

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		14-0068		FROM 4/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/ 5/2008 TIME 9:15

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:
 ROSELAND COMMUNITY HOSPITAL 14-0068
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2007 AND ENDING 3/31/2008 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	B	TITLE XVIII	TITLE XIX		
		1	2	3	4	5		
1	HOSPITAL	0	1,194,687	-6,789		0		
100	TOTAL	0	1,194,687	-6,789		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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 45 W. 111TH STREET P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60628- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	ROSELAND COMMUNITY HOSPITAL	14-0068		6/ 1/1966	4	5	6
					N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2007 TO: 3/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
16 NURSING FACILITY	9	10	11	12	13	14	15	
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPI CE								
23 CORF								
25 TOTAL		321.89						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2007 TO 3/31/2008
 PREPARED 9/5/2008
 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	18,335,123		18,335,123	669,524.00	27.39	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						PAYROLL
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						PAYROLL
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	67,169		67,169	4,698.00	14.30	PAYROLL REGISTER
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						INVOICES
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)	3,065,861		3,065,861			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	11,273		11,273			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	193,880		193,880	3,626.00	53.47	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,793,041	-418,880	2,374,161	100,718.00	23.57	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	432,571		432,571	22,000.00	19.66	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	403,556		403,556	29,182.00	13.83	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	428,756	-250,565	178,191	13,106.00	13.60	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		250,565	250,565	18,429.00	13.60	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	934,186		934,186	26,833.00	34.81	
31 CENTRAL SERVICE AND SUPPLY	90,704		90,704	8,533.00	10.63	
32 PHARMACY	457,274		457,274	14,665.00	31.18	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	310,839		310,839	13,485.00	23.05	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	18,335,123		18,335,123	669,524.00	27.39	
2 EXCLUDED AREA SALARIES	67,169		67,169	4,698.00	14.30	
3 SUBTOTAL SALARIES	18,267,954		18,267,954	664,826.00	27.48	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	3,065,861		3,065,861		16.78	
6 TOTAL	21,333,815		21,333,815	664,826.00	32.09	
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	6,044,807	-418,880	5,625,927	250,577.00	22.45	

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	3,600,000
17.01	GROSS MEDICAID REVENUES	50,364,158
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	53,964,158
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)	.276717
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	50,364,158
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,936,619
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,600,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	996,181
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,936,619

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068

PERIOD: FROM 4/1/2007 TO 3/31/2008

PREPARED 9/5/2008 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				209,886	209,886
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		689,866	689,866		689,866
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		184,357	184,357	4,970	189,327
5	0500 EMPLOYEE BENEFITS	193,880	3,240,225	3,434,105		3,434,105
6.01	0610 NONPATIENT TELEPHONES	66,705	144	66,849		66,849
6.02	0620 DATA PROCESSING	199,614	805,445	1,005,059		1,005,059
6.03	0630 PURCHASING, RECEIVING AND STORES	207,930	127,523	335,453		335,453
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	565,966	393,138	959,104		959,104
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	1,752,826	3,045,567	4,798,393	980,823	5,779,216
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	432,571	1,448,984	1,881,555		1,881,555
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	403,556	377,864	781,420		781,420
11	1100 DIETARY	428,756	789,323	1,218,079	-555,165	662,914
12	1200 CAFETERIA				555,165	555,165
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	934,186	239,140	1,173,326		1,173,326
15	1500 CENTRAL SERVICES & SUPPLY	90,704	426,760	517,464	-325,961	191,503
16	1600 PHARMACY	457,274	1,408,223	1,865,497	-1,148,846	716,651
17	1700 MEDICAL RECORDS & LIBRARY	310,839	334,457	645,296		645,296
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,080,767	1,759,983	6,840,750	-352,740	6,488,010
26	2600 INTENSIVE CARE UNIT	1,340,928	155,223	1,496,151		1,496,151
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY	424,837	64,684	489,521		489,521
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	550,120	793,054	1,343,174	-398,467	944,707
38	3800 RECOVERY ROOM		1,605	1,605	289,920	291,525
39	3900 DELIVERY ROOM & LABOR ROOM				784,354	784,354
40	4000 ANESTHESIOLOGY		687,486	687,486	108,547	796,033
41	4100 RADIOLOGY-DIAGNOSTIC	1,078,529	1,112,202	2,190,731		2,190,731
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	813,412	1,367,974	2,181,386		2,181,386
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY					
50	5000 PHYSICAL THERAPY	33,176	257,271	290,447		290,447
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
53.01	3160 CARDIOPULMONARY	1,193,387	532,258	1,725,645		1,725,645
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				325,961	325,961
56	5600 DRUGS CHARGED TO PATIENTS				1,148,846	1,148,846
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
58.01	3350 HEMATOLOGY		153,123	153,123		153,123
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	70,590	84,842	155,432		155,432
61	6100 EMERGENCY	1,637,401	1,977,497	3,614,898		3,614,898
61.01	4950 OTHER OUTPATIENT SERVICE COST CENTER				26,282	26,282
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		1,653,575	1,653,575	-1,653,575	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2007 TO 3/31/2008
PREPARED 9/5/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	18,267,954	24,111,793	42,379,747	-0-	42,379,747
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	67,169	50,026	117,195		117,195
99	9900 NONPAID WORKERS					
101	TOTAL	18,335,123	24,161,819	42,496,942	-0-	42,496,942

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0068 I
I I

I PERIOD: I
I FROM 4/ 1/2007 I
I TO 3/31/2008 I

I PREPARED 9/ 5/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		209,886
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-4,200	685,666
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		189,327
5 0500	EMPLOYEE BENEFITS		3,434,105
6.01 0610	NONPATIENT TELEPHONES		66,849
6.02 0620	DATA PROCESSING		1,005,059
6.03 0630	PURCHASING, RECEIVING AND STORES		335,453
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	-185	958,919
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	-264,038	5,515,178
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		1,881,555
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		781,420
11 1100	DIETARY	-118,578	544,336
12 1200	CAFETERIA		555,165
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		1,173,326
15 1500	CENTRAL SERVICES & SUPPLY		191,503
16 1600	PHARMACY		716,651
17 1700	MEDICAL RECORDS & LIBRARY	-2,695	642,601
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-366,247	6,121,763
26 2600	INTENSIVE CARE UNIT	-10,000	1,486,151
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		489,521
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-12,500	932,207
38 3800	RECOVERY ROOM		291,525
39 3900	DELIVERY ROOM & LABOR ROOM		784,354
40 4000	ANESTHESIOLOGY	-665,500	130,533
41 4100	RADIOLOGY-DIAGNOSTIC	-165,408	2,025,323
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-52,387	2,128,999
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		
50 5000	PHYSICAL THERAPY		290,447
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
53.01 3160	CARDIOPULMONARY	-200,000	1,525,645
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		325,961
56 5600	DRUGS CHARGED TO PATIENTS		1,148,846
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
58.01 3350	HEMATOLOGY		153,123
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		155,432
61 6100	EMERGENCY	-1,269,919	2,344,979
61.01 4950	OTHER OUTPATIENT SERVICE COST CENTER		26,282
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2007 TO 3/31/2008
PREPARED 9/5/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-3,131,657	39,248,090
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		117,195
99	9900 NONPAID WORKERS		
101	TOTAL	-3,131,657	39,365,285

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2007 TO 3/31/2008
 PREPARED 9/5/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	HEMATOLOGY	3350	HEMATOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 9/ 5/2008
I 14-0068	I FROM 4/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 3/31/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/ 1/2007
TO 3/31/2008

PREPARED 9/ 5/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAPITAL RELATED INT EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		138,333
2 DELIVERY ROOM RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	586,511	197,843
3 PROPERTY INSURANCE RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		71,553
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		325,961
5 RECLASS DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	56		1,148,846
6 WICK PROGRAM RECLASS	F	ADULTS & PEDIATRICS	25	418,880	39,016
7 23HR OBSERVATION COSTS RECLASS	G	OTHER OUTPATIENT SERVICE COST CENTER	61.01	19,520	6,762
8 PROPERTY INSURANCE RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		4,970
9 DIETARY/CAFETERIA RECLASS	K	CAFETERIA	12	250,565	304,600
10 RECLASS ANESTHESIA COSTS	L	ANESTHESIOLOGY	40		108,547
11 RECLASS RECOVERY ROOM COSTS	M	RECOVERY ROOM	38	129,203	160,717
12 OPERATING INTEREST	N	OTHER ADMINISTRATIVE AND GENERAL	6.05		56,734
13 IDPA PROVIDER TAX	O	OTHER ADMINISTRATIVE AND GENERAL	6.05		1,458,508
36 TOTAL RECLASSIFICATIONS				1,404,679	4,022,390

