

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1312		FROM 5/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/ 3/2008 TIME 13: 51

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:
 ROCHELLE COMMUNITY HOSPITAL 14-1312
 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	439,133	-254,552		0
3	SWING BED - SNF	0	3,229	0		0
100	TOTAL	0	442,362	-254,552		0

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	21	7,686	48,764.00		1,326		105
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					57		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,686	48,764.00		1,383		105
6 INTENSIVE CARE UNIT	4	1,464	2,138.00		57		6
12 TOTAL	25	9,150	50,902.00		1,440		111
13 RPCH VISITS							
16 01 ICF/MR							
18 HOME HEALTH AGENCY							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	25						
26 OBSERVATION BED DAYS							14
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,989				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			57				
4 ADULTS & PED-SB NF			3				
5 TOTAL ADULTS AND PEDS			2,049				
6 INTENSIVE CARE UNIT			84				
12 TOTAL			2,133				
13 RPCH VISITS							
16 01 ICF/MR							
18 HOME HEALTH AGENCY							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL							
26 OBSERVATION BED DAYS	6	8	170	4	166		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					394	52	707
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
12 TOTAL		160.06			394	52	707
13 RPCH VISITS							
16 01 ICF/MR							
18 HOME HEALTH AGENCY							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		160.06					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1312

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 10/ 3/2008
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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		605,448	605,448	330,676	936,124
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		648,202	648,202	59,454	707,656
5	0500 EMPLOYEE BENEFITS	173,694	1,969,080	2,142,774		2,142,774
6	0600 ADMINISTRATIVE & GENERAL	1,323,276	2,344,934	3,668,210	-390,130	3,278,080
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	264,185	872,437	1,136,622		1,136,622
9	0900 LAUNDRY & LINEN SERVICE				41,122	41,122
10	1000 HOUSEKEEPING	242,240	80,247	322,487	-41,122	281,365
11	1100 DIETARY	218,746	162,623	381,369	-286,782	94,587
12	1200 CAFETERIA				286,782	286,782
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	226,228	30,607	256,835		256,835
15	1500 CENTRAL SERVICES & SUPPLY	75,855	12,344	88,199	-1,658	86,541
16	1600 PHARMACY	188,352	844,826	1,033,178		1,033,178
17	1700 MEDICAL RECORDS & LIBRARY	254,661	119,037	373,698		373,698
18	1800 SOCIAL SERVICE	102,368	5,184	107,552		107,552
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,357,888	176,852	1,534,740		1,534,740
26	2600 INTENSIVE CARE UNIT	123,066	139,316	262,382		262,382
35.01	3510 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	424,575	522,913	947,488		947,488
40	4000 ANESTHESIOLOGY		118,296	118,296		118,296
41	4100 RADIOLOGY-DIAGNOSTIC	507,791	1,411,129	1,918,920		1,918,920
44	4400 LABORATORY	587,908	644,087	1,231,995		1,231,995
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		80,621	80,621		80,621
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	14,439	672,386	686,825	-4,098	682,727
50	5000 PHYSICAL THERAPY	15,455	723,038	738,493		738,493
52	5200 SPEECH PATHOLOGY					
53.01	5301 CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY		97,381	97,381		97,381
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,756	5,756
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	914,351	633,159	1,547,510		1,547,510
61.02	6102 PHYSICIAN CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
95	SUBTOTALS	7,015,078	12,914,147	19,929,225	-0-	19,929,225
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
99	9900 NONPAID WORKERS	205,521	92,060	297,581		297,581
100	7950 OTHER NONREIMBURSABLE		1,585	1,585		1,585
100.01	7951 MEDICAL ARTS CENTER					
100.02	7952 GUEST MEALS					
100.03	7953 HH OFFICE - SWEDISH AMERICAN					
100.04	7954 MARKETING					
100.05	7955 PHYSICIAN CLINICS	286,942	103,688	390,630		390,630
100.06	7956 ASHTON CLINIC	83,412	69,486	152,898		152,898
101	TOTAL	7,590,953	13,180,966	20,771,919	-0-	20,771,919

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 10/3/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-82,817	853,307
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		707,656
5 0500	EMPLOYEE BENEFITS		2,142,774
6 0600	ADMINISTRATIVE & GENERAL	-372,148	2,905,932
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		1,136,622
9 0900	LAUNDRY & LINEN SERVICE		41,122
10 1000	HOUSEKEEPING		281,365
11 1100	DIETARY		94,587
12 1200	CAFETERIA	-58,341	228,441
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		256,835
15 1500	CENTRAL SERVICES & SUPPLY		86,541
16 1600	PHARMACY		1,033,178
17 1700	MEDICAL RECORDS & LIBRARY	-12,617	361,081
18 1800	SOCIAL SERVICE		107,552
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,534,740
26 2600	INTENSIVE CARE UNIT		262,382
35.01 3510	ICF/MR		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		947,488
40 4000	ANESTHESIOLOGY	-111,178	7,118
41 4100	RADIOLOGY-DIAGNOSTIC		1,918,920
44 4400	LABORATORY		1,231,995
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		80,621
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		682,727
50 5000	PHYSICAL THERAPY		738,493
52 5200	SPEECH PATHOLOGY		
53.01 5301	CARDIAC REHAB		
54 5400	ELECTROENCEPHALOGRAPHY	-95,566	1,815
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,756
56 5600	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-30,467	1,517,043
61.02 6102	PHYSICIAN CLINICS		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
95	SUBTOTALS	-763,134	19,166,091
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
99 9900	NONPAID WORKERS		297,581
100 7950	OTHER NONREIMBURSABLE		1,585
100.01 7951	MEDICAL ARTS CENTER		
100.02 7952	GUEST MEALS		
100.03 7953	HH OFFICE - SWEDISH AMERICAN		
100.04 7954	MARKETING		
100.05 7955	PHYSICIAN CLINICS	-112,763	277,867
100.06 7956	ASHTON CLINIC	-18,000	134,898
101	TOTAL	-893,897	19,878,022

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 10/3/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
35.01	ICF/MR	3510	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.02	PHYSICIAN CLINICS	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	GUEST MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HH OFFICE - SWEDISH AMERICAN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	ASHTON CLINIC	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141312

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 10/ 3/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		LINE		SALARY	OTHER
	(1)	COST CENTER	NO			
	1	2	3		4	5
1 CAFETERIA	A	CAFETERIA	12		164,493	122,289
2 LAUNDRY	B	LAUNDRY & LINEN SERVICE	9			41,122
3 CAPITAL RELATED INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			41,148
4 OXYGEN EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,098
5 EQUIPMENT INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4			59,454
6		NEW CAP REL COSTS-BLDG & FIXT	3			289,528
7 SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,658
36 TOTAL RECLASSIFICATIONS					164,493	559,297

