

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 | | PROVIDER NO: | | PERIOD | | INTERMEDIARY USE ONLY | | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | | 14-0033 | | FROM 12/ 1/2007 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 11/30/2008 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | 00 - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2009 TIME 11:47

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:
 VISTA MEDICAL CENTER WEST 14-0033

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2007 AND ENDING 11/30/2008 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

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-------|----------------|---|-------------|-------|-----------|--|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | HOSPITAL | 0 | 0 | 4,351 | 0 | |
| 2 | SUBPROVIDER | 0 | 46,907 | 0 | 0 | |
| 2 .01 | SUBPROVIDER II | 0 | -53,056 | 0 | 0 | |
| 100 | TOTAL | 0 | -6,149 | 4,351 | 0 | |

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, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 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 INSTRUCTIONS)

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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 |

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0033
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 4/30/2009
WORKSHEET S-3
PART I

| COMPONENT | NO. OF BEDS | BED DAYS AVAILABLE | CAH N/A | TITLE V | I/P DAYS / TITLE XVII | O/P VISITS / NOT LTCH N/A | TRIPS TOTAL TITLE XIX |
|-----------------------------------|-------------|--------------------|---------|---------|-----------------------|---------------------------|-----------------------|
| 1 ADULTS & PEDIATRICS | 1 | 2 | 2.01 | 3 | 4 | 4.01 | 5 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 12 TOTAL | | | | | | | |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | 42 | 15,372 | | | 2,230 | | 3,813 |
| 14 01 SUBPROVIDER II | 25 | 9,150 | | | 3,971 | | 270 |
| 25 TOTAL | 67 | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 26 02 OBSERVATION BED DAYS-SUB II | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | TITLE XIX ADMITTED | I/P DAYS / OBSERVATION BEDS NOT ADMITTED | O/P VISITS / TOTAL ALL PATS | TRIPS / TOTAL OBSERVATION BEDS ADMITTED | DIAGNOSIS / TOTAL OBSERVATION BEDS NOT ADMITTED | INTERNS & RES. FTES / LESS I&R REPL NON-PHYS ANES |
|-----------------------------------|--------------------|--|-----------------------------|---|---|---|
| 1 ADULTS & PEDIATRICS | 5.01 | 5.02 | 6 | 6.01 | 6.02 | 7 |
| 2 HMO | | | | | | 8 |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 RPCH VISITS | | | | | | |
| 14 SUBPROVIDER | | | 10,446 | | | |
| 14 01 SUBPROVIDER II | | | 5,954 | | | |
| 25 TOTAL | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | |
| 26 02 OBSERVATION BED DAYS-SUB II | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | |

| COMPONENT | I & R FTES NET | FULL TIME EMPLOYEES ON PAYROLL | EQUIV NONPAID WORKERS | TITLE V | DIAGNOSIS TITLE XVII | TITLE XIX | TOTAL ALL PATIENTS |
|-----------------------------------|----------------|--------------------------------|-----------------------|---------|----------------------|-----------|--------------------|
| 1 ADULTS & PEDIATRICS | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 12 TOTAL | | 62.66 | | | | | |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | 40.18 | | | 260 | 571 | 1,636 |
| 14 01 SUBPROVIDER II | | 25.81 | | | 309 | 21 | 467 |
| 25 TOTAL | | 128.65 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 26 01 OBSERVATION BED DAYS-SUB I | | | | | | | |
| 26 02 OBSERVATION BED DAYS-SUB II | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET S-3
 PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 7,809,082 | | 7,809,082 | 267,598.00 | 29.18 | |
| 2 NON-PHYSICIAN ANESTHETIST PART A | | | | | | |
| 3 NON-PHYSICIAN ANESTHETIST PART B | | | | | | |
| 4 PHYSICIAN - PART A | | | | | | |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| 5 PHYSICIAN - PART B | | | | | | |
| 5.01 NON-PHYSICIAN - PART B | | | | | | |
| 6 INTERNS & RESIDENTS (APPRVD) | | | | | | |
| 6.01 CONTRACT SERVICES, I&R | | | | | | |
| 7 HOME OFFICE PERSONNEL | | | | | | |
| 8 SNF | | | | | | |
| 8.01 EXCLUDED AREA SALARIES | 3,942,038 | 359 | 3,942,397 | 137,241.00 | 28.73 | |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 1,192,080 | | 1,192,080 | 3,125.00 | 381.47 | |
| 9.01 PHARMACY SERVICES UNDER CONTRACT | | | | | | |
| 9.02 LABORATORY SERVICES UNDER CONTRACT | | | | | | |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT | | | | | | |
| 10 CONTRACT LABOR: PHYS PART A | 130,690 | | 130,690 | 4,381.00 | 29.83 | |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) | | | | | | |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS | | | | | | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 674,314 | | 674,314 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | | | | | | CMS 339 |
| 15 EXCLUDED AREAS | 687,391 | | 687,391 | | | CMS 339 |
| 16 NON-PHYS ANESTHETIST PART A | | | | | | CMS 339 |
| 17 NON-PHYS ANESTHETIST PART B | | | | | | CMS 339 |
| 18 PHYSICIAN PART A | | | | | | CMS 339 |
| 18.01 PART A TEACHING PHYSICIANS | | | | | | CMS 339 |
| 19 PHYSICIAN PART B | | | | | | CMS 339 |
| 19.01 WAGE-RELATD COSTS (RHC/FOHC) | | | | | | CMS 339 |
| 20 INTERNS & RESIDENTS (APPRVD) | | | | | | CMS 339 |
| OVERHEAD COSTS - DIRECT SALARIES | | | | | | |
| 21 EMPLOYEE BENEFITS | | | | | | |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT | 244,094 | | 244,094 | 14,124.70 | 17.28 | |
| 22.01 A & G UNDER CONTRACT | | | | | | |
| 23 MAINTENANCE & REPAIRS | | | | | | |
| 24 OPERATION OF PLANT | 328,361 | | 328,361 | 14,394.60 | 22.81 | |
| 25 LAUNDRY & LINEN SERVICE | | | | | | |
| 26 HOUSEKEEPING | | | | | | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | | | | | | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | | | | | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 129,903 | | 129,903 | 4,119.50 | 31.53 | |
| 31 CENTRAL SERVICE AND SUPPLY | | | | | | |
| 32 PHARMACY | | | | | | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | | | | | | |
| 34 SOCIAL SERVICE | | | | | | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 7,809,082 | | 7,809,082 | 267,598.00 | 29.18 | |
| 2 EXCLUDED AREA SALARIES | 3,942,038 | 359 | 3,942,397 | 137,241.00 | 28.73 | |
| 3 SUBTOTAL SALARIES | 3,867,044 | -359 | 3,866,685 | 130,357.00 | 29.66 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 1,322,770 | | 1,322,770 | 7,506.00 | 176.23 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 674,314 | | 674,314 | | 17.44 | |
| 6 TOTAL | 5,864,128 | -359 | 5,863,769 | 137,863.00 | 42.53 | |
| 7 NET SALARIES | | | | | | |
| 8 EXCLUDED AREA SALARIES | | | | | | |
| 9 SUBTOTAL SALARIES | | | | | | |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS | | | | | | |
| 11 SUBTOTAL WAGE-RELATED COSTS | | | | | | |
| 12 TOTAL | | | | | | |
| 13 TOTAL OVERHEAD COSTS | 702,358 | | 702,358 | 32,638.80 | 21.52 | |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|-----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0033 | FROM 12/ 1/2007 | 4/30/2009 |
| | TO 11/30/2008 | WORKSHEET S-10 |

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .317271
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|-----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0033 | FROM 12/ 1/2007 | 4/30/2009 |
| | TO 11/30/2008 | WORKSHEET S-10 |

