/P CHEMO THERAPY	.003109	
60 03	O/P SUBSTANCE ABUSE		
60 04	UNDER THE RAINBOW O/P	.065875	
60 06	EAR NOSE THROAT	.003404	
61	EMERGENCY	.006763	1,587
62	OBSERVATION BEDS (NON-DIS	.088552	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		14,310

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 14-0018
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/5/2008
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					54,936	
26	INTENSIVE CARE UNIT					3,676	
26	01 PREMATURE INTENSIVE CARE					6,889	
27	CORONARY CARE UNIT					4,583	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					8,154	
33	NURSERY					8,038	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					86,276	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 12/ 5/2008
14-0018	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,536	
26	INTENSIVE CARE UNIT	653	
26 01	PREMATURE INTENSIVE CARE		
27	CORONARY CARE UNIT	1,274	
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	1,769	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	16,232	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			54,890,755			5,797,524	
38	RECOVERY ROOM			24,344,622			1,731,402	
39	DELIVERY ROOM & LABOR ROO			37,095,141			21,512	
40	ANESTHESIOLOGY			27,238,684			1,378,960	
41	RADIOLOGY-DIAGNOSTIC			70,579,687			6,163,929	
41 01	MAGNETIC RESONANCE IMAGIN			10,052,849			1,290,354	
42	RADIOLOGY-THERAPEUTIC			4,527,760			66,393	
43	RADIOISOTOPE			6,393,745			855,790	
44	LABORATORY			128,447,463			10,621,202	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			6,096,306			355,572	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			21,250,400			2,753,881	
50	PHYSICAL THERAPY			1,244,959			316,378	
51	OCCUPATIONAL THERAPY			883,291			169,899	
52	SPEECH PATHOLOGY			747,472			149,323	
53	ELECTROCARDIOLOGY			34,390,134			5,499,607	
54	ELECTROENCEPHALOGRAPHY			3,034,656			98,289	
55	MEDICAL SUPPLIES CHARGED			39,079,951			8,771,279	
56	DRUGS CHARGED TO PATIENTS			86,380,020			16,270,516	
57	RENAL DIALYSIS			16,570,939			509,658	
58	ASC (NON-DISTINCT PART)							
59	PULMONARY FUNCTION TESTIN			3,427,892			271,594	
	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60 02	O/P CHEMO THERAPY			3,191,510				
60 03	O/P SUBSTANCE ABUSE							
60 04	UNDER THE RAINBOW O/P			3,494,105				
60 06	EAR NOSE THROAT			2,489,191				
61	EMERGENCY			65,574,418			3,235,166	
62	OBSERVATION BEDS (NON-DIS			2,340,426				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			653,766,376			66,328,228	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,173,883					
38	RECOVERY ROOM	1,465,319					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	626,057					
41	RADIOLOGY-DIAGNOSTIC	3,465,015					
41 01	MAGNETIC RESONANCE IMAGIN	630,012					
42	RADIOLOGY-THERAPEUTIC	955,253					
43	RADIOISOTOPE	629,340					
44	LABORATORY	302,487					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	60,852					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	101,936					
50	PHYSICAL THERAPY	10,033					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	25,850					
53	ELECTROCARDIOLOGY	1,631,353					
54	ELECTROENCEPHALOGRAPHY	343,539					
55	MEDICAL SUPPLIES CHARGED	1,637,882					
56	DRUGS CHARGED TO PATIENTS	4,607,544					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	51,754					
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 02	O/P CHEMO THERAPY	519,435					
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT	433,704					
61	EMERGENCY	1,619,109					
62	OBSERVATION BEDS (NON-DIS	280,072					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	22,570,429					

