

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0223 | PERIOD FROM 1/1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 18:26

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: ADVOCATE LUTHERAN GENERAL HOSPITAL 14-0223 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 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

Table with 4 columns: TITLE V, TITLE XVIII (A, B), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL with corresponding numerical values.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1775 W. DEMPSTER STREET P. O. BOX:
 1.01 CITY: PARK RIDGE STATE: IL ZIP CODE: 60068- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-0223	2.01	3	4	5	6
03.00 SUBPROVIDER	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-S223		7/ 1/1966	N	P	0
03.01 SUBPROVIDER 2	ADVOCATE LUTHERAN GENERAL HOSPITAL	14-T223		7/ 1/1984	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL	1
20 SUBPROVIDER	4
20.01 SUBPROVIDER 11	5

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.	1	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			1			
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.			N			
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 CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy)					/ /	/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).					/ /	/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?			Y			
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?			Y			
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.			Y			
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)			Y	Y		

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	42,587,460
17.01	GROSS MEDICAID REVENUES	47,352,088
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	89,939,548
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)	.339203
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	166,727,751

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	56,554,553
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	42,587,460
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	14,445,794
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	56,554,553

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0223
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				8,480,421	8,480,421
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				316,486	316,486
3	0300 NEW CAP REL COSTS-BLDG & FIXT				11,164,723	11,164,723
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,847,099	8,847,099
5	0500 EMPLOYEE BENEFITS	3,734,165	42,181,618	45,915,783	-843	45,914,940
6.03	0630 PURCHASING, RECEIVING & STORES	1,173,152	1,010,961	2,184,113	-3,148	2,180,965
6.05	0650 CASHIERING, ACCT REC & COLL	6,265,407	27,743,016	34,008,423	-124,475	33,883,948
6.06	0663 OTHER ADMINISTRATIVE AND GENERAL	17,028,485	101,368,005	118,396,490	-15,120,178	103,276,312
7	0700 MAINTENANCE & REPAIRS	4,883,917	16,456,676	21,340,593	-303,039	21,037,554
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE				2,223,771	2,223,771
10	1000 HOUSEKEEPING	4,404,313	3,419,511	7,823,824	-2,329,423	5,494,401
11	1100 DIETARY	3,313,778	3,578,134	6,891,912	-994,179	5,897,733
12	1200 CAFETERIA				900,686	900,686
14	1400 NURSING ADMINISTRATION	3,113,140	581,873	3,695,013	57,724	3,752,737
15	1500 CENTRAL SERVICES & SUPPLY	1,948,607	575,884	2,524,491	56,459,711	58,984,202
16	1600 PHARMACY	5,741,792	18,588,698	24,330,490	-17,628,228	6,702,262
17	1700 MEDICAL RECORDS & LIBRARY	2,763,603	1,536,128	4,299,731	-11,669	4,288,062
18	1800 SOCIAL SERVICE	1,691,688	340,350	2,032,038	36,101	2,068,139
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	9,214,208	2,063,489	11,277,697		11,277,697
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,284,796	7,447,826	9,732,622	-72,706	9,659,916
24	2400 PARAMED ED PRGM-(SPECIFY)	1,022,566	128,354	1,150,920	-819,138	331,782
24.01	2401 PARAMED ED PRGM-PHARMACY INPAT ROUTINE SRVC CNTRS				168,298	168,298
25	2500 ADULTS & PEDIATRICS	43,407,616	8,663,680	52,071,296	-5,127,722	46,943,574
26	2600 INTENSIVE CARE UNIT	5,461,567	2,266,103	7,727,670	-715,108	7,012,562
27	2700 CORONARY CARE UNIT	6,450,415	2,621,610	9,072,025	-662,928	8,409,097
27.01	2701 NEONATAL CARE UNIT	8,022,298	1,941,172	9,963,470	-877,430	9,086,040
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	5,073,543	647,599	5,721,142	-21,049	5,700,093
31.01	3101 SUBPROVIDER II	4,252,113	695,896	4,948,009	-230,069	4,717,940
33	3300 NURSERY				2,488,220	2,488,220
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	9,611,822	38,050,721	47,662,543	-36,711,565	10,950,978
38	3800 RECOVERY ROOM	1,646,631	269,052	1,915,683	-95,167	1,820,516
39	3900 DELIVERY ROOM & LABOR ROOM	4,021,800	1,516,528	5,538,328	-1,056,289	4,482,039
40	4000 ANESTHESIOLOGY	423,289	1,826,523	2,249,812	-1,245,941	1,003,871
41	4100 RADIOLOGY-DIAGNOSTIC	11,534,059	16,161,450	27,695,509	-8,076,865	19,618,644
42	4200 RADIOLOGY-THERAPEUTIC	2,253,906	2,302,794	4,556,700	-1,039,589	3,517,111
43	4300 RADIOISOTOPE	1,375,065	1,994,777	3,369,842	-401,742	2,968,100
44	4400 LABORATORY		18,775,146	18,775,146		18,775,146
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,230,128	2,230,128		2,230,128
49	4900 RESPIRATORY THERAPY	4,012,075	1,833,893	5,845,968	-1,339,181	4,506,787
50	5000 PHYSICAL THERAPY	3,728,377	530,492	4,258,869	-114,501	4,144,368
51	5100 OCCUPATIONAL THERAPY	5,239,251	1,882,524	7,121,775	-1,265,390	5,856,385
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	2,472,635	797,969	3,270,604	-448,260	2,822,344
54	5400 ELECTROENCEPHALOGRAPHY	782,818	815,882	1,598,700	-216,559	1,382,141
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				419,366	419,366
56	5600 DRUGS CHARGED TO PATIENTS				16,850,948	16,850,948
57	5700 RENAL DIALYSIS	662,297	467,951	1,130,248	-280,760	849,488
58	5800 ASC (NON-DISTINCT PART)	2,732,856	2,066,648	4,799,504	-1,745,857	3,053,647
59	3951 REHAB MEDICINE	648,162	123,619	771,781	-38,887	732,894
59.10	3952 CARDIAC LAB	1,326,196	7,098,903	8,425,099	-6,109,017	2,316,082
59.20	3953 DAY HOSPITAL	457,354	331,155	788,509	-279,113	509,396
59.30	3954 LITHOTRIPTER		1,188,324	1,188,324		1,188,324
59.40	3955 COLO-RECTAL CENTER					
59.45	3957 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	2,316,749	1,454,884	3,771,633	-1,042,896	2,728,737
60	6000 CLINIC					
60.01	6001 DIABETES CARE CENTER	88,856	7,119	95,975	-2	95,973
60.02	6002 OUTPATIENT CENTER	190,897	94,185	285,082	-53,610	231,472
60.03	6003 PAIN CLINIC	329,671	125,623	455,294	-77,307	377,987
60.04	6004 CARDIAC CONDITIONING	353,006	97,752	450,758	-59,137	391,621
60.05	6005 WOUND CARE CENTER	246,485	40,979	287,464	-18,549	268,915
60.06	6006 ANTI-COAG LAB	683,305	159,113	842,418	-100,130	742,288
60.07	6007 HEART RISK ASSESSMENT	72,491	68,059	140,550	-53,259	87,291
60.20	4951 IN-VITRO FERTILIZATION					
61	6100 EMERGENCY	7,558,998	3,217,449	10,776,447	-1,371,950	9,404,497
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
69	6900 CORF					
90	9000 SPEC PURPOSE COST CENTERS OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS NONREIMBURS COST CENTERS	206,020,220	349,386,225	555,406,445	130,699	555,537,144
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	242,316	196,762	439,078	-130,699	308,379
96.01	9601 CHILDRN DAY CARE					
96.03	9603 LAUREATE DAY SCHOOL					
101	TOTAL	206,262,536	349,582,987	555,845,523	-0-	555,845,523

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	680,780	9,161,201
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-46,519	269,967
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,160,037	12,324,760
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	3,934,233	12,781,332
5	0500 EMPLOYEE BENEFITS	2,397,544	48,312,484
6.03	0630 PURCHASING, RECEIVING & STORES	-12,974	2,167,991
6.05	0650 CASHIERING, ACCT REC & COLL	-24,688,123	9,195,825
6.06	0663 OTHER ADMINISTRATION AND GENERAL	-38,721,530	64,554,782
7	0700 MAINTENANCE & REPAIRS	-1,268,565	19,768,989
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		2,223,771
10	1000 HOUSEKEEPING	-6,266	5,488,135
11	1100 DIETARY	-2,057,494	3,840,239
12	1200 CAFETERIA		900,686
14	1400 NURSING ADMINISTRATION	-82,989	3,669,748
15	1500 CENTRAL SERVICES & SUPPLY	12	58,984,214
16	1600 PHARMACY	-128,812	6,573,450
17	1700 MEDICAL RECORDS & LIBRARY	-44,539	4,243,523
18	1800 SOCIAL SERVICE	-205,815	1,862,324
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		11,277,697
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-7,040,807	2,619,109
24	2400 PARAMED ED PRGM-(SPECIFY)	-74,494	257,288
24.01	2401 PARAMED ED PRGM-PHARMACY		168,298
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-54,439	46,889,135
26	2600 INTENSIVE CARE UNIT	-10,655	7,001,907
27	2700 CORONARY CARE UNIT	-50,536	8,358,561
27.01	2701 NEONATAL CARE UNIT	-90,446	8,995,594
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-193,618	5,506,475
31.01	3101 SUBPROVIDER II	-56,001	4,661,939
33	3300 NURSERY		2,488,220
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-27,484	10,923,494
38	3800 RECOVERY ROOM	-51	1,820,465
39	3900 DELIVERY ROOM & LABOR ROOM	-3,394	4,478,645
40	4000 ANESTHESIOLOGY	-97,121	906,750
41	4100 RADIOLOGY-DIAGNOSTIC	-84,478	19,534,166
42	4200 RADIOLOGY-THERAPEUTIC	-129,665	3,387,446
43	4300 RADIOISOTOPE	-1,615	2,966,485
44	4400 LABORATORY		18,775,146
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,230,128
49	4900 RESPIRATORY THERAPY	-3,494	4,503,293
50	5000 PHYSICAL THERAPY	-349	4,144,019
51	5100 OCCUPATIONAL THERAPY	-72,312	5,784,073
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-171	2,822,173
54	5400 ELECTROENCEPHALOGRAPHY	-1,164	1,380,977
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		419,366
56	5600 DRUGS CHARGED TO PATIENTS		16,850,948
57	5700 RENAL DIALYSIS	-419	849,069
58	5800 ASC (NON-DISTINCT PART)	-6,023	3,047,624
59	3951 REHAB MEDICINE	-9,675	723,219
59.10	3952 CARDIAC LAB	-225	2,315,857
59.20	3953 DAY HOSPITAL	-19,097	490,299
59.30	3954 LI THOTRIPTER		1,188,324
59.40	3955 COLO-RECTAL CENTER		
59.45	3957 GASTROENTEROLOGY LAB	-9,804	2,718,933
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 DIABETES CARE CENTER		95,973
60.02	6002 OUTPATIENT CENTER	-55	231,417
60.03	6003 PAIN CLINIC	-575	377,412
60.04	6004 CARDIAC CONDITIONING	-263	391,358
60.05	6005 WOUND CARE CENTER	-243	268,672
60.06	6006 ANTI-COAG LAB	-1,594	740,694
60.07	6007 HEART RISK ASSESSMENT	-10,900	76,391
60.20	4951 IN-VITRO FERTILIZATION		
61	6100 EMERGENCY	-125,520	9,278,977
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
69	6900 CORF		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-67,267,707	488,269,437
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-7,570	300,809
96.01	9601 CHILD DAY CARE		
96.03	9603 LAUREATE DAY SCHOOL		
101	TOTAL	-67,275,277	488,570,246

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0223
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 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	
6.03	PURCHASING, RECEIVING & STORES	0630	PURCHASING, RECEIVING AND STORES
6.05	CASHIERING, ACCT REC & COLL	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0663	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	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PARAMED ED PRGM-PHARMACY	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
27.01	NEONATAL CARE UNIT	2701	CORONARY CARE UNIT
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	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	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	REHAB MEDICINE	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.10	CARDIAC LAB	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.20	DAY HOSPITAL	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.30	LITHOTRIPTER	3954	OTHER ANCILLARY SERVICE COST CENTERS
59.40	COLO-RECTAL CENTER	3955	OTHER ANCILLARY SERVICE COST CENTERS
59.45	GASTROENTEROLOGY LAB	3957	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETES CARE CENTER	6001	CLINIC
60.02	OUTPATIENT CENTER	6002	CLINIC
60.03	PAIN CLINIC	6003	CLINIC
60.04	CARDIAC CONDITIONING	6004	CLINIC
60.05	WOUND CARE CENTER	6005	CLINIC
60.06	ANTI-COAG LAB	6006	CLINIC
60.07	HEART RISK ASSESSMENT	6007	CLINIC
60.20	IN-VITRO FERTILIZATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
69	CORF	6900	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	CHILD DAY CARE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	LAUREATE DAY SCHOOL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140223

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		419,366
2 DRUGS CHARGED TO PATIENT	B	DRUGS CHARGED TO PATIENTS	56		16,850,948
3 HLS BILLS	C	LAUNDRY & LINEN SERVICE	9		2,223,771
4 RADIOLOGY ADMIN	D	RADIOLOGY-THERAPEUTIC	42	132,953	122,661
5		RADIOISOTOPE	43	91,377	84,303
6 RECLASS DEPR EXPENSE	E	OLD CAP REL COSTS-BLDG & FIXT	1		11,146,357
7		OLD CAP REL COSTS-MVBLE EQUIP	2		8,613,088
8 RECLASS NEW CAPITAL COSTS	F	NEW CAP REL COSTS-BLDG & FIXT	3		10,034,269
9		NEW CAP REL COSTS-MVBLE EQUIP	4		8,502,836
10 RECLASS CAPITALIZED LEASE DEPR.	G	OTHER ADMINISTRATIVE AND GENERAL	6.06		380,232
11 RECLASS CAPITALIZED LEASE INTEREST	H	NEW CAP REL COSTS-MVBLE EQUIP	4		81,878
12 RECLASS BLDG DEPR EXPENSE	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		246,075
13					
14 RECLASS BUILDING RENT	J	OLD CAP REL COSTS-BLDG & FIXT	1		5,913,640
15		NEW CAP REL COSTS-BLDG & FIXT	3		275,550
16					
17					
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33					
34					
35 RECLASSIFY INTEREST EXPENSE	K	OLD CAP REL COSTS-BLDG & FIXT	1		1,454,693
1 RECLASSIFY INTEREST EXPENSE	K	NEW CAP REL COSTS-BLDG & FIXT	3		854,904
2		OLD CAP REL COSTS-MVBLE EQUIP	2		206,234
3		NEW CAP REL COSTS-MVBLE EQUIP	4		262,385
4 RECLASS NON-PARAMEDIC COSTS	L	OTHER ADMINISTRATIVE AND GENERAL	6.06	789,401	28,928
5 RECLASS REHAB ADMIN PERSONNEL	M	PHYSICAL THERAPY	50	43,286	5,609
6		OCCUPATIONAL THERAPY	51	72,383	9,379
7 RECLASS NURSERY COSTS	O	NURSERY	33	1,503,359	984,861
8 RECLASS CAFETERIA COSTS	Q	CAFETERIA	12	1,403,610	1,420,764
9 RECLASS CAFETERIA REVENUE OFFSET	R	DIETARY	11		1,923,688
10 RECLASS DEPT MANAGERS FROM CC1013	S	MAINTENANCE & REPAIRS	7	143,402	
11		NURSING ADMINISTRATION	14	111,925	
12		SOCIAL SERVICE	18	36,135	
13		SUBPROVIDER	31	25,854	
14		SUBPROVIDER II	31.01	75,145	
15		OPERATING ROOM	37	105,391	
16		RADIOLOGY-DIAGNOSTIC	41	94,750	
17		RADIOLOGY-THERAPEUTIC	42	17,338	
18		RADIOISOTOPE	43	12,822	
19		ELECTROENCEPHALOGRAPHY	54	7,487	
20		ASC (NON-DISTINCT PART)	58	10,613	
21		REHAB MEDICINE	59	13,724	
22		DAY HOSPITAL	59.20	12,615	
23		GASTROENTEROLOGY LAB	59.45	8,340	
24		OUTPATIENT CENTER	60.02	1,335	
25		PAIN CLINIC	60.03	588	
26 RECLASS PARAMED EDUC-PHARMACY	T	PARAMED ED PRGM-PHARMACY	24.01	147,990	20,308
27					
28 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS	25	353,367	
29		OTHER ADMINISTRATIVE AND GENERAL	6.06		95,091
30 REVERSE INTERNAL CASE CART CHARGEBAC	Y	CENTRAL SERVICES & SUPPLY	15		987,770
31					
32					
33					
34					
35 RECLASS DEPR EXPENSE	Z	OTHER ADMINISTRATIVE AND GENERAL	6.06		7,842,466

RECLASSIFICATIONS

PROVIDER NO: 140223	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/27/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RECLASS DEPR EXPENSE	Z				
2					
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1 RECLASS DEPR EXPENSE	Z			
2				
3				
4				
5				
6				
7				
8 MEDICAL SUPPLY COST	AA	CENTRAL SERVICES & SUPPLY	15	56,002,939
		PARAMED ED PRGM-(SPECIFY)	24	138
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	150
9				
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RECLASSIFICATIONS

PROVIDER NO:
140223

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLY COST	AA				
2					
3					
4					
5					
6					
7					
8					
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10					
11					
12					
13					
14					
15					
16					
36 TOTAL RECLASSIFICATIONS				5,215,190	136,995,281

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLY CHARGED TO PATIENT	A	CENTRAL SERVICES & SUPPLY	15		419,366	
2 DRUGS CHARGED TO PATIENT	B	PHARMACY	16		16,850,948	
3 HLS BILLS	C	HOUSEKEEPING	10		2,223,771	
4 RADIOLOGY ADMIN	D	RADIOLOGY-DIAGNOSTIC	41	224,330	206,964	
5						
6 RECLASS DEPR EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		19,759,445	9
7						9
8 RECLASS NEW CAPITAL COSTS	F	OLD CAP REL COSTS-BLDG & FIXT	1		10,034,269	9
9		OLD CAP REL COSTS-MVBLE EQUIP	2		8,502,836	9
10 RECLASS CAPITALIZED LEASE DEPR.	G	RADIOLOGY-DIAGNOSTIC	41		380,232	9
11 RECLASS CAPITALIZED LEASE INTEREST	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		81,878	11
12 RECLASS BLDG DEPR EXPENSE	I	MAINTENANCE & REPAIRS	7		72,932	9
13		RADIOLOGY-DIAGNOSTIC	41		173,143	9
14 RECLASS BUILDING RENT	J	OTHER ADMINISTRATIVE AND GENERAL	6.06		843,872	10
15		CASHIERING, ACCT REC & COLL	6.05		22,454	10
16		MAINTENANCE & REPAIRS	7		163,735	10
17		NURSING ADMINISTRATION	14		29,595	10
18		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		44,644	10
19		OPERATING ROOM	37		41,831	10
20		RADIOLOGY-DIAGNOSTIC	41		2,309,591	10
21		RADIOLOGY-THERAPEUTIC	42		1,067,535	10
22		RADIOISOTOPE	43		228,164	10
23		OCCUPATIONAL THERAPY	51		592,944	10
24		ELECTROCARDIOLOGY	53		19,960	10
25		ELECTROENCEPHALOGRAPHY	54		90,721	10
26		REHAB MEDICINE	59		47,936	10
27		DAY HOSPITAL	59.20		290,439	10
28		OUTPATIENT CENTER	60.02		36,933	10
29		PAIN CLINIC	60.03		44,323	10
30		CARDIAC CONDITIONING	60.04		35,934	10
31		ANTI-COAG LAB	60.06		35,704	10
32		HEART RISK ASSESSMENT	60.07		27,077	10
33		EMERGENCY	61		89,928	10
34		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		125,870	10
35 RECLASSIFY INTEREST EXPENSE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		2,778,216	11
1 RECLASSIFY INTEREST EXPENSE	K					11
2						11
3						11
4 RECLASS NON-PARAMEDIC COSTS	L	PARAMED ED PRGM-(SPECIFY)	24	789,401	28,928	
5 RECLASS REHAB ADMIN PERSONNEL	M	SUBPROVIDER II	31.01	115,669	14,988	
6						
7 RECLASS NURSERY COSTS	O	ADULTS & PEDIATRICS	25	1,503,359	984,861	
8 RECLASS CAFETERIA COSTS	Q	DIETARY	11	1,403,610	1,420,764	
9 RECLASS CAFETERIA REVENUE OFFSET	R	CAFETERIA	12		1,923,688	
10 RECLASS DEPT MANAGERS FROM CC1013	S	OTHER ADMINISTRATIVE AND GENERAL	6.06	677,464		
11						
12						
13						
14						
15						
16						
17						
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20						
21						
22						
23						
24						
25						
26 RECLASS PARAMED EDUC-PHARMACY	T	PHARMACY	16	144,203	20,120	
27		OTHER ADMINISTRATIVE AND GENERAL	6.06	3,787	188	
28 RECLASS CHILD LIFE/PRENATAL	U	ADULTS & PEDIATRICS	25		95,091	
29		OTHER ADMINISTRATIVE AND GENERAL	6.06	353,367		
30 REVERSE INTERNAL CASE CART CHARGEBAC	Y	OPERATING ROOM	37		892,812	
31		DELIVERY ROOM & LABOR ROOM	39		58,182	
32		RADIOLOGY-DIAGNOSTIC	41		15,896	
33		ASC (NON-DISTINCT PART)	58		8,667	
34		CARDIAC LAB	59.10		12,213	
35 RECLASS DEPR EXPENSE	Z	EMPLOYEE BENEFITS	5		838	9