(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:
140068

PERIOD:
FROM 4/ 1/2007
TO 3/31/2008

PREPARED 9/ 5/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAPITAL RELATED INT EXPENSE	A	INTEREST EXPENSE	88		138,333	9
2 DELIVERY ROOM RECLASS	B	ADULTS & PEDIATRICS	25	586,511	197,843	
3 PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		71,553	9
4 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		325,961	
5 RECLASS DRUGS SOLD	E	PHARMACY	16		1,148,846	
6 WICK PROGRAM RECLASS	F	OTHER ADMINISTRATIVE AND GENERAL	6.05	418,880	39,016	
7 23HR OBSERVATION COSTS RECLASS	G	ADULTS & PEDIATRICS	25	19,520	6,762	
8 PROPERTY INSURANCE RECLASS	J	OTHER ADMINISTRATIVE AND GENERAL	6.05		4,970	9
9 DIETARY/CAFETERIA RECLASS	K	DIETARY	11	250,565	304,600	
10 RECLASS ANESTHESIA COSTS	L	OPERATING ROOM	37		108,547	
11 RECLASS RECOVERY ROOM COSTS	M	OPERATING ROOM	37	129,203	160,717	
12 OPERATING INTEREST	N	INTEREST EXPENSE	88		56,734	
13 IDPA PROVIDER TAX	O	INTEREST EXPENSE	88		1,458,508	
36 TOTAL RECLASSIFICATIONS				1,404,679	4,022,390	

(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:
140068

PERIOD:
FROM 4/ 1/2007
TO 3/31/2008

PREPARED 9/ 5/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAPITAL RELATED INT EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	138,333
TOTAL RECLASSIFICATIONS FOR CODE A			138,333

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	138,333	

RECLASS CODE: B
EXPLANATION : DELIVERY ROOM RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	784,354
TOTAL RECLASSIFICATIONS FOR CODE B			784,354

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	784,354	

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	71,553
TOTAL RECLASSIFICATIONS FOR CODE C			71,553

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	71,553	

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	325,961
TOTAL RECLASSIFICATIONS FOR CODE D			325,961

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	325,961	

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS SOLD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	1,148,846
TOTAL RECLASSIFICATIONS FOR CODE E			1,148,846

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	1,148,846	

RECLASS CODE: F
EXPLANATION : WICK PROGRAM RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	457,896
TOTAL RECLASSIFICATIONS FOR CODE F			457,896

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	457,896	

RECLASS CODE: G
EXPLANATION : 23HR OBSERVATION COSTS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER OUTPATIENT SERVICE COST	61.01	26,282
TOTAL RECLASSIFICATIONS FOR CODE G			26,282

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	26,282	

RECLASS CODE: J
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,970
TOTAL RECLASSIFICATIONS FOR CODE J			4,970

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.05	4,970	

RECLASS CODE: K
EXPLANATION : DIETARY/CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	555,165
TOTAL RECLASSIFICATIONS FOR CODE K			555,165

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	555,165	

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/ 1/2007
TO 3/31/2008

PREPARED 9/ 5/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : RECLASS ANESTHESIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	108,547	OPERATING ROOM	37	108,547	
TOTAL RECLASSIFICATIONS FOR CODE L			108,547				108,547

RECLASS CODE: M
EXPLANATION : RECLASS RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	289,920	OPERATING ROOM	37	289,920	
TOTAL RECLASSIFICATIONS FOR CODE M			289,920				289,920

RECLASS CODE: N
EXPLANATION : OPERATING INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	56,734	INTEREST EXPENSE	88	56,734	
TOTAL RECLASSIFICATIONS FOR CODE N			56,734				56,734

RECLASS CODE: O
EXPLANATION : IDPA PROVIDER TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	1,458,508	INTEREST EXPENSE	88	1,458,508	
TOTAL RECLASSIFICATIONS FOR CODE O			1,458,508				1,458,508

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS 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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	380,477					380,477	
2 LAND IMPROVEMENTS	403,347					403,347	
3 BUILDINGS & FIXTURE	11,030,812	252,159		252,159		11,282,971	
4 BUILDING IMPROVEMENT	4,041,154	1,662,113		1,662,113		5,703,267	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	13,178,091				2,100,708	11,077,383	
7 SUBTOTAL	29,033,881	1,914,272		1,914,272	2,100,708	28,847,445	
8 RECONCILING ITEMS							
9 TOTAL	29,033,881	1,914,272		1,914,272	2,100,708	28,847,445	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	209,886						209,886
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	716,480		-30,814				685,666
4	NEW CAP REL COSTS-MV	194,810		-5,483				189,327
5	TOTAL	1,121,176		-36,297				1,084,879

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	720,680		-30,814				689,866
4	NEW CAP REL COSTS-MV	189,840		-5,483				184,357
5	TOTAL	910,520		-36,297				874,223

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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	-2,741,553				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
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						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING 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			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		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 ADJUSTMENTS (SPECIFY)						
38 MEDICAL RECORD COPIES	B	-2,695	MEDICAL RECORDS & LIBRARY		17	38
39 BILL COPIES	B	-185	CASHIERING/ACCOUNTS RECEI		6.04	
40 NUTRITIONAL SERVICES INCOME	B	-111,778	DIETARY		11	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OPERATING FUND INTEREST INCOME	B	-149,460	OTHER ADMINISTRATIVE AND		6.05	
45 RCH SUITE RENTAL	B	-32,727	NEW CAP REL COSTS-BLDG &		3	9
46						
47						
48 TRUSTEE FEES	A	235	OTHER ADMINISTRATIVE AND		6.05	
49 INVESTMENT INCOME INTEREST FUND	B	-18	OTHER ADMINISTRATIVE AND		6.05	
49.02 FILM COPIES	B	-408	RADIOLOGY-DIAGNOSTIC		41	
49.03						
49.04 REMAINING NON OPERATING REVENUE	B	-90,942	OTHER ADMINISTRATIVE AND		6.05	
49.05						
49.06						
49.07 MEDICARE ADJ-BOND AMORTIZATION	A	30,814	NEW CAP REL COSTS-BLDG &		3	9
49.08 MEDICARE ADJ-MEDICARE AFFAIRS CO	A	-23,853	OTHER ADMINISTRATIVE AND		6.05	
49.10						
49.11						
49.14 VENDING MACHINES	B	-6,800	DIETARY		11	
49.15 MONTEREY SUITE RENTAL	B	-2,287	NEW CAP REL COSTS-BLDG &		3	9
49.16						
49.19						
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,131,657				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0068

PERIOD:
FROM 4/ 1/2007
TO 3/31/2008

PREPARED 9/ 5/2008
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
1 25	ADULTS & PEDIATRICS	366,247	366,247					
2 33	NURSERY							
3 40	ANESTHESIOLOGY	665,500	665,500					
4 61	EMERGENCY	1,269,919	1,269,919					
5 60	CLINIC							
6 44	LABORATORY	52,387	52,387					
7 41	RADIOLOGY - DIAGNOSTIC	165,000	165,000					
8 26	ICU	10,000	10,000					
9 37	OPER ROOM	12,500	12,500					
10 53 1	CARDIO-PULMONARY	200,000	200,000					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,741,553	2,741,553					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0068

PERIOD:
FROM 4/1/2007
TO 3/31/2008

PREPARED 9/5/2008
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 25	ADULTS & PEDIATRICS							366,247
2 33	NURSERY							
3 40	ANESTHESIOLOGY							665,500
4 61	EMERGENCY			69,000				1,269,919
5 60	CLINIC			17,000				
6 44	LABORATORY							52,387
7 41	RADIOLOGY - DIAGNOSTIC							165,000
8 26	ICU							10,000
9 37	OPER ROOM							12,500
10 53 1	CARDIO-PULMONARY							200,000
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			86,000				2,741,553