(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:
141312

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FROM 5/ 1/2007
TO 4/30/2008

PREPARED 10/ 3/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8 9	
1 CAFETERIA	A	DIETARY	11	164,493	122,289
2 LAUNDRY	B	HOUSEKEEPING	10		41,122
3 CAPITAL RELATED INSURANCE	C	ADMINISTRATIVE & GENERAL	6		41,148
4 OXYGEN EXPENSE	D	RESPIRATORY THERAPY	49		4,098
5 EQUIPMENT INTEREST	E	ADMINISTRATIVE & GENERAL	6		59,454
6		ADMINISTRATIVE & GENERAL	6		289,528
7 SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		1,658
36 TOTAL RECLASSIFICATIONS				164,493	559,297

(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:
141312

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 10/ 3/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	286,782	DIETARY	11	286,782	
TOTAL RECLASSIFICATIONS FOR CODE A			286,782				286,782

RECLASS CODE: B
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	41,122	HOUSEKEEPING	10	41,122	
TOTAL RECLASSIFICATIONS FOR CODE B			41,122				41,122

RECLASS CODE: C
EXPLANATION : CAPITAL RELATED INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	41,148	ADMINISTRATIVE & GENERAL	6	41,148	
TOTAL RECLASSIFICATIONS FOR CODE C			41,148				41,148

RECLASS CODE: D
EXPLANATION : OXYGEN EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,098	RESPIRATORY THERAPY	49	4,098	
TOTAL RECLASSIFICATIONS FOR CODE D			4,098				4,098

RECLASS CODE: E
EXPLANATION : EQUIPMENT INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	59,454	ADMINISTRATIVE & GENERAL	6	59,454	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	289,528	ADMINISTRATIVE & GENERAL	6	289,528	
TOTAL RECLASSIFICATIONS FOR CODE E			348,982				348,982

RECLASS CODE: F
EXPLANATION : SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,658	CENTRAL SERVICES & SUPPLY	15	1,658	
TOTAL RECLASSIFICATIONS FOR CODE F			1,658				1,658

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	544,657	22,401			22,401		567,058	
2 LAND IMPROVEMENTS	1,174,794	204,076			204,076		1,378,870	
3 BUILDINGS & FIXTURE	10,603,019	37,363			37,363		10,640,382	
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	679,942	21,283			21,283		701,225	
6 MOVABLE EQUIPMENT	6,128,812	301,492			301,492		6,430,304	
7 SUBTOTAL	19,131,224	586,615			586,615		19,717,839	
8 RECONCILING ITEMS								
9 TOTAL	19,131,224	586,615			586,615		19,717,839	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
* 1	2	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	12,322,471		12,322,471	.644103				
4	NEW CAP REL COSTS-MV	6,808,754		6,808,754	.355897				
5	TOTAL	19,131,225		19,131,225	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	2	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	853,307						853,307
4	NEW CAP REL COSTS-MV	707,656						707,656
5	TOTAL	1,560,963						1,560,963

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
* 1	2	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	605,448						605,448
4	NEW CAP REL COSTS-MV	648,202						648,202
5	TOTAL	1,253,650						1,253,650

* 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

DESCR IPTION (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
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	B	-82,817	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	A	-17,112	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-15,503	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-206,744			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-58,341	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-12,617	MEDICAL RECORDS & LIBRARY	17	
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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 PROPERTY TAXES	A	-10,770	ADMINISTRATIVE & GENERAL	6	
39 CRNA BENEFITS					
40 MISC REVENUE	B	-28,017	ADMINISTRATIVE & GENERAL	6	
41 MARKETING EXPENSE	A	-3,410	ADMINISTRATIVE & GENERAL	6	
42 CLINIC PHYSICIANS	A	-110,090	PHYSICIAN CLINICS	100.05	
43 MISC REVENUE	B	-6,130	ADMINISTRATIVE & GENERAL	6	
44 MISC REVENUE					
45 FITNESS CENTER	B	-29,140	ADMINISTRATIVE & GENERAL	6	
46 CLINICS BAD DEBTS INCLUDED IN EXP	A	-2,673	PHYSICIAN CLINICS	100.05	
47 CREDENTIALING FEES	B	-2,900	ADMINISTRATIVE & GENERAL	6	
48 FOUNDATION COSTS-FUND RAISING	A	-30,527	ADMINISTRATIVE & GENERAL	6	
49 PHYS PRACTICE AMORTIZATION 982.985					9
49.01 CLINIC PHYSICIANS	A	-18,000	ASHTON CLINIC	100.06	
49.02 MARKETING	A	-214,315	ADMINISTRATIVE & GENERAL	6	
49.03 URGENT CARE PHYSICIAN	A	-30,467	EMERGENCY	61	
49.04 DONATION EXPENSE	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.05 LOBBYING DUES	A	-11,324	ADMINISTRATIVE & GENERAL	6	
49.06					
49.07 DIETARY SUPPLEMENTS					
50 TOTAL (SUM OF LINES 1 THRU 49)		-893,897			

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 10/3/2008
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	54	AGGREGATE NEUROLOGY	95,566	95,566					
2	61	SWEDISH AMERICAN	343,687		343,687				
3	40	ROCKFORD ANESTHESIOLOGY	111,178	111,178					
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	550,431	206,744	343,687				

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 10/3/2008 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

- 1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)
2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK
3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)
5 NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)
6 NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)
7 STANDARD TRAVEL EXPENSE RATE
8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

SUPERVISORS 1 THERAPISTS 2 ASSISTANTS 3 AIDES 4 TRAINEES 5

- 9 TOTAL HOURS WORKED
10 AHSEA (SEE INSTRUCTIONS)
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)

PART II - SALARY EQUIVALENCY COMPUTATION

- 14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)
15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)
16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)
17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)
18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)
19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)
20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

- 21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)
23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE STANDARD TRAVEL ALLOWANCE

- 24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE
29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/ 1/2007 TO 4/30/2008

PREPARED 10/ 3/2008 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES; COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 10/3/2008
WORKSHEET A-8-4
PARTS I - VII

PHYSICAL THERAPY

60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)
61 EQUIPMENT COST (SEE INSTRUCTIONS)
62 SUPPLIES (SEE INSTRUCTIONS)
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES -
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-
(LINE 66 DIVIDED BY LINE 67)
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I
(LINE 66 DIVIDED BY LINE 67)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I
(LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I
(LINE 66 DIVIDED BY LINE 67)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I
(LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I
(LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION-
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.21 EXCESS COST OVER LIMITATION- OPT I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.41 EXCESS COST OVER LIMITATION- OOT I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 10/3/2008 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		11443.00		
10	AHSEA (SEE INSTRUCTIONS)		51.21		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	25.61	25.61		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	585,996
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	585,996
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	585,996

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	585,996

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	9,373
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,373
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,329
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,702
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	

RESPIRATORY THERAPY

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 10,702
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
 LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
 LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
 LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
 COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
 LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
 COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 38 AND 39 -
 SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 39 AND 42 -
 SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 42 AND 43 -
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 585,996
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 10,702
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/ 1/2007 TO 4/30/2008
PREPARED 10/ 3/2008
WORKSHEET A-8-4
PARTS I - VII