RECLASSIFICATIONS

PROVIDER NO:
140223

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RECLASS DEPR EXPENSE	Z	PURCHASING, RECEIVING & STORES	6.03		1,540	9
2		CASHIERING, ACCT REC & COLL	6.05		63,964	9
3		MAINTENANCE & REPAIRS	7		100,410	9
4		HOUSEKEEPING	10		16,816	9
5		DIETARY	11		90,050	9
6		NURSING ADMINISTRATION	14		21,295	9
7		CENTRAL SERVICES & SUPPLY	15		111,632	9
8		PHARMACY	16		206,979	9
9		MEDICAL RECORDS & LIBRARY	17		11,404	9
10		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		17,801	9
11		PARAMED ED PRGM-(SPECIFY)	24		947	9
12		ADULTS & PEDIATRICS	25		609,558	9
13		INTENSIVE CARE UNIT	26		106,604	9
14		CORONARY CARE UNIT	27		70,785	9
15		NEONATAL CARE UNIT	27.01		370,234	9
16		SUBPROVIDER	31		15,129	9
17		SUBPROVIDER II	31.01		28,234	9
18		OPERATING ROOM	37		1,737,304	9
19		RECOVERY ROOM	38		49,714	9
20		DELIVERY ROOM & LABOR ROOM	39		118,018	9
21		ANESTHESIOLOGY	40		315,940	9
22		RADIOLOGY-DIAGNOSTIC	41		1,406,739	9
23		RADIOLOGY-THERAPEUTIC	42		187,315	9
24		RADIOISOTOPE	43		308,806	9
25		RESPIRATORY THERAPY	49		186,675	9
26		PHYSICAL THERAPY	50		6,726	9
27		OCCUPATIONAL THERAPY	51		48,176	9
28		ELECTROCARDIOLOGY	53		362,564	9
29		ELECTROENCEPHALOGRAPHY	54		51,921	9
30		RENAL DIALYSIS	57		25,637	9
31		ASC (NON-DISTINCT PART)	58		207,997	9
32		CARDIAC LAB	59.10		540,474	9
33		DAY HOSPITAL	59.20		453	9
34		REHAB MEDICINE	59		83	9
35		GASTROENTEROLOGY LAB	59.45		225,496	9
1 RECLASS DEPR EXPENSE	Z	OUTPATIENT CENTER	60.02		3,172	9
2		PAIN CLINIC	60.03		329	9
3		CARDIAC CONDITIONING	60.04		15,430	9
4		ANTI-COAG LAB	60.06		140	9
5		HEART RISK ASSESSMENT	60.07		21,882	9
6		EMERGENCY	61		172,276	9
7		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		4,979	9
8 MEDICAL SUPPLY COST	AA	EMPLOYEE BENEFITS	5		5	
9		PURCHASING, RECEIVING & STORES	6.03		1,608	
10		CASHIERING, ACCT REC & COLL	6.05		38,057	
11		OTHER ADMINISTRATIVE AND GENERAL	6.06		4,154	
12		MAINTENANCE & REPAIRS	7		109,364	
13		HOUSEKEEPING	10		88,836	
14		DIETARY	11		3,443	
15		NURSING ADMINISTRATION	14		3,311	
16		PHARMACY	16		405,978	
17		MEDICAL RECORDS & LIBRARY	17		265	
18		SOCIAL SERVICE	18		34	
19		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		10,261	
20		ADULTS & PEDIATRICS	25		2,288,220	
21		INTENSIVE CARE UNIT	26		608,504	
22		CORONARY CARE UNIT	27		592,143	
23		NEONATAL CARE UNIT	27.01		507,196	
24		SUBPROVIDER	31		31,774	
25		SUBPROVIDER II	31.01		146,323	
26		OPERATING ROOM	37		34,145,009	
27		RECOVERY ROOM	38		45,453	
28		DELIVERY ROOM & LABOR ROOM	39		880,089	
29		ANESTHESIOLOGY	40		930,001	
30		RADIOLOGY-DIAGNOSTIC	41		3,454,720	
31		RADIOLOGY-THERAPEUTIC	42		57,691	
32		RADIOISOTOPE	43		53,274	
33		RESPIRATORY THERAPY	49		1,152,506	
34		PHYSICAL THERAPY	50		156,670	
35		OCCUPATIONAL THERAPY	51		706,032	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLY COST	AA	ELECTROCARDIOLOGY	53		65,736	
2		ELECTROENCEPHALOGRAPHY	54		81,404	
3		RENAL DIALYSIS	57		255,123	
4		ASC (NON-DISTINCT PART)	58		1,539,806	
5		REHAB MEDICINE	59		4,592	
6		CARDIAC LAB	59.10		5,556,330	
7		DAY HOSPITAL	59.20		836	
8		GASTROENTEROLOGY LAB	59.45		825,740	
9		DIABETES CARE CENTER	60.01		2	
10		OUTPATIENT CENTER	60.02		14,840	
11		PAIN CLINIC	60.03		33,243	
12		CARDIAC CONDITIONING	60.04		7,773	
13		WOUND CARE CENTER	60.05		18,549	
14		ANTI-COAG LAB	60.06		64,286	
15		HEART RISK ASSESSMENT	60.07		4,300	
16		EMERGENCY	61		1,109,746	
36 TOTAL RECLASSIFICATIONS					5,215,190	136,995,281

(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:
140223

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/27/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLY CHARGED TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	419,366	CENTRAL SERVICES & SUPPLY	15	419,366	
TOTAL RECLASSIFICATIONS FOR CODE A			419,366				419,366

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED TO PATIENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	16,850,948	PHARMACY	16	16,850,948	
TOTAL RECLASSIFICATIONS FOR CODE B			16,850,948				16,850,948

RECLASS CODE: C
EXPLANATION : HLS BILLS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	2,223,771	HOUSEKEEPING	10	2,223,771	
TOTAL RECLASSIFICATIONS FOR CODE C			2,223,771				2,223,771

RECLASS CODE: D
EXPLANATION : RADIOLOGY ADMIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-THERAPEUTIC	42	255,614	RADIOLOGY-DIAGNOSTIC	41	431,294	
2.00	RADIOISOTOPE	43	175,680			0	
TOTAL RECLASSIFICATIONS FOR CODE D			431,294				431,294

RECLASS CODE: E
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	11,146,357	OTHER ADMINISTRATIVE AND GENER	6.06	19,759,445	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,613,088			0	
TOTAL RECLASSIFICATIONS FOR CODE E			19,759,445				19,759,445

RECLASS CODE: F
EXPLANATION : RECLASS NEW CAPITAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,034,269	OLD CAP REL COSTS-BLDG & FIXT	1	10,034,269	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,502,836	OLD CAP REL COSTS-MVBLE EQUIP	2	8,502,836	
TOTAL RECLASSIFICATIONS FOR CODE F			18,537,105				18,537,105

RECLASS CODE: G
EXPLANATION : RECLASS CAPITALIZED LEASE DEPR.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	380,232	RADIOLOGY-DIAGNOSTIC	41	380,232	
TOTAL RECLASSIFICATIONS FOR CODE G			380,232				380,232

RECLASS CODE: H
EXPLANATION : RECLASS CAPITALIZED LEASE INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	81,878	OTHER ADMINISTRATIVE AND GENER	6.06	81,878	
TOTAL RECLASSIFICATIONS FOR CODE H			81,878				81,878

RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	246,075	MAINTENANCE & REPAIRS	7	72,932	

RECLASSIFICATIONS

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RECLASS CODE: I
EXPLANATION : RECLASS BLDG DEPR EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			246,075

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	173,143	
		246,075	

RECLASS CODE: J
EXPLANATION : RECLASS BUILDING RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,913,640
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	275,550
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			6,189,190

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	843,872	
CASHIERING, ACCT REC & COLL	6.05	22,454	
MAINTENANCE & REPAIRS	7	163,735	
NURSING ADMINISTRATION	14	29,595	
I&R SERVICES-OTHER PRGM COSTS	23	44,644	
OPERATING ROOM	37	41,831	
RADIOLOGY-DIAGNOSTIC	41	2,309,591	
RADIOLOGY-THERAPEUTIC	42	1,067,535	
RADIOISOTOPE	43	228,164	
OCCUPATIONAL THERAPY	51	592,944	
ELECTROCARDIOLOGY	53	19,960	
ELECTROENCEPHALOGRAPHY	54	90,721	
REHAB MEDICINE	59	47,936	
DAY HOSPITAL	59.20	290,439	
OUTPATIENT CENTER	60.02	36,933	
PAIN CLINIC	60.03	44,323	
CARDIAC CONDI TIONING	60.04	35,934	
ANTI-COAG LAB	60.06	35,704	
HEART RISK ASSESSMENT	60.07	27,077	
EMERGENCY	61	89,928	
GIFT, FLOWER, COFFEE SHOP & CA	96	125,870	
		6,189,190	

RECLASS CODE: K
EXPLANATION : RECLASSIFY INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,454,693
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	854,904
3.00	OLD CAP REL COSTS-MVBLE EQUIP	2	206,234
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	262,385
TOTAL RECLASSIFICATIONS FOR CODE K			2,778,216

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	2,778,216	
		0	
		0	
		0	
		2,778,216	

RECLASS CODE: L
EXPLANATION : RECLASS NON-PARAMEDIC COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	818,329
TOTAL RECLASSIFICATIONS FOR CODE L			818,329

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PARAMED ED PRGM-(SPECIFY)	24	818,329	
		818,329	

RECLASS CODE: M
EXPLANATION : RECLASS REHAB ADMIN PERSONNEL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	48,895
2.00	OCCUPATIONAL THERAPY	51	81,762
TOTAL RECLASSIFICATIONS FOR CODE M			130,657

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER II	31.01	130,657	
		0	
		130,657	

RECLASS CODE: O
EXPLANATION : RECLASS NURSERY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,488,220
TOTAL RECLASSIFICATIONS FOR CODE O			2,488,220

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,488,220	
		2,488,220	

RECLASS CODE: Q
EXPLANATION : RECLASS CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	2,824,374
TOTAL RECLASSIFICATIONS FOR CODE Q			2,824,374

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	2,824,374	
		2,824,374	

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RECLASS CODE: R
EXPLANATION : RECLASS CAFETERIA REVENUE OFFSET

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	1,923,688	CAFETERIA	12	1,923,688	
TOTAL RECLASSIFICATIONS FOR CODE R			1,923,688				1,923,688

RECLASS CODE: S
EXPLANATION : RECLASS DEPT MANAGERS FROM CC1013

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MAINTENANCE & REPAIRS	7	143,402	OTHER ADMINISTRATIVE AND GENER	6.06	677,464	
2.00	NURSING ADMINISTRATION	14	111,925			0	
3.00	SOCIAL SERVICE	18	36,135			0	
4.00	SUBPROVIDER	31	25,854			0	
5.00	SUBPROVIDER II	31.01	75,145			0	
6.00	OPERATING ROOM	37	105,391			0	
7.00	RADIOLOGY-DIAGNOSTIC	41	94,750			0	
8.00	RADIOLOGY-THERAPEUTIC	42	17,338			0	
9.00	RADIOISOTOPE	43	12,822			0	
10.00	ELECTROENCEPHALOGRAPHY	54	7,487			0	
11.00	ASC (NON-DISTINCT PART)	58	10,613			0	
12.00	REHAB MEDICINE	59	13,724			0	
13.00	DAY HOSPITAL	59.20	12,615			0	
14.00	GASTROENTEROLOGY LAB	59.45	8,340			0	
15.00	OUTPATIENT CENTER	60.02	1,335			0	
16.00	PAIN CLINIC	60.03	588			0	
TOTAL RECLASSIFICATIONS FOR CODE S			677,464				677,464

RECLASS CODE: T
EXPLANATION : RECLASS PARAMED EDUC-PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM-PHARMACY	24.01	168,298	PHARMACY	16	164,323	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	3,975	
TOTAL RECLASSIFICATIONS FOR CODE T			168,298				168,298

RECLASS CODE: U
EXPLANATION : RECLASS CHILD LIFE/PRENATAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	353,367	ADULTS & PEDIATRICS	25	95,091	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	95,091	OTHER ADMINISTRATIVE AND GENER	6.06	353,367	
TOTAL RECLASSIFICATIONS FOR CODE U			448,458				448,458

RECLASS CODE: Y
EXPLANATION : REVERSE INTERNAL CASE CART CHARGEBAC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	987,770	OPERATING ROOM	37	892,812	
2.00			0	DELIVERY ROOM & LABOR ROOM	39	58,182	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	15,896	
4.00			0	ASC (NON-DISTINCT PART)	58	8,667	
5.00			0	CARDIAC LAB	59.10	12,213	
TOTAL RECLASSIFICATIONS FOR CODE Y			987,770				987,770

RECLASS CODE: Z
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	7,842,466	EMPLOYEE BENEFITS	5	838	
2.00			0	PURCHASING, RECEIVING & STORES	6.03	1,540	
3.00			0	CASHIERING, ACCT REC & COLL	6.05	63,964	
4.00			0	MAINTENANCE & REPAIRS	7	100,410	
5.00			0	HOUSEKEEPING	10	16,816	
6.00			0	DIETARY	11	90,050	
7.00			0	NURSING ADMINISTRATION	14	21,295	
8.00			0	CENTRAL SERVICES & SUPPLY	15	111,632	
9.00			0	PHARMACY	16	206,979	

RECLASSIFICATIONS

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NOT A CMS WORKSHEET

RECLASS CODE: Z
EXPLANATION : RECLASS DEPR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
10.00			0	MEDICAL RECORDS & LIBRARY	17	11,404	
11.00			0	I&R SERVICES-OTHER PRGM COSTS	23	17,801	
12.00			0	PARAMED ED PRGM-(SPECIFY)	24	947	
13.00			0	ADULTS & PEDIATRICS	25	609,558	
14.00			0	INTENSIVE CARE UNIT	26	106,604	
15.00			0	CORONARY CARE UNIT	27	70,785	
16.00			0	NEONATAL CARE UNIT	27.01	370,234	
17.00			0	SUBPROVIDER	31	15,129	
18.00			0	SUBPROVIDER II	31.01	28,234	
19.00			0	OPERATING ROOM	37	1,737,304	
20.00			0	RECOVERY ROOM	38	49,714	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	118,018	
22.00			0	ANESTHESIOLOGY	40	315,940	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	1,406,739	
24.00			0	RADIOLOGY-THERAPEUTIC	42	187,315	
25.00			0	RADIOISOTOPE	43	308,806	
26.00			0	RESPIRATORY THERAPY	49	186,675	
27.00			0	PHYSICAL THERAPY	50	6,726	
28.00			0	OCCUPATIONAL THERAPY	51	48,176	
29.00			0	ELECTROCARDIOLOGY	53	362,564	
30.00			0	ELECTROENCEPHALOGRAPHY	54	51,921	
31.00			0	RENAL DIALYSIS	57	25,637	
32.00			0	ASC (NON-DISTINCT PART)	58	207,997	
33.00			0	CARDIAC LAB	59.10	540,474	
34.00			0	DAY HOSPITAL	59.20	453	
35.00			0	REHAB MEDICINE	59	83	
36.00			0	GASTROENTEROLOGY LAB	59.45	225,496	
37.00			0	OUTPATIENT CENTER	60.02	3,172	
38.00			0	PAIN CLINIC	60.03	329	
39.00			0	CARDIAC CONDITIONING	60.04	15,430	
40.00			0	ANTI-COAG LAB	60.06	140	
41.00			0	HEART RISK ASSESSMENT	60.07	21,882	
42.00			0	EMERGENCY	61	172,276	
43.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	4,979	
TOTAL RECLASSIFICATIONS FOR CODE Z			7,842,466				7,842,466

RECLASS CODE: AA
EXPLANATION : MEDICAL SUPPLY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	56,002,939	EMPLOYEE BENEFITS	5	5	
2.00	PARAMED ED PRGM-(SPECIFY)	24	138	PURCHASING, RECEIVING & STORES	6.03	1,608	
3.00	GIFT, FLOWER, COFFEE SHOP & CA	96	150	CASHIERING, ACCT REC & COLL	6.05	38,057	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	4,154	
5.00			0	MAINTENANCE & REPAIRS	7	109,364	
6.00			0	HOUSEKEEPING	10	88,836	
7.00			0	DIETARY	11	3,443	
8.00			0	NURSING ADMINISTRATION	14	3,311	
9.00			0	PHARMACY	16	405,978	
10.00			0	MEDICAL RECORDS & LIBRARY	17	265	
11.00			0	SOCIAL SERVICE	18	34	
12.00			0	I&R SERVICES-OTHER PRGM COSTS	23	10,261	
13.00			0	ADULTS & PEDIATRICS	25	2,288,220	
14.00			0	INTENSIVE CARE UNIT	26	608,504	
15.00			0	CORONARY CARE UNIT	27	592,143	
16.00			0	NEONATAL CARE UNIT	27.01	507,196	
17.00			0	SUBPROVIDER	31	31,774	
18.00			0	SUBPROVIDER II	31.01	146,323	
19.00			0	OPERATING ROOM	37	34,145,009	
20.00			0	RECOVERY ROOM	38	45,453	
21.00			0	DELIVERY ROOM & LABOR ROOM	39	880,089	
22.00			0	ANESTHESIOLOGY	40	930,001	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	3,454,720	
24.00			0	RADIOLOGY-THERAPEUTIC	42	57,691	
25.00			0	RADIOISOTOPE	43	53,274	
26.00			0	RESPIRATORY THERAPY	49	1,152,506	
27.00			0	PHYSICAL THERAPY	50	156,670	
28.00			0	OCCUPATIONAL THERAPY	51	706,032	
29.00			0	ELECTROCARDIOLOGY	53	65,736	
30.00			0	ELECTROENCEPHALOGRAPHY	54	81,404	
31.00			0	RENAL DIALYSIS	57	255,123	
32.00			0	ASC (NON-DISTINCT PART)	58	1,539,806	
33.00			0	REHAB MEDICINE	59	4,592	

RECLASSIFICATIONS

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RECLASS CODE: AA
EXPLANATION : MEDICAL SUPPLY COST

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
42.00			0
43.00			0
44.00			0
TOTAL RECLASSIFICATIONS FOR CODE AA			56,003,227

----- DECREASE -----		----- DECREASE -----	
COST CENTER	LINE	AMOUNT	
CARDIAC LAB	59.10	5,556,330	
DAY HOSPITAL	59.20	836	
GASTROENTEROLOGY LAB	59.45	825,740	
DIABETES CARE CENTER	60.01	2	
OUTPATIENT CENTER	60.02	14,840	
PAIN CLINIC	60.03	33,243	
CARDIAC CONDITIONING	60.04	7,773	
WOUND CARE CENTER	60.05	18,549	
ANTI-COAG LAB	60.06	64,286	
HEART RISK ASSESSMENT	60.07	4,300	
EMERGENCY	61	1,109,746	
			56,003,227

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	211,158					211,158	
2	LAND IMPROVEMENTS	1,252,008					1,252,008	1,173,208
3	BUILDINGS & FIXTURE	82,759,842	668,982		668,982		83,428,824	41,718,091
4	BUILDING IMPROVEMENT	300,744					300,744	300,744
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	19,648,367	-143,576		-143,576	80,427	19,424,364	19,143,741
7	SUBTOTAL	104,172,119	525,406		525,406	80,427	104,617,098	62,335,784
8	RECONCILING ITEMS							
9	TOTAL	104,172,119	525,406		525,406	80,427	104,617,098	62,335,784

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	402,000					402,000	
2	LAND IMPROVEMENTS	4,800,372	108,223		108,223		4,908,595	824,832
3	BUILDINGS & FIXTURE	233,127,681	93,563,465		93,563,465		326,691,146	12,911,284
4	BUILDING IMPROVEMENT	2,340,730	2,513,384		2,513,384		4,854,114	1,780,485
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	113,181,295	9,532,740		9,532,740	4,502,871	118,211,164	59,541,089
7	SUBTOTAL	353,852,078	105,717,812		105,717,812	4,502,871	455,067,019	75,057,690
8	RECONCILING ITEMS	68,871,258	87,911,184		87,911,184		156,782,442	
9	TOTAL	284,980,820	17,806,628		17,806,628	4,502,871	298,284,577	75,057,690