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2007 TO 3/31/2008
 PREPARED 9/5/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	MACH		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	CHARGES		ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	9	CHARGES		ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUIS.	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	22	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	28	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	209,886	209,886					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	685,666			685,666			
005 NEW CAP REL COSTS-MVBLE E	189,327				189,327		
006 EMPLOYEE BENEFITS	3,434,105	2,215		7,238	2,689	3,446,247	
006 01 NONPATIENT TELEPHONES	66,849	84		275	326	12,672	80,206
006 02 DATA PROCESSING	1,005,059	443		1,448	3,601	37,920	1,972
006 03 PURCHASING, RECEIVING AND	335,453	2,911		9,511	4,363	39,500	1,315
006 04 CASHIERING/ACCOUNTS RECEI	958,919	3,098		10,121	2,446	107,515	12,491
006 05 OTHER ADMINISTRATIVE AND	5,515,178	25,701		83,962	13,417	253,407	17,095
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,881,555	24,780		80,953	3,320	82,175	1,972
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	781,420	2,585		8,446	2,026	76,663	1,972
011 DIETARY	544,336	8,058		26,324		33,851	2,630
012 CAFETERIA	555,165	3,396		11,096		47,599	2,630
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,173,326	535		1,747	5,427	177,465	657
015 CENTRAL SERVICES & SUPPLY	191,503	3,971		12,974	465	17,231	1,972
016 PHARMACY	716,651	5,286		17,268		86,867	2,630
017 MEDICAL RECORDS & LIBRARY	642,601	3,455		11,287	1,863	59,049	8,547
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,121,763	65,154		212,841	17,874	929,625	3,287
027 INTENSIVE CARE UNIT	1,486,151	6,363		20,786	9,856	254,733	1,315
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY	489,521	3,012		9,839	2,033	80,705	657
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	932,207	9,722		31,762	13,536	79,961	1,315
038 RECOVERY ROOM	291,525	1,159		3,786	700	24,544	657
039 DELIVERY ROOM & LABOR ROO	784,354	3,796		12,400	5,866	111,418	1,972
040 ANESTHESIOLOGY	130,533	242		790	7,098		
041 RADIOLOGY-DIAGNOSTIC	2,025,323	7,197		23,513	59,120	204,886	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,128,999	6,055		19,781	6,376	154,522	6,574
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	290,447	2,182		7,130	625	6,302	657
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	1,525,645	1,379		4,504	26,300	226,705	1,972
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	325,961						
056 DRUGS CHARGED TO PATIENTS	1,148,846						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	153,123	165		538			1,315
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	155,432	1,055		3,445		13,410	
061 EMERGENCY	2,344,979	15,887		51,901		311,054	4,602
062 01 OTHER OUTPATIENT SERVICE	26,282					3,708	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	39,248,090		209,886		685,666	189,327	3,433,487	80,206
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	117,195						12,760	
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	39,365,285		209,886		685,666	189,327	3,446,247	80,206

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS	OPERATION OF PLANT	
	6.02	6.03	6.04	6a.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,050,443						
006 03 PURCHASING, RECEIVING AND	52,522	445,575					
006 04 CASHIERING/ACCOUNTS RECEI	931,743	1,424	2,027,757				
006 05 OTHER ADMINISTRATIVE AND	66,178	17,820	81,359	6,074,117	6,074,117		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		24,565	112,153	2,211,473	403,492		2,614,965
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		5,901	26,940	905,953	165,295		44,875
011 DIETARY		2,195	10,020	627,414	114,474		139,868
012 CAFETERIA				619,886	113,101		58,954
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,265	5,777	1,366,199	249,268		9,280
015 CENTRAL SERVICES & SUPPLY				228,116	41,621		68,933
016 PHARMACY				828,702	151,200		91,751
017 MEDICAL RECORDS & LIBRARY		748	3,414	730,964	133,367		59,971
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		31,937	145,809	7,528,290	1,373,579		1,130,890
026 INTENSIVE CARE UNIT		11,134	50,833	1,841,171	335,929		110,439
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		53,684	245,091	884,542	161,388		52,280
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		53,684	245,091	1,367,278	249,465		168,757
038 RECOVERY ROOM		502	2,293	325,166	59,328		20,117
039 DELIVERY ROOM & LABOR ROO		3,933	17,956	941,695	171,816		65,882
040 ANESTHESIOLOGY		2,855	13,034	154,552	28,199		4,195
041 RADIOLOGY-DIAGNOSTIC		30,801	140,622	2,491,462	454,577		124,931
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		62,506	285,358	2,670,171	487,183		105,099
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		362	1,651	309,356	56,443		37,883
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		35,383	161,539	1,983,427	361,884		23,931
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		50,132	228,877	604,970	110,379		
056 DRUGS CHARGED TO PATIENTS		16,309	74,460	1,239,615	226,173		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY				155,141	28,306		2,860
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		4,044	18,465	195,851	35,734		18,306
061 EMERGENCY		28,070	128,154	2,884,647	526,315		275,763
061 01 OTHER OUTPATIENT SERVICE		872	3,982	34,844	6,357		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.02	6.03	6.04	6a.04	6.05	7	8
092	SPEC PURPOSE COST CENTERS							
093	AMBULATORY SURGICAL CENTE							
095	HOSPICE							
	SUBTOTALS	1,050,443	440,126	2,002,878	39,205,002	6,044,873		2,614,965
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC		5,449	24,879	160,283	29,244		
101	NONPAID WORKERS							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	TOTAL	1,050,443	445,575	2,027,757	39,365,285	6,074,117		2,614,965

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,116,123					
011 DIETARY		19,274	901,030				
012 CAFETERIA		19,274		811,215			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		9,637		45,560		1,679,944	
015 CENTRAL SERVICES & SUPPLY		23,405					362,075
016 PHARMACY		9,637					
017 MEDICAL RECORDS & LIBRARY		16,521		22,886			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		708,195	821,323	278,341		973,932	43,197
026 INTENSIVE CARE UNIT		16,521	58,789	57,356		200,694	16,092
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		9,637		19,354		67,722	8,681
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		50,251		23,522		82,304	77,585
038 RECOVERY ROOM		4,819					726
039 DELIVERY ROOM & LABOR ROO		14,456					5,678
040 ANESTHESIOLOGY		2,065					4,126
041 RADIOLOGY-DIAGNOSTIC		37,172		61,806			29,198
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		26,158		63,395			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		6,884		3,179		11,122	523
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		11,978		76,039			32,707
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				14,480			72,453
056 DRUGS CHARGED TO PATIENTS		2,065		24,899			23,571
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				22,038			5,845
061 EMERGENCY		110,139		98,360		344,170	40,508
061 01 OTHER OUTPATIENT SERVICE		18,035	20,918				1,185
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE & REPAIR PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS		1,116,123	901,030	811,215		1,679,944	362,075
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,116,123	901,030	811,215		1,679,944	362,075

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,081,290						
017 MEDICAL RECORDS & LIBRARY		963,709					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		669,777					
027 INTENSIVE CARE UNIT		60,714					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		46,258					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,081,290						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		169,613					
061 01 OTHER OUTPATIENT SERVICE		17,347					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21		22	23
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
095 HOSPICE								
095 SUBTOTALS	1,081,290	963,709						
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,081,290	963,709						

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING AND				
006 04 CASHIERING/ACCOUNTS RECEI				
006 05 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		13,527,524		13,527,524
026 INTENSIVE CARE UNIT		2,697,705		2,697,705
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		1,249,862		1,249,862
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
036 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,019,162		2,019,162
038 RECOVERY ROOM		410,156		410,156
039 DELIVERY ROOM & LABOR ROO		1,199,527		1,199,527
040 ANESTHESIOLOGY		193,137		193,137
041 RADIOLOGY-DIAGNOSTIC		3,199,146		3,199,146
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		3,352,006		3,352,006
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY		425,390		425,390
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 CARDIOPULMONARY		2,489,966		2,489,966
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		802,282		802,282
056 DRUGS CHARGED TO PATIENTS		2,597,613		2,597,613
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
058 01 HEMATOLOGY		186,307		186,307
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		277,774		277,774
061 EMERGENCY		4,449,515		4,449,515
061 01 OTHER OUTPATIENT SERVICE		98,686		98,686
062 OBSERVATION BEDS (NON-DIS				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
082 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITION				