RESPIRATORY THERAPY

60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)
61 EQUIPMENT COST (SEE INSTRUCTIONS)
62 SUPPLIES (SEE INSTRUCTIONS)
63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 596,698
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 552,807
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS) 552,807
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 552,807
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.21 EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 10/3/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	21	GROSS SALARIES		ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	5	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUI S.	ENTERED
16	PHARMACY	13	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	15	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSI GNE D	TIME	NOT ENTERED
21	NURSING SCHOOL	18	ASSI GNE D	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSI GNE D	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSI GNE D	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	21	GROSS SALARIES		ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	853,307			853,307			
005 NEW CAP REL COSTS-MVBLE E	707,656				707,656		
006 EMPLOYEE BENEFITS	2,142,774			2,375	2,917	2,148,066	
007 ADMINISTRATIVE & GENERAL	2,905,932			89,321	127,627	380,193	3,503,073
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,136,622			105,453	22,730	78,688	1,343,493
010 LAUNDRY & LINEN SERVICE	41,122			13,707			54,829
011 HOUSEKEEPING	281,365			24,330	49	72,151	377,895
012 DIETARY	94,587			54,203	1,173	13,736	163,699
013 CAFETERIA	228,441			25,699		51,418	305,558
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	256,835			9,402	1,716	67,382	335,335
016 CENTRAL SERVICES & SUPPLY	86,541			42,062	559	22,593	151,755
017 PHARMACY	1,033,178			12,784	2,875	56,101	1,104,938
018 MEDICAL RECORDS & LIBRARY	361,081			37,708	4,588	75,851	479,228
020 SOCIAL SERVICE	107,552			1,650	119	30,490	139,811
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS	1,534,740			83,152	94,912	404,449	2,117,253
035 01 ICU/MR	262,382			27,695	567	36,655	327,299
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	947,488			84,917	233,235	126,460	1,392,100
041 ANESTHESIOLOGY	7,118				23,483		30,601
044 RADIOLOGY-DIAGNOSTIC	1,918,920			75,844	84,810	151,246	2,230,820
046 LABORATORY	1,231,995			34,524	27,714	175,109	1,469,342
046 30 WHOLE BLOOD & PACKED RED	80,621						80,621
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY	682,727			49,568	3,461	4,301	740,057
052 PHYSICAL THERAPY	738,493			34,343	1,457	4,603	778,896
053 SPEECH PATHOLOGY							
054 01 CARDIAC REHAB							
055 ELECTROENCEPHALOGRAPHY	1,815						1,815
056 MEDICAL SUPPLIES CHARGED	5,756						5,756
061 DRUGS CHARGED TO PATIENTS							
061 02 OUTPAT SERVICE COST CNTRS	1,517,043			33,716	67,204	263,266	1,881,229
062 EMERGENCY							
063 50 PHYSICIAN CLINICS							
063 60 OBSERVATION BEDS (NON-DIS							
069 20 OTHER REIMBURS COST CNTRS							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 OUTPATIENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
096 SUBTOTALS	19,166,091			842,453	701,196	2,014,692	19,015,403
097 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP				7,637			7,637
100 RESEARCH							
100 01 NONPAID WORKERS	297,581				119	61,215	358,915
100 02 OTHER NONREIMBURSABLE	1,585						1,585
100 03 MEDICAL ARTS CENTER							
100 04 GUEST MEALS							
100 05 HH OFFICE - SWEDISH AMERI				3,217			3,217
100 06 MARKETING							
101 01 PHYSICIAN CLINICS	277,867				6,222	52,676	336,765
101 02 ASHTON CLINIC	134,898				119	19,483	154,500
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	19,878,022			853,307	707,656	2,148,066	19,878,022

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
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														
007 ADMINSTRATIVE & GENERAL	3,503,073													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	287,412		1,630,905											
010 LAUNDRY & LINEN SERVICE	11,730		30,647		97,206									
011 HOUSEKEEPING	80,843		54,397				513,135							
012 DIETARY	35,020		121,185				40,226		360,130					
013 CAFETERIA	65,368		57,458				19,073						447,457	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	71,738		21,021				6,978						14,014	
016 CENTRAL SERVICES & SUPPLY	32,465		94,042		680		31,216						10,630	
017 PHARMACY	236,378		28,581				9,487						10,582	
018 MEDICAL RECORDS & LIBRARY	102,521		84,306				27,985						37,991	
020 SOCIAL SERVICE	29,910		3,688				1,224						8,962	
021 NONPHYSICIAN ANESTHETISTS														
022 NURSING SCHOOL														
023 I&R SERVICES-SALARY & FRI														
024 I&R SERVICES-OTHER PRGM C														
025 PARAMEDICAL PRGM-(SPECIFY)														
026 INPAT ROUTINE SRVC CNTRS														
035 01 ICF/MR														
037 ANCILLARY SRVC COST CNTRS														
040 OPERATING ROOM	297,811		189,852		7,290		63,021		22,835				31,794	
041 ANESTHESIOLOGY	6,546													
044 RADIOLOGY-DIAGNOSTIC	477,233		169,570		8,651		56,287						43,187	
046 LABORATORY	314,335		77,188		2,429		25,622						67,021	
046 30 WHOLE BLOOD & PACKED RED	17,247													
049 BLOOD CLOTTING FACTORS AD														
050 RESPIRATORY THERAPY	158,320		110,822				36,786						858	
052 PHYSICAL THERAPY	166,628		76,782		6,513		25,487						810	
053 SPEECH PATHOLOGY														
054 01 CARDIAC REHAB														
055 ELECTROENCEPHALOGRAPHY	388													
056 MEDICAL SUPPLIES CHARGED	1,231													
061 DRUGS CHARGED TO PATIENTS														
061 02 OUTPAT SERVICE COST CNTRS														
062 EMERGENCY	402,449		75,381		5,735		25,022						80,558	
063 50 PHYSICIAN CLINICS														
063 60 OBSERVATION BEDS (NON-DIS														
069 OTHER REIMBURS COST CNTRS														
069 20 OUTPATIENT PHYSICAL THERA														
069 30 OUTPATIENT OCCUPATIONAL T														
069 40 OUTPATIENT SPEECH PATHOLO														
071 HOME HEALTH AGENCY														
085 SPEC PURPOSE COST CENTERS														
095 01 PANCREAS ACQUISITION														
096 SUBTOTALS	3,318,534		1,442,748		97,206		450,678		349,031				447,457	
097 NONREIMBURS COST CENTERS														
099 GIFT, FLOWER, COFFEE SHOP	1,634													
100 RESEARCH			17,075				5,668							
100 01 NONPAID WORKERS	76,782													
100 02 OTHER NONREIMBURSABLE	339													
100 03 MEDICAL ARTS CENTER														
100 04 GUEST MEALS														
100 05 HH OFFICE - SWEDISH AMERI	688		7,191				2,387							
100 06 MARKETING														
101 01 PHYSICIAN CLINICS	72,044													
101 02 ASHTON CLINIC	33,052													
102 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	3,503,073		1,630,905		97,206		513,135		360,130				447,457	