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 592,784 | 592,784 | 413,873 | 1,006,657 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 298,233 | 298,233 | 104,331 | 402,564 |
| 5 | 0500 EMPLOYEE BENEFITS | | | | 716,542 | 716,542 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 244,094 | 5,517,613 | 5,761,707 | -1,130,826 | 4,630,881 |
| 7 | 0700 MAINTENANCE & REPAIRS | | | | | |
| 8 | 0800 OPERATION OF PLANT | 328,361 | 1,751,780 | 2,080,141 | -19,946 | 2,060,195 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 38,417 | 38,417 | | 38,417 |
| 10 | 1000 HOUSEKEEPING | | 3,489 | 3,489 | | 3,489 |
| 11 | 1100 DIETARY | | 445,270 | 445,270 | 347 | 445,617 |
| 12 | 1200 CAFETERIA | | | | | |
| 14 | 1400 NURSING ADMINISTRATION | 129,903 | 24,710 | 154,613 | | 154,613 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 28,747 | 28,747 | | 28,747 |
| 16 | 1600 PHARMACY | | 278,802 | 278,802 | -275,680 | 3,122 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | | 2,397 | 2,397 | | 2,397 |
| 18 | 1800 SOCIAL SERVICE | | | | | |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 359 | 27 | 386 | -386 | |
| 31 | 3100 SUBPROVIDER | 2,343,729 | 396,463 | 2,740,192 | -29,093 | 2,711,099 |
| 31.01 | 3101 SUBPROVIDER II | 1,598,309 | 261,210 | 1,859,519 | -18,985 | 1,840,534 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | | | | | |
| 37.01 | 3120 CARDIAC CATH | | | | | |
| 38 | 3800 RECOVERY ROOM | | | | | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 62,633 | 69,327 | 131,960 | 328,637 | 460,597 |
| 41.01 | 4101 ULTRA SOUND | 64,042 | 8,822 | 72,864 | -72,864 | |
| 41.02 | 4102 MRI | 141,410 | 114,363 | 255,773 | -255,773 | |
| 44 | 4400 LABORATORY | 651,576 | 273,617 | 925,193 | -73 | 925,120 |
| 49 | 4900 RESPIRATORY THERAPY | | 23,073 | 23,073 | -23,073 | |
| 50 | 5000 PHYSICAL THERAPY | 428,656 | 194,307 | 622,963 | 364,073 | 987,036 |
| 51 | 5100 OCCUPATIONAL THERAPY | 208,097 | 63,750 | 271,847 | -271,847 | |
| 52 | 5200 SPEECH PATHOLOGY | 84,810 | 7,416 | 92,226 | -92,226 | |
| 53 | 5300 ELECTROCARDIOLOGY | | | | | |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 17,444 | 17,444 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 270,615 | 270,615 |
| 59 | 3550 MENTAL HEALTH ANCILLARY | 636,259 | 564,896 | 1,201,155 | -197 | 1,200,958 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 CLINIC | 113,057 | 17,376 | 130,433 | -130,433 | |
| 61 | 6100 EMERGENCY | 773,787 | 570,779 | 1,344,566 | 108,736 | 1,453,302 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 95 | SUBTOTALS | 7,809,082 | 11,547,668 | 19,356,750 | 3,196 | 19,359,946 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96.02 | 9602 WORKPOWER/CORP HEALTH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 35,547 | 35,547 | -3,196 | 32,351 |
| 101 | TOTAL | 7,809,082 | 11,583,215 | 19,392,297 | -0- | 19,392,297 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0033
PERIOD: FROM 12/1/2007 TO 11/30/2008
PREPARED 4/30/2009
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | 1,825,186 | 2,831,843 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | 264,152 | 666,716 |
| 5 | 0500 EMPLOYEE BENEFITS | | 716,542 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | -3,663,257 | 967,624 |
| 7 | 0700 MAINTENANCE & REPAIRS | | |
| 8 | 0800 OPERATION OF PLANT | 168,800 | 2,228,995 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 19,678 | 58,095 |
| 10 | 1000 HOUSEKEEPING | 530,325 | 533,814 |
| 11 | 1100 DIETARY | | 445,617 |
| 12 | 1200 CAFETERIA | | |
| 14 | 1400 NURSING ADMINISTRATION | -85,210 | 69,403 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 28,747 |
| 16 | 1600 PHARMACY | | 3,122 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -20 | 2,377 |
| 18 | 1800 SOCIAL SERVICE | | |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | | |
| 31 | 3100 SUBPROVIDER | -28,978 | 2,682,121 |
| 31.01 | 3101 SUBPROVIDER II | -16,500 | 1,824,034 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | | |
| 37.01 | 3120 CARDIAC CATH | | |
| 38 | 3800 RECOVERY ROOM | | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 460,597 |
| 41.01 | 4101 ULTRA SOUND | | |
| 41.02 | 4102 MRI | | |
| 44 | 4400 LABORATORY | | 925,120 |
| 49 | 4900 RESPIRATORY THERAPY | | |
| 50 | 5000 PHYSICAL THERAPY | | 987,036 |
| 51 | 5100 OCCUPATIONAL THERAPY | | |
| 52 | 5200 SPEECH PATHOLOGY | | |
| 53 | 5300 ELECTROCARDIOLOGY | | |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 17,444 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 270,615 |
| 59 | 3550 MENTAL HEALTH ANCILLARY | | 1,200,958 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | | |
| 61 | 6100 EMERGENCY | 59,831 | 1,513,133 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | SPEC PURPOSE COST CENTERS | | |
| 95 | SUBTOTALS | -925,993 | 18,433,953 |
| | NONREIMBURS COST CENTERS | | |
| 96.02 | 9602 WORKPOWER/CORP HEALTH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 32,351 |
| 101 | TOTAL | -925,993 | 18,466,304 |

COST CENTERS USED IN COST REPORT

| | | |
|--------------|-----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0033 | FROM 12/ 1/2007 | 4/30/2009 |
| | TO 11/30/2008 | NOT A CMS WORKSHEET |

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 31 | SUBPROVIDER | 3100 | |
| 31.01 | SUBPROVIDER II | 3101 | SUBPROVIDER ##### |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 37.01 | CARDIAC CATH | 3120 | CARDIAC CATHETERIZATION LABORATORY |
| 38 | RECOVERY ROOM | 3800 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 41.01 | ULTRA SOUND | 4101 | RADIOLOGY-DIAGNOSTIC |
| 41.02 | MRI | 4102 | RADIOLOGY-DIAGNOSTIC |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 59 | MENTAL HEALTH ANCILLARY | 3550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | SPEC PURPOSE COST CE | | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96.02 | WORKPOWER/CORP HEALTH | 9602 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

PROVIDER NO:
140033

PERIOD:
FROM 12/1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | ----- INCREASE ----- | | | | |
|-----------------------------------|----------------------|--------------------------------------|------------|---------|-----------|
| | CODE (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 RECLASS EMPLOYEE BENEFITS | A | EMPLOYEE BENEFITS | 5 | | 716,542 |
| 2 RECLASS OXYGEN COSTS | B | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 17,444 |
| 3 | | | | | |
| 4 | | | | | |
| 5 RECLASS RENTAL & LEASES | C | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 104,331 |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | DIETARY | 11 | | 347 |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 RECLASS OTHER CAPITAL COSTS | D | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 413,873 |
| 18 RECLASS OF DRUGS & IV SUPPLIES | E | DRUGS CHARGED TO PATIENTS | 56 | | 270,615 |
| 19 RECLASS OF THERAPY COSTS | F | PHYSICAL THERAPY | 50 | 292,907 | 71,166 |
| 20 | | | | | |
| 21 | | | | | |
| 22 RECLASS OTHER MISC DEPARTMENTS | G | SUBPROVIDER | 31 | 359 | 27 |
| 23 | | EMERGENCY | 61 | 113,057 | 17,376 |
| 24 RECLASS OTHER RADIOLOGY | H | RADIOLOGY-DIAGNOSTIC | 41 | 205,452 | 123,185 |
| 25 | | | | | |
| 26 | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 611,775 | 1,734,906 |

(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:
140033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE (1) | DECREASE | | | | A-7 REF 10 |
|-----------------------------------|-------------|-----------------------------|------------|---------|-----------|------------------|
| | | COST CENTER | LINE NO | SALARY | OTHER | |
| | 1 | 6 | 7 | 8 | 9 | |
| 1 RECLASS EMPLOYEE BENEFITS | A | ADMINISTRATIVE & GENERAL | 6 | | 716,542 | |
| 2 RECLASS OXYGEN COSTS | B | | | | | |
| 3 | | RESPIRATORY THERAPY | 49 | | 17,250 | |
| 4 | | EMERGENCY | 61 | | 194 | |
| 5 RECLASS RENTAL & LEASES | C | | | | | 10 |
| 6 | | ADMINISTRATIVE & GENERAL | 6 | | 411 | |
| 7 | | OPERATION OF PLANT | 8 | | 19,946 | |
| 8 | | | | | | |
| 9 | | PHARMACY | 16 | | 5,065 | |
| 10 | | SUBPROVIDER | 31 | | 29,479 | |
| 11 | | SUBPROVIDER II | 31.01 | | 18,985 | |
| 12 | | LABORATORY | 44 | | 73 | |
| 13 | | RESPIRATORY THERAPY | 49 | | 5,823 | |
| 14 | | MENTAL HEALTH ANCILLARY | 59 | | 197 | |
| 15 | | EMERGENCY | 61 | | 21,503 | |
| 16 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 3,196 | |
| 17 RECLASS OTHER CAPITAL COSTS | D | ADMINISTRATIVE & GENERAL | 6 | | 413,873 | 13 |
| 18 RECLASS OF DRUGS & IV SUPPLIES | E | PHARMACY | 16 | | 270,615 | |
| 19 RECLASS OF THERAPY COSTS | F | | | | | |
| 20 | | OCCUPATIONAL THERAPY | 51 | 208,097 | 63,750 | |
| 21 | | SPEECH PATHOLOGY | 52 | 84,810 | 7,416 | |
| 22 RECLASS OTHER MISC DEPARTMENTS | G | ADULTS & PEDIATRICS | 25 | 359 | 27 | |
| 23 | | CLINIC | 60 | 113,057 | 17,376 | |
| 24 RECLASS OTHER RADIOLOGY | H | | | | | |
| 25 | | ULTRA SOUND | 41.01 | 64,042 | 8,822 | |
| 26 | | MRI | 41.02 | 141,410 | 114,363 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 611,775 | 1,734,906 | |

(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:
140033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFITS

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | EMPLOYEE BENEFITS | 5 | 716,542 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 716,542 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 716,542 | |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 716,542 |

RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 17,444 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 17,444 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|--------|--------|
| COST CENTER | LINE | AMOUNT | |
| RESPIRATORY THERAPY | 49 | 17,250 | |
| EMERGENCY | 61 | 194 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 17,444 |

RECLASS CODE: C
EXPLANATION : RECLASS RENTAL & LEASES

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 104,331 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| 4.00 | DIETARY | 11 | 347 |
| 5.00 | | | 0 |
| 6.00 | | | 0 |
| 7.00 | | | 0 |
| 8.00 | | | 0 |
| 9.00 | | | 0 |
| 10.00 | | | 0 |
| 11.00 | | | 0 |
| 12.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 104,678 |

| ----- DECREASE ----- | | | |
|------------------------------------|-------|--------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 411 | |
| OPERATION OF PLANT | 8 | 19,946 | |
| PHARMACY | 16 | 5,065 | |
| SUBPROVIDER | 31 | 29,479 | |
| SUBPROVIDER II | 31.01 | 18,985 | |
| LABORATORY | 44 | 73 | |
| RESPIRATORY THERAPY | 49 | 5,823 | |
| MENTAL HEALTH ANCI LLARY | 59 | 197 | |
| EMERGENCY | 61 | 21,503 | |
| PHYSICIANS' PRIVATE OFFICES | 98 | 3,196 | |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 104,678 |

RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL COSTS

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 413,873 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 413,873 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADMINISTRATIVE & GENERAL | 6 | 413,873 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 413,873 |

RECLASS CODE: E
EXPLANATION : RECLASS OF DRUGS & IV SUPPLIES

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 270,615 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 270,615 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| PHARMACY | 16 | 270,615 | |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 270,615 |

RECLASS CODE: F
EXPLANATION : RECLASS OF THERAPY COSTS

| ----- INCREASE ----- | | | |
|------------------------------------|------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | PHYSICAL THERAPY | 50 | 364,073 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 364,073 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| OCCUPATIONAL THERAPY | 51 | 271,847 | |
| SPEECH PATHOLOGY | 52 | 92,226 | |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 364,073 |

RECLASS CODE: G
EXPLANATION : RECLASS OTHER MI SC DEPARTMENTS

| ----- INCREASE ----- | | | |
|------------------------------------|-------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | SUBPROVIDER | 31 | 386 |
| 2.00 | EMERGENCY | 61 | 130,433 |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 130,819 |

| ----- DECREASE ----- | | | |
|------------------------------------|------|---------|---------|
| COST CENTER | LINE | AMOUNT | |
| ADULTS & PEDIATRICS | 25 | 386 | |
| CLINIC | 60 | 130,433 | |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 130,819 |

RECLASS CODE: H
EXPLANATION : RECLASS OTHER RADIOLOGY

| ----- INCREASE ----- | | | |
|----------------------|-----------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | RADIOLOGY-DI AGNOSTIC | 41 | 328,637 |

| ----- DECREASE ----- | | | |
|----------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| | | 0 | |

RECLASSIFICATIONS

PROVIDER NO:
140033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : RECLASS OTHER RADIOLOGY

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|---------|----------------------|-------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 2.00 | | | 0 | ULTRA SOUND | 41.01 | 72,864 | |
| 3.00 | | | 0 | MRI | 41.02 | 255,773 | |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 328,637 | | | | 328,637 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | | | | | | | |
| 2 LAND IMPROVEMENTS | | | | | | | |
| 3 BUILDINGS & FIXTURE | | | | | | | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | | | | | | | |
| 7 SUBTOTAL | | | | | | | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | | | | | | | |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 1,970,715 | | | | | 1,970,715 | |
| 2 LAND IMPROVEMENTS | 474,117 | | | | | 474,117 | |
| 3 BUILDINGS & FIXTURE | 27,310,374 | | | | | 27,310,374 | |
| 4 BUILDING IMPROVEMENT | 2,046,772 | 468,487 | | 468,487 | | 2,515,259 | |
| 5 FIXED EQUIPMENT | 4,464,039 | 63,950 | | 63,950 | | 4,527,989 | |
| 6 MOVABLE EQUIPMENT | 22,641,105 | 399,353 | | 399,353 | | 23,040,458 | |
| 7 SUBTOTAL | 58,907,122 | 931,790 | | 931,790 | | 59,838,912 | |
| 8 RECONCILING ITEMS | -29,292 | | | | | -29,292 | |
| 9 TOTAL | 58,936,414 | 931,790 | | 931,790 | | 59,868,204 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| * | DESCRIPTION | COMPUTATION OF RATIOS | | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|---|----------------------|-----------------------|-------------------------|-----------------------------|------------|-----------------------------|------------|----------------------------------|-------|
| | | GROSS ASSETS 1 | CAPITALIZED LEASES 2 | GROSS ASSETS FOR RATIO 3 | RATIO 4 | INSURANCE 5 | TAXES 6 | OTHER CAPITAL RELATED COSTS 7 | |
| 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 |
| 3 | NEW CAP REL COSTS-BL | 954,956 | | 1,463,014 | | 413,873 | | 2,831,843 |
| 4 | NEW CAP REL COSTS-MV | 562,385 | 104,331 | | | | | 666,716 |
| 5 | TOTAL | 1,517,341 | 104,331 | 1,463,014 | | 413,873 | | 3,498,559 |

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 |
| 3 | NEW CAP REL COSTS-BL | 592,784 | | | | | | 592,784 |
| 4 | NEW CAP REL COSTS-MV | 298,233 | | | | | | 298,233 |
| 5 | TOTAL | 891,017 | | | | | | 891,017 |

* All lines numbers except line 5 are to be consistent with Workshseet 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).

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0033

PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET A-8

| DESCRPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--------------|---------------------------|
| | | | COST CENTER 3 | LINE NO 4 | |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -45,478 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | 1,895,423 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | | | | | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | B | -20 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | B | -85,210 | NURSING ADMINISTRATION | 14 | |
| 22 VENDNG MACHINES | | | | | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES | A | 358,569 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 32 DEPRECIATION-NEW MOVABLE EQUIP | A | 223,785 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 OTHER MISC REVENUES | B | -12,453 | ADMINISTRATIVE & GENERAL | 6 | |
| 38 CON AMORTIZATION FEES | A | -43,667 | ADMINISTRATIVE & GENERAL | 6 | |
| 39 BAD DEBTS | A | -1,637,083 | ADMINISTRATIVE & GENERAL | 6 | |
| 40 STATE OPERATING TAX | A | -2,317,532 | ADMINISTRATIVE & GENERAL | 6 | |
| 41 CHARITABLE CONTRIBUTIONS | A | -40,961 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 ALLOCATED - HOUSEKEEPING | A | 530,325 | HOUSEKEEPING | 10 | |
| 43 ALLOCATED - PLANT OPERATIONS | A | 168,800 | OPERATION OF PLANT | 8 | |
| 44 ALLOCATED - LAUNDRY & LINEN | A | 19,678 | LAUNDRY & LINEN SERVICE | 9 | |
| 45 ALLOCATED - RECOVERY ROOM | A | 15,338 | EMERGENCY | 61 | |
| 46 ALLOCATED - ANESTHESIA | A | 10,632 | EMERGENCY | 61 | |
| 47 ALLOCATED - EKG | A | 10,432 | EMERGENCY | 61 | |
| 48 ALLOCATED - DIALYSIS | A | 23,429 | EMERGENCY | 61 | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -925,993 | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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 | 3 | NEW CAP REL COSTS-BLDG & INTEREST EXPENSE | 1,463,014 | | 1,463,014 | 11 |
| 2 | 6 | ADMINISTRATIVE & GENERAL PASI OPERATING | 217,874 | 70,525 | 147,349 | |
| 3 | 4 | NEW CAP REL COSTS-MVBLE PASI CAPITAL | 25,531 | | 25,531 | 9 |
| 4 | 3 | NEW CAP REL COSTS-BLDG & NEW CAP - HOME OFFICE | 3,603 | | 3,603 | 9 |
| 4.01 | 4 | NEW CAP REL COSTS-MVBLE E NEW CAP - HOME OFFICE | 14,836 | | 14,836 | 9 |
| 4.02 | 6 | ADMINISTRATIVE & GENERAL NON CAP - HOME OFFICE | 241,090 | | 241,090 | |
| 5 | | TOTALS | 1,965,948 | 70,525 | 1,895,423 | |

* 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 XVIII.

| 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 | B | COMMUNITY HEALTH SYSTEMS | | 100.00 | 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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED: 4/30/2009
 WORKSHEET: A-8-2
 GROUP: 1

| 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 |
| 31 | AGGREGATE | 114,668 | 28,978 | 85,690 | 142,500 | 3,965 | 271,641 | 13,582 |
| 31 | 1 AGGREGATE | 45,000 | | 45,000 | 142,500 | 416 | 28,500 | 1,425 |
| 101 | TOTAL | 159,668 | 28,978 | 130,690 | | 4,381 | 300,141 | 15,007 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET A-8-2
GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIPS & CONTINUING EDUCATION | PROVIDER COMPONENT SHARE OF COL 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COL 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 31 | AGGREGATE | | | | | 271,641 | | 28,978 |
| 2 31 | 1 AGGREGATE | | | | | 28,500 | 16,500 | 16,500 |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
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| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | | | | | 300,141 | 16,500 | 45,478 |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/30/2009
 I 14-0033 I FROM 12/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 11/30/2008 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|-------------------------------|-----------------|------------------------|-----------|-------------|
| | GENERAL SERVICE COST | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 3 | SQUARE | FEET | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS | SALARIES | NOT ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -5 | ACCUM. | COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 3 | SQUARE | FEET | ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 7 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 3 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 9 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 10 | FTES | | ENTERED |
| 14 | NURSING ADMINISTRATION | 12 | DIRECT | NRSNG HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 13 | COSTED | REQUIS | ENTERED |
| 16 | PHARMACY | 14 | COSTED | REQUIS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | C | GROSS | CHARGES | NOT ENTERED |
| 18 | SOCIAL SERVICE | 16 | PATIENT | DAYS | ENTERED |