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	24		25	26	27
092 SPEC PURPOSE COST CENTERS					
093 AMBULATORY SURGICAL CENTE					
095 HOSPICE					
095 SUBTOTALS			39,175,758		39,175,758
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC			189,527		189,527
099 NONPAID WORKERS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			39,365,285		39,365,285

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		2,215				2,215	2,215
006 01 NONPATIENT TELEPHONES		84				84	8
006 02 DATA PROCESSING		443				443	24
006 03 PURCHASING, RECEIVING AND		2,911				2,911	25
006 04 CASHIERING/ACCOUNTS RECEI		3,098				3,098	69
006 05 OTHER ADMINISTRATIVE AND		25,701				25,701	163
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		24,780				24,780	53
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		2,585				2,585	49
011 DIETARY		8,058				8,058	22
012 CAFETERIA		3,396				3,396	31
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		535				535	114
015 CENTRAL SERVICES & SUPPLY		3,971				3,971	11
016 PHARMACY		5,286				5,286	56
017 MEDICAL RECORDS & LIBRARY		3,455				3,455	38
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		65,154				65,154	597
026 INTENSIVE CARE UNIT		6,363				6,363	164
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		3,012				3,012	52
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		9,722				9,722	51
038 RECOVERY ROOM		1,159				1,159	16
039 DELIVERY ROOM & LABOR ROO		3,796				3,796	72
040 ANESTHESIOLOGY		242				242	
041 RADIOLOGY-DIAGNOSTIC		7,197				7,197	132
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		6,055				6,055	99
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		2,182				2,182	4
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		1,379				1,379	146
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY		165				165	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,055				1,055	9
061 EMERGENCY		15,887				15,887	200
061 01 OTHER OUTPATIENT SERVICE							2
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2007

WORKSHEET B

|

TO 3/31/2008

PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FI TS 5
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS		209,886				209,886	2,207
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							8
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		209,886				209,886	2,215

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	92						
006 02 DATA PROCESSING	2	469					
006 03 PURCHASING, RECEIVING AND	2	23	2,961				
006 04 CASHIERING/ACCOUNTS RECEI	14	416	9	3,606			
006 05 OTHER ADMINISTRATIVE AND	18	30	118	145	26,175		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2		163	199	1,738		26,935
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2		39	48	712		462
011 DIETARY	3		15	18	493		1,441
012 CAFETERIA	3				487		607
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1		8	10	1,074		96
015 CENTRAL SERVICES & SUPPLY	2				179		710
016 PHARMACY	3				651		945
017 MEDICAL RECORDS & LIBRARY	10		5	6	575		618
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4		212	259	5,927		11,649
026 INTENSIVE CARE UNIT	2		74	90	1,447		1,138
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1		357	436	695		538
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2		357	436	1,075		1,738
038 RECOVERY ROOM	1		3	4	256		207
039 DELIVERY ROOM & LABOR ROO	2		26	32	740		679
040 ANESTHESIOLOGY			19	23	121		43
041 RADIOLOGY-DIAGNOSTIC			205	250	1,958		1,287
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	8		417	509	2,099		1,083
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	1		2	3	243		390
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	2		235	287	1,559		246
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			333	407	476		
056 DRUGS CHARGED TO PATIENTS			108	132	974		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	2				122		29
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			27	33	154		189
061 EMERGENCY	5		187	228	2,267		2,840
061 01 OTHER OUTPATIENT SERVICE			6	7	27		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2007 TO 3/31/2008
 PREPARED 9/5/2008
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS	92	469	2,925	3,562	26,049		26,935
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE			36	44	126		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	92	469	2,961	3,606	26,175		26,935

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2007

WORKSHEET B

TO 3/31/2008

PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING		3,897				
011 DIETARY		67	10,117			
012 CAFETERIA		67		4,591		
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION		34		258	2,130	
015 CENTRAL SERVICES & SUPPLY		82				4,955
016 PHARMACY		34				
017 MEDICAL RECORDS & LIBRARY		58		130		
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		2,472	9,222	1,573	1,236	591
026 INTENSIVE CARE UNIT		58	660	325	254	220
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY		34		110	86	119
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
036 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		175		133	104	1,061
038 RECOVERY ROOM		17				10
039 DELIVERY ROOM & LABOR ROO		50				78
040 ANESTHESIOLOGY		7				56
041 RADIOLOGY-DIAGNOSTIC		130		350		400
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY		91		359		
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY		24		18	14	7
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY		42		430		448
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED				82		992
056 DRUGS CHARGED TO PATIENTS		7		141		323
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
058 01 HEMATOLOGY						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC				125		80
061 EMERGENCY		385		557	436	554
061 01 OTHER OUTPATIENT SERVICE		63	235			16
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						

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COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	6,975						
017 MEDICAL RECORDS & LIBRARY		4,895					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		3,402					
027 INTENSIVE CARE UNIT		308					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		235					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	6,975						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			862				
061 01 OTHER OUTPATIENT SERVICE			88				
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	6,975	4,895					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,975	4,895					

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	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED ED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	102,298		102,298
026	INTENSIVE CARE UNIT	11,103		11,103
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	5,675		5,675
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	14,854		14,854
038	RECOVERY ROOM	1,673		1,673
039	DELIVERY ROOM & LABOR ROO	5,475		5,475
040	ANESTHESIOLOGY	511		511
041	RADIOLOGY-DIAGNOSTIC	11,909		11,909
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	10,720		10,720
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	2,888		2,888
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	4,774		4,774
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	2,290		2,290
056	DRUGS CHARGED TO PATIENTS	8,660		8,660
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 HEMATOLOGY	318		318
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	1,672		1,672
061	EMERGENCY	24,408		24,408
061	01 OTHER OUTPATIENT SERVICE	444		444
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

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	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
092	SPEC PURPOSE COST CENTERS			
093	AMBULATORY SURGICAL CENTE			
095	HOSPICE			
	SUBTOTALS	209,672		209,672
096	NONREIMBURS COST CENTERS			
097	GIFT, FLOWER, COFFEE SHOP			
098	RESEARCH			
099	PHYSICIANS' PRIVATE OFFIC	214		214
101	NONPAID WORKERS			
102	CROSS FOOT ADJUSTMENTS			
103	NEGATIVE COST CENTER			
	TOTAL	209,886		209,886

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				7,238	2,689	9,927	9,927
006 01 NONPATIENT TELEPHONES				275	326	601	36
006 02 DATA PROCESSING				1,448	3,601	5,049	109
006 03 PURCHASING, RECEIVING AND				9,511	4,363	13,874	114
006 04 CASHIERING/ACCOUNTS RECEI				10,121	2,446	12,567	310
006 05 OTHER ADMINISTRATIVE AND				83,962	13,417	97,379	730
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				80,953	3,320	84,273	237
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				8,446	2,026	10,472	221
011 DIETARY				26,324		26,324	97
012 CAFETERIA				11,096		11,096	137
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				1,747	5,427	7,174	511
015 CENTRAL SERVICES & SUPPLY				12,974	465	13,439	50
016 PHARMACY				17,268		17,268	250
017 MEDICAL RECORDS & LIBRARY				11,287	1,863	13,150	170
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				212,841	17,874	230,715	2,679
026 INTENSIVE CARE UNIT				20,786	9,856	30,642	733
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				9,839	2,033	11,872	232
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				31,762	13,536	45,298	230
038 RECOVERY ROOM				3,786	700	4,486	71
039 DELIVERY ROOM & LABOR ROO				12,400	5,866	18,266	321
040 ANESTHESIOLOGY				790	7,098	7,888	
041 RADIOLOGY-DIAGNOSTIC				23,513	59,120	82,633	590
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				19,781	6,376	26,157	445
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				7,130	625	7,755	18
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY				4,504	26,300	30,804	653
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY				538		538	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				3,445		3,445	39
061 EMERGENCY				51,901		51,901	896
061 01 OTHER OUTPATIENT SERVICE							11
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

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	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
COST CENTER DESCRIPTION	0	1	2	3	4	4a	5
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS				685,666	189,327	874,993	9,890
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							37
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				685,666	189,327	874,993	9,927

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	637						
006 02 DATA PROCESSING	16	5,174					
006 03 PURCHASING, RECEIVING AND	10	259	14,257				
006 04 CASHIERING/ACCOUNTS RECEI	99	4,589	46	17,611			
006 05 OTHER ADMINISTRATIVE AND	136	326	570	707	99,848		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	16		786	974	6,632		92,918
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	16		189	234	2,717		1,595
011 DIETARY	21		70	87	1,882		4,970
012 CAFETERIA	21				1,859		2,095
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5		40	50	4,097		330
015 CENTRAL SERVICES & SUPPLY	16				684		2,449
016 PHARMACY	21				2,485		3,260
017 MEDICAL RECORDS & LIBRARY	68		24	30	2,192		2,131
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRCS	26		1,022	1,266	22,586		40,184
026 INTENSIVE CARE UNIT	10		356	441	5,522		3,924
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	5		1,718	2,129	2,653		1,858
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10		1,718	2,129	4,100		5,996
038 RECOVERY ROOM	5		16	20	975		715
039 DELIVERY ROOM & LABOR ROO	16		126	156	2,824		2,341
040 ANESTHESIOLOGY			91	113	464		149
041 RADIOLOGY-DIAGNOSTIC			986	1,221	7,472		4,439
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	52		2,000	2,478	8,008		3,735
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	5		12	14	928		1,346
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	16		1,132	1,403	5,948		850
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			1,604	1,988	1,814		
056 DRUGS CHARGED TO PATIENTS			522	647	3,718		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY	10				465		102
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			129	160	587		650
061 EMERGENCY	37		898	1,113	8,651		9,799
061 01 OTHER OUTPATIENT SERVICE			28	35	104		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	637	5,174	14,083	17,395	99,367		92,918
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			174	216	481		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	637	5,174	14,257	17,611	99,848		92,918

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		15,444					
011 DIETARY		267	33,718				
012 CAFETERIA		267		15,475			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		133		869		13,209	
015 CENTRAL SERVICES & SUPPLY		324					16,962
016 PHARMACY		133					
017 MEDICAL RECORDS & LIBRARY		229		437			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		9,798	30,735	5,310		7,659	2,024
026 INTENSIVE CARE UNIT		229	2,200	1,094		1,578	754
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		133		369		532	407
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		695		449		647	3,634
038 RECOVERY ROOM		67					34
039 DELIVERY ROOM & LABOR ROO		200					266
040 ANESTHESIOLOGY		29					193
041 RADIOLOGY-DIAGNOSTIC		514		1,179			1,368
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		362		1,209			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		95		61		87	24
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		166		1,451			1,532
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				276			3,394
056 DRUGS CHARGED TO PATIENTS		29		475			1,104
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				420			274
061 EMERGENCY		1,524		1,876		2,706	1,898
061 01 OTHER OUTPATIENT SERVICE		250	783				56
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE & REPAIRS	ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTER							
095 HOSPICE							
095 SUBTOTALS		15,444	33,718	15,475		13,209	16,962
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		15,444	33,718	15,475		13,209	16,962

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2007

WORKSHEET B

TO 3/31/2008

PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	23,417						
017 MEDICAL RECORDS & LIBRARY		18,431					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		12,809					
026 INTENSIVE CARE UNIT		1,161					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		885					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	23,417						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		3,244					
061 01 OTHER OUTPATIENT SERVICE		332					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
095 SUBTOTALS	23,417	18,431					
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	23,417	18,431					

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2007

WORKSHEET B

TO 3/31/2008

PART III

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006	01 NONPATIENT TELEPHONES			
006	02 DATA PROCESSING			
006	03 PURCHASING, RECEIVING AND			
006	04 CASHIERING/ACCOUNTS RECEI			
006	05 OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED ED PRGM			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	366,813		366,813
026	INTENSIVE CARE UNIT	48,644		48,644
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY	22,793		22,793
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	64,906		64,906
038	RECOVERY ROOM	6,389		6,389
039	DELIVERY ROOM & LABOR ROO	24,516		24,516
040	ANESTHESIOLOGY	8,927		8,927
041	RADIOLOGY-DIAGNOSTIC	100,402		100,402
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	44,446		44,446
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	10,345		10,345
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY			
053	01 CARDIOPULMONARY	43,955		43,955
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	9,076		9,076
056	DRUGS CHARGED TO PATIENTS	29,912		29,912
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
058	01 HEMATOLOGY	1,115		1,115
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	5,704		5,704
061	EMERGENCY	84,543		84,543
061	01 OTHER OUTPATIENT SERVICE	1,599		1,599
062	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 9/ 5/2008

14-0068

FROM 4/ 1/2007

WORKSHEET B-1

|

TO 3/31/2008

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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	114,632					
002 OLD CAP REL COSTS-MVB		101,982				
003 NEW CAP REL COSTS-BLD			229,264			
004 NEW CAP REL COSTS-MVB				308,090		
005 EMPLOYEE BENEFITS	1,210	252	2,420	4,375	18,141,243	
006 01 NONPATIENT TELEPHONES	46		92	531	66,705	122
006 02 DATA PROCESSING	242	32,286	484	5,860	199,614	3
006 03 PURCHASING, RECEIVING	1,590	133	3,180	7,100	207,930	2
006 04 CASHIERING/ACCOUNTS R	1,692	1,319	3,384	3,981	565,966	19
006 05 OTHER ADMINISTRATIVE	14,037	2,502	28,074	21,833	1,333,946	26
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	13,534	694	27,068	5,402	432,571	3
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,412	664	2,824	3,297	403,556	3
011 DIETARY	4,401	1,188	8,802		178,191	4
012 CAFETERIA	1,855		3,710		250,565	4
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	292	775	584	8,832	934,186	1
015 CENTRAL SERVICES & SU	2,169	871	4,338	756	90,704	3
016 PHARMACY	2,887		5,774		457,274	4
017 MEDICAL RECORDS & LIB	1,887	1,399	3,774	3,032	310,839	13
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I & R SERVICES-SALARY &						
023 I & R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	35,584	26,083	71,168	29,087	4,893,616	5
026 INTENSIVE CARE UNIT	3,475	2,575	6,950	16,038	1,340,928	2
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY	1,645	585	3,290	3,309	424,837	1
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	5,310	9,141	10,620	22,027	420,917	2
038 RECOVERY ROOM	633	1,534	1,266	1,139	129,203	1
039 DELIVERY ROOM & LABOR	2,073	1,114	4,146	9,545	586,511	3
040 ANESTHESIOLOGY	132	1,749	264	11,550		
041 RADIOLOGY-DIAGNOSTIC	3,931	12,509	7,862	96,206	1,078,529	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	3,307		6,614	10,376	813,412	10
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY	1,192	863	2,384	1,017	33,176	1
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY	753	2,066	1,506	42,797	1,193,387	3
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI		10				
057 RENAL DIALYSIS						
058 ASC (NON-DI STINCT PAR						
058 01 HEMATOLOGY	90		180			2
060 OUTPAT SERVICE COST C						
060 CLINIC	576		1,152		70,590	
061 EMERGENCY	8,677	1,670	17,354		1,637,401	7
061 01 OTHER OUTPATIENT SERV					19,520	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I & R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
084 SPEC PURPOSE COST CEN						
085 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPI CE						
095 SUBTOTALS	114,632	101,982	229,264	308,090	18,074,074	122
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O					67,169	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	209,886		685,666	189,327	3,446,247	80,206
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.830955		2.990727		.189968	
(WRKSHT B, PT I)				.614518		657.426230
105 COST TO BE ALLOCATED					2,215	92
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000122	
(WRKSHT B, PT II)						.754098
107 COST TO BE ALLOCATED					9,927	637
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000547	
(WRKSHT B, PT III)						5.221311

COST CENTER DESCRIPTION	DATA PROCESSING (MACH)	PURCHASING, RECEIVING (CHARGES)	CASHIERING/ACCOUNTS RECEIV (CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	6.02	6.03	6.04	6a.05	6.05	7	8
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,000						
006 03 PURCHASING, RECEIVING	50	2,151,632					
006 04 CASHIERING/ACCOUNTS R	887	6,875	2,144,757				
006 05 OTHER ADMINISTRATIVE	63	86,053	86,053	-6,074,117	33,291,168		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		118,624	118,624		2,211,473		82,281
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		28,494	28,494		905,953		1,412
011 DIETARY		10,598	10,598		627,414		4,401
012 CAFETERIA					619,886		1,855
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		6,110	6,110		1,366,199		292
015 CENTRAL SERVICES & SU					228,116		2,169
016 PHARMACY					828,702		2,887
017 MEDICAL RECORDS & LIB		3,611	3,611		730,964		1,887
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		154,222	154,222		7,528,290		35,584
026 INTENSIVE CARE UNIT		53,766	53,766		1,841,171		3,475
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		259,233	259,233		884,542		1,645
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		259,233	259,233		1,367,278		5,310
038 RECOVERY ROOM		2,425	2,425		325,166		633
039 DELIVERY ROOM & LABOR		18,992	18,992		941,695		2,073
040 ANESTHESIOLOGY		13,786	13,786		154,552		132
041 RADIOLOGY-DIAGNOSTIC		148,736	148,736		2,491,462		3,931
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		301,824	301,824		2,670,171		3,307
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		1,746	1,746		309,356		1,192
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		170,860	170,860		1,983,427		753
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		242,083	242,083		604,970		
056 DRUGS CHARGED TO PATI		78,756	78,756		1,239,615		
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
058 01 HEMATOLOGY					155,141		90
060 OUTPAT SERVICE COST C							
060 CLINIC			19,530		195,851		576
061 EMERGENCY		135,548	135,548		2,884,647		8,677
061 01 OTHER OUTPATIENT SERV		4,212	4,212		34,844		
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	OPERATION OF PLANT
		(MACH)	(CHARGES)	(CHARGES)	()	(ACCUM. COST)	(SQUARE) FEET	(SQUARE) FEET
	SPEC PURPOSE COST CEN	6.02	6.03	6.04	6a.05	6.05	7	8
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	1,000	2,125,317	2,118,442	-6,074,117	33,130,885		82,281
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE							
098	RESEARCH							
098	PHYSICIANS' PRIVATE O		26,315	26,315		160,283		
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,050,443	445,575	2,027,757		6,074,117		2,614,965
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.207087					
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED	1,050.443000		.945448		.182454		31.780909
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.001376					
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	.469000		.001681		.000786		.327354
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER	5,174	14,257	17,611		99,848		92,918
	(WRKSHT B, PT III)							
	UNIT COST MULTIPLIER	5.174000	.006626	.008211		.002999		1.129277
	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

14-0068

FROM 4/ 1/2007

WORKSHEET B-1

TO 3/31/2008

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED)REQUIS.
	9	10	11	12	13	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		8,107					
011 DIETARY			65,000				
012 CAFETERIA				22,969			
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION						13,594	
015 CENTRAL SERVICES & SU							1,209,780
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		5,144	59,250	7,881		7,881	144,333
026 INTENSIVE CARE UNIT		120	4,241	1,624		1,624	53,766
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		70		548		548	29,004
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		365		666		666	259,233
038 RECOVERY ROOM		35					2,425
039 DELIVERY ROOM & LABOR		105					18,972
040 ANESTHESIOLOGY		15					13,786
041 RADIOLOGY-DIAGNOSTIC		270		1,750			97,558
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		190		1,795			
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		50		90		90	1,746
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		87		2,153			109,281
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				410			242,083
056 DRUGS CHARGED TO PATI		15		705			78,756
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
058 01 HEMATOLOGY							
060 OUTPAT SERVICE COST C							
060 CLINIC				624			19,530
061 EMERGENCY		800		2,785		2,785	135,347
061 01 OTHER OUTPATIENT SERV		131	1,509				3,960
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	SPEC PURPOSE COST CEN	9	10	11	12	13	14	15
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS		8,107	65,000	22,969		13,594	1,209,780
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		1,116,123	901,030	811,215		1,679,944	362,075
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		137.673985		35.317820		123.579815	
	(WRKSHT B, PT I)			13.862000				.299290
105	COST TO BE ALLOCATED		3,897	10,117	4,591		2,130	4,955
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.480696		.199878		.156687	
	(WRKSHT B, PT II)			.155646				.004096
107	COST TO BE ALLOCATED		15,444	33,718	15,475		13,209	16,962
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1.905020		.673734		.971679	
	(WRKSHT B, PT III)			.518738				.014021

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
SPEC PURPOSE COST CEN	16	17	18	20	21	22	23
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	1,000	1,000					
NONREIMBURS COST CEN							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,081,290	963,709					
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		963.709000					
(WRKSHT B, PT I)	1,081.290000						
105 COST TO BE ALLOCATED	6,975	4,895					
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		4.895000					
(WRKSHT B, PT II)	6.975000						
107 COST TO BE ALLOCATED	23,417	18,431					
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		18.431000					
(WRKSHT B, PT III)	23.417000						

COST CENTER	PARAMETER	DESCRIPTION	PRGM	(ASSIGNED TIME)
				24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT TELEPHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING, RECEIVING		
006	04	CASHIERING/ACCOUNTS R		
006	05	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LI B		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMETER PRGM		
025		INPAT ROUTINE SRVC CN		
026		ADULTS & PEDIATRICS		
027		INTENSIVE CARE UNIT		
028		CORONARY CARE UNIT		
029		BURN INTENSIVE CARE U		
031		SURGICAL INTENSIVE CA		
033		SUBPROVIDER		
034		NURSERY		
035		SKILLED NURSING FACIL		
035		NURSING FACILITY		
035	01	ICF/MR		
036		OTHER LONG TERM CARE		
037		ANCILLARY SRVC COST C		
038		OPERATING ROOM		
039		RECOVERY ROOM		
040		DELIVERY ROOM & LABOR		
041		ANESTHESIOLOGY		
042		RADIOLOGY-DIAGNOSTIC		
043		RADIOLOGY-THERAPEUTIC		
044		RADIOISOTOPE		
045		LABORATORY		
046		PBP CLINICAL LAB SERV		
047		WHOLE BLOOD & PACKED		
048		BLOOD STORING, PROCES		
049		INTRAVENOUS THERAPY		
050		RESPIRATORY THERAPY		
051		PHYSICAL THERAPY		
052		OCCUPATIONAL THERAPY		
053		SPEECH PATHOLOGY		
053	01	ELECTROCARDIOLOGY		
054		CARDIOPULMONARY		
055		ELECTROENCEPHALOGRAPH		
056		MEDICAL SUPPLIES CHAR		
057		DRUGS CHARGED TO PATI		
058		RENAL DIALYSIS		
058		ASC (NON-DIAGNOSTIC PAR		
058	01	HEMATOLOGY		
060		OUTPAT SERVICE COST C		
061		CLINIC		
061		EMERGENCY		
061	01	OTHER OUTPATIENT SERV		
062		OBSERVATION BEDS (NON		
064		OTHER REIMBURS COST C		
065		HOME PROGRAM DIALYSIS		
066		AMBULANCE SERVICES		
067		DURABLE MEDICAL EQUIP		
067		DURABLE MEDICAL EQUIP		
069		CORF		
070		I&R SERVICES-NOT APPR		
071		HOME HEALTH AGENCY		
082		LUNG ACQUISITION		
083		SPEC PURPOSE COST CEN		
083		KIDNEY ACQUISITION		

COST CENTER DESCRIPTION	PARAMETER PROGRAM	(ASSIGNED TIME)
		24
084 SPEC PURPOSE COST CEN		
085 LIVER ACQUISITION		
085 HEART ACQUISITION		
085 01 PANCREAS ACQUISITION		
086 OTHER ORGAN ACQUISITION		
092 AMBULATORY SURGICAL C		
093 HOSPICE		
095 SUBTOTALS		
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)		
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		

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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,527,524		13,527,524		13,527,524
26	INTENSIVE CARE UNIT	2,697,705		2,697,705		2,697,705
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,249,862		1,249,862		1,249,862
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,019,162		2,019,162		2,019,162
38	RECOVERY ROOM	410,156		410,156		410,156
39	DELIVERY ROOM & LABOR ROO	1,199,527		1,199,527		1,199,527
40	ANESTHESIOLOGY	193,137		193,137		193,137
41	RADIOLOGY-DIAGNOSTIC	3,199,146		3,199,146		3,199,146
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,352,006		3,352,006		3,352,006
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	425,390		425,390		425,390
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
01	CARDIOPULMONARY	2,489,966		2,489,966		2,489,966
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	802,282		802,282		802,282
56	DRUGS CHARGED TO PATIENTS	2,597,613		2,597,613		2,597,613
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
01	HEMATOLOGY	186,307		186,307		186,307
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	277,774		277,774		277,774
61	EMERGENCY	4,449,515		4,449,515		4,449,515
01	OTHER OUTPATIENT SERVICE	98,686		98,686		98,686
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	39,175,758		39,175,758		39,175,758
102	LESS OBSERVATION BEDS					
103	TOTAL	39,175,758		39,175,758		39,175,758

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,199,914		47,199,914			
26	INTENSIVE CARE UNIT	7,906,537		7,906,537			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	938,508		938,508			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,589,018	217,089	2,806,107	.719560	.719560	.719560
38	RECOVERY ROOM	620,473	240,875	861,348	.476179	.476179	.476179
39	DELIVERY ROOM & LABOR ROO	459,911	834,325	1,294,236	.926822	.926822	.926822
40	ANESTHESIOLOGY	2,201,210	595,028	2,796,238	.069070	.069070	.069070
41	RADIOLOGY-DIAGNOSTIC	5,029,720	6,141,858	11,171,578	.286365	.286365	.286365
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,530,615	6,400,501	17,931,116	.186938	.186938	.186938
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	240,580	431,812	672,392	.632652	.632652	.632652
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	11,979,785	1,901,256	13,881,041	.179379	.179379	.179379
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,154,890	294,406	1,449,296	.553567	.553567	.553567
56	DRUGS CHARGED TO PATIENTS	18,766,888	1,750,920	20,517,808	.126603	.126603	.126603
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
01	HEMATOLOGY	856,033	5,324	861,357	.216295	.216295	.216295
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,404	2,404	115.546589	115.546589	115.546589
61	EMERGENCY	2,082,392	9,018,803	11,101,195	.400814	.400814	.400814
01	OTHER OUTPATIENT SERVICE						
62	OBSERVATION BEDS (NON-DIS	23,165	158,876	182,041			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	113,579,639	27,993,477	141,573,116			
102	LESS OBSERVATION BEDS						
103	TOTAL	113,579,639	27,993,477	141,573,116			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,527,524		13,527,524		13,527,524
26	INTENSIVE CARE UNIT	2,697,705		2,697,705		2,697,705
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,249,862		1,249,862		1,249,862
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,019,162		2,019,162		2,019,162
38	RECOVERY ROOM	410,156		410,156		410,156
39	DELIVERY ROOM & LABOR ROO	1,199,527		1,199,527		1,199,527
40	ANESTHESIOLOGY	193,137		193,137		193,137
41	RADIOLOGY-DIAGNOSTIC	3,199,146		3,199,146		3,199,146
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,352,006		3,352,006		3,352,006
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	425,390		425,390		425,390
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIOPULMONARY	2,489,966		2,489,966		2,489,966
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	802,282		802,282		802,282
56	DRUGS CHARGED TO PATIENTS	2,597,613		2,597,613		2,597,613
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 HEMATOLOGY	186,307		186,307		186,307
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	277,774		277,774		277,774
61	EMERGENCY	4,449,515		4,449,515		4,449,515
61	01 OTHER OUTPATIENT SERVICE	98,686		98,686		98,686
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	39,175,758		39,175,758		39,175,758
102	LESS OBSERVATION BEDS					
103	TOTAL	39,175,758		39,175,758		39,175,758

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	47,199,914		47,199,914			
26	INTENSIVE CARE UNIT	7,906,537		7,906,537			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	938,508		938,508			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,589,018	217,089	2,806,107	.719560	.719560	.719560
38	RECOVERY ROOM	620,473	240,875	861,348	.476179	.476179	.476179
39	DELIVERY ROOM & LABOR ROO	459,911	834,325	1,294,236	.926822	.926822	.926822
40	ANESTHESIOLOGY	2,201,210	595,028	2,796,238	.069070	.069070	.069070
41	RADIOLOGY-DIAGNOSTIC	5,029,720	6,141,858	11,171,578	.286365	.286365	.286365
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,530,615	6,400,501	17,931,116	.186938	.186938	.186938
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	240,580	431,812	672,392	.632652	.632652	.632652
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	11,979,785	1,901,256	13,881,041	.179379	.179379	.179379
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,154,890	294,406	1,449,296	.553567	.553567	.553567
56	DRUGS CHARGED TO PATIENTS	18,766,888	1,750,920	20,517,808	.126603	.126603	.126603
57	RENAL DIALYSIS						
58	ASC (NON-DIAGNOSTIC PART)						
01	HEMATOLOGY	856,033	5,324	861,357	.216295	.216295	.216295
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,404	2,404	115.546589	115.546589	115.546589
61	EMERGENCY	2,082,392	9,018,803	11,101,195	.400814	.400814	.400814
01	OTHER OUTPATIENT SERVICE						
62	OBSERVATION BEDS (NON-DIS	23,165	158,876	182,041			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	113,579,639	27,993,477	141,573,116			
102	LESS OBSERVATION BEDS						
103	TOTAL	113,579,639	27,993,477	141,573,116			

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	2,019,162	79,760	1,939,402			2,019,162
38	RECOVERY ROOM	410,156	8,062	402,094			410,156
39	DELIVERY ROOM & LABOR ROO	1,199,527	29,991	1,169,536			1,199,527
40	ANESTHESIOLOGY	193,137	9,438	183,699			193,137
41	RADIOLOGY-DIAGNOSTIC	3,199,146	112,311	3,086,835			3,199,146
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,352,006	55,166	3,296,840			3,352,006
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	425,390	13,233	412,157			425,390
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,489,966	48,729	2,441,237			2,489,966
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	802,282	11,366	790,916			802,282
56	DRUGS CHARGED TO PATIENTS	2,597,613	38,572	2,559,041			2,597,613
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 HEMATOLOGY	186,307	1,433	184,874			186,307
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	277,774	7,376	270,398			277,774
61	EMERGENCY	4,449,515	108,951	4,340,564			4,449,515
61	01 OTHER OUTPATIENT SERVICE	98,686	2,043	96,643			98,686
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	21,700,667	526,431	21,174,236			21,700,667
102	LESS OBSERVATION BEDS						
103	TOTAL	21,700,667	526,431	21,174,236			21,700,667

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	2,806,107	.719560	.719560
38	RECOVERY ROOM	861,348	.476179	.476179
39	DELIVERY ROOM & LABOR ROO	1,294,236	.926822	.926822
40	ANESTHESIOLOGY	2,796,238	.069070	.069070
41	RADIOLOGY-DIAGNOSTIC	11,171,578	.286365	.286365
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,931,116	.186938	.186938
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	672,392	.632652	.632652
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53 01	CARDIOPULMONARY	13,881,041	.179379	.179379
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,449,296	.553567	.553567
56	DRUGS CHARGED TO PATIENTS	20,517,808	.126603	.126603
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58 01	HEMATOLOGY	861,357	.216295	.216295
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,404	115.546589	115.546589
61	EMERGENCY	11,101,195	.400814	.400814
61 01	OTHER OUTPATIENT SERVICE			
62	OBSERVATION BEDS (NON-DIS	182,041		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	85,528,157		
102	LESS OBSERVATION BEDS	182,041		
103	TOTAL	85,346,116		

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	2,019,162	79,760	1,939,402	7,976	112,485	1,898,701
38	RECOVERY ROOM	410,156	8,062	402,094	806	23,321	386,029
39	DELIVERY ROOM & LABOR ROO	1,199,527	29,991	1,169,536	2,999	67,833	1,128,695
40	ANESTHESIOLOGY	193,137	9,438	183,699	944	10,655	181,538
41	RADIOLOGY-DIAGNOSTIC	3,199,146	112,311	3,086,835	11,231	179,036	3,008,879
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,352,006	55,166	3,296,840	5,517	191,217	3,155,272
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	425,390	13,233	412,157	1,323	23,905	400,162
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	2,489,966	48,729	2,441,237	4,873	141,592	2,343,501
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	802,282	11,366	790,916	1,137	45,873	755,272
56	DRUGS CHARGED TO PATIENTS	2,597,613	38,572	2,559,041	3,857	148,424	2,445,332
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 HEMATOLOGY	186,307	1,433	184,874	143	10,723	175,441
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	277,774	7,376	270,398	738	15,683	261,353
61	EMERGENCY	4,449,515	108,951	4,340,564	10,895	251,753	4,186,867
61	01 OTHER OUTPATIENT SERVICE	98,686	2,043	96,643	204	5,605	92,877
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	21,700,667	526,431	21,174,236	52,643	1,228,105	20,419,919
102	LESS OBSERVATION BEDS						
103	TOTAL	21,700,667	526,431	21,174,236	52,643	1,228,105	20,419,919

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	2,806,107	.676632	.716718
38	RECOVERY ROOM	861,348	.448168	.475243
39	DELIVERY ROOM & LABOR ROO	1,294,236	.872094	.924505
40	ANESTHESIOLOGY	2,796,238	.064922	.068733
41	RADIOLOGY-DIAGNOSTIC	11,171,578	.269333	.285359
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,931,116	.175966	.186630
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	672,392	.595132	.630684
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	13,881,041	.168827	.179028
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,449,296	.521130	.552782
56	DRUGS CHARGED TO PATIENTS	20,517,808	.119181	.126415
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 HEMATOLOGY	861,357	.203680	.216129
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,404	108.715890	115.239601
61	EMERGENCY	11,101,195	.377155	.399833
61	01 OTHER OUTPATIENT SERVICE			
62	OBSERVATION BEDS (NON-DIS	182,041		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	85,528,157		
102	LESS OBSERVATION BEDS	182,041		
103	TOTAL	85,346,116		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	102,298		102,298	366,813		366,813
26	INTENSIVE CARE UNIT	11,103		11,103	48,644		48,644
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	5,675		5,675	22,793		22,793
101	TOTAL	119,076		119,076	438,250		438,250

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	19,750	6,795	5.18	35,198	18.57	126,183
26	INTENSIVE CARE UNIT	2,827	1,273	3.93	5,003	17.21	21,908
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	1,236		4.59		18.44	
101	TOTAL	23,813	8,068		40,201		148,091

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

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2007 TO 3/31/2008
PREPARED 9/5/2008
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					19,750	
26	INTENSIVE CARE UNIT					2,827	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					1,236	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					23,813	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/ 1/2007	9/ 5/2008
	TO 3/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		6,795
26	INTENSIVE CARE UNIT		1,273
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		8,068

TITLE XVIII, PART A HOSPITAL PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,806,107			2,589,018	
38	RECOVERY ROOM			861,348				
39	DELIVERY ROOM & LABOR ROO			1,294,236			2,037	
40	ANESTHESIOLOGY			2,796,238				
41	RADIOLOGY-DIAGNOSTIC			11,171,578			1,925,871	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			17,931,116			5,723,770	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			672,392			139,172	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIOPULMONARY			13,881,041			3,001,939	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			1,449,296			1,120,276	
56	DRUGS CHARGED TO PATIENTS			20,517,808			6,876,062	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
58	01 HEMATOLOGY			861,357			471,319	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,404				
61	EMERGENCY			11,101,195			602,347	
61	01 OTHER OUTPATIENT SERVICE							
62	OBSERVATION BEDS (NON-DIS			182,041			23,165	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			85,528,157			22,474,976	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	60,216					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	631					
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	486,569					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	33,106					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	01 CARDIOPULMONARY	234,069					
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	165,178					
58	DRUGS CHARGED TO PATIENTS	110,831					
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	01 HEMATOLOGY						
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY	540,960					
65	01 OTHER OUTPATIENT SERVICE						
66	OBSERVATION BEDS (NON-DIS	4,321					
67	OTHER REIMBURS COST CNTRS						
68	HOME PROGRAM DIALYSIS						
69	AMBULANCE SERVICES						
70	DURABLE MEDICAL EQUIP-REN						
71	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,635,881					

TITLE XVIII, PART A HOSPITAL PPS

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		15,594,404	
26	INTENSIVE CARE UNIT		3,733,448	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.719560	2,589,018	1,862,954
38	RECOVERY ROOM	.476179		
39	DELIVERY ROOM & LABOR ROOM	.926822	2,037	1,888
40	ANESTHESIOLOGY	.069070		
41	RADIOLOGY-DIAGNOSTIC	.286365	1,925,871	551,502
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.186938	5,723,770	1,069,990
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.632652	139,172	88,047
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	.179379	3,001,939	538,485
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.553567	1,120,276	620,148
56	DRUGS CHARGED TO PATIENTS	.126603	6,876,062	870,530
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 HEMATOLOGY	.216295	471,319	101,944
60	OUTPAT SERVICE COST CNTRS CLINIC	115.546589		
61	EMERGENCY	.400814	602,347	241,429
61	01 OTHER OUTPATIENT SERVICE COST CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)		23,165	
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		22,474,976	5,946,917
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		22,474,976	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCT)	335.00	335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	12,862,143	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	12,862,143	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	860,420	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	13,722,563	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,722,563	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	714,810	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	120,326	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	405,470	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	283,829	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	405,470	
22 SUBTOTAL	13,171,256	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	13,171,256	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	11,976,569	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,194,687	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	39
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	553,719
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	438,795
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.870
1.04	LINE 1.01 TIMES LINE 1.03.	481,736
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	91.09
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)	39
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	70
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	70
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)	70
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	31
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	39
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	438,795
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	33,719
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	111,226
19	SUBTOTAL (SEE INSTRUCTIONS)	293,889
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	293,889
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	293,889
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	293,889
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	293,889
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	300,678
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-6,789
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,468,227		293,850
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		497,463		27,450
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	3/11/2008	1,010,879	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		3/11/2008	20,622
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		1,010,879	-20,622
4 TOTAL INTERIM PAYMENTS			11,976,569	300,678
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	858,212			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	39,024,405			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-34,147,896			
7	INVENTORY	333,675			
8	PREPAID EXPENSES	108,319			
9	OTHER CURRENT ASSETS	140,430			
10	DUE FROM OTHER FUNDS	5,402,058			
11	TOTAL CURRENT ASSETS	11,719,203			
FIXED ASSETS					
12	LAND	380,477			
12.01	LAND IMPROVEMENTS	403,347			
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	6,252,501			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	6,526,154			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	13,497,890			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION	-22,852,923			
20	MINOR EQUIPMENT-NONDEPRECIABLE	4,207,583			
21	TOTAL FIXED ASSETS	8,415,029			
OTHER ASSETS					
22	INVESTMENTS	30,500			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	5,023,195			
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	5,053,695			
27	TOTAL ASSETS	25,187,927			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,200,094			
29 SALARIES, WAGES & FEES PAYABLE	2,419,061			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,978,484			
32 DEFERRED INCOME	2,236,789			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,870			
36 TOTAL CURRENT LIABILITIES	16,843,298			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	4,492,428			
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	4,492,428			
43 TOTAL LIABILITIES	21,335,726			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	3,852,201			
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	3,852,201			
52 TOTAL LIABILITIES AND FUND BALANCES	25,187,927			

DESCRIPTION

1	TOTAL PATIENT REVENUES	141,877,519
2	LESS: ALLOWANCES AND DISCOUNTS ON	80,072,315
3	NET PATIENT REVENUES	61,805,204
4	LESS: TOTAL OPERATING EXPENSES	56,542,824
5	NET INCOME FROM SERVICE TO PATIENT	5,262,380
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDI NG MACHI NES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REV	101,323
24.01	MISC REVENUE	843,505
25	TOTAL OTHER INCOME	944,828
26	TOTAL	6,207,208
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	6,207,208

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	748,176
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,065
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	61.69
	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	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	19.32
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	49.08
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	68.40
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	14.86
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	111,179
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	860,420
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)	