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	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,742,475	5,964,033	1,454,693				9,161,201
2	OLD CAP REL COSTS-MV	63,733		206,234				269,967
3	NEW CAP REL COSTS-BL	11,194,306	275,550	854,904				12,324,760
4	NEW CAP REL COSTS-MV	12,437,069		344,263				12,781,332
5	TOTAL	25,437,583	6,239,583	2,860,094				34,537,260

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		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							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			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	A	-181,863	OTHER ADMINI STRATIVE AND	6.06	
10 TELEVISION AND RADIO SERVICE	A	-163,841	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-11,331,102			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,724,934			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,923,688	DIETARY	11	
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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	670,529	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP	A	-60,945	OLD CAP REL COSTS-MVBLE E	2	9
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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
37.01					
37.02 MARKETING COSTS	A	-547,951	OTHER ADMINI STRATIVE AND	6.06	
37.03 COMMUNITY RELATIONS	A	-134,814	OTHER ADMINI STRATIVE AND	6.06	
37.04 BAD DEBT EXPENSE	A	-15,999,000	CASHIERING, ACCT REC & CO	6.05	
37.05 BAD DEBT EXPENSE	A	-19,000	OTHER ADMINI STRATIVE AND	6.06	
37.06 INSOLVENT HMO RESERVE	A	1,101,540	CASHIERING, ACCT REC & CO	6.05	
37.07 MISC LEGAL FEES	A	-798	OTHER ADMINI STRATIVE AND	6.06	
37.08 CLAIM SETTLEMENT	A	-20,000	OTHER ADMINI STRATIVE AND	6.06	
37.09 HPO ADMIN FEES	A	-1,550,549	OTHER ADMINI STRATIVE AND	6.06	
37.10 PHYSICIAN SERP INCENTIVE	A	-97,800	EMPLOYEE BENEFITS	5	
37.11 AMG NICU OUTREACH	A	-8,904	OTHER ADMINI STRATIVE AND	6.06	
37.12 FITNESS CENTER SUPPORT/INTER-CO MARK	A	-284,263	OTHER ADMINI STRATIVE AND	6.06	
37.13 PUBLIC AID ASSESSMENT EXPENSE	A	-8,732,638	OTHER ADMINI STRATIVE AND	6.06	
37.14 PUBLIC AID ASSESSMENT EXPENSE	A	-9,783,181	CASHIERING, ACCT REC & CO	6.05	
37.15 RESEARCH COSTS IN EXCESS OF FUNDING	A	-558,055	OTHER ADMINI STRATIVE AND	6.06	
37.16 OFFSET MEN'S ASSOCIATION	A	-3,790	OTHER ADMINI STRATIVE AND	6.06	
37.17 ADJUST WOMEN'S HEALTH OFFSET	A	-90,985	OTHER ADMINI STRATIVE AND	6.06	
37.18 CENTER FOR PEDS BRAIN TUMOR	A	-72,212	OTHER ADMINI STRATIVE AND	6.06	
37.19 ADJUST PARAMEDIC CHAPLAINCY FICA	A	-2,748	PARAMED ED PRGM-(SPECIFY)	24	
37.20 PENSION	A	-3,693,000	EMPLOYEE BENEFITS	5	
37.21 PARKING LOST COSTS	A	-1,044,667	MAINTENANCE & REPAIRS	7	
37.22 LOBBYING COSTS	A	-67,483	OTHER ADMINI STRATIVE AND	6.06	
37.23 ADJUST GL INT EXPENSE TO ACTUAL	A	23,049	OTHER ADMINI STRATIVE AND	6.06	11
37.24 UNNECESSARY INTEREST EXPENSE	A	-2,952,015	OTHER ADMINI STRATIVE AND	6.06	11
37.25 PRIOR YEARS MEDICARE WORKPAPER	A	-68,416	OLD CAP REL COSTS-BLDG &	1	9
37.26 ADJUST PARKSIDE RENT TO COST	A	50,393	OLD CAP REL COSTS-BLDG &	1	10
37.27					
37.28					
37.29					
37.30					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47 MISC INC	B	-12,956	PURCHASING, RECEIVING & S	6.03	
47.01 MISC INC	B	-8,160	CASHIERING, ACCT REC & CO	6.05	
47.02 MISC INC	B	-4,189,883	OTHER ADMINI STRATIVE AND	6.06	
47.03 MISC INC	B	-53,118	MAINTENANCE & REPAIRS	7	
47.04 MISC INC	B	-5,967	HOUSEKEEPING	10	
47.05 MISC INC	B	-131,037	DIETARY	11	
47.06 MISC INC	B	-11,382	NURSING ADMINI STRATION	14	
47.07 MISC INC	B	-127,587	PHARMACY	16	
47.08 MISC INC	B	-43,392	MEDICAL RECORDS & LIBRARY	17	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
47.09	MI SC INC	B	-54,797	SOCIAL SERVICE	18
47.10	MI SC INC	B	-238,164	I&R SERVICES-OTHER PRGM C	23
47.11	MI SC INC	B	-68,776	PARAMED ED PRGM-(SPECIFY)	24
47.13	MI SC INC	B	-11,028	ADULTS & PEDIATRICS	25
47.14	MI SC INC	B	-46,594	CORONARY CARE UNIT	27
47.15	MI SC INC	B	-35,776	SUBPROVIDER	31
47.16	MI SC INC	B	-53,010	SUBPROVIDER II	31.01
47.17	MI SC INC	B	-76,192	NEONATAL CARE UNIT	27.01
47.18	MI SC INC	B	-19,462	OPERATING ROOM	37
47.19	MI SC INC	B	-1,739	DELIVERY ROOM & LABOR ROO	39
47.20	MI SC INC	B	-77,618	RADIOLOGY-DIAGNOSTIC	41
47.21	MI SC INC	B	-113,080	RADIOLOGY-THERAPEUTIC	42
47.22	MI SC INC	B	-835	RESPIRATORY THERAPY	49
47.23	MI SC INC	B	-39,557	OCCUPATIONAL THERAPY	51
47.24	MI SC INC	B	-695	ELECTROENCEPHALOGRAPHY	54
47.25	MI SC INC	B	-2,362	ASC (NON-DISTINCT PART)	58
47.26	MI SC INC	B	-19,077	DAY HOSPITAL	59.20
47.27	MI SC INC	B	-9,675	REHAB MEDICINE	59
47.28	MI SC INC	B	-8,240	GASTROENTEROLOGY LAB	59.45
47.29	MI SC INC	B	-32,284	EMERGENCY	61
47.30	MI SC INC	B	-520	PAIN CLINIC	60.03
47.31	MI SC INC	B	-1,300	ANTI-COAG LAB	60.06
47.32	MI SC INC	B	-10,900	HEART RISK ASSESSMENT	60.07
47.33					
47.34					
47.35	FOOD&BEV	A	-1,521	EMPLOYEE BENEFITS	5
48	FOOD&BEV	A	-496	CASHIERING, ACCT REC & CO	6.05
48.01	FOOD&BEV	A	-28,128	OTHER ADMINISTRATIVE AND	6.06
48.02	FOOD&BEV	A	-944	MAINTENANCE & REPAIRS	7
48.03	FOOD&BEV	A	-250	HOUSEKEEPING	10
48.04	FOOD&BEV	A	-328	DIETARY	11
48.05	FOOD&BEV	A	-1,300	NURSING ADMINISTRATION	14
48.10	FOOD&BEV	A	-481	PHARMACY	16
48.11	FOOD&BEV	A	-141	SOCIAL SERVICE	18
48.12	FOOD&BEV	A	-12,186	I&R SERVICES-OTHER PRGM C	23
48.13	FOOD&BEV	A	-243	ADULTS & PEDIATRICS	25
48.14	FOOD&BEV	A	-381	SUBPROVIDER II	31.01
48.15	FOOD&BEV	A	-1,873	NEONATAL CARE UNIT	27.01
48.16	FOOD&BEV	A	-702	OPERATING ROOM	37
48.17	FOOD&BEV	A	-1,142	RADIOLOGY-DIAGNOSTIC	41
48.18	FOOD&BEV	A	-1,991	RADIOLOGY-THERAPEUTIC	42
48.19	FOOD&BEV	A	-1,930	RESPIRATORY THERAPY	49
48.20	FOOD&BEV	A	-22	PHYSICAL THERAPY	50
48.21	FOOD&BEV	A	-141	OCCUPATIONAL THERAPY	51
48.22	FOOD&BEV	A	-58	ELECTROCARDIOLOGY	53
48.23	FOOD&BEV	A	-39	ASC (NON-DISTINCT PART)	58
48.24	FOOD&BEV	A	-141	CARDIAC LAB	59.10
48.25	FOOD&BEV	A	-203	GASTROENTEROLOGY LAB	59.45
48.26	FOOD&BEV	A	-188	EMERGENCY	61
48.27	FOOD&BEV	A	-243	WOUND CARE CENTER	60.05
48.28	FOOD&BEV	A	-145	GI FT, FLOWER, COFFEE SHOP	96
48.29					
48.30					
48.31					
48.32					
49					
49.01					
49.02	MI SC COSTS	A	-6,049	EMPLOYEE BENEFITS	5
49.03	MI SC COSTS	A	-18	PURCHASING, RECEIVING & S	6.03
49.04	MI SC COSTS	A	1,310	CASHIERING, ACCT REC & CO	6.05
49.05	MI SC COSTS	A	-880,771	OTHER ADMINISTRATIVE AND	6.06
49.06	MI SC COSTS	A	-5,995	MAINTENANCE & REPAIRS	7
49.07	MI SC COSTS	A	-49	HOUSEKEEPING	10
49.08	MI SC COSTS	A	-1,313	DIETARY	11
49.09	MI SC COSTS	A	-70,307	NURSING ADMINISTRATION	14
49.10	MI SC COSTS	A	12	CENTRAL SERVICES & SUPPLY	15
49.11	MI SC COSTS	A	-570	PHARMACY	16
49.12	MI SC COSTS	A	-1,147	MEDICAL RECORDS & LIBRARY	17
49.13	MI SC COSTS	A	-150,796	SOCIAL SERVICE	18
49.14	MI SC COSTS	A	-83,562	I&R SERVICES-OTHER PRGM C	23
49.15	MI SC COSTS	A	-2,970	PARAMED ED PRGM-(SPECIFY)	24
49.16	MI SC COSTS	A	-35,942	ADULTS & PEDIATRICS	25
49.17	MI SC COSTS	A	-9,607	INTENSIVE CARE UNIT	26
49.18	MI SC COSTS	A	-3,289	CORONARY CARE UNIT	27
49.19	MI SC COSTS	A	-5,277	SUBPROVIDER	31
49.20	MI SC COSTS	A	-2,347	SUBPROVIDER II	31.01
49.21	MI SC COSTS	A	-1,570	NEONATAL CARE UNIT	27.01
49.22	MI SC COSTS	A	-6,020	OPERATING ROOM	37
49.23	MI SC COSTS	A	-260	DELIVERY ROOM & LABOR ROO	39
49.24	MI SC COSTS	A	-4,952	RADIOLOGY-DIAGNOSTIC	41
49.25	MI SC COSTS	A	-14,499	RADIOLOGY-THERAPEUTIC	42
49.26	MI SC COSTS	A	-1,615	RADIOISOTOPE	43
49.27	MI SC COSTS	A	-729	RESPIRATORY THERAPY	49
49.28	MI SC COSTS	A	-327	PHYSICAL THERAPY	50
49.29	MI SC COSTS	A	-32,614	OCCUPATIONAL THERAPY	51

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
49.30	MI SC COSTS	A	-102	ELECTROCARDIOLOGY	53
49.31	MI SC COSTS	A	-469	ELECTROENCEPHALOGRAPHY	54
49.32	MI SC COSTS	A	-419	RENAL DIALYSIS	57
49.33	MI SC COSTS	A	-3,537	ASC (NON-DISTINCT PART)	58
49.34	MI SC COSTS	A	-30	CARDIAC LAB	59.10
49.35	MI SC COSTS	A	-1,227	GASTROENTEROLOGY LAB	59.45
49.36	MI SC COSTS	A	-18,575	EMERGENCY	61
49.37	MI SC COSTS	A	-246	CARDIAC CONDITIONING	60.04
49.38	MI SC COSTS	A	-294	ANTI-COAG LAB	60.06
49.39	MI SC COSTS	A	-7,425	GIFT, FLOWER, COFFEE SHOP	96
49.40					
49.41					
49.42	EMPLOYEE RELATIONS	A	-136	CASHIERING, ACCT REC & CO	6.05
49.43	EMPLOYEE RELATIONS	A	-58,346	OTHER ADMINISTRATIVE AND	6.06
49.44	EMPLOYEE RELATIONS	A	-1,128	DIETARY	11
49.45	EMPLOYEE RELATIONS	A	-174	PHARMACY	16
49.46	EMPLOYEE RELATIONS	A	-81	SOCIAL SERVICE	18
49.47	EMPLOYEE RELATIONS	A	-1,331	I&R SERVICES-OTHER PRGM C	23
49.48	EMPLOYEE RELATIONS	A	-7,226	ADULTS & PEDIATRICS	25
49.49	EMPLOYEE RELATIONS	A	-1,048	INTENSIVE CARE UNIT	26
49.50	EMPLOYEE RELATIONS	A	-653	CORONARY CARE UNIT	27
49.51	EMPLOYEE RELATIONS	A	-140	SUBPROVIDER	31
49.52	EMPLOYEE RELATIONS	A	-263	SUBPROVIDER II	31.01
49.53	EMPLOYEE RELATIONS	A	-9,667	NEONATAL CARE UNIT	27.01
49.54	EMPLOYEE RELATIONS	A	-1,300	OPERATING ROOM	37
49.55	EMPLOYEE RELATIONS	A	-51	RECOVERY ROOM	38
49.56	EMPLOYEE RELATIONS	A	-1,395	DELIVERY ROOM & LABOR ROO	39
49.57	EMPLOYEE RELATIONS	A	-766	RADIOLOGY-DIAGNOSTIC	41
49.58	EMPLOYEE RELATIONS	A	-95	RADIOLOGY-THERAPEUTIC	42
49.59	EMPLOYEE RELATIONS	A	-11	ELECTROCARDIOLOGY	53
49.60	EMPLOYEE RELATIONS	A	-85	ASC (NON-DISTINCT PART)	58
49.61	EMPLOYEE RELATIONS	A	-54	CARDIAC LAB	59.10
49.62	EMPLOYEE RELATIONS	A	-20	DAY HOSPITAL	59.20
49.63	EMPLOYEE RELATIONS	A	-134	GASTROENTEROLOGY LAB	59.45
49.64	EMPLOYEE RELATIONS	A	-3,938	EMERGENCY	61
49.65	EMPLOYEE RELATIONS	A	-55	OUTPATIENT CENTER	60.02
49.66	EMPLOYEE RELATIONS	A	-55	PAIN CLINIC	60.03
49.67	EMPLOYEE RELATIONS	A	-17	CARDIAC CONDITIONING	60.04
49.68					
50	TOTAL (SUM OF LINES 1 THRU 49)		-67,275,277		

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & CAPITAL OLD BLDG	28,274		28,274	9
2	2	OLD CAP REL COSTS-MVBLE E CAPITAL OLD EQUIP	14,426		14,426	9
3	3	NEW CAP REL COSTS-BLDG & CAPITAL NEW BLDG	1,160,037		1,160,037	9
4	4	NEW CAP REL COSTS-MVBLE E CAPITAL NEW EQUIP	3,934,233		3,934,233	9
4.01	5	EMPLOYEE BENEFITS BENEFITS	6,200,440		6,200,440	
4.02	6	OTHER ADMINISTRATIVE AND A&G	16,151,949	30,214,293	-14,062,344	
5		TOTALS	27,489,359	30,214,293	-2,724,934	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	100.00	AHCS	100.00	HEALTH CARE	
2		0.00		0.00		
3		0.00		0.00		
4		0.00		0.00		
5		0.00		0.00		

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	AGGREGATE	4,611		4,611	177,200	1	85	4
2 6	6 AGGREGATE	4,299,872	317,218	3,982,654	177,200	1	85	4
3 23	AGGREGATE	6,705,649		6,705,649	177,200	1	85	4
4 31	AGGREGATE	152,499		152,499	154,100	1	74	4
5 27	1 AGGREGATE	1,212		1,212	140,600	1	68	3
6 40	AGGREGATE	97,217		97,217	200,300	1	96	5
7 61	AGGREGATE	70,620		70,620	177,200	1	85	4
8								
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29								
30								
101	TOTAL	11,331,680	317,218	11,014,462		7	578	28

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0223
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/27/2009
 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	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.03	PURCHASING, RECEIVING & STORES	6	PURCHASED	REQUISITIO	ENTERED
6.05	CASHIERING, ACCT REC & COLL	7	GROSS	REVENUES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	S	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS	REVENUES	ENTERED
18	SOCIAL SERVICE	9	PATIENT	DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED	TIME	ENTERED
24.01	PARAMED ED PRGM-PHARMACY	21	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	PURCHASING, RECEIVING & S
	0	1	2	3	4	5	6.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	9,161,201	9,161,201					
003 OLD CAP REL COSTS-MVBLE E	269,967		269,967				
004 NEW CAP REL COSTS-BLDG &	12,324,760			12,324,760			
005 NEW CAP REL COSTS-MVBLE E	12,781,332				12,781,332		
006 EMPLOYEE BENEFITS	48,312,484	92,320	1,522	124,200	128,801	48,659,327	
006 03 PURCHASING, RECEIVING & S	2,167,991	44,040	348	59,248	61,443	281,860	2,614,930
006 05 CASHIERING, ACCT REC & CO	9,195,825	156,037	4,362	209,921	217,697	1,505,320	2,273
006 06 OTHER ADMINISTRATIVE AND	64,554,782	565,987	59,397	761,434	789,641	4,032,331	67,952
007 MAINTENANCE & REPAIRS	19,768,989	1,769,197	5,115	2,380,140	2,468,314	1,207,859	38,802
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	2,223,771						
010 HOUSEKEEPING	5,488,135	83,613	703	112,486	116,653	1,058,176	13,977
011 DIETARY	3,840,239	144,593	1,905	194,524	201,730	458,935	131,843
012 CAFETERIA	900,686	166,395		223,855	232,148	337,230	
014 NURSING ADMINISTRATION	3,669,748	19,479	618	160,738	166,692	774,851	2,681
015 CENTRAL SERVICES & SUPPLY	58,984,214	125,478	6,122	168,809	175,062	468,170	2,279,369
016 PHARMACY	6,573,450	59,152	1,623	79,578	82,526	1,344,871	3,165
017 MEDICAL RECORDS & LIBRARY	4,243,523	66,515	865	89,483	92,798	663,980	2,260
018 SOCIAL SERVICE	1,862,324	16,703	88	22,471	23,303	415,125	89
022 I&R SERVICES-SALARY & FRI	11,277,697					2,213,796	
023 I&R SERVICES-OTHER PRGM C	2,619,109	374,903	4,417	504,365	523,049	548,943	5,302
024 PARAMED PRGM-(SPECIFY)	257,288	14,054	30	18,907	19,608	56,020	70
024 01 PARAMED PRGM-PHARMACY	168,298	1,038		1,396	1,448	35,556	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46,889,135	1,395,907	7,482	1,877,943	1,947,512	10,152,838	11,357
026 INTENSIVE CARE UNIT	7,001,907	143,584	6,167	193,167	200,323	1,312,191	3,041
027 CORONARY CARE UNIT	8,358,561	109,329	1,053	147,083	152,531	1,549,770	2,892
027 01 NEONATAL CARE UNIT	8,995,594	103,705	2,541	139,517	144,686	1,927,429	1,213
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,506,475	251,243	1,315	338,003	350,524	1,225,176	1,592
031 01 SUBPROVIDER II	4,661,939	172,048	649	231,460	240,035	1,011,872	887
033 NURSERY	2,488,220	7,749	817	10,424	10,810	361,196	570
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,923,494	404,227	18,391	543,815	563,961	2,334,648	24,131
038 RECOVERY ROOM	1,820,465	24,412	403	32,842	34,058	395,618	162
039 DELIVERY ROOM & LABOR ROO	4,478,645	244,444	3,788	328,855	341,038	966,274	1,309
040 ANESTHESIOLOGY	906,750	9,923	4,901	13,349	13,844	101,699	214
041 RADIOLOGY-DIAGNOSTIC	19,534,166	615,868	37,905	828,540	859,233	2,740,029	3,297
042 RADIOLOGY-THERAPEUTIC	3,387,446	199,316	26,132	268,145	278,078	577,630	1,523
043 RADIOISOTOPE	2,966,485	68,155	10,544	91,691	95,087	355,406	448
044 LABORATORY	18,775,146	240,974	13,356	324,188	336,198		
046 WHOLE BLOOD & PACKED RED	2,230,128	21,368	445	28,746	29,811		
049 RESPIRATORY THERAPY	4,503,293	26,813	4,827	36,073	37,409	963,937	1,798
050 PHYSICAL THERAPY	4,144,019	19,856	470	26,712	27,702	906,176	413
051 OCCUPATIONAL THERAPY	5,784,073	291,290	2,141	391,879	406,396	1,276,168	1,811
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,822,173	39,365	4,958	52,959	54,921	594,073	1,473
054 ELECTROENCEPHALOGRAPHY	1,380,977	47,558	2,117	63,981	66,352	189,878	471
055 MEDICAL SUPPLIES CHARGED	419,366						
056 DRUGS CHARGED TO PATIENTS	16,850,948						
057 RENAL DIALYSIS	849,069	23,730	867	31,924	33,107	159,123	143
058 ASC (NON-DISTINCT PART)	3,047,624	130,074	3,278	174,991	181,474	659,143	1,136
059 REHAB MEDICINE	723,219	21,467	391	28,879	29,949	159,024	760
059 10 CARDIAC LAB	2,315,857	138,465	16,274	186,280	193,181	318,631	964
059 20 DAY HOSPITAL	490,299	49,950	232	67,199	69,688	112,914	115
059 30 LI THOTRIPTER	1,188,324						
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	2,718,933	81,606	9,584	109,787	113,854	558,624	1,361
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	95,973	27,555		37,070	38,443	21,348	16
060 02 OUTPATIENT CENTER	231,417	19,361	28	26,047	27,012	46,185	99
060 03 PAIN CLINIC	377,412	23,236	49	31,259	32,417	79,348	20
060 04 CARDIAC CONDITIONING	391,358	18,838	266	25,343	26,281	84,813	86
060 05 WOUND CARE CENTER	268,672	3,617		4,866	5,047	59,220	27
060 06 ANTI-COAG LAB	740,694	29,205		39,290	40,746	164,170	67
060 07 HEART RISK ASSESSMENT	76,391	10,130		13,629	14,133	17,417	43
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	9,278,977	259,852	1,466	349,584	362,534	1,816,117	3,482
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
CORF							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	488,269,437	9,073,724	269,952	12,207,075	12,659,288	48,601,108	2,614,704
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	300,809	87,477	15	117,685	122,044	58,219	226
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	488,570,246	9,161,201	269,967	12,324,760	12,781,332	48,659,327	2,614,930