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE | EMPLOYEE BENEFITS | SUBTOTAL | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS |
|-------------------------------|----------------------------------|---------------------------|--------------------------|-------------------|------------|--------------------------|-----------------------|
| | 0 | 3 | 4 | 5 | 5a.00 | 6 | 7 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 2,831,843 | 2,831,843 | | | | | |
| 005 NEW CAP REL COSTS-MVBLE | 666,716 | | 666,716 | | | | |
| 006 EMPLOYEE BENEFITS | 716,542 | | | 716,542 | | | |
| 007 ADMINISTRATIVE & GENERAL | 967,624 | 124,624 | 29,341 | 22,398 | 1,143,987 | 1,143,987 | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 2,228,995 | 1,589,547 | 374,235 | 30,130 | 4,222,907 | 278,890 | |
| 010 LAUNDRY & LINEN SERVICE | 58,095 | 35,063 | 8,255 | | 101,413 | 6,697 | |
| 011 HOUSEKEEPING | 533,814 | 78,942 | 18,586 | | 631,342 | 41,694 | |
| 012 DIETARY | 445,617 | 20,997 | 4,943 | | 471,557 | 31,142 | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | 69,403 | | | 11,920 | 81,323 | 5,371 | |
| 016 CENTRAL SERVICES & SUPPLY | 28,747 | | | | 28,747 | 1,898 | |
| 017 PHARMACY | 3,122 | 43,255 | 10,184 | | 56,561 | 3,735 | |
| 018 MEDICAL RECORDS & LIBRARY | 2,377 | 18,474 | 4,350 | | 25,201 | 1,664 | |
| 018 SOCIAL SERVICE | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 ADULTS & PEDIATRICS | | | | | | | |
| 031 SUBPROVIDER | 2,682,121 | 244,142 | 57,480 | 215,084 | 3,198,827 | 211,254 | |
| 031 01 SUBPROVIDER II | 1,824,034 | 134,089 | 31,569 | 146,658 | 2,136,350 | 141,087 | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | | | | | | | |
| 038 CARDIAC CATH | | | | | | | |
| 041 RECOVERY ROOM | | | | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | 460,597 | | | 24,599 | 485,196 | 32,043 | |
| 041 02 ULTRA SOUND | | | | | | | |
| 044 MRI | | | | | | | |
| 044 LABORATORY | 925,120 | 175,914 | 41,416 | 59,787 | 1,202,237 | 79,397 | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | 987,036 | 62,618 | 14,743 | 66,209 | 1,130,606 | 74,666 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 17,444 | | | | 17,444 | 1,152 | |
| 056 DRUGS CHARGED TO PATIENTS | 270,615 | | | | 270,615 | 17,872 | |
| 059 MENTAL HEALTH ANCILLARY | 1,200,958 | 59,039 | 13,900 | 58,382 | 1,332,279 | 87,985 | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 062 EMERGENCY | 1,513,133 | 182,449 | 42,955 | 81,375 | 1,819,912 | 120,189 | |
| 095 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 18,433,953 | 2,769,153 | 651,957 | 716,542 | 18,356,504 | 1,136,736 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 02 WORKPOWER/CORP HEALTH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 32,351 | 62,690 | 14,759 | | 109,800 | 7,251 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 18,466,304 | 2,831,843 | 666,716 | 716,542 | 18,466,304 | 1,143,987 | |

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|-------------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 4,501,797 | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 141,227 | 249,337 | | | | | |
| 011 HOUSEKEEPING | 317,966 | | 991,002 | | | | |
| 012 DIETARY | 84,572 | | 20,732 | 608,003 | | | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | 86,694 | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | | 30,645 |
| 017 PHARMACY | 174,223 | | 42,709 | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 74,411 | | 18,241 | | | | 6 |
| 025 SOCIAL SERVICE | | | | | | | 167 |
| 031 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 ADULTS & PEDIATRICS | | | | | | | |
| 031 SUBPROVIDER | 983,365 | 97,664 | 241,060 | 387,199 | | 28,594 | 3,341 |
| 031 01 SUBPROVIDER II | 540,088 | 53,638 | 132,397 | 220,804 | | 19,498 | 4,578 |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | | | | | | | |
| 038 CARDIAC CATH | | | | | | | |
| 041 RECOVERY ROOM | | | | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | | | | | | 3,270 | |
| 041 02 ULTRA SOUND | | | | | | | |
| 044 MRI | | | | | | | |
| 049 LABORATORY | 708,554 | | 173,695 | | | 7,949 | 13,472 |
| 050 RESPIRATORY THERAPY | | | | | | | |
| 051 PHYSICAL THERAPY | 252,215 | 25,050 | 61,828 | | | 8,802 | 8,420 |
| 052 OCCUPATIONAL THERAPY | | | | | | | |
| 053 SPEECH PATHOLOGY | | | | | | | |
| 055 ELECTROCARDIOLOGY | | | | | | | |
| 056 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 059 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 060 MENTAL HEALTH ANCILLARY | 237,797 | | 58,294 | | | 7,762 | 283 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 CLINIC | | | | | | | |
| 062 EMERGENCY | 734,874 | 72,985 | 180,147 | | | 10,819 | 253 |
| 095 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 4,249,292 | 249,337 | 929,103 | 608,003 | | 86,694 | 30,520 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 02 WORKPOWER/CORP HEALTH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 252,505 | | 61,899 | | | | 125 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 4,501,797 | 249,337 | 991,002 | 608,003 | | 86,694 | 30,645 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS 0 | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP REL C OSTS-MVBLE E 4 | SUBTOTAL 4a | EMPLOYEE BENEFITS 5 | ADMINISTRATIVE & GENERAL 6 | MAINTENANCE & REPAIRS 7 |
|-------------------------------|------------------------------------|-----------------------------|------------------------------|-------------|---------------------|----------------------------|-------------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | 124,624 | 29,341 | 153,965 | | 153,965 | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | 1,589,547 | 374,235 | 1,963,782 | | 37,539 | |
| 009 LAUNDRY & LINEN SERVICE | | 35,063 | 8,255 | 43,318 | | 901 | |
| 010 HOUSEKEEPING | | 78,942 | 18,586 | 97,528 | | 5,611 | |
| 011 DIETARY | | 20,997 | 4,943 | 25,940 | | 4,191 | |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | | | 723 | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | 256 | |
| 016 PHARMACY | | 43,255 | 10,184 | 53,439 | | 503 | |
| 017 MEDICAL RECORDS & LIBRARY | | 18,474 | 4,350 | 22,824 | | 224 | |
| 018 SOCIAL SERVICE | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 ADULTS & PEDIATRICS | | | | | | | |
| 031 SUBPROVIDER | | 244,142 | 57,480 | 301,622 | | 28,431 | |
| 031 01 SUBPROVIDER II | | 134,089 | 31,569 | 165,658 | | 18,988 | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | | | | | | | |
| 038 CARDIAC CATH | | | | | | | |
| 041 RECOVERY ROOM | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | 4,312 | |
| 041 01 ULTRA SOUND | | | | | | | |
| 041 02 MRI | | | | | | | |
| 044 LABORATORY | | 175,914 | 41,416 | 217,330 | | 10,685 | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | 62,618 | 14,743 | 77,361 | | 10,049 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | 155 | |
| 053 ELECTROCARDIOLOGY | | | | | | 2,405 | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | 11,841 | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 059 MENTAL HEALTH ANCILLARY | | 59,039 | 13,900 | 72,939 | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | | 182,449 | 42,955 | 225,404 | | 16,175 | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | | 2,769,153 | 651,957 | 3,421,110 | | 152,989 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 02 WORKPOWER/CORP HEALTH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | 62,690 | 14,759 | 77,449 | | 976 | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 2,831,843 | 666,716 | 3,498,559 | | 153,965 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|----------------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|---------------------------|
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 009 OPERATION OF PLANT | 2,001,321 | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 62,784 | 107,003 | | | | | |
| 011 HOUSEKEEPING | 141,355 | | 244,494 | | | | |
| 012 DIETARY | 37,597 | | 5,115 | 72,843 | | | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | 723 | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | | 256 |
| 017 PHARMACY | 77,453 | | 10,537 | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 33,080 | | 4,500 | | | | |
| 025 SOCIAL SERVICE | | | | | | | 1 |
| 031 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 01 ADULTS & PEDIATRICS | 437,165 | 41,913 | 59,473 | 46,389 | | 238 | 28 |
| 037 01 SUBPROVIDER II | 240,102 | 23,019 | 32,664 | 26,454 | | 163 | 38 |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | | | | | | | |
| 038 01 CARDIAC CATH | | | | | | | |
| 041 01 RECOVERY ROOM | | | | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | | | | | | 27 | |
| 041 01 ULTRA SOUND | | | | | | | |
| 044 02 MRI | 314,995 | | 42,853 | | | 66 | 114 |
| 049 02 LABORATORY | | | | | | | |
| 050 02 RESPIRATORY THERAPY | 112,125 | 10,750 | 15,254 | | | 74 | 70 |
| 051 02 PHYSICAL THERAPY | | | | | | | |
| 052 02 OCCUPATIONAL THERAPY | | | | | | | |
| 053 02 SPEECH PATHOLOGY | | | | | | | |
| 055 02 ELECTROCARDIOLOGY | | | | | | | |
| 056 02 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 059 02 DRUGS CHARGED TO PATIENTS | 105,715 | | 14,382 | | | 65 | 2 |
| 060 02 MENTAL HEALTH ANCILLARY | | | | | | | |
| 061 02 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 02 CLINIC | 326,696 | 31,321 | 44,445 | | | 90 | 2 |
| 095 02 EMERGENCY | | | | | | | |
| 096 02 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 098 02 SPEC PURPOSE COST CENTERS | | | | | | | |
| 101 02 SUBTOTALS | 1,889,067 | 107,003 | 229,223 | 72,843 | | 723 | 255 |
| 102 02 NONREIMBURS COST CENTERS | | | | | | | |
| 103 02 WORKPOWER/CORP HEALTH | | | | | | | |
| 104 02 PHYSICIANS' PRIVATE OFFIC | 112,254 | | 15,271 | | | | 1 |
| 105 02 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 106 02 NEGATIVE COST CENTER | | | | | | | |
| 107 02 TOTAL | 2,001,321 | 107,003 | 244,494 | 72,843 | | 723 | 256 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | SUBTOTAL 25 | POST STEPDOWN ADJUSTMENT 26 | TOTAL 27 |
|----------------------------------|----------------|---------------------------------|----------------------|----------------|--------------------------------|-------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | |
| 009 OPERATION OF PLANT | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | |
| 011 HOUSEKEEPING | | | | | | |
| 012 DIETARY | | | | | | |
| 014 CAFETERIA | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | | |
| 017 PHARMACY | 141,932 | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | | 60,628 | | | | |
| 025 SOCIAL SERVICE | | | 1 | | | |
| 031 INPAT ROUTINE SRVC CNTRS | | | | | | |
| 031 01 ADULTS & PEDIATRICS | | 18,615 | 1 | 933,875 | | 933,875 |
| 037 SUBPROVIDER | | 7,955 | | 515,041 | | 515,041 |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | |
| 038 OPERATING ROOM | | | | | | |
| 041 01 CARDIAC CATH | | | | | | |
| 041 01 RECOVERY ROOM | | | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | | 4,487 | | 8,826 | | 8,826 |
| 044 02 MRI | | | | | | |
| 049 LABORATORY | | 8,132 | | 594,175 | | 594,175 |
| 050 RESPIRATORY THERAPY | | | | | | |
| 051 PHYSICAL THERAPY | | 5,575 | | 231,258 | | 231,258 |
| 052 OCCUPATIONAL THERAPY | | | | | | |
| 053 SPEECH PATHOLOGY | | | | | | |
| 055 ELECTROCARDIOLOGY | | 6 | | 161 | | 161 |
| 056 MEDICAL SUPPLIES CHARGED | | | | | | |
| 059 DRUGS CHARGED TO PATIENTS | 141,932 | 4,444 | | 148,781 | | 148,781 |
| 060 MENTAL HEALTH ANCILLARY | | 2,481 | | 207,425 | | 207,425 |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | |
| 062 CLINIC | | | | | | |
| 095 EMERGENCY | | 8,933 | | 653,066 | | 653,066 |
| 096 OBSERVATION BEDS (NON-DIS | | | | | | |
| 098 SPEC PURPOSE COST CENTERS | | | | | | |
| 101 SUBTOTALS | 141,932 | 60,628 | 1 | 3,292,608 | | 3,292,608 |
| 102 NONREIMBURS COST CENTERS | | | | | | |
| 103 02 WORKPOWER/CORP HEALTH | | | | | | |
| 1098 PHYSICIANS' PRIVATE OFFIC | | | | 205,951 | | 205,951 |
| 1101 CROSS FOOT ADJUSTMENTS | | | | | | |
| 1102 NEGATIVE COST CENTER | | | | | | |
| 1103 TOTAL | 141,932 | 60,628 | 1 | 3,498,559 | | 3,498,559 |