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			54,890,755			14,550	
38	OPERATING ROOM			24,344,622			8,651	
39	RECOVERY ROOM			37,095,141				
40	DELIVERY ROOM & LABOR ROO			27,238,684				
41	ANESTHESIOLOGY			70,579,687			70,399	
41	01 RADIOLOGY-DIAGNOSTIC			10,052,849			20,401	
42	MAGNETIC RESONANCE IMAGIN			4,527,760				
43	RADIOLOGY-THERAPEUTIC			6,393,745			1,102	
44	RADIOISOTOPE			128,447,463			351,083	
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			6,096,306				
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			21,250,400			1,035	
50	PHYSICAL THERAPY			1,244,959				
51	OCCUPATIONAL THERAPY			883,291			59,714	
52	SPEECH PATHOLOGY			747,472			342	
53	ELECTROCARDIOLOGY			34,390,134			12,531	
54	ELECTROENCEPHALOGRAPHY			3,034,656			1,371	
55	MEDICAL SUPPLIES CHARGED			39,079,951			108,513	
56	DRUGS CHARGED TO PATIENTS			86,380,020			526,326	
57	RENAL DIALYSIS			16,570,939				
58	ASC (NON-DISTINCT PART)							
59	PULMONARY FUNCTION TESTIN			3,427,892			18,864	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	02 O/P CHEMO THERAPY			3,191,510				
60	03 O/P SUBSTANCE ABUSE							
60	04 UNDER THE RAINBOW O/P			3,494,105				
60	06 EAR NOSE THROAT			2,489,191				
61	EMERGENCY			65,574,418			234,672	
62	OBSERVATION BEDS (NON-DIS			2,340,426				
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			653,766,376			1,429,554	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.273178	.273178			
38 RECOVERY ROOM	.092899	.092899			
39 DELIVERY ROOM & LABOR ROOM	.283302	.283302			
40 ANESTHESIOLOGY	.103299	.103299			
41 RADIOLOGY-DIAGNOSTIC	.180754	.180754			
41 01 MAGNETIC RESONANCE IMAGING (MRI)	.096768	.096768			
42 RADIOLOGY-THERAPEUTIC	.279427	.279427			
43 RADIOISOTOPE	.194918	.194918			
44 LABORATORY	.138394	.138394			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.451037	.451037			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.165277	.165277			
50 PHYSICAL THERAPY	.668666	.668666			
51 OCCUPATIONAL THERAPY	.732541	.732541			
52 SPEECH PATHOLOGY	.275043	.275043			
53 ELECTROCARDIOLOGY	.128587	.128587			
54 ELECTROENCEPHALOGRAPHY	.166962	.166962			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.254368	.254368			
56 DRUGS CHARGED TO PATIENTS	.144447	.144447			
57 RENAL DIALYSIS	.148625	.148625			
58 ASC (NON-DISTINCT PART)					
59 PULMONARY FUNCTION TESTING	.102965	.102965			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 02 O/P CHEMO THERAPY	.254609	.254609			
60 03 O/P SUBSTANCE ABUSE					
60 04 UNDER THE RAINBOW O/P	.454089	.454089			
60 06 EAR NOSE THROAT	.214988	.214988			
61 EMERGENCY	.215859	.215859			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.113970	1.113970			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				867,035	
38 RECOVERY ROOM				136,127	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				64,671	
41 RADIOLOGY-DIAGNOSTIC				626,315	
41 01 MAGNETIC RESONANCE IMAGING (MRI)				60,965	
42 RADIOLOGY-THERAPEUTIC				266,923	
43 RADIOISOTOPE				122,670	
44 LABORATORY				41,862	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				27,447	
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				16,848	
50 PHYSICAL THERAPY				6,709	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				7,110	
53 ELECTROCARDIOLOGY				209,771	
54 ELECTROENCEPHALOGRAPHY				57,358	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				416,625	
56 DRUGS CHARGED TO PATIENTS				665,546	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PULMONARY FUNCTION TESTING				5,329	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 02 O/P CHEMO THERAPY				132,253	
60 03 O/P SUBSTANCE ABUSE					
60 04 UNDER THE RAINBOW O/P					
60 06 EAR NOSE THROAT				93,241	
61 EMERGENCY				349,499	
62 OBSERVATION BEDS (NON-DISTINCT PART)				311,992	
63 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				4,486,296	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				4,486,296	