COST ALLOCATION - GENERAL SERVICE COSTS

14-1312

FROM 5/ 1/2007

WORKSHEET B

|

TO 4/30/2008

PART I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN I STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI C E	NONPHYSICI AN ANESTHETI STS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN I STRATI VE & GENERAL							
008 MAI NTENANCE & REPAI RS							
009 OPERATI ON OF PLANT							
010 LAUNDRY & LI NEN SERVI CE							
011 HOUSEKEEPI NG							
012 DI ETARY							
013 CAFETERIA							
014 MAI NTENANCE OF PERSONNEL							
015 NURSI NG ADMIN I STRATI ON		449,086					
016 CENTRAL SERVI CES & SUPPLY			320,788				
017 PHARMACY		14,091		1,404,057			
018 MEDI CAL RECOR DS & LIBRARY					732,031		
020 SOCI AL SERVI CE						183,595	
021 NONPHYSICI AN ANESTHETI STS							
022 NURSI NG SCHOOL							
023 I & R SERVI CES-SALARY & FRI							
024 I & R SERVI CES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 I NPAT ROUTI NE SRVC CNTRS							
035 01 ADULTS & PEDI ATRI CS		174,873			559,788	176,365	
037 01 I CF/MR		12,949			43,061	7,230	
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATI NG ROOM		42,338			129,182		
044 ANESTHESI OLOGY							
046 30 RADI OLOGY-DI AGNOSTI C		6,094					
049 30 LABORATORY		89,246					
052 30 WHOLE BLOOD & PACKED RED							
053 30 BLOOD CLOTTI NG FACTORS AD							
054 30 RESPI RATORY THERAPY		1,143					
055 30 PHYSI CAL THERAPY		1,079					
056 01 SPEECH PATHOLOGY							
061 01 CARDI AC REHAB							
062 01 ELECTROENCEPHALOGRAPHY							
063 01 MEDI CAL SUPPLI ES CHARGED			320,788				
064 01 DRUGS CHARGED TO PATI ENTS				1,404,057			
065 01 OUTPAT SERVI CE COST CNTRS							
066 01 EMERGENCY		107,273					
067 02 PHYSI CI AN CLI NI CS							
068 02 OBSERVATI ON BEDS (NON-DI S							
069 50 RHC							
070 60 FOHC							
071 01 OTHER REIMBURS COST CNTRS							
072 20 OUTPATI ENT PHYSI CAL THERA							
073 30 OUTPATI ENT OCCUPATI ONAL T							
074 40 OUTPATI ENT SPEECH PATHOLO							
075 01 HOME HEALTH AGENCY							
076 01 SPEC PURPOSE COST CENTERS							
077 01 PANCREAS ACQUI SITI ON							
078 01 SUBTOTALS		449,086	320,788	1,404,057	732,031	183,595	
079 01 NONREIMBURS COST CENTERS							
080 01 GIFT, FLOWER, COFFEE SHOP							
081 01 RESEARCH							
082 01 NONPAI D WORKERS							
083 01 OTHER NONREI MBURSABLE							
084 01 01 MEDI CAL ARTS CENTER							
085 01 02 GUEST MEALS							
086 01 03 HH OFFI CE - SWEDI SH AMERI							
087 01 04 MARKETI NG							
088 01 05 PHYSI CI AN CLI NI CS							
089 01 06 ASHTON CLI NIC							
090 01 CROSS FOOT ADJUSTMENT							
091 01 NEGATI VE COST CENTER							
092 01 TOTAL		449,086	320,788	1,404,057	732,031	183,595	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS					4,239,139		4,239,139
					565,886		565,886
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					2,176,223		2,176,223
041 ANESTHESIOLOGY					37,147		37,147
044 RADIOLOGY-DIAGNOSTIC					2,991,842		2,991,842
046 LABORATORY					2,045,183		2,045,183
046 30 WHOLE BLOOD & PACKED RED					97,868		97,868
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY					1,047,986		1,047,986
052 PHYSICAL THERAPY					1,056,195		1,056,195
053 01 SPEECH PATHOLOGY							
054 CARDIAC REHAB							
055 ELECTROENCEPHALOGRAPHY					2,203		2,203
056 MEDICAL SUPPLIES CHARGED					327,775		327,775
					1,404,057		1,404,057
061 DRUGS CHARGED TO PATIENTS							
061 02 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					2,577,647		2,577,647
063 50 PHYSICIAN CLINICS							
063 60 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
096 SUBTOTALS					18,569,151		18,569,151
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					9,271		9,271
099 RESEARCH					22,743		22,743
100 NONPAID WORKERS					435,697		435,697
100 OTHER NONREIMBURSABLE					1,924		1,924
100 01 MEDICAL ARTS CENTER					218,293		218,293
100 02 GUEST MEALS					11,099		11,099
100 03 HH OFFICE - SWEDISH AMERI					13,483		13,483
100 04 MARKETING							
100 05 PHYSICIAN CLINICS					408,809		408,809
100 06 ASHTON CLINIC					187,552		187,552
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					19,878,022		19,878,022

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/ 1/2007

WORKSHEET B

TO 4/30/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				2,375	2,917	5,292	5,292
007 ADMINISTRATIVE & GENERAL				89,321	127,627	216,948	937
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				105,453	22,730	128,183	194
010 LAUNDRY & LINEN SERVICE				13,707		13,707	
011 HOUSEKEEPING				24,330	49	24,379	178
012 DIETARY				54,203	1,173	55,376	34
013 CAFETERIA				25,699		25,699	127
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				9,402	1,716	11,118	166
016 CENTRAL SERVICES & SUPPLY				42,062	559	42,621	56
017 PHARMACY				12,784	2,875	15,659	138
018 MEDICAL RECORDS & LIBRARY				37,708	4,588	42,296	187
020 SOCIAL SERVICE				1,650	119	1,769	75
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS				83,152	94,912	178,064	993
037 01 INTENSIVE CARE UNIT				27,695	567	28,262	90
040 ANCI LLARY SRVC COST CNTRS							
044 OPERATING ROOM				84,917	233,235	318,152	312
046 ANESTHESIOLOGY					23,483	23,483	
049 RADIOLOGY-DIAGNOSTIC				75,844	84,810	160,654	373
052 LABORATORY				34,524	27,714	62,238	432
053 WHOLE BLOOD & PACKED RED							
056 30 BLOOD CLOTTING FACTORS AD							
061 RESPIRATORY THERAPY				49,568	3,461	53,029	11
063 PHYSICAL THERAPY				34,343	1,457	35,800	11
069 SPEECH PATHOLOGY							
071 01 CARDIAC REHAB							
085 01 ELECTROENCEPHALOGRAPHY							
095 01 MEDICAL SUPPLIES CHARGED							
096 01 DRUGS CHARGED TO PATIENTS							
097 01 OUTPAT SERVICE COST CNTRS							
099 01 EMERGENCY				33,716	67,204	100,920	649
100 02 PHYSICIAN CLINICS							
101 02 OBSERVATION BEDS (NON-DIS							
102 50 RHC							
103 60 FOHC							
104 OTHER REIMBURS COST CNTRS							
105 20 OUTPATIENT PHYSICAL THERA							
106 30 OUTPATIENT OCCUPATIONAL T							
107 40 OUTPATIENT SPEECH PATHOLO							
108 01 HOME HEALTH AGENCY							
109 01 SPEC PURPOSE COST CENTERS							
110 01 PANCREAS ACQUISITION							
111 095 SUBTOTALS				842,453	701,196	1,543,649	4,963
112 096 NONREIMBURS COST CENTERS							
113 097 GIFT, FLOWER, COFFEE SHOP				7,637		7,637	
114 099 RESEARCH							
115 100 NONPAID WORKERS					119	119	151
116 100 OTHER NONREIMBURSABLE							
117 100 01 MEDICAL ARTS CENTER							
118 100 02 GUEST MEALS							
119 100 03 HH OFFICE - SWEDISH AMERI				3,217		3,217	
120 100 04 MARKETING							
121 100 05 PHYSICIAN CLINICS					6,222	6,222	130
122 100 06 ASHTON CLINIC					119	119	48
123 101 CROSS FOOT ADJUSTMENTS							
124 102 NEGATIVE COST CENTER							
125 103 TOTAL				853,307	707,656	1,560,963	5,292