| COST CENTER DESCRIPTION | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION | ADMINISTRATIVE MAINTENANCE & E & GENERAL | MAINTENANCE & REPAIRS |
|---|---------------------------|----------------------------|-----------------------|----------------|--|-----------------------|
| | OSTS-BLDG & (SQUARE FEET) | OSTS-MVBLE E (SQUARE FEET) | FITS (GROSS SALARIES) | | (ACCUM. COST) | (SQUARE FEET) |
| | 3 | 4 | 5 | 6a.00 | 6 | 7 |
| 003 GENERAL SERVICE COST | | | | | | |
| 004 NEW CAP REL COSTS-BLD | 235,753 | | | | | |
| 005 NEW CAP REL COSTS-MVB | | 235,753 | | | | |
| 006 EMPLOYEE BENEFITS | | | 7,809,082 | | | |
| 007 ADMINISTRATIVE & GENERAL | 10,375 | 10,375 | 244,094 | -1,143,987 | 17,322,317 | |
| 008 MAINTENANCE & REPAIRS | | | | | | 225,378 |
| 009 OPERATION OF PLANT | 132,331 | 132,331 | 328,361 | | 4,222,907 | 132,331 |
| 010 LAUNDRY & LINEN SERVICE | 2,919 | 2,919 | | | 101,413 | 2,919 |
| 011 HOUSEKEEPING | 6,572 | 6,572 | | | 631,342 | 6,572 |
| 012 DIETARY | 1,748 | 1,748 | | | 471,557 | 1,748 |
| 014 CAFETERIA | | | | | | |
| 015 NURSING ADMINISTRATION | | | 129,903 | | 81,323 | |
| 016 CENTRAL SERVICES & SUPPLY | | | | | 28,747 | |
| 017 PHARMACY | 3,601 | 3,601 | | | 56,561 | 3,601 |
| 018 MEDICAL RECORDS & LIBRARY | 1,538 | 1,538 | | | 25,201 | 1,538 |
| 025 SOCIAL SERVICE | | | | | | |
| 031 INPATIENT ROUTINE SERVICES | | | | | | |
| 031 01 SUBPROVIDER | 20,325 | 20,325 | 2,344,088 | | 3,198,827 | 20,325 |
| 031 01 SUBPROVIDER II | 11,163 | 11,163 | 1,598,309 | | 2,136,350 | 11,163 |
| 037 ANCILLARY SERVICE COST CENTER | | | | | | |
| 037 01 OPERATING ROOM | | | | | | |
| 037 01 CARDIAC CATH | | | | | | |
| 038 RECOVERY ROOM | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | 268,085 | | 485,196 | |
| 041 01 ULTRA SOUND | | | | | | |
| 041 02 MRI | | | | | | |
| 044 LABORATORY | 14,645 | 14,645 | 651,576 | | 1,202,237 | 14,645 |
| 049 RESPIRATORY THERAPY | | | | | | |
| 050 PHYSICAL THERAPY | 5,213 | 5,213 | 721,563 | | 1,130,606 | 5,213 |
| 051 OCCUPATIONAL THERAPY | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENT | | | | | 17,444 | |
| 056 DRUGS CHARGED TO PATIENT | | | | | 270,615 | |
| 059 MENTAL HEALTH ANCILLARY | 4,915 | 4,915 | 636,259 | | 1,332,279 | 4,915 |
| 060 OUTPAT SERVICE COST CENTER | | | | | | |
| 061 CLINIC | | | | | | |
| 062 EMERGENCY | 15,189 | 15,189 | 886,844 | | 1,819,912 | 15,189 |
| 062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER) | | | | | | |
| 095 SUBTOTALS | 230,534 | 230,534 | 7,809,082 | -1,143,987 | 17,212,517 | 220,159 |
| 096 NONREIMBURSABLE COST CENTER | | | | | | |
| 096 02 WORKPOWER/CORP HEALTH | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 5,219 | 5,219 | | | 109,800 | 5,219 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 2,831,843 | 666,716 | 716,542 | | 1,143,987 | |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 12.011907 | 2.828028 | .091758 | | .066041 | |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | | | | | 153,965 | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | | | .008888 | |

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY |
|--|--------------------|-------------------------|---------------|----------------|-----------|------------------------|---------------------------|
| | (SQUARE FEET) | (POUNDS OF LAUNDRY) | (SQUARE FEET) | (MEALS SERVED) | (FTES) | (DIRECT NRSNG HRS) | (COSTED REQUIS) |
| | 8 | 9 | 10 | 11 | 12 | 14 | 15 |
| 003 GENERAL SERVICE COST | | | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 93,047 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 2,919 | 84,714 | | | | | |
| 010 HOUSEKEEPING | 6,572 | | 83,556 | | | | |
| 011 DIETARY | 1,748 | | 1,748 | 57,685 | | | |
| 012 CAFETERIA | | | | | 11,496 | | |
| 014 NURSING ADMINISTRATION | | | | | 198 | 7,106,725 | |
| 015 CENTRAL SERVICES & SUPPLY | | | | | | | 311,000 |
| 016 PHARMACY | 3,601 | | 3,601 | | | | |
| 017 MEDICAL RECORDS & LIBRARY | 1,538 | | 1,538 | | | | 63 |
| 018 SOCIAL SERVICE | | | | | | | 1,697 |
| 025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS | | | | | | | |
| 031 SUBPROVIDER | 20,325 | 33,182 | 20,325 | 36,736 | 4,018 | 2,344,088 | 33,907 |
| 031 01 SUBPROVIDER II | 11,163 | 18,224 | 11,163 | 20,949 | 2,581 | 1,598,309 | 46,463 |
| 037 ANCILLARY SERVICE COST CENTER OPERATING ROOM | | | | | | | |
| 037 01 CARDIAC CATH | | | | | | | |
| 038 RECOVERY ROOM | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | 318 | 268,086 | |
| 041 01 ULTRA SOUND | | | | | | | |
| 041 02 MRI | | | | | | | |
| 044 LABORATORY | 14,645 | | 14,645 | | 1,091 | 651,576 | 136,698 |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | 5,213 | 8,511 | 5,213 | | 1,072 | 721,563 | 85,454 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 059 MENTAL HEALTH ANCI LLA OUTPAT SERVICE COST CENTER CLINIC | 4,915 | | 4,915 | | 1,083 | 636,259 | 2,877 |
| 060 EMERGENCY | | | | | | | |
| 061 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER) | 15,189 | 24,797 | 15,189 | | 1,135 | 886,844 | 2,572 |
| 062 SUBTOTALS | 87,828 | 84,714 | 78,337 | 57,685 | 11,496 | 7,106,725 | 309,731 |
| 095 NONREIMBURS COST CENTER | | | | | | | |
| 096 02 WORKPOWER/CORP HEALTH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 5,219 | | 5,219 | | | | 1,269 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 4,501,797 | 249,337 | 991,002 | 608,003 | | 86,694 | 30,645 |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 48.381968 | 2.943280 | 11.860333 | 10.540054 | | .012199 | .098537 |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | 2,001,321 | 107,003 | 244,494 | 72,843 | | 723 | 256 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | 21.508711 | 1.263109 | 2.926109 | 1.262772 | | .000102 | .000823 |