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	591.06
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	62,816	4,819,466	.013034	
87	NEW CAPITAL-RELATED COST	421,420	4,819,466	.087441	
88	NON PHYSICIAN ANESTHETIST		4,819,466		
89	MEDICAL EDUCATION		4,819,466		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,478,956	
26	INTENSIVE CARE UNIT		1,540,769	
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		2,869,838	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.278417	5,797,524	1,614,129
38	RECOVERY ROOM	.092899	1,731,402	160,846
39	DELIVERY ROOM & LABOR ROOM	.283302	21,512	6,094
40	ANESTHESIOLOGY	.106470	1,378,960	146,818
41	RADIOLOGY-DIAGNOSTIC	.182258	6,163,929	1,123,425
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.096768	1,290,354	124,865
42	RADIOLOGY-THERAPEUTIC	.279427	66,393	18,552
43	RADIOISOTOPE	.194918	855,790	166,809
44	LABORATORY	.138394	10,621,202	1,469,911
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.451037	355,572	160,376
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.165277	2,753,881	455,153
50	PHYSICAL THERAPY	.668666	316,378	211,551
51	OCCUPATIONAL THERAPY	.732541	169,899	124,458
52	SPEECH PATHOLOGY	.275043	149,323	41,070
53	ELECTROCARDIOLOGY	.128587	5,499,607	707,178
54	ELECTROENCEPHALOGRAPHY	.166962	98,289	16,411
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254368	8,771,279	2,231,133
56	DRUGS CHARGED TO PATIENTS	.144447	16,270,516	2,350,227
57	RENAL DIALYSIS	.148625	509,658	75,748
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.102965	271,594	27,965
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	02 O/P CHEMO THERAPY	.254609		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.454089		
60	06 EAR NOSE THROAT	.214988		
61	EMERGENCY	.216991	3,235,166	702,002
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.113970		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		66,328,228	11,934,721
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		66,328,228	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,865,212	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.273178	14,550	3,975
38	RECOVERY ROOM	.092899	8,651	804
39	DELIVERY ROOM & LABOR ROOM	.283302		
40	ANESTHESIOLOGY	.103299		
41	RADIOLOGY-DIAGNOSTIC	.180754	70,399	12,725
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.096768	20,401	1,974
42	RADIOLOGY-THERAPEUTIC	.279427		
43	RADIOISOTOPE	.194918	1,102	215
44	LABORATORY	.138394	351,083	48,588
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.451037		
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.165277	1,035	171
50	PHYSICAL THERAPY	.668666		
51	OCCUPATIONAL THERAPY	.732541	59,714	43,743
52	SPEECH PATHOLOGY	.275043	342	94
53	ELECTROCARDIOLOGY	.128587	12,531	1,611
54	ELECTROENCEPHALOGRAPHY	.166962	1,371	229
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.254368	108,513	27,602
56	DRUGS CHARGED TO PATIENTS	.144447	526,326	76,026
57	RENAL DIALYSIS	.148625		
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.102965	18,864	1,942
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	02 O/P CHEMO THERAPY	.254609		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.454089		
60	06 EAR NOSE THROAT	.214988		
61	EMERGENCY	.215859	234,672	50,656
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.113970		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,429,554	270,355
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,429,554	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,269,613	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,577,444	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	9,386,299	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	190,917	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	257.93	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	81.96	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	33.00	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	112.36	112.36
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		118.97
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		5.00
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		117.36
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		113.92
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		109.60
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		113.63
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.440546
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.447481
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		.440546
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		897,908
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		984,526
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		2,018,824
	SUM OF LINES 3.21 - 3.23	
	3,901,258	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		3,901,258
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		16.25
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		62.03
4.02 SUM OF LINES 4 AND 4.01		78.28
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		53.79
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		9,807,722
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35,048,788		3,911,336
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		35,048,788		3,911,336
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		SETTLEMENT TO PROVIDER .01		
		SETTLEMENT TO PROGRAM .02		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,352,247
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	338,062
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	986,253
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	9.50
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	10.08
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	9.50
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	22.278689
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	.200706
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	197,947
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,184,200
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	946,573
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	709,930
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,522,262
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,522,262
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,522,262
7	DEDUCTIBLES	139,590
8	SUBTOTAL	1,382,672
9	COINSURANCE	49,309
10	SUBTOTAL	1,333,363
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	124,623
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	87,236
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,420,599
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,420,599
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,360,838
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	59,761
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----
50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		91.66
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		33.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	122.28	122.28
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		129.05
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		122.28
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		88.26
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		33.08
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		121.34
3.10	SEE INSTRUCTIONS		114.97
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		4.50
3.12	SEE INSTRUCTIONS		35.84
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		37.61
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		38.59
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	37.35
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		37.35
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		87,579.30
3.18	SEE INSTRUCTIONS		3,271,087
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		81.34
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		78.43
3.21	SEE INSTRUCTIONS	RES INIT YEARS	81.13
3.22	SEE INSTRUCTIONS		81.13
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		92,489.37
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,503,663
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		10,774,750