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
14-1312

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 10/ 3/2008
WORKSHEET B
PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINSTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION		19,238						
015 CENTRAL SERVICES & SUPPLY			56,209					
016 PHARMACY		604		35,162				
017 MEDICAL RECORDS & LIBRARY					61,383			
018 SOCIAL SERVICE						4,845		
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		7,491			46,940		4,654	
026 INTENSIVE CARE UNIT		555			3,611		191	
035 01 ICF/MR								
037 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM		1,814			10,832			
041 ANESTHESIOLOGY								
044 RADIOLOGY-DIAGNOSTIC			261					
044 LABORATORY		3,823						
046 WHOLE BLOOD & PACKED RED								
046 30 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY		49						
050 PHYSICAL THERAPY		46						
052 SPEECH PATHOLOGY								
053 01 CARDIAC REHAB								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED			56,209					
056 DRUGS CHARGED TO PATIENTS				35,162				
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY		4,595						
061 02 PHYSICIAN CLINICS								
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
069 OTHER REIMBURS COST CNTRS								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
095 SUBTOTALS		19,238	56,209	35,162	61,383		4,845	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE								
100 01 MEDICAL ARTS CENTER								
100 02 GUEST MEALS								
100 03 HH OFFICE - SWEDISH AMERI								
100 04 MARKETING								
100 05 PHYSICIAN CLINICS								
100 06 ASHTON CLINIC								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		19,238	56,209	35,162	61,383		4,845	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS					371,372		371,372
037 01 INTENSIVE CARE UNIT					47,311		47,311
040 01 ICF/MR							
044 01 ANCILLARY SRVC COST CNTRS							
046 01 OPERATING ROOM					379,272		379,272
049 01 ANESTHESIOLOGY					23,890		23,890
053 01 RADIOLOGY-DIAGNOSTIC					214,991		214,991
056 01 LABORATORY					100,557		100,557
061 01 WHOLE BLOOD & PACKED RED					1,073		1,073
063 01 BLOOD CLOTTING FACTORS AD							
069 01 RESPIRATORY THERAPY					75,415		75,415
071 01 PHYSICAL THERAPY					56,036		56,036
073 01 SPEECH PATHOLOGY							
075 01 CARDIAC REHAB							
077 01 ELECTROENCEPHALOGRAPHY					24		24
079 01 MEDICAL SUPPLIES CHARGED					56,286		56,286
081 01 DRUGS CHARGED TO PATIENTS					35,162		35,162
083 01 OUTPAT SERVICE COST CNTRS							
085 01 EMERGENCY					147,191		147,191
087 02 PHYSICIAN CLINICS							
089 02 OBSERVATION BEDS (NON-DIS							
091 50 RHC							
093 60 FOHC							
095 01 OTHER REIMBURS COST CNTRS							
097 20 OUTPATIENT PHYSICAL THERA							
099 30 OUTPATIENT OCCUPATIONAL T							
101 40 OUTPATIENT SPEECH PATHOLO							
103 01 HOME HEALTH AGENCY							
105 01 SPEC PURPOSE COST CENTERS							
107 01 PANCREAS ACQUISITION							
109 01 SUBTOTALS					1,508,580		1,508,580
111 01 NONREIMBURS COST CENTERS							
113 01 GIFT, FLOWER, COFFEE SHOP					7,739		7,739
115 01 RESEARCH					1,912		1,912
117 01 NONPAID WORKERS					5,046		5,046
119 01 OTHER NONREIMBURSABLE					21		21
121 01 MEDICAL ARTS CENTER					18,351		18,351
123 02 GUEST MEALS					2,193		2,193
125 03 HH OFFICE - SWEDISH AMERI					4,065		4,065
127 04 MARKETING							
129 05 PHYSICIAN CLINICS					10,833		10,833
131 06 ASHTON CLINIC					2,223		2,223
133 01 CROSS FOOT ADJUSTMENTS							
135 02 NEGATIVE COST CENTER							
137 03 TOTAL					1,560,963		1,560,963