| COST CENTER DESCRIPTION | PHARMACY (COSTED REQUIS) | MEDICAL RECORDS & LIBRARY (GROSS CHARGES) | SOCIAL SERVICE (PATIENT DAYS) |
|---|--------------------------|---|-------------------------------|
| GENERAL SERVICE COST | 16 | 17 | 18 |
| 003 NEW CAP REL COSTS-BLD | | | |
| 004 NEW CAP REL COSTS-MVB | | | |
| 005 EMPLOYEE BENEFITS | | | |
| 006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS | | | |
| 007 OPERATION OF PLANT | | | |
| 008 LAUNDRY & LINEN SERVICE | | | |
| 009 HOUSEKEEPING | | | |
| 010 DIETARY | | | |
| 011 CAFETERIA | | | |
| 014 NURSING ADMINISTRATION | | | |
| 015 CENTRAL SERVICES & SUPPORT PHARMACY | 280,065 | | |
| 016 MEDICAL RECORDS & LIBRARY | | 56,843,349 | |
| 017 SOCIAL SERVICE | | | 16,400 |
| 018 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS | | | |
| 025 SUBPROVIDER | | 17,467,631 | 10,446 |
| 031 01 SUBPROVIDER II | | 7,455,407 | 5,954 |
| 031 ANCI LLARY SRVC COST CENTER OPERATING ROOM | | | |
| 037 01 CARDIAC CATH RECOVERY ROOM | | | |
| 038 RADIOLOGY-DIAGNOSTIC | | 4,205,506 | |
| 041 01 ULTRA SOUND | | | |
| 041 02 MRI | | | |
| 044 LABORATORY | | 7,621,429 | |
| 049 RESPIRATORY THERAPY | | | |
| 050 PHYSICAL THERAPY | | 5,225,118 | |
| 051 OCCUPATIONAL THERAPY | | | |
| 052 SPEECH PATHOLOGY | | | |
| 053 ELECTROCARDIOLOGY | | | |
| 055 MEDICAL SUPPLIES CHARGED TO PATIENT | | 5,362 | |
| 056 DRUGS CHARGED TO PATIENT | 280,065 | 4,165,294 | |
| 059 MENTAL HEALTH ANCILLARY OUTPAT SERVICE COST CENTER CLINIC | | 2,325,498 | |
| 060 EMERGENCY | | 8,372,104 | |
| 061 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER) | | | |
| 062 SUBTOTALS | 280,065 | 56,843,349 | 16,400 |
| 095 NONREIMBURS COST CENTER | | | |
| 096 02 WORKPOWER/CORP HEALTH PHYSICIANS' PRIVATE OFFICE | | | |
| 098 CROSS FOOT ADJUSTMENT | | | |
| 101 NEGATIVE COST CENTER | | | |
| 102 COST TO BE ALLOCATED (PER WRKSHT B, PART I) | 277,228 | 119,523 | 167 |
| 103 UNIT COST MULTIPLIER (WRKSHT B, PT I) | .989870 | .002103 | .010183 |
| 104 COST TO BE ALLOCATED (PER WRKSHT B, PART II) | | | |
| 105 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | |
| 106 COST TO BE ALLOCATED (PER WRKSHT B, PART III) | 141,932 | 60,628 | 1 |
| 107 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .506782 | .001067 | .000061 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|--|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | |
| 31 | SUBPROVIDER | 5,188,125 | | 5,188,125 | | 5,188,125 |
| 31 | 01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS | 3,264,180 | | 3,264,180 | 16,500 | 3,280,680 |
| 37 | OPERATING ROOM | | | | | |
| 37 | 01 CARDIAC CATH | | | | | |
| 38 | RECOVERY ROOM | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 529,353 | | 529,353 | | 529,353 |
| 41 | 01 ULTRA SOUND | | | | | |
| 41 | 02 MRI | | | | | |
| 44 | LABORATORY | 2,201,332 | | 2,201,332 | | 2,201,332 |
| 49 | RESPIRATORY THERAPY | | | | | |
| 50 | PHYSICAL THERAPY | 1,572,575 | | 1,572,575 | | 1,572,575 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 18,607 | | 18,607 | | 18,607 |
| 56 | DRUGS CHARGED TO PATIENTS | 574,475 | | 574,475 | | 574,475 |
| 59 | MENTAL HEALTH ANCILLARY OUTPAT SERVICE COST CNTRS | 1,729,291 | | 1,729,291 | | 1,729,291 |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 2,956,786 | | 2,956,786 | | 2,956,786 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 18,034,724 | | 18,034,724 | 16,500 | 18,051,224 |
| 102 | LESS OBSERVATION BEDS | | | | | |
| 103 | TOTAL | 18,034,724 | | 18,034,724 | 16,500 | 18,051,224 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| 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 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | | |
| 31 | SUBPROVIDER | 17,467,631 | | 17,467,631 | | | |
| 31 | 01 SUBPROVIDER II | 7,455,407 | | 7,455,407 | | | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | | | | |
| 37 | 01 CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 183,680 | 4,021,826 | 4,205,506 | .125871 | .125871 | .125871 |
| 41 | 01 ULTRA SOUND | | | | | | |
| 44 | 02 MRI | | | | | | |
| 44 | LABORATORY | 2,210,012 | 5,411,417 | 7,621,429 | .288835 | .288835 | .288835 |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | 5,219,831 | 5,287 | 5,225,118 | .300964 | .300964 | .300964 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,932 | 3,430 | 5,362 | 3.470160 | 3.470160 | 3.470160 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,553,089 | 612,205 | 4,165,294 | .137919 | .137919 | .137919 |
| 59 | MENTAL HEALTH ANCILLARY | 402,599 | 1,922,899 | 2,325,498 | .743622 | .743622 | .743622 |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | | | | |
| 61 | EMERGENCY | 605,048 | 7,767,056 | 8,372,104 | .353171 | .353171 | .353171 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 37,099,229 | 19,744,120 | 56,843,349 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 37,099,229 | 19,744,120 | 56,843,349 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0033

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/30/2009
WORKSHEET C
PART I

| 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 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | | |
| 31 | SUBPROVIDER | 17,467,631 | | 17,467,631 | | | |
| 31 | 01 SUBPROVIDER II | 7,455,407 | | 7,455,407 | | | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | | | | |
| 37 | 01 CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 183,680 | 4,021,826 | 4,205,506 | .125871 | .125871 | .125871 |
| 41 | 01 ULTRA SOUND | | | | | | |
| 44 | 02 MRI | | | | | | |
| 44 | LABORATORY | 2,210,012 | 5,411,417 | 7,621,429 | .288835 | .288835 | .288835 |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | 5,219,831 | 5,287 | 5,225,118 | .300964 | .300964 | .300964 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,932 | 3,430 | 5,362 | 3.470160 | 3.470160 | 3.470160 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,553,089 | 612,205 | 4,165,294 | .137919 | .137919 | .137919 |
| 59 | MENTAL HEALTH ANCILLARY | 402,599 | 1,922,899 | 2,325,498 | .743622 | .743622 | .743622 |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | | | | |
| 61 | EMERGENCY | 605,048 | 7,767,056 | 8,372,104 | .353171 | .353171 | .353171 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 37,099,229 | 19,744,120 | 56,843,349 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 37,099,229 | 19,744,120 | 56,843,349 | | | |

| 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 | | | | | | |
| 37 | 01 CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 529,353 | 8,826 | 520,527 | | | 529,353 |
| 41 | 01 ULTRA SOUND | | | | | | |
| 41 | 02 MRI | | | | | | |
| 44 | LABORATORY | 2,201,332 | 594,175 | 1,607,157 | | | 2,201,332 |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | 1,572,575 | 231,258 | 1,341,317 | | | 1,572,575 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 18,607 | 161 | 18,446 | | | 18,607 |
| 56 | DRUGS CHARGED TO PATIENTS | 574,475 | 148,781 | 425,694 | | | 574,475 |
| 59 | MENTAL HEALTH ANCILLARY OUTPAT SERVICE COST CNTRS | 1,729,291 | 207,425 | 1,521,866 | | | 1,729,291 |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 2,956,786 | 653,066 | 2,303,720 | | | 2,956,786 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 9,582,419 | 1,843,692 | 7,738,727 | | | 9,582,419 |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 9,582,419 | 1,843,692 | 7,738,727 | | | 9,582,419 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | | | |
| 37 01 | CARDIAC CATH | | | |
| 38 | RECOVERY ROOM | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4,205,506 | .125871 | .125871 |
| 41 01 | ULTRA SOUND | | | |
| 41 02 | MRI | | | |
| 44 | LABORATORY | 7,621,429 | .288835 | .288835 |
| 49 | RESPIRATORY THERAPY | | | |
| 50 | PHYSICAL THERAPY | 5,225,118 | .300964 | .300964 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 5,362 | 3.470160 | 3.470160 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,165,294 | .137919 | .137919 |
| 59 | MENTAL HEALTH ANCILLARY | 2,325,498 | .743622 | .743622 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 8,372,104 | .353171 | .353171 |
| 62 | OBSERVATION BEDS (NON-DIS | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 31,920,311 | | |
| 102 | LESS OBSERVATION BEDS | | | |
| 103 | TOTAL | 31,920,311 | | |