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,232
5	TOTAL INPATIENT DAYS		75,227
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.215774
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,324,911	2,324,911
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,787
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		75,227
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		219,788
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		16,570,939

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	26,539,934
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	26,480
16	TOTAL PART A REASONABLE COST	26,513,454

PART B REASONABLE COST

17	REASONABLE COST	4,486,296
18	PRIMARY PAYER PAYMENTS	123
19	TOTAL PART B REASONABLE COST	4,486,173
20	TOTAL REASONABLE COST	30,999,627
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.855283
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.144717

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,544,699
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,176,438
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	368,261

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	122.28	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	124.66	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	122.28	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	112.36
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	114.96
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	112.36

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	24,464,000			
29 SALARIES, WAGES & FEES PAYABLE	12,139,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,500,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,255,000			
35 OTHER CURRENT LIABILITIES	9,975,000			
36 TOTAL CURRENT LIABILITIES	56,333,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	109,348,000			
42 TOTAL LONG-TERM LIABILITIES	109,348,000			
43 TOTAL LIABILITIES	165,681,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-9,751,000			
45 SPECIFIC PURPOSE FUND		878,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED			1,962,000	
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-9,751,000	878,000	1,962,000	
52 TOTAL LIABILITIES AND FUND BALANCES	155,930,000	878,000	1,962,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-14,060,000		1,247,000
2 NET INCOME (LOSS)		4,321,000		
3 TOTAL		-9,739,000		1,247,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7 INCREASES IN NET ASSETS				
8 DONOR CONTRIBUTIONS			538,000	
9 INCREASES IN NET ASSETS				
10 TOTAL ADDITIONS				538,000
11 SUBTOTAL		-9,739,000		1,785,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM			115,000	
14 RELEASED FROM RESTR USED				
15 ENDOWMENT FUND CONTR.				
16 NET CHANGES IN UNREALIZED			792,000	
17 RELEASED FROM RESTR. USED				
18 INCREASES IN NET ASSETS	12,000			
19 TOTAL DEDUCTIONS		12,000		907,000
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-9,751,000		878,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		2,045,000		
2 NET INCOME (LOSS)				
3 TOTAL		2,045,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7 INCREASES IN NET ASSETS				
8 DONOR CONTRIBUTIONS				
9 INCREASES IN NET ASSETS				
10 TOTAL ADDITIONS				
11 SUBTOTAL		2,045,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 RELEASED FROM RESTR USED				
15 ENDOWMENT FUND CONTR.	81,000			
16 NET CHANGES IN UNREALIZED	2,000			
17 RELEASED FROM RESTR. USED				
18 INCREASES IN NET ASSETS				
19 TOTAL DEDUCTIONS		83,000		
FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,962,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	76,565,412		76,565,412
2 00 SUBPROVIDER	7,684,348		7,684,348
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	84,249,760		84,249,760
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,609,667		6,609,667
10 01 PREMATURE INTENSIVE CARE UNIT	5,699,604		5,699,604
11 00 CORONARY CARE UNIT	10,706,969		10,706,969
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,016,240		23,016,240
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	107,266,000		107,266,000
17 00 ANCILLARY SERVICES	342,392,000		342,392,000
18 00 OUTPATIENT SERVICES		330,120,444	330,120,444
19 00 HOME HEALTH AGENCY		2,483,556	2,483,556
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	449,658,000	332,604,000	782,262,000