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE & OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	51,731					
002 OLD CAP REL COSTS-MVB		51,731				
003 NEW CAP REL COSTS-BLD			51,731			
004 NEW CAP REL COSTS-MVB				640,001		
005 EMPLOYEE BENEFITS	144	144	144	2,638	7,211,879	
006 ADMIN STRATIVE & GENE	5,415	5,415	5,415	115,425	1,276,453	-3,503,073
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	6,393	6,393	6,393	20,557	264,185	
009 LAUNDRY & LINEN SERVI	831	831	831			
010 HOUSEKEEPING	1,475	1,475	1,475	44	242,240	
011 DIETARY	3,286	3,286	3,286	1,061	46,116	
012 CAFETERIA	1,558	1,558	1,558		172,630	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO	570	570	570	1,552	226,228	
015 CENTRAL SERVICES & SU	2,550	2,550	2,550	506	75,855	
016 PHARMACY	775	775	775	2,600	188,352	
017 MEDICAL RECORDS & LIB	2,286	2,286	2,286	4,149	254,661	
018 SOCIAL SERVICE	100	100	100	108	102,368	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	5,041	5,041	5,041	85,838	1,357,888	
026 INTENSIVE CARE UNIT	1,679	1,679	1,679	513	123,066	
035 01 ICF/MR						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	5,148	5,148	5,148	210,936	424,575	
040 ANESTHESIOLOGY				21,238		
041 RADIOLOGY-DIAGNOSTIC	4,598	4,598	4,598	76,702	507,791	
044 LABORATORY	2,093	2,093	2,093	25,064	587,908	
046 WHOLE BLOOD & PACKED						
30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	3,005	3,005	3,005	3,130	14,439	
050 PHYSICAL THERAPY	2,082	2,082	2,082	1,318	15,455	
052 SPEECH PATHOLOGY						
053 01 CARDIAC REHAB						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
OUTPAT SERVICE COST C						
061 EMERGENCY	2,044	2,044	2,044	60,779	883,884	
061 02 PHYSICIAN CLINICS						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
095 SUBTOTALS	51,073	51,073	51,073	634,158	6,764,094	-3,503,073
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	463	463	463			
097 RESEARCH						
099 NONPAID WORKERS				108	205,521	
100 OTHER NONREIMBURSABLE						
100 01 MEDICAL ARTS CENTER						
100 02 GUEST MEALS						
100 03 HH OFFICE - SWEDISH A	195	195	195			
100 04 MARKETING						
100 05 PHYSICIAN CLINICS				5,627	176,852	
100 06 ASHTON CLINIC				108	65,412	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			853,307	707,656	2,148,066	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			16.495080		.297851	
(WRKSHT B, PT I)				1.105711		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						
107 COST TO BE ALLOCATED					5,292	
(WRKSHT B, PART III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
	6	7	8	9	10	11	12
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 ADMINISTRATIVE & GENERAL	16,374,949						
007 MAINTENANCE & REPAIRS		50,616					
008 OPERATION OF PLANT	1,343,493	6,393	44,223				
009 LAUNDRY & LINEN SERVICE	54,829	831	831	95,310			
010 HOUSEKEEPING	377,895	1,475	1,475		41,917		
011 DIETARY	163,699	3,286	3,286			7,917	
012 CAFETERIA	305,558	1,558	1,558		1,558		9,387
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	335,335	570	570		570		294
015 CENTRAL SERVICES & SUPPLIES	151,755	2,550	2,550	667	2,550		223
016 PHARMACY	1,104,938	775	775		775		222
017 MEDICAL RECORDS & LIBRARY	479,228	2,286	2,286		2,286		797
018 SOCIAL SERVICE	139,811	100	100		100		188
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CNTR)							
025 ADULTS & PEDIATRICS	2,117,253	5,041	5,041	61,381	5,041	6,955	2,755
026 INTENSIVE CARE UNIT	327,299	1,679	1,679	3,241	1,679	216	204
035 01 ICF/MR							
037 ANCILLARY SRVC COST CENTER							
040 OPERATING ROOM	1,392,100	5,148	5,148	7,148	5,148	502	667
041 ANESTHESIOLOGY	30,601						
044 RADIOLOGY-DIAGNOSTIC	2,230,820	4,598	4,598	8,482	4,598		906
046 LABORATORY	1,469,342	2,093	2,093	2,382	2,093		1,406
046 30 WHOLE BLOOD & PACKED BLOOD CLOTTING FACTOR	80,621						
049 RESPIRATORY THERAPY	740,057	3,005	3,005		3,005		18
050 PHYSICAL THERAPY	778,896	2,082	2,082	6,386	2,082		17
052 SPEECH PATHOLOGY							
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY	1,815						
055 MEDICAL SUPPLIES CHARGED TO PATIENT	5,756						
056 DRUGS CHARGED TO PATIENT							
061 OUTPAT SERVICE COST CENTER							
061 02 EMERGENCY	1,881,229	2,044	2,044	5,623	2,044		1,690
061 02 PHYSICIAN CLINICS							
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTER							
095 PANCREAS ACQUISITION							
095 SUBTOTALS	15,512,330	45,514	39,121	95,310	36,815	7,673	9,387
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	7,637						
097 RESEARCH		463	463		463		
099 NONPAID WORKERS	358,915						
100 OTHER NONREIMBURSABLE	1,585						
100 01 MEDICAL ARTS CENTER		4,444	4,444		4,444		
100 02 GUEST MEALS						244	
100 03 HH OFFICE - SWEDISH AMERICAN	3,217	195	195		195		
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	336,765						
100 06 ASHTON CLINIC	154,500						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,503,073		1,630,905	97,206	513,135	360,130	447,457
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.213929		36.879113	1.019893	12.241692	45.488190	47.667732
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	217,885		146,254	17,185	34,463	71,157	36,326

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
		6	7	8	9	10	11	12
108	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	.013306		3.307193	.180306	.822172	8.987874	3.869820

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME PERCENT)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		7,075					
016 CENTRAL SERVICES & SUPPLY			100				
017 PHARMACY		222		100			
018 MEDICAL RECORDS & LIBRARY					85		
019 SOCIAL SERVICE						2,133	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CNTR)							
025 ADULTS & PEDIATRICS		2,755			65	2,049	
026 INTENSIVE CARE UNIT		204			5	84	
035 01 ICU/MR							
037 ANCILLARY SRVC COST CENTER							
040 OPERATING ROOM		667			15		
041 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC		96					
046 LABORATORY		1,406					
046 30 WHOLE BLOOD & PACKED BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		18					
050 PHYSICAL THERAPY		17					
052 SPEECH PATHOLOGY							
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENT			100				
056 DRUGS CHARGED TO PATIENT				100			
061 OUTPAT SERVICE COST CENTER							
061 EMERGENCY		1,690					
061 02 PHYSICIAN CLINICS							
062 OBSERVATION BEDS (NON RHC)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTER							
085 PANCREAS ACQUISITION							
095 SUBTOTALS		7,075	100	100	85	2,133	
096 NONREIMBURS COST CENTER							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							
100 03 HH OFFICE - SWEDISH AGENCY							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS							
100 06 ASHTON CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		449,086	320,788	1,404,057	732,031	183,595	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		63.475053		14,040.570000		86.073605	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			3,207.880000		8,612.129412		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		19,238	56,209	35,162	61,383	4,845	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME PENT)	S(PATIENT)AYS	D(ASSIGNED)TIME
NONREIMBURS COST CENT	13	14	15	16	17	18	20
UNIT COST MULTIPLIER (WRKSHT B, PT III)		2.719152	562.090000	351.620000	722.152941	2.271449	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(GROSS SALARIES)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				4,362,791
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				1,357,888
035 01 INTENSIVE CARE UNIT				123,066
037 ICF/MR				
040 ANCILLARY SRVC COST C				
041 OPERATING ROOM				424,575
044 ANESTHESIOLOGY				
046 RADIOLOGY-DIAGNOSTIC				507,791
049 LABORATORY				587,908
050 WHOLE BLOOD & PACKED				
052 30 BLOOD CLOTTING FACTOR				
053 RESPIRATORY THERAPY				14,439
054 PHYSICAL THERAPY				15,455
055 SPEECH PATHOLOGY				
056 01 CARDIAC REHAB				
061 ELECTROENCEPHALOGRAPH				
062 MEDICAL SUPPLIES CHAR				
063 DRUGS CHARGED TO PATI				
066 02 OUTPAT SERVICE COST C				
069 EMERGENCY				883,884
071 01 PHYSICIAN CLINICS				
085 02 OBSERVATION BEDS (NON				
095 50 RHC				
096 60 FOHC				
099 OTHER REIMBURS COST C				
100 20 OUTPATIENT PHYSICAL T				
100 30 OUTPATIENT OCCUPATION				
100 40 OUTPATIENT SPEECH PAT				
101 HOME HEALTH AGENCY				
102 SPEC PURPOSE COST GEN				
105 01 PANCREAS ACQUISITION				
106 095 SUBTOTALS				3,915,006
107 NONREIMBURS COST CENT				
108 GIFT, FLOWER, COFFEE				
109 RESEARCH				
110 099 NONPAID WORKERS				205,521
111 100 OTHER NONREIMBURSABLE				
112 100 01 MEDICAL ARTS CENTER				
113 100 02 GUEST MEALS				
114 100 03 HH OFFICE - SWEDISH A				
115 100 04 MARKETING				
116 100 05 PHYSICIAN CLINICS				176,852
117 100 06 ASHTON CLINIC				65,412
118 101 CROSS FOOT ADJUSTMENT				
119 102 NEGATIVE COST CENTER				
120 103 COST TO BE ALLOCATED				
121 (PER WRKSHT B, PART				
122 104 UNIT COST MULTIPLIER				
123 (WRKSHT B, PT I)				
124 105 COST TO BE ALLOCATED				
125 (PER WRKSHT B, PART				
126 106 UNIT COST MULTIPLIER				
127 (WRKSHT B, PT II)				
128 107 COST TO BE ALLOCATED				
129 (PER WRKSHT B, PART				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED 10/ 3/2008
14-1312	FROM 5/ 1/2007	WORKSHEET C
	TO 4/30/2008	PART I

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	4,239,139		4,239,139		
26	INTENSIVE CARE UNIT	565,886		565,886		
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,176,223		2,176,223		
40	ANESTHESIOLOGY	37,147		37,147		
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842		
44	LABORATORY	2,045,183		2,045,183		
46	WHOLE BLOOD & PACKED RED	97,868		97,868		
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986		1,047,986		
50	PHYSICAL THERAPY	1,056,195		1,056,195		
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203		2,203		
55	MEDICAL SUPPLIES CHARGED	327,775		327,775		
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,577,647		2,577,647		
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	325,183		325,183		
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,894,334		18,894,334		
102	LESS OBSERVATION BEDS	325,183		325,183		
103	TOTAL	18,569,151		18,569,151		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,435,400		1,435,400			
26	INTENSIVE CARE UNIT	119,000		119,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,311,805	2,263,488	3,575,293	.608684	.608684	
40	ANESTHESIOLOGY	142,377	479,975	622,352	.059688	.059688	
41	RADIOLOGY-DIAGNOSTIC	717,120	6,714,302	7,431,422	.402593	.402593	
44	LABORATORY	663,571	5,177,762	5,841,333	.350123	.350123	
46	WHOLE BLOOD & PACKED RED	100,754	137,452	238,206	.410854	.410854	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	351,629	866,783	1,218,412	.860124	.860124	
50	PHYSICAL THERAPY	112,172	1,094,929	1,207,101	.874985	.874985	
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	306,728	104,772	411,500	.796537	.796537	
56	DRUGS CHARGED TO PATIENTS	1,495,745	3,446,190	4,941,935	.284111	.284111	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	89,460	2,037,846	2,127,306	1.211695	1.211695	
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	2,925	405,980	408,905	.795253	.795253	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,848,686	22,729,479	29,578,165			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,848,686	22,729,479	29,578,165			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1312
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 10/3/2008
WORKSHEET C
PART I

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	4,239,139		4,239,139		
26	INTENSIVE CARE UNIT	565,886		565,886		
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,176,223		2,176,223		
40	ANESTHESIOLOGY	37,147		37,147		
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842		
44	LABORATORY	2,045,183		2,045,183		
46	WHOLE BLOOD & PACKED RED	97,868		97,868		
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986		1,047,986		
50	PHYSICAL THERAPY	1,056,195		1,056,195		
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203		2,203		
55	MEDICAL SUPPLIES CHARGED	327,775		327,775		
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,577,647		2,577,647		
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	325,183		325,183		
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,894,334		18,894,334		
102	LESS OBSERVATION BEDS	325,183		325,183		
103	TOTAL	18,569,151		18,569,151		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

14-1312

FROM 5/ 1/2007
TO 4/30/2008

WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,435,400		1,435,400			
26	INTENSIVE CARE UNIT	119,000		119,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,311,805	2,263,488	3,575,293	.608684	.608684	
40	ANESTHESIOLOGY	142,377	479,975	622,352	.059688	.059688	
41	RADIOLOGY-DIAGNOSTIC	717,120	6,714,302	7,431,422	.402593	.402593	
44	LABORATORY	663,571	5,177,762	5,841,333	.350123	.350123	
46	WHOLE BLOOD & PACKED RED	100,754	137,452	238,206	.410854	.410854	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	351,629	866,783	1,218,412	.860124	.860124	
50	PHYSICAL THERAPY	112,172	1,094,929	1,207,101	.874985	.874985	
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	306,728	104,772	411,500	.796537	.796537	
56	DRUGS CHARGED TO PATIENTS	1,495,745	3,446,190	4,941,935	.284111	.284111	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	89,460	2,037,846	2,127,306	1.211695	1.211695	
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	2,925	405,980	408,905	.795253	.795253	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,848,686	22,729,479	29,578,165			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,848,686	22,729,479	29,578,165			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,176,223	379,272	1,796,951			2,176,223
40	ANESTHESIOLOGY	37,147	23,890	13,257			37,147
41	RADIOLOGY-DIAGNOSTIC	2,991,842	214,991	2,776,851			2,991,842
44	LABORATORY	2,045,183	100,557	1,944,626			2,045,183
46	WHOLE BLOOD & PACKED RED	97,868	1,073	96,795			97,868
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,047,986	75,415	972,571			1,047,986
50	PHYSICAL THERAPY	1,056,195	56,036	1,000,159			1,056,195
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	2,203	24	2,179			2,203
55	MEDICAL SUPPLIES CHARGED	327,775	56,286	271,489			327,775
56	DRUGS CHARGED TO PATIENTS	1,404,057	35,162	1,368,895			1,404,057
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,577,647	147,191	2,430,456			2,577,647
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	325,183		325,183			325,183
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,089,309	1,089,897	12,999,412			14,089,309
102	LESS OBSERVATION BEDS	325,183		325,183			325,183
103	TOTAL	13,764,126	1,089,897	12,674,229			13,764,126

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	3,575,293	.608684	.608684
40	ANESTHESIOLOGY	622,352	.059688	.059688
41	RADIOLOGY-DIAGNOSTIC	7,431,422	.402593	.402593
44	LABORATORY	5,841,333	.350123	.350123
46	WHOLE BLOOD & PACKED RED	238,206	.410854	.410854
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,218,412	.860124	.860124
50	PHYSICAL THERAPY	1,207,101	.874985	.874985
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	411,500	.796537	.796537
56	DRUGS CHARGED TO PATIENTS	4,941,935	.284111	.284111
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,127,306	1.211695	1.211695
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	408,905	.795253	.795253
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	28,023,765		
102	LESS OBSERVATION BEDS	408,905		
103	TOTAL	27,614,860		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,176,223	379,272	1,796,951			2,176,223
40	ANESTHESIOLOGY	37,147	23,890	13,257			37,147
41	RADIOLOGY-DIAGNOSTIC	2,991,842	214,991	2,776,851			2,991,842
44	LABORATORY	2,045,183	100,557	1,944,626			2,045,183
46	WHOLE BLOOD & PACKED RED	97,868	1,073	96,795			97,868
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,047,986	75,415	972,571			1,047,986
50	PHYSICAL THERAPY	1,056,195	56,036	1,000,159			1,056,195
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	2,203	24	2,179			2,203
55	MEDICAL SUPPLIES CHARGED	327,775	56,286	271,489			327,775
56	DRUGS CHARGED TO PATIENTS	1,404,057	35,162	1,368,895			1,404,057
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,577,647	147,191	2,430,456			2,577,647
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	325,183		325,183			325,183
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,089,309	1,089,897	12,999,412			14,089,309
102	LESS OBSERVATION BEDS	325,183		325,183			325,183
103	TOTAL	13,764,126	1,089,897	12,674,229			13,764,126

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,575,293	.608684	.608684
40	ANESTHESIOLOGY	622,352	.059688	.059688
41	RADIOLOGY-DIAGNOSTIC	7,431,422	.402593	.402593
44	LABORATORY	5,841,333	.350123	.350123
46	WHOLE BLOOD & PACKED RED	238,206	.410854	.410854
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,218,412	.860124	.860124
50	PHYSICAL THERAPY	1,207,101	.874985	.874985
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	411,500	.796537	.796537
56	DRUGS CHARGED TO PATIENTS	4,941,935	.284111	.284111
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,127,306	1.211695	1.211695
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	408,905	.795253	.795253
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	28,023,765		
102	LESS OBSERVATION BEDS	408,905		
103	TOTAL	27,614,860		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842	7,431,422			
44	LABORATORY	2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195	1,207,101			
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203				
55	MEDICAL SUPPLIES CHARGED	327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	325,183	408,905			
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,089,309	28,023,765			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,176,223		2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	111,178	148,325	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842	7,431,422			
44	LABORATORY	2,045,183		2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868		97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	1,047,986		1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195		1,056,195	1,207,101			
52	SPEECH PATHOLOGY							
53	01 CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY	2,203	95,566	97,769				
55	MEDICAL SUPPLIES CHARGED	327,775		327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,577,647		2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS							
62	OBSERVATION BEDS (NON-DIS	325,183		325,183	408,905			
63	50 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL	14,089,309	206,744	14,296,053	28,023,765			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		927,654	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		77,750	
37	OPERATING ROOM	.608684	611,394	372,146
40	ANESTHESIOLOGY	.059688	61,321	3,660
41	RADIOLOGY-DIAGNOSTIC	.402593	388,864	156,554
44	LABORATORY	.350123	391,563	137,095
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.410854	86,521	35,547
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.860124	238,182	204,866
50	PHYSICAL THERAPY	.874985	80,782	70,683
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.796537	227,198	180,972
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.284111	932,570	264,953
61	EMERGENCY	1.211695	1,947	2,359
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.795253		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,020,342	1,428,835
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,020,342	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.608684		
40	ANESTHESIOLOGY	.059688		
41	RADIOLOGY-DIAGNOSTIC	.402593	1,188	478
44	LABORATORY	.350123	3,349	1,173
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.410854		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.860124	381	328
50	PHYSICAL THERAPY	.874985	12,264	10,731
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.796537	386	307
56	DRUGS CHARGED TO PATIENTS	.284111	8,552	2,430
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	1.211695		
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.795253		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		26,120	15,447
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		26,120	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,603,624		3,170,081
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	11/19/2007	100,800	11/19/2007	91,600
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		100,800		91,600
4 TOTAL INTERIM PAYMENTS		3,704,424		3,261,681
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,349,255
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,349,255
5	PRIMARY PAYER PAYMENTS	3,854
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	4,388,855

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,388,855
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	297,265
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,091,590
23	COINSURANCE	16,152
24	SUBTOTAL	4,075,438
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	68,119
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	68,119
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	58,378
26	SUBTOTAL	4,143,557
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,143,557
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,704,424
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	439,133
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,240,020			
2 TEMPORARY INVESTMENTS	5,467,114			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,458,038			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,299,533			
7 INVENTORY	167,781			
8 PREPAID EXPENSES	302,211			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	10,335,631			
FIXED ASSETS				
12 LAND	567,058			
12.01 LAND IMPROVEMENTS	1,203,470			
13.01 LESS ACCUMULATED DEPRECIATION	-692,829			
14 BUILDINGS	10,640,382			
14.01 LESS ACCUMULATED DEPRECIATION	-3,999,144			
15 LEASEHOLD IMPROVEMENTS	175,401			
15.01 LESS ACCUMULATED DEPRECIATION	-6,431			
16 FIXED EQUIPMENT	701,224			
16.01 LESS ACCUMULATED DEPRECIATION	-297,696			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	6,274,673			
18.01 LESS ACCUMULATED DEPRECIATION	-4,262,215			
19 MINOR EQUIPMENT DEPRECIABLE	155,631			
19.01 LESS ACCUMULATED DEPRECIATION	-155,631			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	10,303,893			
OTHER ASSETS				
22 INVESTMENTS	1,119,624			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	833,490			
26 TOTAL OTHER ASSETS	1,953,114			
27 TOTAL ASSETS	22,592,638			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	461,485			
29 SALARIES, WAGES & FEES PAYABLE	614,991			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	647,925			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-67,644			
35 OTHER CURRENT LIABILITIES	735,153			
36 TOTAL CURRENT LIABILITIES	2,391,910			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	6,060,000			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	390,228			
42 TOTAL LONG-TERM LIABILITIES	6,450,228			
43 TOTAL LIABILITIES	8,842,138			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,750,500			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	13,750,500			
52 TOTAL LIABILITIES AND FUND BALANCES	22,592,638			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		13,653,813		
2 OF PERIOD				
3 NET INCOME (LOSS)		96,687		
4 TOTAL		13,750,500		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		13,750,500		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		13,750,500		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,435,400		1,435,400
4 00 SWING BED - SNF	67,126		67,126
5 00 SWING BED - NF			
7 01 ICF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,502,526		1,502,526
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	119,000		119,000
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	119,000		119,000
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,621,526		1,621,526
17 00 ANCILLARY SERVICES	5,054,792	23,376,255	28,431,047
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
24 01 OTHER CLINICS		178,446	178,446
25 00 TOTAL PATIENT REVENUES	6,676,318	23,554,701	30,231,019

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		20,771,919	
ADD (SPECIFY)			
27 00			
28 00			
29 00 BAD DEBTS	1,289,669		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,289,669	
DEDUCT (SPECIFY)			
34 00 RECONCILING	5,379		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		5,379	
40 00 TOTAL OPERATING EXPENSES		22,056,209	

DESCRIPTION

1	TOTAL PATIENT REVENUES	30,231,019
2	LESS: ALLOWANCES AND DISCOUNTS ON	7,638,936
3	NET PATIENT REVENUES	22,592,083
4	LESS: TOTAL OPERATING EXPENSES	22,056,209
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	535,874
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	435,010
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	435,010
26	TOTAL	970,884
	OTHER EXPENSES	
27	RETURN FROM LLC	156,515
28	UNREALIZED GAIN/LOSS ON INV	560,603
29	CONTRIBUTION ALLOWANCE	157,079
30	TOTAL OTHER EXPENSES	874,197
31	NET INCOME (OR LOSS) FOR THE PERIO	96,687