| 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 | | | | | | |
| 37 | 01 CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 529,353 | 8,826 | 520,527 | 883 | 30,191 | 498,279 |
| 41 | 01 ULTRA SOUND | | | | | | |
| 41 | 02 MRI | | | | | | |
| 44 | LABORATORY | 2,201,332 | 594,175 | 1,607,157 | 59,418 | 93,215 | 2,048,699 |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | 1,572,575 | 231,258 | 1,341,317 | 23,126 | 77,796 | 1,471,653 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 18,607 | 161 | 18,446 | 16 | 1,070 | 17,521 |
| 56 | DRUGS CHARGED TO PATIENTS | 574,475 | 148,781 | 425,694 | 14,878 | 24,690 | 534,907 |
| 59 | MENTAL HEALTH ANCILLARY OUTPAT SERVICE COST CNTRS | 1,729,291 | 207,425 | 1,521,866 | 20,743 | 88,268 | 1,620,280 |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 2,956,786 | 653,066 | 2,303,720 | 65,307 | 133,616 | 2,757,863 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 9,582,419 | 1,843,692 | 7,738,727 | 184,371 | 448,846 | 8,949,202 |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 9,582,419 | 1,843,692 | 7,738,727 | 184,371 | 448,846 | 8,949,202 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | | | |
| 37 01 | CARDIAC CATH | | | |
| 38 | RECOVERY ROOM | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4,205,506 | .118483 | .125661 |
| 41 01 | ULTRA SOUND | | | |
| 41 02 | MRI | | | |
| 44 | LABORATORY | 7,621,429 | .268808 | .281038 |
| 49 | RESPIRATORY THERAPY | | | |
| 50 | PHYSICAL THERAPY | 5,225,118 | .281650 | .296539 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 5,362 | 3.267624 | 3.467176 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,165,294 | .128420 | .134348 |
| 59 | MENTAL HEALTH ANCILLARY | 2,325,498 | .696745 | .734702 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 8,372,104 | .329411 | .345371 |
| 62 | OBSERVATION BEDS (NON-DIS | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 31,920,311 | | |
| 102 | LESS OBSERVATION BEDS | | | |
| 103 | TOTAL | 31,920,311 | | |

| 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 | | | | | | |
| 31 | SUBPROVIDER | 10,446 | 2,230 | | | 89.40 | 199,362 |
| 31 01 | SUBPROVIDER II | 5,954 | 3,971 | | | 86.50 | 343,492 |
| 101 | TOTAL | 16,400 | 6,201 | | | | 542,854 |

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

PROVIDER NO: 14-0033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 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 | | | | | | |
| 31 | SUBPROVIDER | | | | | 10,446 | |
| 31 01 | SUBPROVIDER II | | | | | 5,954 | |
| 101 | TOTAL | | | | | 16,400 | |

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

| | | |
|--------------|-----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0033 | FROM 12/ 1/2007 | 4/30/2009 |
| | TO 11/30/2008 | WORKSHEET D |
| | | PART III |

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS | INPAT PROGRAM PASS THRU COST |
|--------------------|-------------------------|------------------------|---------------------------------|
| | | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | | |
| 31 | SUBPROVIDER | 2,230 | |
| 31 01 | SUBPROVIDER II | 3,971 | |
| 101 | TOTAL | 6,201 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0033
 COMPONENT NO: 14-S033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET D
 PART II

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 | CAPITAL COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 37 | 01 CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 8,826 | 4,205,506 | 21,299 | | |
| 41 | 01 ULTRA SOUND | | | | | | |
| 41 | 02 MRI | | | | | | |
| 44 | LABORATORY | | 594,175 | 7,621,429 | 307,294 | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | 231,258 | 5,225,118 | 40,454 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 161 | 5,362 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 148,781 | 4,165,294 | 530,085 | | |
| 59 | MENTAL HEALTH ANCILLARY | | 207,425 | 2,325,498 | 115,009 | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | | | | | | |
| 61 | EMERGENCY | | 653,066 | 8,372,104 | 127,689 | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | 1,843,692 | 31,920,311 | 1,141,830 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0033
 COMPONENT NO: 14-S033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET D
 PART II
 TEFRA

TITLE XVIII, PART A SUBPROVIDER 1

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL COSTS | |
|--------------------|--|-------------------|------------|
| | | CST/CHRG 7 | RATIO 8 |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | |
| 37 01 | CARDIAC CATH | | |
| 38 | RECOVERY ROOM | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .002099 | 45 |
| 41 01 | ULTRA SOUND | | |
| 41 02 | MRI | | |
| 44 | LABORATORY | .077961 | 23,957 |
| 49 | RESPIRATORY THERAPY | | |
| 50 | PHYSICAL THERAPY | .044259 | 1,790 |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 55 | MEDICAL SUPPLIES CHARGED | .030026 | |
| 56 | DRUGS CHARGED TO PATIENTS | .035719 | 18,934 |
| 59 | MENTAL HEALTH ANCILLARY | .089196 | 10,258 |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | |
| 61 | EMERGENCY | .078005 | 9,960 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | |
| 101 | TOTAL | | 64,944 |

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 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | | | | | | | |
| 37 01 | CARDIAC CATH | | | | | | | |
| 38 | RECOVERY ROOM | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 4,205,506 | | | 21,299 | |
| 41 01 | ULTRA SOUND | | | | | | | |
| 41 02 | MRI | | | | | | | |
| 44 | LABORATORY | | | 7,621,429 | | | 307,294 | |
| 49 | RESPIRATORY THERAPY | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 5,225,118 | | | 40,454 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 5,362 | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 4,165,294 | | | 530,085 | |
| 59 | MENTAL HEALTH ANCILLARY | | | 2,325,498 | | | 115,009 | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | | | | | |
| 61 | EMERGENCY | | | 8,372,104 | | | 127,689 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 62 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 31,920,311 | | | 1,141,830 | |

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 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | | | | | | |
| 37 01 | CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 01 | ULTRA SOUND | | | | | | |
| 41 02 | MRI | | | | | | |
| 44 | LABORATORY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | MENTAL HEALTH ANCILLARY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 62 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0033
 COMPONENT NO: 14-T033
 PERIOD: FROM 12/1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| 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 | CAPITAL COSTS 6 |
|--------------------|--|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | | | | | | |
| 37 01 | CARDIAC CATH | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | 8,826 | 4,205,506 | 57,546 | | |
| 41 01 | ULTRA SOUND | | | | | | |
| 41 02 | MRI | | | | | | |
| 44 | LABORATORY | | 594,175 | 7,621,429 | 438,403 | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | 231,258 | 5,225,118 | 3,449,754 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 161 | 5,362 | 1,475 | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 148,781 | 4,165,294 | 1,247,585 | | |
| 59 | MENTAL HEALTH ANCILLARY | | 207,425 | 2,325,498 | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | | | | | | |
| 61 | EMERGENCY | | 653,066 | 8,372,104 | 61,243 | | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | 1,843,692 | 31,920,311 | 5,256,006 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | |
|---------------|-----------------|-------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0033 | FROM 12/ 1/2007 | 4/30/2009 |
| COMPONENT NO: | TO 11/30/2008 | WORKSHEET D |
| 14-T033 | | PART II |

TITLE XVIII, PART A SUBPROVIDER 2 PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL COSTS | |
|--------------------|---------------------------|-------------------|------------------|
| | | CST/CHRG 7 | RATIO COSTS 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | | |
| 37 01 | CARDIAC CATH | | |
| 38 | RECOVERY ROOM | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .002099 | 121 |
| 41 01 | ULTRA SOUND | | |
| 41 02 | MRI | | |
| 44 | LABORATORY | .077961 | 34,178 |
| 49 | RESPIRATORY THERAPY | | |
| 50 | PHYSICAL THERAPY | .044259 | 152,683 |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 55 | MEDICAL SUPPLIES CHARGED | .030026 | 44 |
| 56 | DRUGS CHARGED TO PATIENTS | .035719 | 44,562 |
| 59 | MENTAL HEALTH ANCILLARY | .089196 | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | | |
| 61 | EMERGENCY | .078005 | 4,777 |
| 62 | OBSERVATION BEDS (NON-DIS | | |
| | OTHER REIMBURS COST CNTRS | | |
| 101 | TOTAL | | 236,365 |