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	229,270,493		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		229,270,493	

DESCRIPTION

1	TOTAL PATIENT REVENUES	782,262,000
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	500,176,507
3	NET PATIENT REVENUES	282,085,493
4	LESS: TOTAL OPERATING EXPENSES	229,270,493
5	NET INCOME FROM SERVICE TO PATIENTS	52,815,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	63,000
7	INCOME FROM INVESTMENTS	1,384,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	24,795
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	555,241
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,416,761
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	288,123
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	19,344
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	1,519,162
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	9,515,596
24.01	TRAUMA FUNDING	1,462,210
24.02	OTHER OPERATING REVENUE SRH	1,831,147
24.03	OTHER OPERATING PREMIER PURCH	937,621
25	TOTAL OTHER INCOME	19,017,000
26	TOTAL OTHER EXPENSES	71,832,000
27	PROVISION FOR BAD DEBTS	67,511,000
28		
29		
30	TOTAL OTHER EXPENSES	67,511,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,321,000

Health Financial Systems		MCRIF32	FOR MOUNT SINAI HOSPITAL MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96 (9/2000)	
ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS			PROVIDER NO:	PERIOD:	PREPARED 12/ 5/2008	
			14-0018	FROM 7/ 1/2007		
			SATELLITE NO:	TO 6/30/2008	WORKSHEET 1-1	
CHECK ONE:			XX RENAL DIALYSIS DEPARTMENT		___ HOME PROGRAM DIALYSIS	
		TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS	
		1	2	3	4	
1	REGISTERED NURSES	795,602	HOURS OF SERVICE	19,032.00	9.15	
2	LICENSED PRACTICAL NURSES		HOURS OF SERVICE			
3	NURSES AIDES		HOURS OF SERVICE			
4	TECHNICIANS	244,930	HOURS OF SERVICE	12,299.00	5.91	
5	SOCIAL WORKERS		HOURS OF SERVICE			
6	DIETICIANS		HOURS OF SERVICE			
7	PHYSICIANS	58,562	ACCUMULATED COST			
8	NON-PATIENT CARE SALARY	33,714	ACCUMULATED COST			
9	SUBTOTAL (SUM OF LINES 1-8)	1,132,808				
10	EMPLOYEE BENEFITS		SALARY			
11	OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET			
12	OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME			
13	MACHINE COSTS & REPAIRS	19,087	PERCENTAGE OF TIME			
14	SUPPLIES	172,521	REQUISITIONS			
15	DRUGS	341,501	REQUISITIONS			
16	OTHER	34,061	ACCUMULATED COST			
17	SUBTOTAL (SUM OF LINES 9-16)*	1,699,978				
18	OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU	795	SQUARE FEET			
19	OLD CAPITAL RELATED COSTS-MOV. EQUIP.	4,768	PERCENTAGE OF TIME			
20	NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	24,722	SQUARE FEET			
21	NEW CAPITAL RELATED COSTS-MOV. EQUIP.	12,601	PERCENTAGE OF TIME			
22	EMPLOYEE BENEFITS	182,383	SALARY			
23	ADMINISTRATIVE AND GENERAL	407,213	ACCUMULATED COST			
24	MAINT./REPAIRS-OPERATION-HOUSEKEEPING	57,163	SQUARE FEET			
25	MEDICAL EDUCATION PROGRAM COSTS					
26	CENTRAL SERVICES & SUPPLIES	16,100	REQUISITIONS			
27	PHARMACY	-336,529	REQUISITIONS			
28	OTHER ALLOCATED COST	393,660	ACCUMULATED COST			
29	SUBTOTAL (SUM OF LINES 17-28)*	2,462,854				
30	LABORATORY (SEE INSTRUCTIONS)		CHARGES			
31	RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES			
32	OTHER (SEE INSTRUCTIONS)		CHARGES			
33	TOTAL COSTS (SUM OF LINES 29-32)	2,462,854				

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUI LDING EQUI PMENT		DI RECT PATIENT CARE SALARY RNs OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	82,680	36,456	795,602	244,930	182,383
2	HEMODIALYSIS	72,585	32,005	698,459	215,024	160,114
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	10,095	4,451	97,143	29,906	22,269
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	82,680	36,456	795,602	244,930	182,383
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDI CAL SUPPLI ES	ROUTI NE ANCI LLARY SERVI CES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	4,972	188,621		1,535,644	927,210
2	HEMODIALYSIS	4,365	165,590		1,348,142	813,998
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	607	23,031		187,502	113,212
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	4,972	188,621		1,535,644	927,210
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	2,462,854
2	HEMODIALYSIS	2,162,140
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	300,714
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	2,462,854
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,462,854

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	82,680	36,456	795,602	244,930	182,383
2	HEMODIALYSIS	8,779	8,779.00	8,779.00	8,779.00	8,779
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1302	1,221	1,221.00	1,221.00	1,221
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,000	10,000.00	10,000.00	10,000.00	10,000
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	8.268000	3.645600	79.560200	24.493000	18.238300

		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	4,972	188,621		1,535,644	927,210
2	HEMODIALYSIS	8,779	8,779	8,779		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1302	1,221	1,221	1,221	
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,000	10,000	10,000		1,535,644
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.497200	18.862100			.603792

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 14-0018 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 12/5/2008
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	9,360	2,162,140	231.00	5,918	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	9,360	2,162,140		5,918	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	1,367,058	159.19		942,086
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	1,367,058			942,086

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 5/2008
14-0018	FROM 7/ 1/2007	
SATELLITE NO:	TO 6/30/2008	WORKSHEET 1-5

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,367,058
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	942,086
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,851
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	182,365
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	116,587
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	67,629
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	752,188
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	122,269
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	116,587

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	509,367				172,375	681,742
HHA REIMBURSABLE SERVICES						
6	809,951				82,991	892,942
7	233,182			6,315		239,497
8	101,754					101,754
9				325		325
10	33,440			117		33,557
11	44,543					44,543
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,732,237			6,757	255,366	1,994,360

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		681,742		681,742
HHA REIMBURSABLE SERVICES				
6		892,942		892,942
7		239,497		239,497
8		101,754		101,754
9		325		325
10		33,557		33,557
11		44,543		44,543
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,994,360		1,994,360

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATI V E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	681,742					681,742	681,742
HHA REIMBURSABLE SERVICES							
6	892,942					892,942	463,771
7	239,497					239,497	124,389
8	101,754					101,754	52,849
9	325					325	169
10	33,557					33,557	17,429
11	44,543					44,543	23,135
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,994,360					1,994,360	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5							
HHA REIMBURSABLE SERVICES							
6	1,356,713						
7	363,886						
8	154,603						
9	494						
10	50,986						
11	67,678						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	1,994,360						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-681,742	1,312,618
6	SKILLED NURSING CARE					892,942	
7	PHYSICAL THERAPY					239,497	
8	OCCUPATIONAL THERAPY					101,754	
9	SPEECH PATHOLOGY					325	
10	MEDICAL SOCIAL SERVICES					33,557	
11	HOME HEALTH AIDE					44,543	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-681,742	1,312,618
25	COST TO BE ALLOCATED					681,742	
26	UNIT COST MULTIPLIER					.519376	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		2,200	13,193	68,403	34,865	82,009
2 SKILLED NURSING CARE	1,356,713	255	1,531	7,939	4,046	130,403
3 PHYSICAL THERAPY	363,886	53	316	1,638	835	37,543
4 OCCUPATIONAL THERAPY	154,603					16,382
5 SPEECH PATHOLOGY	494					
6 MEDICAL SOCIAL SERVICES	50,986	238	1,427	7,399	3,771	5,384
7 HOME HEALTH AIDE	67,678	160	962	4,991	2,544	7,171
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,994,360	2,906	17,429	90,370	46,061	278,892
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NONPATIENT TELEPHONE 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND 6.03	ADMINISTRATIVE 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	1,497	107,605				309,772
2 SKILLED NURSING CARE	2,434		757			1,504,078
3 PHYSICAL THERAPY	187					404,458
4 OCCUPATIONAL THERAPY						170,985
5 SPEECH PATHOLOGY						494
6 MEDICAL SOCIAL SERVICES	187					69,392
7 HOME HEALTH AIDE	561					84,067
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,866	107,605	757			2,543,246
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	47,150	37,718	71,695		48,757	
2 SKILLED NURSING CARE	228,935	4,377	8,321		5,659	
3 PHYSICAL THERAPY	61,563	903	1,717		1,167	
4 OCCUPATIONAL THERAPY	26,026					
5 SPEECH PATHOLOGY	75					
6 MEDICAL SOCIAL SERVICES	10,562	4,080	7,755		5,274	
7 HOME HEALTH AIDE	12,796	2,752	5,231		3,557	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	387,107	49,830	94,719		64,414	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17
1 ADMIN & GENERAL	27,861					
2 SKILLED NURSING CARE	25,819			14,931	11,716	
3 PHYSICAL THERAPY	6,448					
4 OCCUPATIONAL THERAPY	2,714					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,478					
7 HOME HEALTH AIDE	4,111					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	68,431			14,931	11,716	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	SOCIAL SERVICE 18	OTHER GENERAL SERVICE 19	OUTPATIENT ACCOUNTING 19.01	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	I&R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY) 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1			542,953		542,953	
2			1,803,836		1,803,836	363,893
3			476,256		476,256	96,077
4			199,725		199,725	40,291
5			569		569	115
6			98,541		98,541	19,879
7			112,514		112,514	22,698
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20			3,234,394		3,234,394	542,953
21						0.201733

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	2,167,729
3 PHYSICAL THERAPY	572,333
4 OCCUPATIONAL THERAPY	240,016
5 SPEECH PATHOLOGY	684
6 MEDICAL SOCIAL SERVICES	118,420
7 HOME HEALTH AIDE	135,212
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	3,234,394
21 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	3,550	3,550	3,550	3,550	509,367	8
2 SKILLED NURSING CARE	412	412	412	412	809,951	13
3 PHYSICAL THERAPY	85	85	85	85	233,182	1
4 OCCUPATIONAL THERAPY					101,754	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384	384	384	33,440	1
7 HOME HEALTH AIDE	259	259	259	259	44,543	3
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690	4,690	4,690	1,732,237	26
21 COST TO BE ALLOCATED	2,906	17,429	90,370	46,061	278,892	4,866
22 UNIT COST MULTIPLIER	0.619616	3.716205	19.268657	9.821109	0.161001	187.153846

HHA COST CENTER	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE) S	CASHIERING/ACCOUNTS RECE (GRS REV)	RECONCILIATION	OTHER ADMINISTRATIVE AND STRATEGIC (ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	4					309,772
2 SKILLED NURSING CARE		13,797				1,504,078
3 PHYSICAL THERAPY						404,458
4 OCCUPATIONAL THERAPY						170,985
5 SPEECH PATHOLOGY						494
6 MEDICAL SOCIAL SERVICES						69,392
7 HOME HEALTH AIDE						84,067
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4	13,797				2,543,246
21 COST TO BE ALLOCATED	107,605	757				387,107
22 UNIT COST MULTIPLIER	6901.250000	0.054867				0.152210

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQ FT 2)	OPERATION OF PLANT (SQ FT 2)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQ FT 1)	DIETARY (MEALS)	CAFETERIA (FTES)
	7	8	9	10	11	12
1 ADMIN & GENERAL	3,550	3,550		3,550		1,037
2 SKILLED NURSING CARE	412	412		412		961
3 PHYSICAL THERAPY	85	85		85		240
4 OCCUPATIONAL THERAPY						101
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384		384		55
7 HOME HEALTH AIDE	259	259		259		153
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690		4,690		2,547
21 COST TO BE ALLOCATED	49,830	94,719		64,414		68,431
22 UNIT COST MULTIPLIER	10.624733	20.195949		13.734328		26.867295

HHA COST CENTER	MAINTENANCE OF PERSONNEL (SQ FT 2)	NURSING ADMINISTRATION (NUR HRS)	CENTRAL SERVICES & SUPPLIES (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)
	13	14	15	16	17	18
1 ADMIN & GENERAL	3,550					
2 SKILLED NURSING CARE	412		40,183	42,989		
3 PHYSICAL THERAPY	85					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384					
7 HOME HEALTH AIDE	259					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690		40,183	42,989		
21 COST TO BE ALLOCATED			14,931	11,716		
22 UNIT COST MULTIPLIER			0.371575	0.272535		

HHA 1

HHA COST CENTER	OTHER GENERAL SERVICE COST ASSIGNED TIME 19	OUTPATIENT ACCOUNTING (O/P REV) 19.01	NONPHYSICIAN ANESTHETIST (BLANK) 20	NURSING SCHOOL (BLANK) 21	I&R SERVICES -SALARY & FR (I/R TIME) 22	I&R SERVICES -OTHER PRGM (I/R TIME) 23
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

PARAMED P
 RGM-(SPECIFY
 (BLANK

HHA COST CENTER	24
1	ADMIN & GENERAL
2	SKILLED NURSING CARE
3	PHYSICAL THERAPY
4	OCCUPATIONAL THERAPY
5	SPEECH PATHOLOGY
6	MEDICAL SOCIAL SERVICES
7	HOME HEALTH AIDE
8	SUPPLIES
9	DRUGS
9.20	COST ADMINISTERING DRUGS
10	DME
11	HOME DIALYSIS AIDE SVCS
12	RESPIRATORY THERAPY
13	PRIVATE DUTY NURSING
14	CLINIC
15	HEALTH PROM ACTIVITIES
16	DAY CARE PROGRAM
17	HOME DEL MEALS PROGRAM
18	HOMEMAKER SERVICE
19	ALL OTHER
19.50	TELEMEDICINE
20	TOTAL (SUM OF 1-19)
21	COST TO BE ALLOCATED
22	UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,167,729	2	2,167,729	11,308	191.70	1,498
2 PHYSICAL THERAPY	3	572,333		572,333	4,010	142.73	795
3 OCCUPATIONAL THERAPY	4	240,016		240,016	1,550	154.85	324
4 SPEECH PATHOLOGY	5	684		684			
5 MEDICAL SOCIAL SERVICES	6	118,420		118,420	131	903.97	27
6 HOME HEALTH AIDE SERVICE	7	135,212		135,212	863	156.68	230
7 TOTAL		3,234,394		3,234,394	17,862		2,874

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	1,150		287,167	220,455	507,622
2 PHYSICAL THERAPY	383		113,470	54,666	168,136
3 OCCUPATIONAL THERAPY	124		50,171	19,201	69,372
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES	20		24,407	18,079	42,486
6 HOME HEALTH AIDE SERVICES	416		36,036	65,179	101,215
7 TOTAL	2,093		511,251	377,580	888,831

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		1600					
9 PHYSICAL THERAPY		1600					
10 OCCUPATIONAL THERAPY		1600					
11 SPEECH PATHOLOGY		1600					
12 MEDICAL SOCIAL SERVICES		1600					
13 HOME HEALTH AIDE SERVICE		1600					
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
8 SKILLED NURSING					12
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES----- -----PART B-----
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR
	7	8	10
15 COST OF MEDICAL SUPPLIES			
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.668666			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.732541			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.275043			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.254368			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.144447			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- PROGRAM VISITS -----	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998
			2.01	3	3.01	4
1 PHYSICAL THERAPY	2	142.73				5
2 OCCUPATIONAL THERAPY	3	154.85				
3 SPEECH PATHOLOGY	4					
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		465,625		320,523
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		465,625		320,523
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.