COST CENTER DESCRIPTION	CASHIERING, ACCT REC & CO 6.05	SUBTOTAL 6a.05	OTHER ADMINISTRATIVE AND MAINTENANCE REPAIRS 6.06	OPERATION OF PLANT 7	LAUNDRY & LINEN SERVICE 8	HOUSEKEEPING 9	10
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO	11,291,435						
006 06 OTHER ADMINISTRATIVE AND		70,831,524	70,831,524				
007 MAINTENANCE & REPAIRS		27,638,416	4,686,342	32,324,758			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		2,223,771	377,060			2,600,831	
010 HOUSEKEEPING		6,873,743	1,165,505				8,452,918
011 DIETARY		4,973,769	843,347		413,670		189,493
012 CAFETERIA		1,860,314	315,433		823,232		218,066
014 NURSING ADMINISTRATION		4,894,807	829,959		591,117		156,581
015 CENTRAL SERVICES & SUPPLY		62,207,224	10,547,795		620,798		164,443
016 PHARMACY		8,144,365	1,380,950		292,649		77,520
017 MEDICAL RECORDS & LIBRARY		5,159,424	874,827		329,078		87,169
018 SOCIAL SERVICE		2,340,103	396,786		82,636		21,889
022 I&R SERVICES-SALARY & FRI		13,491,493	2,287,604				
023 I&R SERVICES-OTHER PRGM C		4,580,088	776,595	1,854,814			491,321
024 PARAMED ED PRGM-(SPECIFY)		365,977	62,055	69,532			18,418
024 01 PARAMED ED PRGM-PHARMACY		207,736	35,224	5,134			1,360
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,228,327	63,510,501	10,768,941	6,906,179		1,627,762	1,829,377
026 INTENSIVE CARE UNIT	145,817	9,006,197	1,527,082	710,377		100,752	188,172
027 CORONARY CARE UNIT	147,736	10,468,955	1,775,106	540,900		103,614	143,279
027 01 NEONATAL CARE UNIT	312,954	11,627,639	1,971,571	513,077		221,818	135,909
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	116,541	7,790,869	1,321,012	1,243,014		189,942	329,261
031 01 SUBPROVIDER II	127,568	6,446,458	1,093,055	851,201		208,759	225,474
033 NURSERY	69,638	2,949,424	500,101	38,335		148,184	10,155
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	728,797	15,541,464	2,635,195	1,999,892			529,751
038 RECOVERY ROOM	134,825	2,442,785	414,196	120,776			31,992
039 DELIVERY ROOM & LABOR ROO	157,500	6,521,853	1,105,839	1,209,372			320,350
040 ANESTHESIOLOGY	288,020	1,338,700	226,989	49,093			13,004
041 RADIOLOGY-DIAGNOSTIC	1,523,402	26,142,440	4,432,686	3,046,975			807,112
042 RADIOLOGY-THERAPEUTIC	209,389	4,947,659	838,920	986,108			261,210
043 RADIOISOTOPE	215,280	3,803,096	644,849	337,195			89,319
044 LABORATORY	1,027,464	20,717,326	3,512,809	1,192,209			315,804
046 WHOLE BLOOD & PACKED RED	134,484	2,444,982	414,569	105,716			28,003
049 RESPIRATORY THERAPY	292,730	5,866,880	994,782	132,658			35,140
050 PHYSICAL THERAPY	145,357	5,270,705	893,695	98,234			26,021
051 OCCUPATIONAL THERAPY	163,912	8,317,670	1,410,336	1,441,145			381,744
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	264,415	3,834,337	650,146	194,757			51,589
054 ELECTROENCEPHALOGRAPHY	63,744	1,815,078	307,763	235,293			62,327
055 MEDICAL SUPPLIES CHARGED	968,857	1,388,223	235,386				
056 DRUGS CHARGED TO PATIENTS	1,230,624	18,081,572	3,065,893				
057 RENAL DIALYSIS	34,806	1,132,769	192,071	117,402			31,099
058 ASC (NON-DISTINCT PART)	220,320	4,418,040	749,118	643,535			170,466
059 REHAB MEDICINE	13,979	977,668	165,772	106,205			28,132
059 10 CARDIAC LAB	282,410	3,452,062	585,328	685,049			181,462
059 20 DAY HOSPITAL	12,945	803,342	136,214	247,126			65,461
059 30 LI THOTRIPTER	58,249	1,246,573	211,368				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	245,487	3,839,236	650,977	403,743			106,947
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	372	220,777	37,435	136,325			36,111
060 02 OUTPATIENT CENTER	9,859	360,008	61,043	95,789			25,374
060 03 PAIN CLINIC	11,012	554,753	94,063	114,957			30,451
060 04 CARDIAC CONDTIONING	12,323	559,308	94,836	93,198			24,687
060 05 WOUND CARE CENTER	484	341,933	57,978	17,896			4,741
060 06 ANTI-COAG LAB	23,074	1,037,246	175,874	144,491			38,274
060 07 HEART RISK ASSESSMENT	15,181	146,924	24,912	50,120			13,276
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	653,553	12,725,565	2,157,734	1,285,603			340,543
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	11,291,435	487,883,771	70,715,126	31,891,970		2,600,831	8,338,277
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		686,475	116,398	432,788			114,641
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	11,291,435	488,570,246	70,831,524	32,324,758		2,600,831	8,452,918

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	6,721,974						
012 CAFETERIA		3,217,045					
014 NURSING ADMINISTRATION			6,535,130				
015 CENTRAL SERVICES & SUPPLY				73,578,123			
016 PHARMACY			33,740		10,037,991		
017 MEDICAL RECORDS & LIBRARY						6,504,198	
018 SOCIAL SERVICE							2,874,987
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C						23	
024 PARAMED PRGM-(SPECIFY)							
024 01 PARAMED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,207,027	821,136	3,197,712		195,096	707,526	1,799,345
026 INTENSIVE CARE UNIT	260,400	106,124	416,767		51,571	83,992	111,373
027 CORONARY CARE UNIT	267,795	125,338	492,225		39,416	85,097	114,536
027 01 NEONATAL CARE UNIT	573,301	155,881	607,477		48,460	180,264	245,201
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	490,915	99,086			1,212	67,129	209,964
031 01 SUBPROVIDER II	539,547	81,835			4,672	73,480	230,764
033 NURSERY	382,989	29,212	114,720		9,791	40,112	163,804
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		188,815			55,102	419,793	
038 RECOVERY ROOM		31,996			19,312	77,660	
039 DELIVERY ROOM & LABOR ROO		78,148	306,900		27,800	90,721	
040 ANESTHESIOLOGY		8,225			260,428	165,902	
041 RADIOLOGY-DIAGNOSTIC		221,600	10,300		117,900	877,731	
042 RADIOLOGY-THERAPEUTIC		46,716			626	120,610	
043 RADIOISOTOPE		28,744	104,930		541,396	124,003	
044 LABORATORY						591,828	
046 WHOLE BLOOD & PACKED RED						77,464	
049 RESPIRATORY THERAPY		77,959	306,157		37,767	168,615	
050 PHYSICAL THERAPY		73,287				83,727	
051 OCCUPATIONAL THERAPY		103,210			1,657	94,415	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		48,046	188,684		15,760	152,305	
054 ELECTROENCEPHALOGRAPHY		15,356				36,717	
055 MEDICAL SUPPLIES CHARGED				73,578,123		558,070	
056 DRUGS CHARGED TO PATIENTS					8,196,579	708,849	
057 RENAL DIALYSIS		12,869	50,539		14,366	20,049	
058 ASC (NON-DISTINCT PART)		53,308			21,429	126,906	
059 REHAB MEDICINE		12,861				8,052	
059 10 CARDIAC LAB		25,769	84,494		145,058	162,670	
059 20 DAY HOSPITAL		9,132				7,457	
059 30 LI THOTRIPTER						33,552	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		45,179			32,379	141,402	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		1,727	6,781			214	
060 02 OUTPATIENT CENTER		3,735			7,033	5,679	
060 03 PAIN CLINIC		6,417			6,397	6,343	
060 04 CARDIAC CONDTIONING		6,859	26,938		21	7,098	
060 05 WOUND CARE CENTER		4,789			143	279	
060 06 ANTI-COAG LAB		13,277				13,291	
060 07 HEART RISK ASSESSMENT		1,409	5,532		435	8,744	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		146,879	576,820		182,623	376,452	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,721,974	3,212,337	6,530,716	73,578,123	10,034,452	6,504,198	2,874,987
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		4,708	4,414		3,539		
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,721,974	3,217,045	6,535,130	73,578,123	10,037,991	6,504,198	2,874,987

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)		PARAMED ED PR GM-PHARMACY		SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S											
006 05 CASHIERING, ACCT REC & CO											
006 06 OTHER ADMINISTRATIVE AND											
007 MAINTENANCE & REPAIRS											
008 OPERATION OF PLANT											
009 LAUNDRY & LINEN SERVICE											
010 HOUSEKEEPING											
011 DIETARY											
012 CAFETERIA											
014 NURSING ADMINISTRATION											
015 CENTRAL SERVICES & SUPPLY											
016 PHARMACY											
017 MEDICAL RECORDS & LIBRARY											
018 SOCIAL SERVICE											
022 I&R SERVICES-SALARY & FRI	15,958,138										
023 I&R SERVICES-OTHER PRGM C		7,747,237									
024 PARAMED ED PRGM-(SPECIFY)			520,513								
024 01 PARAMED ED PRGM-PHARMACY						252,330					
025 INPAT ROUTINE SRVC CNTRS											
025 ADULTS & PEDIATRICS	12,106,872	5,877,554	345,452	69,211	113,969,691	-17,984,426	95,985,265				
026 INTENSIVE CARE UNIT			21,382		12,584,189		12,584,189				
027 CORONARY CARE UNIT			21,989	53,638	14,231,888		14,231,888				
027 01 NEONATAL CARE UNIT			47,075	36,336	16,364,009		16,364,009				
028 BURN INTENSIVE CARE UNIT											
029 SURGICAL INTENSIVE CARE U											
031 SUBPROVIDER	1,104,306	536,110	40,311		13,423,131	-1,640,416	11,782,715				
031 01 SUBPROVIDER II	920	447	44,304		9,800,916	-1,367	9,799,549				
033 NURSERY					4,386,827		4,386,827				
034 SKILLED NURSING FACILITY											
037 ANCILLARY SRVC COST CNTRS											
037 OPERATING ROOM	1,405,229	682,200			23,457,441	-2,087,429	21,370,012				
038 RECOVERY ROOM					3,138,717		3,138,717				
039 DELIVERY ROOM & LABOR ROO					9,660,983		9,660,983				
040 ANESTHESIOLOGY	184,971	89,798			2,337,110	-274,769	2,062,341				
041 RADIOLOGY-DIAGNOSTIC	6,442	3,127			35,666,313	-9,569	35,656,744				
042 RADIOLOGY-THERAPEUTIC					7,201,849		7,201,849				
043 RADIOISOTOPE					5,673,532		5,673,532				
044 LABORATORY	490,496	238,122			27,058,594	-728,618	26,329,976				
046 WHOLE BLOOD & PACKED RED					3,070,734		3,070,734				
049 RESPIRATORY THERAPY					7,619,958		7,619,958				
050 PHYSICAL THERAPY					6,445,669		6,445,669				
051 OCCUPATIONAL THERAPY					11,750,177		11,750,177				
052 SPEECH PATHOLOGY											
053 ELECTROCARDIOLOGY					5,135,624		5,135,624				
054 ELECTROENCEPHALOGRAPHY					2,472,534		2,472,534				
055 MEDICAL SUPPLIES CHARGED					75,759,802		75,759,802				
056 DRUGS CHARGED TO PATIENTS					30,125,275		30,125,275				
057 RENAL DIALYSIS					1,571,164		1,571,164				
058 ASC (NON-DISTINCT PART)					6,182,802		6,182,802				
059 REHAB MEDICINE					1,298,690		1,298,690				
059 10 CARDIAC LAB					5,321,892		5,321,892				
059 20 DAY HOSPITAL					1,268,732		1,268,732				
059 30 LI THOTRIPTER					1,491,493		1,491,493				
059 40 COLO-RECTAL CENTER											
059 45 GASTROENTEROLOGY LAB					5,219,863		5,219,863				
060 OUTPAT SERVICE COST CNTRS											
060 CLINIC											
060 01 DIABETES CARE CENTER					439,370		439,370				
060 02 OUTPATIENT CENTER					558,661		558,661				
060 03 PAIN CLINIC					813,381		813,381				
060 04 CARDIAC CONDTI ONING					812,945		812,945				
060 05 WOUND CARE CENTER					427,759		427,759				
060 06 ANTI-COAG LAB					1,422,453		1,422,453				
060 07 HEART RISK ASSESSMENT					251,352		251,352				
060 20 IN-VITRO FERTILIZATION											
061 EMERGENCY	658,902	319,879		20,763	18,791,763	-978,781	17,812,982				
062 OBSERVATION BEDS (NON-DIS											
065 OTHER REIMBURS COST CNTRS											
069 AMBULANCE SERVICES											
CORF											
095 SPEC PURPOSE COST CENTERS											
095 SUBTOTALS	15,958,138	7,747,237	520,513	252,330	487,207,283	-23,705,375	463,501,908				
096 NONREIMBURS COST CENTERS											
096 01 GIFT, FLOWER, COFFEE SHOP					1,362,963		1,362,963				
096 03 CHILD DAY CARE											
101 LAUREATE DAY SCHOOL											
102 CROSS FOOT ADJUSTMENT											
103 NEGATIVE COST CENTER											
103 TOTAL	15,958,138	7,747,237	520,513	252,330	488,570,246	-23,705,375	464,864,871				

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		92,320	1,522			93,842	93,842
006 03 PURCHASING, RECEIVING & S		44,040	348			44,388	543
006 05 CASHIERING, ACCT REC & CO		156,037	4,362			160,399	2,901
006 06 OTHER ADMINISTRATIVE AND		565,987	59,397			625,384	7,771
007 MAINTENANCE & REPAIRS		1,769,197	5,115			1,774,312	2,328
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		83,613	703			84,316	2,039
011 DIETARY		144,593	1,905			146,498	884
012 CAFETERIA		166,395				166,395	650
014 NURSING ADMINISTRATION		119,479	618			120,097	1,493
015 CENTRAL SERVICES & SUPPLY		125,478	6,122			131,600	902
016 PHARMACY		59,152	1,623			60,775	2,592
017 MEDICAL RECORDS & LIBRARY		66,515	865			67,380	1,280
018 SOCIAL SERVICE		16,703	88			16,791	800
022 I&R SERVICES-SALARY & FRI							4,266
023 I&R SERVICES-OTHER PRGM C		374,903	4,417			379,320	1,058
024 PARAMED PRGM-(SPECIFY)		14,054	30			14,084	108
024 01 PARAMED PRGM-PHARMACY		1,038				1,038	69
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,395,907	7,482			1,403,389	19,636
026 INTENSIVE CARE UNIT		143,584	6,167			149,751	2,529
027 CORONARY CARE UNIT		109,329	1,053			110,382	2,987
027 01 NEONATAL CARE UNIT		103,705	2,541			106,246	3,714
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		251,243	1,315			252,558	2,361
031 01 SUBPROVIDER II		172,048	649			172,697	1,950
033 NURSERY		7,749	817			8,566	696
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		404,227	18,391			422,618	4,499
038 RECOVERY ROOM		24,412	403			24,815	762
039 DELIVERY ROOM & LABOR ROO		244,444	3,788			248,232	1,862
040 ANESTHESIOLOGY		9,923	4,901			14,824	196
041 RADIOLOGY-DIAGNOSTIC		615,868	37,905			653,773	5,280
042 RADIOLOGY-THERAPEUTIC		199,316	26,132			225,448	1,113
043 RADIOISOTOPE		68,155	10,544			78,699	685
044 LABORATORY		240,974	13,356			254,330	
046 WHOLE BLOOD & PACKED RED		21,368	445			21,813	
049 RESPIRATORY THERAPY		26,813	4,827			31,640	1,858
050 PHYSICAL THERAPY		19,856	470			20,326	1,746
051 OCCUPATIONAL THERAPY		291,290	2,141			293,431	2,459
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		39,365	4,958			44,323	1,145
054 ELECTROENCEPHALOGRAPHY		47,558	2,117			49,675	366
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		23,730	867			24,597	307
058 ASC (NON-DIINCT PART)		130,074	3,278			133,352	1,270
059 REHAB MEDICINE		21,467	391			21,858	306
059 10 CARDIAC LAB		138,465	16,274			154,739	614
059 20 DAY HOSPITAL		49,950	232			50,182	218
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		81,606	9,584			91,190	1,077
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		27,555				27,555	41
060 02 OUTPATIENT CENTER		19,361	28			19,389	89
060 03 PAIN CLINIC		23,236	49			23,285	153
060 04 CARDIAC CONDTIONING		18,838	266			19,104	163
060 05 WOUND CARE CENTER		3,617				3,617	114
060 06 ANTI-COAG LAB		29,205				29,205	316
060 07 HEART RISK ASSESSMENT		10,130				10,130	34
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		259,852	1,466			261,318	3,500
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		9,073,724	269,952			9,343,676	93,730
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		87,477	15			87,492	112
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		9,161,201	269,967			9,431,168	93,842

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
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 03 PURCHASING, RECEIVING & S	44,931						
006 05 CASHIERING, ACCT REC & CO	39	163,339					
006 06 OTHER ADMINISTRATIVE AND	1,167		634,322				
007 MAINTENANCE & REPAIRS	666		41,955	1,819,261			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE			3,376			3,376	
010 HOUSEKEEPING			10,434	23,282			120,311
011 DIETARY	2,264		7,550	40,261			2,697
012 CAFETERIA			2,824	46,332			3,104
014 NURSING ADMINISTRATION	46		7,430	33,269			2,229
015 CENTRAL SERVICES & SUPPLY	39,170		94,431	34,939			2,341
016 PHARMACY	54		12,363	16,471			1,103
017 MEDICAL RECORDS & LIBRARY	39		7,832	18,521			1,241
018 SOCIAL SERVICE	2		3,552	4,651			312
022 I&R SERVICES-SALARY & FRI			20,480				
023 I&R SERVICES-OTHER PRGM C	91		6,953	104,390			6,993
024 PARAMED PRGM-(SPECIFY)	1		556	3,913			262
024 01 PARAMED PRGM-PHARMACY			315	289			19
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	195	17,813	96,605	388,685		2,113	26,039
026 INTENSIVE CARE UNIT	52	2,115	13,671	39,981		131	2,678
027 CORONARY CARE UNIT	50	2,142	15,892	30,442		134	2,039
027 01 NEONATAL CARE UNIT	21	4,538	17,651	28,876		288	1,934
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	27	1,690	11,827	69,958		247	4,686
031 01 SUBPROVIDER II	15	1,850	9,786	47,906		271	3,209
033 NURSERY	10	1,010	4,477	2,158		192	145
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	414	10,569	23,592	112,555			7,540
038 RECOVERY ROOM	3	1,955	3,708	6,797			455
039 DELIVERY ROOM & LABOR ROO	22	2,284	9,900	68,064			4,560
040 ANESTHESIOLOGY	4	4,177	2,032	2,763			185
041 RADIOLOGY-DIAGNOSTIC	57	21,684	39,684	171,486			11,488
042 RADIOLOGY-THERAPEUTIC	26	3,037	7,511	55,499			3,718
043 RADIOISOTOPE	8	3,122	5,773	18,978			1,271
044 LABORATORY		14,900	31,449	67,098			4,495
046 WHOLE BLOOD & PACKED RED		1,950	3,711	5,950			399
049 RESPIRATORY THERAPY	31	4,245	8,906	7,466			500
050 PHYSICAL THERAPY	7	2,108	8,001	5,529			370
051 OCCUPATIONAL THERAPY	31	2,377	12,626	81,109			5,433
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	25	3,835	5,821	10,961			734
054 ELECTROENCEPHALOGRAPHY	8	924	2,755	13,242			887
055 MEDICAL SUPPLIES CHARGED		14,050	2,107				
056 DRUGS CHARGED TO PATIENTS		17,846	27,448				
057 RENAL DIALYSIS	2	505	1,720	6,607			443
058 ASC (NON-DISTINCT PART)	20	3,195	6,707	36,219			2,426
059 REHAB MEDICINE	13	203	1,484	5,977			400
059 10 CARDIAC LAB	17	4,095	5,240	38,555			2,583
059 20 DAY HOSPITAL	2	188	1,219	13,908			932
059 30 LI THOTRIPTER		845	1,892				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	23	3,560	5,828	22,723			1,522
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		5	335	7,672			514
060 02 OUTPATIENT CENTER	2	143	546	5,391			361
060 03 PAIN CLINIC		160	842	6,470			433
060 04 CARDIAC CONDITIONING	1	179	849	5,245			351
060 05 WOUND CARE CENTER		7	519	1,007			67
060 06 ANTI-COAG LAB	1	335	1,575	8,132			545
060 07 HEART RISK ASSESSMENT	1	220	223	2,821			189
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	60	9,478	19,317	72,355			4,847
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	44,927	163,339	633,280	1,794,903		3,376	118,679
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4		1,042	24,358			1,632
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,931	163,339	634,322	1,819,261		3,376	120,311

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	200,154						
012 CAFETERIA		219,305					
014 NURSING ADMINISTRATION			168,837				
015 CENTRAL SERVICES & SUPPLY		2,582		305,965			
016 PHARMACY		7,417	871		101,646		
017 MEDICAL RECORDS & LIBRARY		3,662				99,955	
018 SOCIAL SERVICE		2,289					28,397
022 I&R SERVICES-SALARY & FRI		12,209					
023 I&R SERVICES-OTHER PRGM C		3,027					
024 PARAMED PRGM-(SPECIFY)		309					
024 01 PARAMED PRGM-PHARMACY		196					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	125,267	55,925	82,634		1,976	10,938	17,773
026 INTENSIVE CARE UNIT	7,754	7,237	10,765		522	1,298	1,100
027 CORONARY CARE UNIT	7,974	8,547	12,714		399	1,316	1,131
027 01 NEONATAL CARE UNIT	17,071	10,630	15,691		491	2,787	2,422
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	14,618	6,757			12	1,038	2,074
031 01 SUBPROVIDER II	16,066	5,580			47	1,136	2,279
033 NURSERY	11,404	1,992	2,963		99	620	1,618
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		12,875			558	6,490	
038 RECOVERY ROOM		2,182			196	1,201	
039 DELIVERY ROOM & LABOR ROO		5,329	7,927		282	1,402	
040 ANESTHESIOLOGY		561			2,637	2,565	
041 RADIOLOGY-DIAGNOSTIC		15,111	266		1,194	12,972	
042 RADIOLOGY-THERAPEUTIC		3,186			6	1,865	
043 RADIOISOTOPE		1,960	2,710		5,483	1,917	
044 LABORATORY						9,149	
046 WHOLE BLOOD & PACKED RED						1,198	
049 RESPIRATORY THERAPY			7,908		382	2,607	
050 PHYSICAL THERAPY		5,316				1,294	
051 OCCUPATIONAL THERAPY		4,997			17	1,460	
052 SPEECH PATHOLOGY		7,038					
053 ELECTROCARDIOLOGY		3,276	4,874		160	2,355	
054 ELECTROENCEPHALOGRAPHY		1,047				568	
055 MEDICAL SUPPLIES CHARGED				305,965		8,627	
056 DRUGS CHARGED TO PATIENTS					83,000	10,958	
057 RENAL DIALYSIS		878	1,305		145	310	
058 ASC (NON-DISTINCT PART)		3,635			217	1,962	
059 REHAB MEDICINE		877				124	
059 10 CARDIAC LAB		1,757	2,182		1,469	2,515	
059 20 DAY HOSPITAL		623				115	
059 30 LIOTHRIPTER						519	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		3,081			328	2,186	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		118	175			3	
060 02 OUTPATIENT CENTER		255			71	88	
060 03 PAIN CLINIC		438			65	98	
060 04 CARDIAC CONDTIONING		468	696			110	
060 05 WOUND CARE CENTER		327			1	4	
060 06 ANTI-COAG LAB		905				205	
060 07 HEART RISK ASSESSMENT		96	143		4	135	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		10,016	14,899		1,849	5,820	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	200,154	218,984	168,723	305,965	101,610	99,955	28,397
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		321	114		36		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	200,154	219,305	168,837	305,965	101,646	99,955	28,397

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI	36,955						
023 I&R SERVICES-OTHER PRGM C		501,832					
024 PARAMED ED PRGM-(SPECIFY)			19,233				
024 01 PARAMED ED PRGM-PHARMACY				1,926			
025 INPAT ROUTINE SRVC CNTRS					2,248,988		2,248,988
026 ADULTS & PEDIATRICS					239,584		239,584
027 INTENSIVE CARE UNIT					196,149		196,149
027 01 CORONARY CARE UNIT					212,360		212,360
027 01 NEONATAL CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					367,853		367,853
031 01 SUBPROVIDER II					262,792		262,792
033 NURSERY					35,950		35,950
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS					601,710		601,710
038 OPERATING ROOM					42,074		42,074
039 RECOVERY ROOM					349,864		349,864
040 DELIVERY ROOM & LABOR ROO					29,944		29,944
041 ANESTHESIOLOGY					932,995		932,995
042 RADIOLOGY-DIAGNOSTIC					301,409		301,409
043 RADIOLOGY-THERAPEUTIC					120,606		120,606
044 RADIOISOTOPE					381,421		381,421
046 LABORATORY					35,021		35,021
049 WHOLE BLOOD & PACKED RED					70,859		70,859
050 RESPIRATORY THERAPY					44,378		44,378
051 PHYSICAL THERAPY					405,981		405,981
052 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					77,509		77,509
053 ELECTROCARDIOLOGY					69,472		69,472
054 ELECTROENCEPHALOGRAPHY					330,749		330,749
055 MEDICAL SUPPLIES CHARGED					139,252		139,252
056 DRUGS CHARGED TO PATIENTS					36,819		36,819
057 RENAL DIALYSIS					189,003		189,003
058 ASC (NON-DISTINCT PART)					31,242		31,242
059 REHAB MEDICINE					213,766		213,766
059 10 CARDIAC LAB					67,387		67,387
059 20 DAY HOSPITAL					3,256		3,256
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					131,518		131,518
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					36,418		36,418
060 01 DIABETES CARE CENTER					26,335		26,335
060 02 OUTPATIENT CENTER					31,944		31,944
060 03 PAIN CLINIC					27,166		27,166
060 04 CARDIAC CONDI TIONING					5,663		5,663
060 05 WOUND CARE CENTER					41,219		41,219
060 06 ANTI-COAG LAB					13,996		13,996
060 07 HEART RISK ASSESSMENT							
060 20 IN-VITRO FERTILIZATION					403,459		403,459
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
095 CORF							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS					8,756,111		8,756,111
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					115,111		115,111
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	36,955	501,832	19,233	1,926	559,946		559,946
102 NEGATIVE COST CENTER							
103 TOTAL	36,955	501,832	19,233	1,926	9,431,168		9,431,168

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 03 PURCHASING, RECEIVING & S
 006 05 CASHIERING, ACCT REC & CO
 006 06 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM-(SPECIFY)
 024 01 PARAMED ED PRGM-PHARMACY
 025 INPAT ROUTINE SRVC CNTRS
 025 ADULTS & PEDIATRICS
 026 INTENSIVE CARE UNIT
 027 CORONARY CARE UNIT
 027 01 NEONATAL CARE UNIT
 028 BURN INTENSIVE CARE UNIT
 029 SURGICAL INTENSIVE CARE U
 031 SUBPROVIDER
 031 01 SUBPROVIDER II
 033 NURSERY
 034 SKILLED NURSING FACILITY
 037 ANCILLARY SRVC COST CNTRS
 037 OPERATING ROOM
 038 RECOVERY ROOM
 039 DELIVERY ROOM & LABOR ROO
 040 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 042 RADIOLOGY-THERAPEUTIC
 043 RADIOISOTOPE
 044 LABORATORY
 046 WHOLE BLOOD & PACKED RED
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 058 ASC (NON-DISTINCT PART)
 059 REHAB MEDICINE
 059 10 CARDIAC LAB
 059 20 DAY HOSPITAL
 059 30 LI THOTRIPTER
 059 40 COLO-RECTAL CENTER
 059 45 GASTROENTEROLOGY LAB
 060 OUTPAT SERVICE COST CNTRS
 060 CLINIC
 060 01 DIABETES CARE CENTER
 060 02 OUTPATIENT CENTER
 060 03 PAIN CLINIC
 060 04 CARDIAC CONDI TIONING
 060 05 WOUND CARE CENTER
 060 06 ANTI -COAG LAB
 060 07 HEART RISK ASSESSMENT
 060 20 IN-VITRO FERTILIZATION
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 062 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 069 CORF
 069 SPEC PURPOSE COST CENTERS
 095 SUBTOTALS
 095 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 096 01 CHILD DAY CARE
 096 03 LAUREATE DAY SCHOOL
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				124,200	128,801	253,001	253,001
006 03 PURCHASING, RECEIVING & S	100,898			59,248	61,443	221,589	1,465
006 05 CASHIERING, ACCT REC & CO				209,921	217,697	427,618	7,825
006 06 OTHER ADMINISTRATIVE AND	799,939			761,434	789,641	2,351,014	20,962
007 MAINTENANCE & REPAIRS	133,803			2,380,140	2,468,314	4,982,257	6,279
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				112,486	116,653	229,139	5,501
011 DIETARY	10,318			194,524	201,730	406,572	2,386
012 CAFETERIA				223,855	232,148	456,003	1,753
014 NURSING ADMINISTRATION	2,717			160,738	166,692	330,147	4,028
015 CENTRAL SERVICES & SUPPLY	419,366			168,809	175,062	763,237	2,434
016 PHARMACY	547,315			79,578	82,526	709,419	6,991
017 MEDICAL RECORDS & LIBRARY				89,483	92,798	182,281	3,452
018 SOCIAL SERVICE				22,471	23,303	45,774	2,158
022 I&R SERVICES-SALARY & FRI							11,509
023 I&R SERVICES-OTHER PRGM C				504,365	523,049	1,027,414	2,854
024 PARAMED PRGM-(SPECIFY)				18,907	19,608	38,515	291
024 01 PARAMED PRGM-PHARMACY				1,396	1,448	2,844	185
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	360,713			1,877,943	1,947,512	4,186,168	52,823
026 INTENSIVE CARE UNIT	68,686			193,167	200,323	462,176	6,821
027 CORONARY CARE UNIT	101,811			147,083	152,531	401,425	8,057
027 01 NEONATAL CARE UNIT	412			139,517	144,686	284,615	10,020
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	4,387			338,003	350,524	692,914	6,369
031 01 SUBPROVIDER II	78,870			231,460	240,035	550,365	5,260
033 NURSERY				10,424	10,810	21,234	1,878
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	439,834			543,815	563,961	1,547,610	12,137
038 RECOVERY ROOM				32,842	34,058	66,900	2,057
039 DELIVERY ROOM & LABOR ROO	12,901			328,855	341,038	682,794	5,023
040 ANESTHESIOLOGY				13,349	13,844	27,193	529
041 RADIOLOGY-DIAGNOSTIC	5,585,397			828,540	859,233	7,273,170	14,244
042 RADIOLOGY-THERAPEUTIC	621,054			268,145	278,078	1,167,277	3,003
043 RADIOISOTOPE	71,590			91,691	95,087	258,368	1,848
044 LABORATORY				324,188	336,198	660,386	
046 WHOLE BLOOD & PACKED RED				28,746	29,811	58,557	
049 RESPIRATORY THERAPY	49,958			36,073	37,409	123,440	5,011
050 PHYSICAL THERAPY				26,712	27,702	54,414	4,711
051 OCCUPATIONAL THERAPY				391,879	406,396	798,275	6,634
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY				52,959	54,921	107,880	3,088
054 ELECTROENCEPHALOGRAPHY	119			63,981	66,352	130,452	987
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	8,625			31,924	33,107	73,656	827
058 ASC (NON-DISTINCT PART)				174,991	181,474	356,465	3,427
059 REHAB MEDICINE				28,879	29,949	58,828	827
059 10 CARDIAC LAB	352,569			186,280	193,181	732,030	1,656
059 20 DAY HOSPITAL				67,199	69,688	136,887	587
059 30 LI THOTRIPTER							
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB				109,787	113,854	223,641	2,904
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER				37,070	38,443	75,513	111
060 02 OUTPATIENT CENTER				26,047	27,012	53,059	240
060 03 PAIN CLINIC				31,259	32,417	63,676	412
060 04 CARDIAC CONDITIONING				25,343	26,281	51,624	441
060 05 WOUND CARE CENTER				4,866	5,047	9,913	308
060 06 ANTI-COAG LAB				39,290	40,746	80,036	853
060 07 HEART RISK ASSESSMENT				13,629	14,133	27,762	91
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	1,506			349,584	362,534	713,624	9,441
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,772,788			12,207,075	12,659,288	34,639,151	252,698
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				117,685	122,044	239,729	303
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,772,788			12,324,760	12,781,332	34,878,880	253,001

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING & S	CASHIERING, ACCT REC & CO	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.05	6.06	7	8	9	10
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 03 PURCHASING, RECEIVING & S	223,054						
006 05 CASHIERING, ACCT REC & CO	194	435,637					
006 06 OTHER ADMINISTRATIVE AND	5,797		2,377,773				
007 MAINTENANCE & REPAIRS	3,310		157,318	5,149,164			
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE						12,658	
010 HOUSEKEEPING			12,658				340,852
011 DIETARY	11,247		39,125	65,895			7,641
012 CAFETERIA			28,311	113,954			8,793
014 NURSING ADMINISTRATION	229		10,589	131,136			6,314
015 CENTRAL SERVICES & SUPPLY	194,428		27,861	94,162			6,631
016 PHARMACY	270		354,084	98,890			3,126
017 MEDICAL RECORDS & LIBRARY	193		46,358	46,617			3,515
018 SOCIAL SERVICE	8		29,367	52,420			883
022 I&R SERVICES-SALARY & FRI			13,320	13,163			
023 I&R SERVICES-OTHER PRGM C	452		76,794	26,070	295,462		19,812
024 PARAMED PRGM-(SPECIFY)	6		2,083	11,076			743
024 01 PARAMED PRGM-PHARMACY			1,182	818			55
025 ADULTS & PEDIATRICS	969	47,345	361,507	1,100,115		7,923	73,768
026 INTENSIVE CARE UNIT	259	5,620	51,263	113,159		490	7,588
027 CORONARY CARE UNIT	247	5,694	59,589	86,163		504	5,778
027 01 NEONATAL CARE UNIT	103	12,063	66,185	81,731		1,080	5,480
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	136	4,492	44,346	198,006		924	13,277
031 01 SUBPROVIDER II	76	4,917	36,693	135,592		1,016	9,092
033 NURSERY	49	2,684	16,788	6,107		721	409
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,059	28,091	88,462	318,572			21,361
038 RECOVERY ROOM	14	5,197	13,904	19,239			1,290
039 DELIVERY ROOM & LABOR ROO	112	6,071	37,122	192,647			12,918
040 ANESTHESIOLOGY	18	11,102	7,620	7,820			524
041 RADIOLOGY-DIAGNOSTIC	281	59,133	148,803	485,367			32,546
042 RADIOLOGY-THERAPEUTIC	130	8,071	28,162	157,082			10,533
043 RADIOISOTOPE	38	8,298	21,647	53,713			3,602
044 LABORATORY		39,603	117,923	189,913			12,734
046 WHOLE BLOOD & PACKED RED		5,184	13,917	16,840			1,129
049 RESPIRATORY THERAPY	153	11,283	33,394	21,132			1,417
050 PHYSICAL THERAPY	35	5,603	30,001	15,648			1,049
051 OCCUPATIONAL THERAPY	155	6,318	47,344	229,567			15,393
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	126	10,192	21,825	31,024			2,080
054 ELECTROENCEPHALOGRAPHY	40	2,457	10,331	37,481			2,513
055 MEDICAL SUPPLIES CHARGED		37,344	7,902				
056 DRUGS CHARGED TO PATIENTS		47,434	102,920				
057 RENAL DIALYSIS	12	1,342	6,448	18,702			1,254
058 ASC (NON-DISTINCT PART)	97	8,492	25,147	102,512			6,874
059 REHAB MEDICINE	65	539	5,565	16,918			1,134
059 10 CARDIAC LAB	82	10,885	19,649	109,125			7,317
059 20 DAY HOSPITAL	10	499	4,573	39,366			2,640
059 30 LI THOTRIPTER		2,245	7,095				
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB	116	9,462	21,853	64,314			4,313
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER	1	14	1,257	21,716			1,456
060 02 OUTPATIENT CENTER	8	380	2,049	15,259			1,023
060 03 PAIN CLINIC	2	424	3,158	18,312			1,228
060 04 CARDIAC CONDTIONING	7	475	3,184	14,846			995
060 05 WOUND CARE CENTER	2	19	1,946	2,851			191
060 06 ANTI-COAG LAB	6	889	5,904	23,017			1,543
060 07 HEART RISK ASSESSMENT	4	585	836	7,984			535
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY	297	25,191	72,434	204,790			13,732
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	223,035	435,637	2,373,866	5,080,223		12,658	336,229
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	19		3,907	68,941			4,623
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	223,054	435,637	2,377,773	5,149,164		12,658	340,852

COST CENTER DESCRIPTION	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	570,111						
012 CAFETERIA		608,274					
014 NURSING ADMINISTRATION		11,849	474,590				
015 CENTRAL SERVICES & SUPPLY		7,159		1,426,863			
016 PHARMACY		20,566	2,450		835,797		
017 MEDICAL RECORDS & LIBRARY		10,153				281,381	
018 SOCIAL SERVICE		6,348					81,654
022 I&R SERVICES-SALARY & FRI		33,853					
023 I&R SERVICES-OTHER PRGM C		8,394			2		
024 PARAMED PRGM-(SPECIFY)		857					
024 01 PARAMED PRGM-PHARMACY		544					
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	356,811	155,259	232,208		16,244	30,626	51,105
026 INTENSIVE CARE UNIT	22,085	20,066	30,268		4,294	3,636	3,163
027 CORONARY CARE UNIT	22,713	23,699	35,748		3,282	3,684	3,253
027 01 NEONATAL CARE UNIT	48,623	29,474	44,119		4,035	7,803	6,964
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	41,636	18,735			101	2,906	5,963
031 01 SUBPROVIDER II	45,761	15,473			389	3,181	6,554
033 NURSERY	32,482	5,523	8,332		815	1,736	4,652
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		35,701			4,588	18,171	
038 RECOVERY ROOM		6,050			1,608	3,362	
039 DELIVERY ROOM & LABOR ROO		14,776	22,289		2,315	3,927	
040 ANESTHESIOLOGY		1,555			21,684	7,181	
041 RADIOLOGY-DIAGNOSTIC		41,900	748		9,817	37,831	
042 RADIOLOGY-THERAPEUTIC		8,833			52	5,221	
043 RADIOISOTOPE		5,435	7,621		45,079	5,368	
044 LABORATORY						25,618	
046 WHOLE BLOOD & PACKED RED						3,353	
049 RESPIRATORY THERAPY		14,740	22,235		3,145	7,299	
050 PHYSICAL THERAPY		13,857				3,624	
051 OCCUPATIONAL THERAPY		19,515			138	4,087	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		9,084	13,703		1,312	6,593	
054 ELECTROENCEPHALOGRAPHY		2,904				1,589	
055 MEDICAL SUPPLIES CHARGED				1,426,863		24,157	
056 DRUGS CHARGED TO PATIENTS					682,473	30,683	
057 RENAL DIALYSIS		2,433	3,670		1,196	868	
058 ASC (NON-DISTINCT PART)		10,080			1,784	5,493	
059 REHAB MEDICINE		2,432				349	
059 10 CARDIAC LAB		4,872	6,136		12,078	7,041	
059 20 DAY HOSPITAL		1,727				323	
059 30 LI THOTRIPTER						1,452	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		8,542			2,696	6,121	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CARE CENTER		326	492			9	
060 02 OUTPATIENT CENTER		706			586	246	
060 03 PAIN CLINIC		1,213			533	275	
060 04 CARDIAC CONDTIONING		1,297	1,956		2	307	
060 05 WOUND CARE CENTER		906			12	12	
060 06 ANTI-COAG LAB		2,510				575	
060 07 HEART RISK ASSESSMENT		266	402		36	379	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		27,772	41,892		15,206	16,295	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
069 CORF							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	570,111	607,384	474,269	1,426,863	835,502	281,381	81,654
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		890	321		295		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	570,111	608,274	474,590	1,426,863	835,797	281,381	81,654

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PARAMED ED PR GM-PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.01	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 03 PURCHASING, RECEIVING & S							
006 05 CASHIERING, ACCT REC & CO							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI	122,156						
023 I&R SERVICES-OTHER PRGM C		1,380,460					
024 PARAMED ED PRGM-(SPECIFY)			53,571				
024 01 PARAMED ED PRGM-PHARMACY				5,628			
025 INPAT ROUTINE SRVC CNTRS					6,672,871		6,672,871
026 ADULTS & PEDIATRICS					730,888		730,888
027 INTENSIVE CARE UNIT					659,836		659,836
027 01 CORONARY CARE UNIT					602,295		602,295
027 01 NEONATAL CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					1,029,805		1,029,805
031 01 SUBPROVIDER II					814,369		814,369
033 NURSERY					103,410		103,410
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					2,076,752		2,076,752
038 RECOVERY ROOM					119,621		119,621
039 DELIVERY ROOM & LABOR ROO					979,994		979,994
040 ANESTHESIOLOGY					85,226		85,226
041 RADIOLOGY-DIAGNOSTIC					8,103,840		8,103,840
042 RADIOLOGY-THERAPEUTIC					1,388,364		1,388,364
043 RADIOISOTOPE					411,017		411,017
044 LABORATORY					1,046,177		1,046,177
046 WHOLE BLOOD & PACKED RED					98,980		98,980
049 RESPIRATORY THERAPY					243,249		243,249
050 PHYSICAL THERAPY					128,942		128,942
051 OCCUPATIONAL THERAPY					1,127,426		1,127,426
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					206,907		206,907
054 ELECTROENCEPHALOGRAPHY					188,754		188,754
055 MEDICAL SUPPLIES CHARGED					1,496,266		1,496,266
056 DRUGS CHARGED TO PATIENTS					863,510		863,510
057 RENAL DIALYSIS					110,408		110,408
058 ASC (NON-DISTINCT PART)					520,371		520,371
059 REHAB MEDICINE					86,657		86,657
059 10 CARDIAC LAB					910,871		910,871
059 20 DAY HOSPITAL					186,612		186,612
059 30 LI THOTRIPTER					10,792		10,792
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB					343,962		343,962
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 DIABETES CARE CENTER					100,895		100,895
060 02 OUTPATIENT CENTER					73,556		73,556
060 03 PAIN CLINIC					89,233		89,233
060 04 CARDIAC CONDITIONING					75,134		75,134
060 05 WOUND CARE CENTER					16,160		16,160
060 06 ANTI-COAG LAB					115,333		115,333
060 07 HEART RISK ASSESSMENT					38,880		38,880
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY					1,140,674		1,140,674
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
069 AMBULANCE SERVICES							
095 CORF							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS					32,998,037		32,998,037
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					319,028		319,028
096 03 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							
101 CROSS FOOT ADJUSTMENTS	122,156	1,380,460	53,571	5,628	1,561,815		1,561,815
102 NEGATIVE COST CENTER							
103 TOTAL	122,156	1,380,460	53,571	5,628	34,878,880		34,878,880

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 03 PURCHASING, RECEIVING & S
 006 05 CASHIERING, ACCT REC & CO
 006 06 OTHER ADMINISTRATIVE AND
 007 MAINTENANCE & REPAIRS
 008 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 016 PHARMACY
 017 MEDICAL RECORDS & LIBRARY
 018 SOCIAL SERVICE
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM-(SPECIFY)
 024 01 PARAMED ED PRGM-PHARMACY
 025 INPAT ROUTINE SRVC CNTRS
 025 ADULTS & PEDIATRICS
 026 INTENSIVE CARE UNIT
 027 CORONARY CARE UNIT
 027 01 NEONATAL CARE UNIT
 028 BURN INTENSIVE CARE UNIT
 029 SURGICAL INTENSIVE CARE U
 031 SUBPROVIDER
 031 01 SUBPROVIDER II
 033 NURSERY
 034 SKILLED NURSING FACILITY
 037 ANCILLARY SRVC COST CNTRS
 037 OPERATING ROOM
 038 RECOVERY ROOM
 039 DELIVERY ROOM & LABOR ROO
 040 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 042 RADIOLOGY-THERAPEUTIC
 043 RADIOISOTOPE
 044 LABORATORY
 046 WHOLE BLOOD & PACKED RED
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 058 ASC (NON-DISTINCT PART)
 059 REHAB MEDICINE
 059 10 CARDIAC LAB
 059 20 DAY HOSPITAL
 059 30 LI THOTRIPTER
 059 40 COLO-RECTAL CENTER
 059 45 GASTROENTEROLOGY LAB
 060 OUTPAT SERVICE COST CNTRS
 060 CLINIC
 060 01 DIABETES CARE CENTER
 060 02 OUTPATIENT CENTER
 060 03 PAIN CLINIC
 060 04 CARDIAC CONDI TIONING
 060 05 WOUND CARE CENTER
 060 06 ANTI-COAG LAB
 060 07 HEART RISK ASSESSMENT
 060 20 IN-VITRO FERTILIZATION
 061 EMERGENCY
 062 OBSERVATION BEDS (NON-DIS
 062 OTHER REIMBURS COST CNTRS
 065 AMBULANCE SERVICES
 069 CORF
 069 SPEC PURPOSE COST CENTERS
 095 SUBTOTALS
 095 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 096 01 CHILD DAY CARE
 096 03 LAUREATE DAY SCHOOL
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PURCHASING, R
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR)VALUE	OSTS-BLDG & (SQUARE)FEET	OSTS-MVBLE (SQUARE)FEET	FITS (GROSS SALARIES)	ECEIVING & S (PURCHASED)REQUISITIO)
	1	2	3	4	5	6.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	926,938					
002 OLD CAP REL COSTS-MVB		10,246,748				
003 NEW CAP REL COSTS-BLD			926,938			
004 NEW CAP REL COSTS-MVB				926,938		
005 EMPLOYEE BENEFITS	9,341	57,755	9,341	9,341	202,528,371	
006 03 PURCHASING, RECEIVING	4,456	13,194	4,456	4,456	1,173,152	65,169,240
006 05 CASHIERING, ACCT REC	15,788	165,566	15,788	15,788	6,265,407	56,636
006 06 OTHER ADMINISTRATIVE	57,267	2,254,452	57,267	57,267	16,783,268	1,693,509
007 MAINTENANCE & REPAIRS	179,009	194,142	179,009	179,009	5,027,319	967,039
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	8,460	26,700	8,460	8,460	4,404,313	348,335
011 DIETARY	14,630	72,321	14,630	14,630	1,910,168	3,285,813
012 CAFETERIA	16,836		16,836	16,836	1,403,610	
014 NURSING ADMINISTRATION	12,089	23,471	12,089	12,089	3,225,065	66,804
015 CENTRAL SERVICES & SU	12,696	232,358	12,696	12,696	1,948,607	56,806,367
016 PHARMACY	5,985	61,608	5,985	5,985	5,597,589	78,874
017 MEDICAL RECORDS & LIB	6,730	32,817	6,730	6,730	2,763,603	56,318
018 SOCIAL SERVICE	1,690	3,347	1,690	1,690	1,727,823	2,214
022 I&R SERVICES-SALARY &					9,214,208	
023 I&R SERVICES-OTHER PR	37,933	167,662	37,933	37,933	2,284,796	132,144
024 PARAMED ED PRGM-(SPEC	1,422	1,126	1,422	1,422	233,165	1,750
024 01 PARAMED PHARM	105		105	105	147,990	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	141,239	283,997	141,239	141,239	42,257,624	283,036
026 INTENSIVE CARE UNIT	14,528	234,077	14,528	14,528	5,461,567	75,785
027 CORONARY CARE UNIT	11,062	39,982	11,062	11,062	6,450,415	72,075
027 01 NEONATAL CARE UNIT	10,493	96,439	10,493	10,493	8,022,298	30,234
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	25,421	49,892	25,421	25,421	5,099,397	39,676
031 01 SUBPROVIDER II	17,408	24,650	17,408	17,408	4,211,589	22,101
033 NURSERY	784	31,023	784	784	1,503,359	14,204
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	40,900	698,019	40,900	40,900	9,717,213	601,405
038 RECOVERY ROOM	2,470	15,287	2,470	2,470	1,646,631	4,039
039 DELIVERY ROOM & LABOR	24,733	143,761	24,733	24,733	4,021,800	32,632
040 ANESTHESIOLOGY	1,004	186,013	1,004	1,004	423,289	5,334
041 RADIOLOGY-DIAGNOSTIC	62,314	1,438,681	62,314	62,314	11,404,479	82,169
042 RADIOLOGY-THERAPEUTIC	20,167	991,856	20,167	20,167	2,404,197	37,962
043 RADIOISOTOPE	6,896	400,211	6,896	6,896	1,479,264	11,156
044 LABORATORY	24,382	506,929	24,382	24,382		
046 WHOLE BLOOD & PACKED	2,162	16,875	2,162	2,162		
049 RESPIRATORY THERAPY	2,713	183,210	2,713	2,713	4,012,075	44,810
050 PHYSICAL THERAPY	2,009	17,853	2,009	2,009	3,771,663	10,290
051 OCCUPATIONAL THERAPY	29,473	81,266	29,473	29,473	5,311,634	45,137
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	3,983	188,178	3,983	3,983	2,472,635	36,698
054 ELECTROENCEPHALOGRAPH	4,812	80,340	4,812	4,812	790,305	11,728
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2,401	32,922	2,401	2,401	662,297	3,573
058 ASC (NON-DISTINCT PAR	13,161	124,413	13,161	13,161	2,743,469	28,317
059 REHAB MEDICINE	2,172	14,858	2,172	2,172	661,886	18,947
059 10 CARDIAC LAB	14,010	617,682	14,010	14,010	1,326,196	24,018
059 20 DAY HOSPITAL	5,054	8,817	5,054	5,054	469,969	2,862
059 30 LI THOTRIPTER						
059 40 COLO-RECTAL CENTER						
059 45 GASTROENTEROLOGY LAB	8,257	363,771	8,257	8,257	2,325,089	33,916
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 DIABETES CARE CENTER	2,788		2,788	2,788	88,856	392
060 02 OUTPATIENT CENTER	1,959	1,051	1,959	1,959	192,232	2,459
060 03 PAIN CLINIC	2,351	1,858	2,351	2,351	330,259	504
060 04 CARDIAC CONDI TIONI NG	1,906	10,092	1,906	1,906	353,006	2,151
060 05 WOUND CARE CENTER	366		366	366	246,485	663
060 06 ANTI -COAG LAB	2,955		2,955	2,955	683,305	1,673
060 07 HEART RISK ASSESSMENT	1,025		1,025	1,025	72,491	1,066
060 20 IN-VITRO FERTILIZATIO						
061 EMERGENCY	26,292	55,653	26,292	26,292	7,558,998	86,788
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
069 CORF						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	918,087	10,246,175	918,087	918,087	202,286,055	65,163,603
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	8,851	573	8,851	8,851	242,316	5,637
096 01 CHILD DAY CARE						
096 03 LAUREATE DAY SCHOOL						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PURCHASING, R
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	ECEIVING & S
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(SQUARE)FEET	(GROSS) SALARIES	(PURCHASED)REQUI SITI O)
	1	2	3	4	5	6.03
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	9,161,201	269,967	12,324,760	12,781,332	48,659,327	2,614,930
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.883294	.026347	13.296208	13.788767	.240259	.040125
106 COST TO BE ALLOCATED (WRKSHT B, PART II)					93,842	44,931
107 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000463	.000689
108 COST TO BE ALLOCATED (WRKSHT B, PART III)					253,001	223,054
UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001249	.003423

COST CENTER DESCRIPTION	CASHIERING, ACCT REC & CO		OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN HOUSEKEEPING SERVICE	
	(GROSS REVENUES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	
	6.05	6a.06	6.06	7	8	9	10	
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 03 PURCHASING, RECEIVING								
006 05 CASHIERING, ACCT REC	1436,330,182							
006 06 OTHER ADMINISTRATIVE		-70,831,524	417,738,722					
007 MAINTENANCE & REPAIRS			27,638,416	661,077				
008 OPERATION OF PLANT					661,077			
009 LAUNDRY & LINEN SERVICE			2,223,771			156,330		
010 HOUSEKEEPING			6,873,743	8,460	8,460		652,617	
011 DIETARY			4,973,769	14,630	14,630		14,630	
012 CAFETERIA			1,860,314	16,836	16,836		16,836	
014 NURSING ADMINISTRATION			4,894,807	12,089	12,089		12,089	
015 CENTRAL SERVICES & SU			62,207,224	12,696	12,696		12,696	
016 PHARMACY			8,144,365	5,985	5,985		5,985	
017 MEDICAL RECORDS & LIB			5,159,424	6,730	6,730		6,730	
018 SOCIAL SERVICE			2,340,103	1,690	1,690		1,690	
022 I&R SERVICES-SALARY &			13,491,493					
023 I&R SERVICES-OTHER PR			4,580,088	37,933	37,933		37,933	
024 PARAMED PRGM-(SPEC			365,977	1,422	1,422		1,422	
024 01 PARAMED PRGM-PHARM			207,736	105	105		105	
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	156,255,764		63,510,501	141,239	141,239	97,841	141,239	
026 INTENSIVE CARE UNIT	18,549,382		9,006,197	14,528	14,528	6,056	14,528	
027 CORONARY CARE UNIT	18,793,497		10,468,955	11,062	11,062	6,228	11,062	
027 01 NEONATAL CARE UNIT	39,811,010		11,627,639	10,493	10,493	13,333	10,493	
028 BURN INTENSIVE CARE U								
029 SURGICAL INTENSIVE CA								
031 SUBPROVIDER	14,825,200		7,790,869	25,421	25,421	11,417	25,421	
031 01 SUBPROVIDER II	16,227,900		6,446,458	17,408	17,408	12,548	17,408	
033 NURSERY	8,858,631		2,949,424	784	784	8,907	784	
034 SKILLED NURSING FACIL								
ANCILLARY SRVC COST C								
037 OPERATING ROOM	92,710,426		15,541,464	40,900	40,900		40,900	
038 RECOVERY ROOM	17,151,084		2,442,785	2,470	2,470		2,470	
039 DELIVERY ROOM & LABOR	20,035,598		6,521,853	24,733	24,733		24,733	
040 ANESTHESIOLOGY	36,639,068		1,338,700	1,004	1,004		1,004	
041 RADIOLOGY-DIAGNOSTIC	193,736,479		26,142,440	62,314	62,314		62,314	
042 RADIOLOGY-THERAPEUTIC	26,636,442		4,947,659	20,167	20,167		20,167	
043 RADIOISOTOPE	27,385,767		3,803,096	6,896	6,896		6,896	
044 LABORATORY	130,703,998		20,717,326	24,382	24,382		24,382	
046 WHOLE BLOOD & PACKED	17,107,686		2,444,982	2,162	2,162		2,162	
049 RESPIRATORY THERAPY	37,238,235		5,866,880	2,713	2,713		2,713	
050 PHYSICAL THERAPY	18,490,967		5,270,705	2,009	2,009		2,009	
051 OCCUPATIONAL THERAPY	20,851,325		8,317,670	29,473	29,473		29,473	
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY	33,636,293		3,834,337	3,983	3,983		3,983	
054 ELECTROENCEPHALOGRAPH	8,108,883		1,815,078	4,812	4,812		4,812	
055 MEDICAL SUPPLIES CHAR	123,248,608		1,388,223					
056 DRUGS CHARGED TO PATI	156,547,984		18,081,572					
057 RENAL DIALYSIS	4,427,725		1,132,769	2,401	2,401		2,401	
058 ASC (NON-DISTINCT PAR	28,026,928		4,418,040	13,161	13,161		13,161	
059 REHAB MEDICINE	1,778,217		977,668	2,172	2,172		2,172	
059 10 CARDIAC LAB	35,925,396		3,452,062	14,010	14,010		14,010	
059 20 DAY HOSPITAL	1,646,796		803,342	5,054	5,054		5,054	
059 30 LIOTHOTRIPTER	7,409,830		1,246,573					
059 40 COLO-RECTAL CENTER								
059 45 GASTROENTEROLOGY LAB	31,228,414		3,839,236	8,257	8,257		8,257	
OUTPAT SERVICE COST C								
CLINIC								
060 01 DIABETES CARE CENTER	47,318		220,777	2,788	2,788		2,788	
060 02 OUTPATIENT CENTER	1,254,167		360,008	1,959	1,959		1,959	
060 03 PAIN CLINIC	1,400,844		554,753	2,351	2,351		2,351	
060 04 CARDIAC CONDI TIONI NG	1,567,646		559,308	1,906	1,906		1,906	
060 05 WOUND CARE CENTER	61,556		341,933	366	366		366	
060 06 ANTI-COAG LAB	2,935,256		1,037,246	2,955	2,955		2,955	
060 07 HEART RISK ASSESSMENT	1,931,167		146,924	1,025	1,025		1,025	
060 20 IN-VITRO FERTILIZATIO								
061 EMERGENCY	83,138,695		12,725,565	26,292	26,292		26,292	
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
069 CORF								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	1436,330,182	-70,831,524	417,052,247	652,226	652,226	156,330	643,766	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE			686,475	8,851	8,851		8,851	
096 01 CHILD DAY CARE								
096 03 LAUREATE DAY SCHOOL								

	COST CENTER DESCRIPTION	CASHIERING, A CCT REC & CO		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
		(GROSS REVENUES)	RECONCILIATION	(ACCUM. COST)	(SQUARE)FEET	(SQUARE)FEET	(PATIENT)DAYS	(SQUARE)FEET
		6.05	6a.06	6.06	7	8	9	10
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED	11,291,435		70,831,524	32,324,758		2,600,831	8,452,918
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				48.897115		16.636800	
	(WRKSHT B, PT I)	.007861		.169559				12.952341
105	COST TO BE ALLOCATED	163,339		634,322	1,819,261		3,376	120,311
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER				2.751965		.021595	
	(WRKSHT B, PT II)	.000114		.001518				.184352
107	COST TO BE ALLOCATED	435,637		2,377,773	5,149,164		12,658	340,852
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				7.789053		.080970	
	(WRKSHT B, PT III)	.000303		.005692				.522285

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICES (PATIENT DAYS)
	11	12	14	15	16	17	18
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 03 PURCHASING, RECEIVING							
006 05 CASHIERING, ACCT REC							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	156,330						
012 CAFETERIA		165,561,134					
014 NURSING ADMINISTRATION		3,225,065	85,639,803				
015 CENTRAL SERVICES & SUPPLY		1,948,607		56,665,607			
016 PHARMACY		5,597,589	442,146		20,636,619		
017 MEDICAL RECORDS & LIBRARY		2,763,603				1436,330,182	
018 SOCIAL SERVICE		1,727,823					156,330
022 I&R SERVICES-SALARY & BENEFITS		9,214,208					
023 I&R SERVICES-OTHER PERSONNEL		2,284,796			48		
024 PARAMEDICAL PRGM-(SPECIALTY)		233,165					
024 01 PARAMEDICAL PRGM-PHARMACY		147,990					
025 ADULTS & PEDIATRICS	97,841	42,257,624	41,904,258		401,088	156,255,764	97,841
026 INTENSIVE CARE UNIT	6,056	5,461,567	5,461,567		106,023	18,549,382	6,056
027 CORONARY CARE UNIT	6,228	6,450,415	6,450,415		81,033	18,793,497	6,228
027 01 NEONATAL CARE UNIT	13,333	8,022,298	7,960,756		99,627	39,811,010	13,333
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	11,417	5,099,397			2,492	14,825,200	11,417
031 01 SUBPROVIDER II	12,548	4,211,589			9,604	16,227,900	12,548
033 NURSERY	8,907	1,503,359	1,503,359		20,128	8,858,631	8,907
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM		9,717,213			113,281	92,710,426	
038 RECOVERY ROOM		1,646,631			39,703	17,151,084	
039 DELIVERY ROOM & LABOR		4,021,800	4,021,800		57,153	20,035,598	
040 ANESTHESIOLOGY		423,289			535,402	36,639,068	
041 RADIOLOGY-DIAGNOSTIC		11,404,479	134,972		242,385	193,736,479	
042 RADIOLOGY-THERAPEUTIC		2,404,197			1,287	26,636,442	
043 RADIOISOTOPE		1,479,264	1,375,064		1,113,030	27,385,767	
044 LABORATORY						130,703,998	
046 WHOLE BLOOD & PACKED						17,107,686	
049 RESPIRATORY THERAPY		4,012,075	4,012,075		77,644	37,238,235	
050 PHYSICAL THERAPY		3,771,663				18,490,967	
051 OCCUPATIONAL THERAPY		5,311,634			3,407	20,851,325	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		2,472,635	2,472,635		32,401	33,636,293	
054 ELECTROENCEPHALOGRAPHY		790,305				8,108,883	
055 MEDICAL SUPPLIES CHARACTERIZED				56,665,607		123,248,608	
056 DRUGS CHARGED TO PATIENTS					16,850,948	156,547,984	
057 RENAL DIALYSIS		662,297	662,297		29,534	4,427,725	
058 ASC (NON-DISTINCT PARTS)		2,743,469			44,055	28,026,928	
059 REHAB MEDICINE		661,886				1,778,217	
059 10 CARDIAC LAB		1,326,196	1,107,267		298,218	35,925,396	
059 20 DAY HOSPITAL		469,969				1,646,796	
059 30 LI THOTRIPTER						7,409,830	
059 40 COLO-RECTAL CENTER							
059 45 GASTROENTEROLOGY LAB		2,325,089			66,566	31,228,414	
060 OUTPAT SERVICE COST CENTER							
060 01 DIABETES CARE CENTER		88,856	88,856			47,318	
060 02 OUTPATIENT CENTER		192,232			14,458	1,254,167	
060 03 PAIN CLINIC		330,259			13,151	1,400,844	
060 04 CARDIAC CONDI TIONING		353,006	353,006		43	1,567,646	
060 05 WOUND CARE CENTER		246,485			294	61,556	
060 06 ANTI -COAG LAB		683,305				2,935,256	
060 07 HEART RISK ASSESSMENT		72,491	72,491		894	1,931,167	
060 20 IN-VITRO FERTILIZATION							
061 EMERGENCY		7,558,998	7,558,999		375,447	83,138,695	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 AMBULANCE SERVICES							
069 CORF							
095 SUBTOTALS	156,330	165,318,818	85,581,963	56,665,607	20,629,344	1436,330,182	156,330
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		242,316	57,840		7,275		
096 01 CHILD DAY CARE							
096 03 LAUREATE DAY SCHOOL							

	COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(PATIENT DAYS)	(GROSS SALARIES)	(NURSING SALARIES)	(COSTED REQUIS)	(COSTED REQUIS)	(GROSS REVENUES)	(PATIENT DAYS)
		11	12	14	15	16	17	18
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,721,974	3,217,045	6,535,130	73,578,123	10,037,991	6,504,198	2,874,987
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.019431		1.298462		.004528	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	42.998618 200,154	219,305	.076309 168,837	305,965	.486416 101,646	99,955	18.390501 28,397
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.001325		.005399		.000070	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1.280330 570,111	608,274	.001971 474,590	1,426,863	.004926 835,797	281,381	.181648 81,654
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.003674		.025180		.000196	
		3.646843		.005542		.040501		.522318

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM-(SPECIFY) (ASSIGNED TIME)	PARAMED ED PR GM-PHARMACY (ASSIGNED TIME)
GENERAL SERVICE COST	22	23	24	24.01
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 03 PURCHASING, RECEIVING				
006 05 CASHIERING, ACCT REC				
006 06 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY &	17,341			
023 I&R SERVICES-OTHER PR		17,341		
024 PARAMED ED PRGM-(SPEC			147,423	
024 01 PARAMED ED PRGM-PHARM				3,500
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	13,156	13,156	97,841	960
026 INTENSIVE CARE UNIT			6,056	
027 CORONARY CARE UNIT			6,228	744
027 01 NEONATAL CARE UNIT			13,333	504
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	1,200	1,200	11,417	
031 01 SUBPROVIDER II	1	1	12,548	
033 NURSERY				
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	1,527	1,527		
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY	201	201		
041 RADIOLOGY-DIAGNOSTIC	7	7		
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY	533	533		
046 WHOLE BLOOD & PACKED				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				1,004
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
059 REHAB MEDICINE				
059 10 CARDIAC LAB				
059 20 DAY HOSPITAL				
059 30 LI THOTRIPTER				
059 40 COLO-RECTAL CENTER				
059 45 GASTROENTEROLOGY LAB				
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 DIABETES CARE CENTER				
060 02 OUTPATIENT CENTER				
060 03 PAIN CLINIC				
060 04 CARDIAC CONDI TIONING				
060 05 WOUND CARE CENTER				
060 06 ANTI-COAG LAB				
060 07 HEART RISK ASSESSMENT				
060 20 IN-VITRO FERTILIZATIO				
061 EMERGENCY	716	716		288
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
069 CORF				
SPEC PURPOSE COST CEN				
095 SUBTOTALS	17,341	17,341	147,423	3,500
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
096 01 CHILD DAY CARE				
096 03 LAUREATE DAY SCHOOL				

	COST CENTER DESCRIPTION	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	PARAMED ED PR
		SALARY & FRI	OTHER PRGM C	GM-(SPECIFY)	GM-PHARMACY
		(ASSIGNED TIME)	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
		22	23	24	24.01
101	NONREIMBURS COST CENT				
102	CROSS FOOT ADJUSTMENT				
103	NEGATIVE COST CENTER				
	COST TO BE ALLOCATED	15,958,138	7,747,237	520,513	252,330
	(PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER		446.758376		72.094286
	(WRKSHT B, PT I)	920.254772		3.530745	
105	COST TO BE ALLOCATED	36,955	501,832	19,233	1,926
	(PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER		28.939046		.550286
	(WRKSHT B, PT II)	2.131077		.130461	
107	COST TO BE ALLOCATED	122,156	1,380,460	53,571	5,628
	(PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER		79.606712		1.608000
	(WRKSHT B, PT III)	7.044346		.363383	

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	95,985,265		95,985,265		95,985,265
26	INTENSIVE CARE UNIT	12,584,189		12,584,189		12,584,189
27	CORONARY CARE UNIT	14,231,888		14,231,888		14,231,888
27	01 NEONATAL CARE UNIT	16,364,009		16,364,009	1,144	16,365,153
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	11,782,715		11,782,715	152,425	11,935,140
31	01 SUBPROVIDER II	9,799,549		9,799,549		9,799,549
33	NURSERY	4,386,827		4,386,827		4,386,827
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,370,012		21,370,012		21,370,012
38	RECOVERY ROOM	3,138,717		3,138,717		3,138,717
39	DELIVERY ROOM & LABOR ROO	9,660,983		9,660,983		9,660,983
40	ANESTHESIOLOGY	2,062,341		2,062,341	97,121	2,159,462
41	RADIOLOGY-DIAGNOSTIC	35,656,744		35,656,744		35,656,744
42	RADIOLOGY-THERAPEUTIC	7,201,849		7,201,849		7,201,849
43	RADIOISOTOPE	5,673,532		5,673,532		5,673,532
44	LABORATORY	26,329,976		26,329,976		26,329,976
46	WHOLE BLOOD & PACKED RED	3,070,734		3,070,734		3,070,734
49	RESPIRATORY THERAPY	7,619,958		7,619,958		7,619,958
50	PHYSICAL THERAPY	6,445,669		6,445,669		6,445,669
51	OCCUPATIONAL THERAPY	11,750,177		11,750,177		11,750,177
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	5,135,624		5,135,624		5,135,624
54	ELECTROENCEPHALOGRAPHY	2,472,534		2,472,534		2,472,534
55	MEDICAL SUPPLIES CHARGED	75,759,802		75,759,802		75,759,802
56	DRUGS CHARGED TO PATIENTS	30,125,275		30,125,275		30,125,275
57	RENAL DIALYSIS	1,571,164		1,571,164		1,571,164
58	ASC (NON-DISTINCT PART)	6,182,802		6,182,802		6,182,802
59	REHAB MEDICINE	1,298,690		1,298,690		1,298,690
59	10 CARDIAC LAB	5,321,892		5,321,892		5,321,892
59	20 DAY HOSPITAL	1,268,732		1,268,732		1,268,732
59	30 LITHOTRIPTER	1,491,493		1,491,493		1,491,493
59	40 COLO-RECTAL CENTER					
59	45 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	5,219,863		5,219,863		5,219,863
60	CLINIC					
60	01 DIABETES CARE CENTER	439,370		439,370		439,370
60	02 OUTPATIENT CENTER	558,661		558,661		558,661
60	03 PAIN CLINIC	813,381		813,381		813,381
60	04 CARDIAC CONDITIONING	812,945		812,945		812,945
60	05 WOUND CARE CENTER	427,759		427,759		427,759
60	06 ANTI-COAG LAB	1,422,453		1,422,453		1,422,453
60	07 HEART RISK ASSESSMENT	251,352		251,352		251,352
60	20 IN-VITRO FERTILIZATION					
61	EMERGENCY	17,812,982		17,812,982	70,535	17,883,517
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,171,445		6,171,445		6,171,445
65	AMBULANCE SERVICES					
101	SUBTOTAL	469,673,353		469,673,353	321,225	469,994,578
102	LESS OBSERVATION BEDS	6,171,445		6,171,445		6,171,445
103	TOTAL	463,501,908		463,501,908	321,225	463,823,133

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	145,054,601		145,054,601			
26	INTENSIVE CARE UNIT	18,549,382		18,549,382			
27	CORONARY CARE UNIT	18,793,497		18,793,497			
27	01 NEONATAL CARE UNIT	39,811,010		39,811,010			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	14,825,200		14,825,200			
31	01 SUBPROVIDER II	16,227,900		16,227,900			
33	NURSERY	8,858,631		8,858,631			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	62,676,269	30,034,157	92,710,426	.230503	.230503	.230503
38	RECOVERY ROOM	9,575,581	7,575,503	17,151,084	.183004	.183004	.183004
39	DELIVERY ROOM & LABOR ROO	18,576,961	1,458,637	20,035,598	.482191	.482191	.482191
40	ANESTHESIOLOGY	20,269,922	16,369,146	36,639,068	.056288	.056288	.058939
41	RADIOLOGY-DIAGNOSTIC	77,393,046	116,343,433	193,736,479	.184048	.184048	.184048
42	RADIOLOGY-THERAPEUTIC	1,360,112	25,276,330	26,636,442	.270376	.270376	.270376
43	RADIOISOTOPE	10,966,150	16,419,617	27,385,767	.207171	.207171	.207171
44	LABORATORY	91,669,254	39,034,744	130,703,998	.201447	.201447	.201447
46	WHOLE BLOOD & PACKED RED	13,263,656	3,844,030	17,107,686	.179494	.179494	.179494
49	RESPIRATORY THERAPY	34,490,901	2,747,334	37,238,235	.204627	.204627	.204627
50	PHYSICAL THERAPY	18,288,455	202,512	18,490,967	.348585	.348585	.348585
51	OCCUPATIONAL THERAPY	2,427,274	18,424,051	20,851,325	.563522	.563522	.563522
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	17,072,329	16,563,964	33,636,293	.152681	.152681	.152681
54	ELECTROENCEPHALOGRAPHY	4,263,208	3,845,675	8,108,883	.304917	.304917	.304917
55	MEDICAL SUPPLIES CHARGED	97,603,502	25,645,106	123,248,608	.614691	.614691	.614691
56	DRUGS CHARGED TO PATIENTS	139,920,563	16,627,421	156,547,984	.192435	.192435	.192435
57	RENAL DIALYSIS	4,117,054	310,671	4,427,725	.354847	.354847	.354847
58	ASC (NON-DISTINCT PART)	1,290,913	26,736,015	28,026,928	.220602	.220602	.220602
59	REHAB MEDICINE	775,800	1,002,417	1,778,217	.730333	.730333	.730333
59	10 CARDIAC LAB	20,530,394	15,395,002	35,925,396	.148137	.148137	.148137
59	20 DAY HOSPITAL	13,135	1,633,661	1,646,796	.770425	.770425	.770425
59	30 LITHOTRIPTER	80,289	7,329,541	7,409,830	.201286	.201286	.201286
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB OUTPAT SERVICE COST CNTRS	5,342,687	25,885,727	31,228,414	.167151	.167151	.167151
60	CLINIC						
60	01 DIABETES CARE CENTER	528	46,790	47,318	9.285473	9.285473	9.285473
60	02 OUTPATIENT CENTER	43,075	1,211,092	1,254,167	.445444	.445444	.445444
60	03 PAIN CLINIC	1,837	1,399,007	1,400,844	.580636	.580636	.580636
60	04 CARDIAC CONDITIONING	95,686	1,471,960	1,567,646	.518577	.518577	.518577
60	05 WOUND CARE CENTER	2,540	59,016	61,556	6.949103	6.949103	6.949103
60	06 ANTI-COAG LAB	8,943	2,926,313	2,935,256	.484610	.484610	.484610
60	07 HEART RISK ASSESSMENT	6,096	1,925,071	1,931,167	.130155	.130155	.130155
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY	36,155,091	46,983,604	83,138,695	.214256	.214256	.215105
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,026,423	10,174,740	11,201,163	.550965	.550965	.550965
65	AMBULANCE SERVICES						
101	SUBTOTAL	951,427,895	484,902,287	1436,330,182			
102	LESS OBSERVATION BEDS						
103	TOTAL	951,427,895	484,902,287	1436,330,182			

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	21,370,012	2,678,462	18,691,550			21,370,012
38	RECOVERY ROOM	3,138,717	161,695	2,977,022			3,138,717
39	DELIVERY ROOM & LABOR ROO	9,660,983	1,329,858	8,331,125			9,660,983
40	ANESTHESIOLOGY	2,062,341	115,170	1,947,171			2,062,341
41	RADIOLOGY-DIAGNOSTIC	35,656,744	9,036,835	26,619,909			35,656,744
42	RADIOLOGY-THERAPEUTIC	7,201,849	1,689,773	5,512,076			7,201,849
43	RADIOISOTOPE	5,673,532	531,623	5,141,909			5,673,532
44	LABORATORY	26,329,976	1,427,598	24,902,378			26,329,976
46	WHOLE BLOOD & PACKED RED	3,070,734	134,001	2,936,733			3,070,734
49	RESPIRATORY THERAPY	7,619,958	314,108	7,305,850			7,619,958
50	PHYSICAL THERAPY	6,445,669	173,320	6,272,349			6,445,669
51	OCCUPATIONAL THERAPY	11,750,177	1,533,407	10,216,770			11,750,177
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,135,624	284,416	4,851,208			5,135,624
54	ELECTROENCEPHALOGRAPHY	2,472,534	258,226	2,214,308			2,472,534
55	MEDICAL SUPPLIES CHARGED	75,759,802	1,827,015	73,932,787			75,759,802
56	DRUGS CHARGED TO PATIENTS	30,125,275	1,002,762	29,122,513			30,125,275
57	RENAL DIALYSIS	1,571,164	147,227	1,423,937			1,571,164
58	ASC (NON-DISTINCT PART)	6,182,802	709,374	5,473,428			6,182,802
59	REHAB MEDICINE	1,298,690	117,899	1,180,791			1,298,690
59 10	CARDIAC LAB	5,321,892	1,124,637	4,197,255			5,321,892
59 20	DAY HOSPITAL	1,268,732	253,999	1,014,733			1,268,732
59 30	LITHOTRIPTER	1,491,493	14,048	1,477,445			1,491,493
59 40	COLO-RECTAL CENTER						
59 45	GASTROENTEROLOGY LAB	5,219,863	475,480	4,744,383			5,219,863
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CARE CENTER	439,370	137,313	302,057			439,370
60 02	OUTPATIENT CENTER	558,661	99,891	458,770			558,661
60 03	PAIN CLINIC	813,381	121,177	692,204			813,381
60 04	CARDIAC CONDITIONING	812,945	102,300	710,645			812,945
60 05	WOUND CARE CENTER	427,759	21,823	405,936			427,759
60 06	ANTI-COAG LAB	1,422,453	156,552	1,265,901			1,422,453
60 07	HEART RISK ASSESSMENT	251,352	52,876	198,476			251,352
60 20	IN-VITRO FERTILIZATION						
61	EMERGENCY	17,812,982	1,544,133	16,268,849			17,812,982
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,171,445	573,642	5,597,803			6,171,445
65	AMBULANCE SERVICES						
101	SUBTOTAL	304,538,911	28,150,640	276,388,271			304,538,911
102	LESS OBSERVATION BEDS	6,171,445	573,642	5,597,803			6,171,445
103	TOTAL	298,367,466	27,576,998	270,790,468			298,367,466

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	92,710,426	.230503	.230503
38	RECOVERY ROOM	17,151,084	.183004	.183004
39	DELIVERY ROOM & LABOR ROO	20,035,598	.482191	.482191
40	ANESTHESIOLOGY	36,639,068	.056288	.056288
41	RADIOLOGY-DIAGNOSTIC	193,736,479	.184048	.184048
42	RADIOLOGY-THERAPEUTIC	26,636,442	.270376	.270376
43	RADIOISOTOPE	27,385,767	.207171	.207171
44	LABORATORY	130,703,998	.201447	.201447
46	WHOLE BLOOD & PACKED RED	17,107,686	.179494	.179494
49	RESPIRATORY THERAPY	37,238,235	.204627	.204627
50	PHYSICAL THERAPY	18,490,967	.348585	.348585
51	OCCUPATIONAL THERAPY	20,851,325	.563522	.563522
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	33,636,293	.152681	.152681
54	ELECTROENCEPHALOGRAPHY	8,108,883	.304917	.304917
55	MEDICAL SUPPLIES CHARGED	123,248,608	.614691	.614691
56	DRUGS CHARGED TO PATIENTS	156,547,984	.192435	.192435
57	RENAL DIALYSIS	4,427,725	.354847	.354847
58	ASC (NON-DISTINCT PART)	28,026,928	.220602	.220602
59	REHAB MEDICINE	1,778,217	.730333	.730333
59 10	CARDIAC LAB	35,925,396	.148137	.148137
59 20	DAY HOSPITAL	1,646,796	.770425	.770425
59 30	LITHOTRIPTER	7,409,830	.201286	.201286
59 40	COLO-RECTAL CENTER			
59 45	GASTROENTEROLOGY LAB	31,228,414	.167151	.167151
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETES CARE CENTER	47,318	9.285473	9.285473
60 02	OUTPATIENT CENTER	1,254,167	.445444	.445444
60 03	PAIN CLINIC	1,400,844	.580636	.580636
60 04	CARDIAC CONDITIONING	1,567,646	.518577	.518577
60 05	WOUND CARE CENTER	61,556	6.949103	6.949103
60 06	ANTI-COAG LAB	2,935,256	.484610	.484610
60 07	HEART RISK ASSESSMENT	1,931,167	.130155	.130155
60 20	IN-VITRO FERTILIZATION			
61	EMERGENCY	83,138,695	.214256	.214256
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	11,201,163	.550965	.550965
65	AMBULANCE SERVICES			
101	SUBTOTAL	1174,209,961		
102	LESS OBSERVATION BEDS	11,201,163		
103	TOTAL	1163,008,798		

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	23,457,441	2,678,462	20,778,979	267,846	1,205,181	21,984,414
38	RECOVERY ROOM	3,138,717	161,695	2,977,022	16,170	172,667	2,949,880
39	DELIVERY ROOM & LABOR ROO	9,660,983	1,329,858	8,331,125	132,986	483,205	9,044,792
40	ANESTHESIOLOGY	2,337,110	115,170	2,221,940	11,517	128,873	2,196,720
41	RADIOLOGY-DIAGNOSTIC	35,666,313	9,036,835	26,629,478	903,684	1,544,510	33,218,119
42	RADIOLOGY-THERAPEUTIC	7,201,849	1,689,773	5,512,076	168,977	319,700	6,713,172
43	RADIOISOTOPE	5,673,532	531,623	5,141,909	53,162	298,231	5,322,139
44	LABORATORY	27,058,594	1,427,598	25,630,996	142,760	1,486,598	25,429,236
46	WHOLE BLOOD & PACKED RED	3,070,734	134,001	2,936,733	13,400	170,331	2,887,003
49	RESPIRATORY THERAPY	7,619,958	314,108	7,305,850	31,411	423,739	7,164,808
50	PHYSICAL THERAPY	6,445,669	173,320	6,272,349	17,332	363,796	6,064,541
51	OCCUPATIONAL THERAPY	11,750,177	1,533,407	10,216,770	153,341	592,573	11,004,263
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,135,624	284,416	4,851,208	28,442	281,370	4,825,812
54	ELECTROENCEPHALOGRAPHY	2,472,534	258,226	2,214,308	25,823	128,430	2,318,281
55	MEDICAL SUPPLIES CHARGED	75,759,802	1,827,015	73,932,787	182,702	4,288,102	71,288,998
56	DRUGS CHARGED TO PATIENTS	30,125,275	1,002,762	29,122,513	100,276	1,689,106	28,335,893
57	RENAL DIALYSIS	1,571,164	147,227	1,423,937	14,723	82,588	1,473,853
58	ASC (NON-DISTINCT PART)	6,182,802	709,374	5,473,428	70,937	317,459	5,794,406
59	REHAB MEDICINE	1,298,690	117,899	1,180,791	11,790	68,486	1,218,414
59 10	CARDIAC LAB	5,321,892	1,124,637	4,197,255	112,464	243,441	4,965,987
59 20	DAY HOSPITAL	1,268,732	253,999	1,014,733	25,400	58,855	1,184,477
59 30	LITHOTRIPTER	1,491,493	14,048	1,477,445	1,405	85,692	1,404,396
59 40	COLO-RECTAL CENTER						
59 45	GASTROENTEROLOGY LAB	5,219,863	475,480	4,744,383	47,548	275,174	4,897,141
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	DIABETES CARE CENTER	439,370	137,313	302,057	13,731	17,519	408,120
60 02	OUTPATIENT CENTER	558,661	99,891	458,770	9,989	26,609	522,063
60 03	PAIN CLINIC	813,381	121,177	692,204	12,118	40,148	761,115
60 04	CARDIAC CONDITIONING	812,945	102,300	710,645	10,230	41,217	761,498
60 05	WOUND CARE CENTER	427,759	21,823	405,936	2,182	23,544	402,033
60 06	ANTI-COAG LAB	1,422,453	156,552	1,265,901	15,655	73,422	1,333,376
60 07	HEART RISK ASSESSMENT	251,352	52,876	198,476	5,288	11,512	234,552
60 20	IN-VITRO FERTILIZATION						
61	EMERGENCY	18,791,763	1,544,133	17,247,630	154,413	1,000,363	17,636,987
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,171,445	573,642	5,597,803	57,364	324,673	5,789,408
65	AMBULANCE SERVICES						
101	SUBTOTAL	308,618,077	28,150,640	280,467,437	2,815,066	16,267,114	289,535,897
102	LESS OBSERVATION BEDS	6,171,445	573,642	5,597,803	57,364	324,673	5,789,408
103	TOTAL	302,446,632	27,576,998	274,869,634	2,757,702	15,942,441	283,746,489

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	92,710,426	.237130	.250129
38	RECOVERY ROOM	17,151,084	.171994	.182061
39	DELIVERY ROOM & LABOR ROO	20,035,598	.451436	.475553
40	ANESTHESIOLOGY	36,639,068	.059956	.063473
41	RADIOLOGY-DIAGNOSTIC	193,736,479	.171460	.179433
42	RADIOLOGY-THERAPEUTIC	26,636,442	.252030	.264032
43	RADIOISOTOPE	27,385,767	.194340	.205230
44	LABORATORY	130,703,998	.194556	.205930
46	WHOLE BLOOD & PACKED RED	17,107,686	.168755	.178711
49	RESPIRATORY THERAPY	37,238,235	.192405	.203784
50	PHYSICAL THERAPY	18,490,967	.327973	.347647
51	OCCUPATIONAL THERAPY	20,851,325	.527749	.556168
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	33,636,293	.143470	.151835
54	ELECTROENCEPHALOGRAPHY	8,108,883	.285894	.301732
55	MEDICAL SUPPLIES CHARGED	123,248,608	.578416	.613209
56	DRUGS CHARGED TO PATIENTS	156,547,984	.181005	.191794
57	RENAL DIALYSIS	4,427,725	.332869	.351522
58	ASC (NON-DISTINCT PART)	28,026,928	.206744	.218071
59	REHAB MEDICINE	1,778,217	.685189	.723702
59 10	CARDIAC LAB	35,925,396	.138231	.145007
59 20	DAY HOSPITAL	1,646,796	.719262	.755001
59 30	LITHOTRIPTER	7,409,830	.189531	.201096
59 40	COLO-RECTAL CENTER			
59 45	GASTROENTEROLOGY LAB	31,228,414	.156817	.165628
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETES CARE CENTER	47,318	8.625048	8.995287
60 02	OUTPATIENT CENTER	1,254,167	.416263	.437479
60 03	PAIN CLINIC	1,400,844	.543326	.571986
60 04	CARDIAC CONDITIONING	1,567,646	.485759	.512051
60 05	WOUND CARE CENTER	61,556	6.531175	6.913656
60 06	ANTI-COAG LAB	2,935,256	.454262	.479276
60 07	HEART RISK ASSESSMENT	1,931,167	.121456	.127417
60 20	IN-VITRO FERTILIZATION			
61	EMERGENCY	83,138,695	.212139	.224172
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	11,201,163	.516858	.545843
65	AMBULANCE SERVICES			
101	SUBTOTAL	1174,209,961		
102	LESS OBSERVATION BEDS	11,201,163		
103	TOTAL	1163,008,798		

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	104,564	44,134	21.51	949,322	63.82	2,816,632
26	INTENSIVE CARE UNIT	6,056	1,464	39.56	57,916	120.69	176,690
27	CORONARY CARE UNIT	6,228	3,492	31.49	109,963	105.95	369,977
27	01 NEONATAL CARE UNIT	13,333		15.93		45.17	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	11,417	5,013	32.22	161,519	90.20	452,173
31	01 SUBPROVIDER II	12,548	8,398	20.94	175,854	64.90	545,030
33	NURSERY	8,907		4.04		11.61	
101	TOTAL	163,053	62,501		1,454,574		4,360,502

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

PROVIDER NO: 14-0223
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			414,663			414,663
26	INTENSIVE CARE UNIT			21,382			21,382
27	CORONARY CARE UNIT			75,627			75,627
27 01	NEONATAL CARE UNIT			83,411			83,411
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER			40,311			40,311
31 01	SUBPROVIDER II			44,304			44,304
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			679,698			679,698

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

PROVIDER NO: 14-0223
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/27/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	104,564	3.97	44,134	175,212
26	INTENSIVE CARE UNIT	6,056	3.53	1,464	5,168
27	CORONARY CARE UNIT	6,228	12.14	3,492	42,393
27	01 NEONATAL CARE UNIT	13,333	6.26		
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	11,417	3.53	5,013	17,696
31	01 SUBPROVIDER II	12,548	3.53	8,398	29,645
33	NURSERY	8,907			
34	SKILLED NURSING FACILITY				
101	TOTAL	163,053		62,501	270,114

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						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				72,382		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY				20,763		
62	OBSERVATION BEDS (NON-DIS				26,661		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				119,806		

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			92,710,426			21,788,698	
38	RECOVERY ROOM			17,151,084			3,757,792	
39	DELIVERY ROOM & LABOR ROO			20,035,598			32,792	
40	ANESTHESIOLOGY			36,639,068			5,242,271	
41	RADIOLOGY-DIAGNOSTIC			193,736,479			35,220,279	
42	RADIOLOGY-THERAPEUTIC			26,636,442			566,115	
43	RADIOISOTOPE			27,385,767			5,734,201	
44	LABORATORY			130,703,998			39,006,931	
46	WHOLE BLOOD & PACKED RED			17,107,686			5,376,798	
49	RESPIRATORY THERAPY			37,238,235			10,333,353	
50	PHYSICAL THERAPY			18,490,967			4,847,219	
51	OCCUPATIONAL THERAPY			20,851,325			304,450	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			33,636,293			9,002,096	
54	ELECTROENCEPHALOGRAPHY			8,108,883			1,183,378	
55	MEDICAL SUPPLIES CHARGED			123,248,608			36,652,543	
56	DRUGS CHARGED TO PATIENTS	72,382	72,382	156,547,984	.000462	.000462	51,152,865	23,633
57	RENAL DIALYSIS			4,427,725			2,221,729	
58	ASC (NON-DISTINCT PART)			28,026,928			209,334	
59	REHAB MEDICINE			1,778,217			76,744	
59 10	CARDIAC LAB			35,925,396			9,414,629	
59 20	DAY HOSPITAL			1,646,796			1,462	
59 30	LITHOTRIPTER			7,409,830			54,297	
59 40	COLO-RECTAL CENTER							
59 45	GASTROENTEROLOGY LAB			31,228,414			3,048,735	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	DIABETES CARE CENTER			47,318			176	
60 02	OUTPATIENT CENTER			1,254,167			26,895	
60 03	PAIN CLINIC			1,400,844			573	
60 04	CARDIAC CONDITIONING			1,567,646			45,445	
60 05	WOUND CARE CENTER			61,556			1,998	
60 06	ANTI-COAG LAB			2,935,256			8,912	
60 07	HEART RISK ASSESSMENT			1,931,167			6,089	
60 20	IN-VITRO FERTILIZATION							
61	EMERGENCY	20,763	20,763	83,138,695	.000250	.000250	17,750,148	4,438
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	26,661	26,661	11,201,163	.002380	.002380	435,693	1,037
65	AMBULANCE SERVICES							
101	TOTAL	119,806	119,806	1174,209,961			263,504,640	29,108

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,634,137					
38	RECOVERY ROOM	1,875,051					
39	DELIVERY ROOM & LABOR ROO	12,500					
40	ANESTHESIOLOGY	2,745,610					
41	RADIOLOGY-DIAGNOSTIC	31,898,042					
42	RADIOLOGY-THERAPEUTIC	11,066,019					
43	RADIOISOTOPE	6,691,888					
44	LABORATORY	2,887,894					
46	WHOLE BLOOD & PACKED RED	1,095,513					
49	RESPIRATORY THERAPY	953,036					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	446,462					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,667,870					
54	ELECTROENCEPHALOGRAPHY	987,946					
55	MEDICAL SUPPLIES CHARGED	9,200,270					
56	DRUGS CHARGED TO PATIENTS	4,530,657			2,093		
57	RENAL DIALYSIS	235,104					
58	ASC (NON-DISTINCT PART)	2,716,753					
59	REHAB MEDICINE	168,533					
59 10	CARDIAC LAB	7,093,707					
59 20	DAY HOSPITAL	374,050					
59 30	LITHOTRIPTER	5,119,752					
59 40	COLO-RECTAL CENTER						
59 45	GASTROENTEROLOGY LAB	8,969,145					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CARE CENTER						
60 02	OUTPATIENT CENTER	577,011					
60 03	PAIN CLINIC	643,622					
60 04	CARDIAC CONDITIONING	673,750					
60 05	WOUND CARE CENTER	31,634					
60 06	ANTI-COAG LAB	1,653,791					
60 07	HEART RISK ASSESSMENT	823,129					
60 20	IN-VITRO FERTILIZATION						
61	EMERGENCY	9,910,913			2,478		
62	OBSERVATION BEDS (NON-DIS	4,798,926			11,421		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	129,482,715			15,992		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		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						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				72,382		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY				20,763		
62	OBSERVATION BEDS (NON-DIS				26,661		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				119,806		

TITLE XVIII, PART A

SUBPROVIDER 1

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			92,710,426			12,126	
38	RECOVERY ROOM			17,151,084			6,582	
39	DELIVERY ROOM & LABOR ROO			20,035,598				
40	ANESTHESIOLOGY			36,639,068			6,066	
41	RADIOLOGY-DIAGNOSTIC			193,736,479			296,703	
42	RADIOLOGY-THERAPEUTIC			26,636,442			3,836	
43	RADIOISOTOPE			27,385,767			31,271	
44	LABORATORY			130,703,998			762,799	
46	WHOLE BLOOD & PACKED RED			17,107,686			8,234	
49	RESPIRATORY THERAPY			37,238,235			26,152	
50	PHYSICAL THERAPY			18,490,967			126,226	
51	OCCUPATIONAL THERAPY			20,851,325			152,850	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			33,636,293			90,148	
54	ELECTROENCEPHALOGRAPHY			8,108,883			9,700	
55	MEDICAL SUPPLIES CHARGED			123,248,608			35,616	
56	DRUGS CHARGED TO PATIENTS	72,382	72,382	156,547,984	.000462	.000462	1,050,043	485
57	RENAL DIALYSIS			4,427,725			23,881	
58	ASC (NON-DISTINCT PART)			28,026,928			287	
59	REHAB MEDICINE			1,778,217			11,698	
59	10 CARDIAC LAB			35,925,396				
59	20 DAY HOSPITAL			1,646,796			9,644	
59	30 LITHOTRIPTER			7,409,830				
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			31,228,414			16,266	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			47,318				
60	02 OUTPATIENT CENTER			1,254,167			600	
60	03 PAIN CLINIC			1,400,844				
60	04 CARDIAC CONDITIONING			1,567,646				
60	05 WOUND CARE CENTER			61,556				
60	06 ANTI-COAG LAB			2,935,256				
60	07 HEART RISK ASSESSMENT			1,931,167				
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	20,763	20,763	83,138,695	.000250	.000250	433,144	108
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	26,661	26,661	11,201,163	.002380	.002380		
65	AMBULANCE SERVICES							
101	TOTAL	119,806	119,806	1174,209,961			3,113,872	593

TITLE XVIII, PART A

SUBPROVIDER 1

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						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				72,382		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY				20,763		
62	OBSERVATION BEDS (NON-DIS				26,661		
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				119,806		

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			92,710,426			5,019	
38	RECOVERY ROOM			17,151,084			2,577	
39	DELIVERY ROOM & LABOR ROO			20,035,598				
40	ANESTHESIOLOGY			36,639,068			4,547	
41	RADIOLOGY-DIAGNOSTIC			193,736,479			513,639	
42	RADIOLOGY-THERAPEUTIC			26,636,442			80,553	
43	RADIOISOTOPE			27,385,767			168,968	
44	LABORATORY			130,703,998			1,082,603	
46	WHOLE BLOOD & PACKED RED			17,107,686			88,636	
49	RESPIRATORY THERAPY			37,238,235			342,904	
50	PHYSICAL THERAPY			18,490,967			7,066,749	
51	OCCUPATIONAL THERAPY			20,851,325			98,231	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			33,636,293			59,170	
54	ELECTROENCEPHALOGRAPHY			8,108,883			18,960	
55	MEDICAL SUPPLIES CHARGED			123,248,608			818,849	
56	DRUGS CHARGED TO PATIENTS	72,382	72,382	156,547,984	.000462	.000462	2,968,584	1,371
57	RENAL DIALYSIS			4,427,725			223,023	
58	ASC (NON-DISTINCT PART)			28,026,928			3,847	
59	REHAB MEDICINE			1,778,217			262,977	
59	10 CARDIAC LAB			35,925,396				
59	20 DAY HOSPITAL			1,646,796				
59	30 LI THOTRIPTER			7,409,830				
59	40 COLO-RECTAL CENTER							
59	45 GASTROENTEROLOGY LAB			31,228,414			27,995	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 DIABETES CARE CENTER			47,318				
60	02 OUTPATIENT CENTER			1,254,167			1,826	
60	03 PAIN CLINIC			1,400,844				
60	04 CARDIAC CONDITIONING			1,567,646				
60	05 WOUND CARE CENTER			61,556			200	
60	06 ANTI-COAG LAB			2,935,256				
60	07 HEART RISK ASSESSMENT			1,931,167				
60	20 IN-VITRO FERTILIZATION							
61	EMERGENCY	20,763	20,763	83,138,695	.000250	.000250		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	26,661	26,661	11,201,163	.002380	.002380		
65	AMBULANCE SERVICES							
101	TOTAL	119,806	119,806	1174,209,961			13,839,857	1,371

TITLE XVIII, PART A

SUBPROVIDER 2

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						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	REHAB MEDICINE						
59	10 CARDIAC LAB						
59	20 DAY HOSPITAL						
59	30 LI THOTRIPTER						
59	40 COLO-RECTAL CENTER						
59	45 GASTROENTEROLOGY LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CARE CENTER						
60	02 OUTPATIENT CENTER						
60	03 PAIN CLINIC						
60	04 CARDIAC CONDITIONING						
60	05 WOUND CARE CENTER						
60	06 ANTI-COAG LAB						
60	07 HEART RISK ASSESSMENT						
60	20 IN-VITRO FERTILIZATION						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.230503	.230503			
38 RECOVERY ROOM	.183004	.183004			
39 DELIVERY ROOM & LABOR ROOM	.482191	.482191			
40 ANESTHESIOLOGY	.056288	.056288			
41 RADIOLOGY-DIAGNOSTIC	.184048	.184048			
42 RADIOLOGY-THERAPEUTIC	.270376	.270376			
43 RADIOISOTOPE	.207171	.207171			
44 LABORATORY	.201447	.201447			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.179494	.179494			
49 RESPIRATORY THERAPY	.204627	.204627			
50 PHYSICAL THERAPY	.348585	.348585			
51 OCCUPATIONAL THERAPY	.563522	.563522			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.152681	.152681			
54 ELECTROENCEPHALOGRAPHY	.304917	.304917			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.614691	.614691			
56 DRUGS CHARGED TO PATIENTS	.192435	.192435			
57 RENAL DIALYSIS	.354847	.354847			
58 ASC (NON-DISTINCT PART)	.220602	.220602			
59 REHAB MEDICINE	.730333	.730333			
59 10 CARDIAC LAB	.148137	.148137			
59 20 DAY HOSPITAL	.770425	.770425			
59 30 LITHOTRIPTER	.201286	.201286			
59 40 COLO-RECTAL CENTER					
59 45 GASTROENTEROLOGY LAB	.167151	.167151			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CARE CENTER	9.285473	9.285473			
60 02 OUTPATIENT CENTER	.445444	.445444			
60 03 PAIN CLINIC	.580636	.580636			
60 04 CARDIAC CONDITIONING	.518577	.518577			
60 05 WOUND CARE CENTER	6.949103	6.949103			
60 06 ANTI-COAG LAB	.484610	.484610			
60 07 HEART RISK ASSESSMENT	.130155	.130155			
60 20 IN-VITRO FERTILIZATION					
61 EMERGENCY	.214256	.214256			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.550965	.550965			
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	6,723
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	917.96
85	OBSERVATION BED COST	6,171,445

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,248,988	.023431	6,171,445	144,603
87	NEW CAPITAL-RELATED COST	6,672,871	.069520	6,171,445	429,039
88	NON PHYSICIAN ANESTHETIST			6,171,445	
89	MEDICAL EDUCATION			6,171,445	
89.01	MEDICAL EDUCATION - ALLIED HEA	414,663	.004320	6,171,445	26,661
89.02	MEDICAL EDUCATION - ALL OTHER			6,171,445	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		194.81
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	1.43
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	191.76	1.43
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		193.19
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		200.98
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		193.19
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		133.64
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		52.65
3.10	SEE INSTRUCTIONS		186.29
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		179.07
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		50.61
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		53.16
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	52.57
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		52.57
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		93,545.82
3.18	SEE INSTRUCTIONS		4,917,704
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		129.94
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		135.01
3.21	SEE INSTRUCTIONS	RES INIT YEARS	131.14
3.22	SEE INSTRUCTIONS		131.14
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		97,483.08
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		12,783,931
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		17,701,635

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		62,501
5	TOTAL INPATIENT DAYS		147,423
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.423957
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,504,732	7,504,732
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,464
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		147,423
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		150,955
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4,427,725
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	136,084,332
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	159,703
16	TOTAL PART A REASONABLE COST	135,924,629

PART B REASONABLE COST

17	REASONABLE COST	32,598,776
18	PRIMARY PAYER PAYMENTS	779
19	TOTAL PART B REASONABLE COST	32,597,997
20	TOTAL REASONABLE COST	168,522,626
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.806566
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.193434

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	7,655,687
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,174,817
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,480,870

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	191.76	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	194.81	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	191.76	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	185.06
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	188.61
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	185.06

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		1,154,797,658		
2 NET INCOME (LOSS)		65,184,342		
3 TOTAL		1,219,982,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		1,219,982,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,219,982,000		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