TITLE XVIII, PART A

SUBPROVIDER 2

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 |
|--------------------|---------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | | | | | | | |
| 37 01 | CARDIAC CATH | | | | | | | |
| 38 | RECOVERY ROOM | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | 4,205,506 | | | 57,546 | |
| 41 01 | ULTRA SOUND | | | | | | | |
| 41 02 | MRI | | | | | | | |
| 44 | LABORATORY | | | 7,621,429 | | | 438,403 | |
| 49 | RESPIRATORY THERAPY | | | | | | | |
| 50 | PHYSICAL THERAPY | | | 5,225,118 | | | 3,449,754 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 5,362 | | | 1,475 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 4,165,294 | | | 1,247,585 | |
| 59 | MENTAL HEALTH ANCILLARY | | | 2,325,498 | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | | | | | |
| 61 | EMERGENCY | | | 8,372,104 | | | 61,243 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | | |
| 62 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 31,920,311 | | | 5,256,006 | |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A | COST CENTER | DESCRIPTION | OUTPAT PROG CHARGES | 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 | | | | | | |
| | | OPERATING ROOM | | | | | | |
| 37 | 01 | CARDIAC CATH | | | | | | |
| 38 | | RECOVERY ROOM | | | | | | |
| 41 | | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 41 | 01 | ULTRA SOUND | | | | | | |
| 41 | 02 | MRI | | | | | | |
| 44 | | LABORATORY | | | | | | |
| 49 | | RESPIRATORY THERAPY | | | | | | |
| 50 | | PHYSICAL THERAPY | | | | | | |
| 51 | | OCCUPATIONAL THERAPY | | | | | | |
| 52 | | SPEECH PATHOLOGY | | | | | | |
| 53 | | ELECTROCARDIOLOGY | | | | | | |
| 55 | | MEDICAL SUPPLIES CHARGED | | | | | | |
| 56 | | DRUGS CHARGED TO PATIENTS | | | | | | |
| 59 | | MENTAL HEALTH ANCILLARY | | | | | | |
| 60 | | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | | CLINIC | | | | | | |
| 61 | | EMERGENCY | | | | | | |
| 62 | | OBSERVATION BEDS (NON-DIS | | | | | | |
| 62 | | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | | TOTAL | | | | | | |

| 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 | | | |
| 31 | SUBPROVIDER | | 3,707,930 | |
| 31 | 01 SUBPROVIDER II ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | | | |
| 37 | 01 CARDIAC CATH | | | |
| 38 | RECOVERY ROOM | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .125871 | 21,299 | 2,681 |
| 41 | 01 ULTRA SOUND | | | |
| 41 | 02 MRI | | | |
| 44 | LABORATORY | .288835 | 307,294 | 88,757 |
| 49 | RESPIRATORY THERAPY | | | |
| 50 | PHYSICAL THERAPY | .300964 | 40,454 | 12,175 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 3.470160 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .137919 | 530,085 | 73,109 |
| 59 | MENTAL HEALTH ANCILLARY OUTPAT SERVICE COST CNTRS | .743622 | 115,009 | 85,523 |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .353171 | 127,689 | 45,096 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 1,141,830 | 307,341 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 1,141,830 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|---------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 506,479 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | 238,270 |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | |

COMPUTATION OF LESSER OF COST OR CHARGES

| | | |
|--------------------|---|---------|
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | |
| CUSTOMARY CHARGES | | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). | |
| 13 | RATIO OF LINE 11 TO LINE 12 | |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 238,270 |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|--|---|---------|
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 82 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 59,506 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 178,682 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 178,682 |
| 24 | PRIMARY PAYER PAYMENTS | |
| 25 | SUBTOTAL | 178,682 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 9,501 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 6,651 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 9,501 |
| 28 | SUBTOTAL | 185,333 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 185,333 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 180,982 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 4,351 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

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

| | | |
|---|--|-----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | 1,464,781 |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | 366,195 |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | |
| 1.03 | MEDICARE 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) | 1,236,729 |
| 1.09 | NET IPF PPS OUTLIER PAYMENTS | 31,284 |
| 1.10 | NET IPF PPS ECT PAYMENTS | 8,135 |
| 1.11 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | |
| 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.) | |
| 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) | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 28.540984 |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$. | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | 1,276,148 |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | 1,025,347 |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | 769,010 |
| 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) | 1,642,343 |
| | | |
| 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) | 1,642,343 |
| 5 | PRIMARY PAYER PAYMENTS | 4,088 |
| 6 | SUBTOTAL | 1,638,255 |
| 7 | DEDUCTIBLES | 152,128 |
| 8 | SUBTOTAL | 1,486,127 |
| 9 | COINSURANCE | 27,648 |
| 10 | SUBTOTAL | 1,458,479 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | 73,372 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 51,360 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 73,372 |
| 12 | SUBTOTAL | 1,509,839 |
| 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 | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | |

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

| | | |
|--|---|-----------|
| RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 1,509,839 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 1,462,932 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | 46,907 |
| 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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

| | | | |
|-------|--|--|-----------|
| 1 | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS) | | |
| 1.01 | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | | |
| 1.02 | ENTER FROM THE PS&R, THE IRF PPS PAYMENT | | 4,350,536 |
| 1.03 | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | | .0440 |
| 1.04 | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS) | | 238,209 |
| 1.05 | OUTLIER PAYMENTS | | 393,882 |
| 1.06 | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42) | | 4,982,627 |
| 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) | | |
| 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) | | |
| 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.) | | |
| 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) | | |
| 1.16 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | | |
| 1.17 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$. | | |
| 1.18 | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17). | | |
| 1.19 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18) | | |
| 1.20 | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%) | | |
| 1.21 | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE) | | |
| 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) | | |
| | 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) | | 16.267760 |
| 1.41 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$. | | |
| 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) | | 4,982,627 |
| 5 | PRIMARY PAYER PAYMENTS | | |
| 6 | SUBTOTAL | | 4,982,627 |
| 7 | DEDUCTIBLES | | 11,136 |
| 8 | SUBTOTAL | | 4,971,491 |
| 9 | COINSURANCE | | 40,800 |
| 10 | SUBTOTAL | | 4,930,691 |
| 11 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV) | | 528 |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | 370 |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | 72 |
| 12 | SUBTOTAL | | 4,931,061 |
| 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 | | |
| 16 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | | |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

| | | |
|--|---|-----------|
| RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 17 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 4,931,061 |
| 18 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 19 | INTERIM PAYMENTS | 4,984,117 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 20 | BALANCE DUE PROVIDER/PROGRAM | -53,056 |
| 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.

| | GENERAL FUND | SPECIFIC FUND PURPOSE | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 8,689 | | | |
| 2 TEMPORARY INVESTMENTS | | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 8,469,697 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -895,820 | | | |
| 7 INVENTORY | 213,803 | | | |
| 8 PREPAID EXPENSES | 17,313 | | | |
| 9 OTHER CURRENT ASSETS | -10,761 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 7,802,921 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 4,217,077 | | | |
| 12.01 LAND IMPROVEMENTS | 4,243,843 | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | -555,460 | | | |
| 14 BUILDINGS | 13,165,611 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -843,063 | | | |
| 15 LEASEHOLD IMPROVEMENTS | 631,756 | | | |
| 15.01 LESS ACCUMULATED DEPRECIATION | -44,152 | | | |
| 16 FIXED EQUIPMENT | 71,934 | | | |
| 16.01 LESS ACCUMULATED DEPRECIATION | -4,157 | | | |
| 17 AUTOMOBILES AND TRUCKS | 5,231 | | | |
| 17.01 LESS ACCUMULATED DEPRECIATION | -1,580 | | | |
| 18 MAJOR MOVABLE EQUIPMENT | 1,961,459 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -539,039 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | 1,031,986 | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | -267,817 | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 23,073,629 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 63,943 | | | |
| 26 TOTAL OTHER ASSETS | 63,943 | | | |
| 27 TOTAL ASSETS | 30,940,493 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 233,834 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 640,719 | | | |
| 30 PAYROLL TAXES PAYABLE | 79,688 | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | 16,275,628 | | | |
| 35 OTHER CURRENT LIABILITIES | 565,861 | | | |
| 36 TOTAL CURRENT LIABILITIES | 17,795,730 | | | |
| 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 | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | | | | |
| 43 TOTAL LIABILITIES | 17,795,730 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 13,144,763 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 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 | 13,144,763 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 30,940,493 | | | |

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | | | |
| 2 00 SUBPROVIDER | 17,468,731 | | 17,468,731 |
| 2 01 SUBPROVIDER II | 7,454,304 | | 7,454,304 |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 24,923,035 | | 24,923,035 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 24,923,035 | | 24,923,035 |
| 17 00 ANCILLARY SERVICES | 11,620,445 | 11,087,173 | 22,707,618 |
| 18 00 OUTPATIENT SERVICES | 554,346 | 7,485,848 | 8,040,194 |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 37,097,826 | 18,573,021 | 55,670,847 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|--|------------|--|
| 26 00 OPERATING EXPENSES | | 19,392,297 | |
| 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 | | 19,392,297 | |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0033
 PERIOD: FROM 12/ 1/2007 TO 11/30/2008
 PREPARED 4/30/2009
 WORKSHEET G-3

DESCRIPTION

| | | |
|----|---|------------|
| 1 | TOTAL PATIENT REVENUES | 55,670,847 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 29,243,183 |
| 3 | NET PATIENT REVENUES | 26,427,664 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 19,392,297 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 7,035,367 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 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 | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 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 | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER (SPECIFY) | 225,082 |
| 25 | TOTAL OTHER INCOME | 225,082 |
| 26 | TOTAL | 7,260,449 |
| | OTHER EXPENSES | |
| 27 | OTHER EXPENSES (SPECIFY) | |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 7,260,449 |

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|--|---------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3 .01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | .00 |
| | IN THE COST REPORTING PERIOD | |
| 4 .01 | NUMBER OF INTERNS AND RESIDENTS | .00 |
| | (SEE INSTRUCTIONS) | |
| 4 .02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4 .03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | .00 |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO | .00 |
| | MEDICARE PART A PATIENT DAYS | |
| 5 .01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | .00 |
| | DAYS REPORTED ON S-3, PART I | |
| 5 .02 | SUM OF 5 AND 5.01 | .00 |
| 5 .03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | .00 |
| 5 .04 | DISPROPORTIONATE SHARE ADJUSTMENT | .00 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |