

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		14-1315		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2009 TIME 21:58

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 BCC DBA ILLINI COMMUNITY HOSPITAL 14-1315
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	31,342	-318,728		0
3	SWING BED - SNF	0	24,964	0		0
9	RHC	0	0	-30,968		0
100	TOTAL	0	56,306	-349,696		0

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

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

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

MULTI CAMPUS

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

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

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 321 WEST WASHINGTON
 1.01 CITY: PITTSFIELD STATE: IL ZIP CODE: 62363 COUNTY: PIKE
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DOUG SLOAN	
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	C. DEL ROSARIO	

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DOUG SLOAN	
10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	D. DEL ROSARIO	

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY			
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO		
12 CLINIC	0		1	2	3	4	5	6	7	8	9	10	11	12	13	14
			700	1730	700	1730	700	1730	700	1730	700	1730	700	1200		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. N

15 PROVIDER NAME: PROVIDER NUMBER:

	TITLE V	TITLE XVII	TITLE XIX
16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.	N		

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		480,309	480,309	314,656	794,965
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		418,677	418,677	14,267	432,944
5	0500 EMPLOYEE BENEFITS		1,608,067	1,608,067		1,608,067
6	0600 ADMIN STRATIVE & GENERAL	896,580	1,276,566	2,173,146	-76,422	2,096,724
7	0700 MAINTENANCE & REPAIRS	266,175	166,923	433,098		433,098
8	0800 OPERATION OF PLANT		372,091	372,091	69,443	441,534
9	0900 LAUNDRY & LINEN SERVICE		72,829	72,829		72,829
10	1000 HOUSEKEEPING	226,845	26,420	253,265		253,265
11	1100 DIETARY	148,279	108,397	256,676		256,676
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	99,416	5,929	105,345	-14,796	90,549
17	1700 MEDICAL RECORDS & LIBRARY	154,502	164,974	319,476		319,476
18	1800 SOCIAL SERVICE				47,100	47,100
20	2000 NONPHYSICIAN ANESTHETISTS				270,973	270,973
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	957,062	90,186	1,047,248	-48,259	998,989
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	393,147	121,887	515,034	-5,760	509,274
40	4000 ANESTHESIOLOGY	270,973	6,134	277,107	-277,107	
41	4100 RADIOLOGY-DIAGNOSTIC	625,889	714,064	1,339,953	-89	1,339,864
41.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	17,567	125,476	143,043	-20,352	122,691
44	4400 LABORATORY	406,152	624,595	1,030,747	-69,689	961,058
49	4900 RESPIRATORY THERAPY	121,844	48,730	170,574	-25,923	144,651
49.01	4901 SLEEP STUDIES	36,494	7,673	44,167		44,167
50	5000 PHYSICAL THERAPY	29,699	33,331	63,030	-84	62,946
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	36,126	81,742	117,868	131,985	249,853
56	5600 DRUGS CHARGED TO PATIENTS	234,917	1,244,310	1,479,227		1,479,227
56.01	5601 ONCOLOGY	51,666	191,919	243,585		243,585
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	592,805	1,092,943	1,685,748	-2,624	1,683,124
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	203,854	545,964	749,818	-171	749,647
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		354,013	354,013	-307,148	46,865
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	5,769,992	9,984,149	15,754,141	-0-	15,754,141
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	52,340	16,755	69,095		69,095
100	7950 AUTOMATED HEALTH SERVICES		272	272		272
100.01	7951 RENAL					
100.02	7952 LEASED SPACE					
100.03	7953 UNUSED SPACE					
101	TOTAL	5,822,332	10,001,176	15,823,508	-0-	15,823,508

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2009
I 14-1315 I FROM 10/ 1/2007 I WORKSHEET A
I I TO 9/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		794,965
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		432,944
5	0500 EMPLOYEE BENEFITS	-532,180	1,075,887
6	0600 ADMINISTRATIVE & GENERAL	133,774	2,230,498
7	0700 MAINTENANCE & REPAIRS	-1,633	431,465
8	0800 OPERATION OF PLANT		441,534
9	0900 LAUNDRY & LINEN SERVICE	351	73,180
10	1000 HOUSEKEEPING		253,265
11	1100 DIETARY	-53,567	203,109
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		90,549
17	1700 MEDICAL RECORDS & LIBRARY	-5,293	314,183
18	1800 SOCIAL SERVICE		47,100
20	2000 NONPHYSICIAN ANESTHETISTS		270,973
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRCS		998,989
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		509,274
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-834	1,339,030
41.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC		122,691
44	4400 LABORATORY		961,058
49	4900 RESPIRATORY THERAPY		144,651
49.01	4901 SLEEP STUDIES		44,167
50	5000 PHYSICAL THERAPY		62,946
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-859	248,994
56	5600 DRUGS CHARGED TO PATIENTS		1,479,227
56.01	5601 ONCOLOGY	-177,000	66,585
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-661,459	1,021,665
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-15,453	734,194
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-46,865	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,361,018	14,393,123
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		69,095
100	7950 AUTOMATED HEALTH SERVICES		272
100.01	7951 RENAL		
100.02	7952 LEASED SPACE		
100.03	7953 UNUSED SPACE		
101	TOTAL	-1,361,018	14,462,490

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/24/2009
 I 14-1315 I FROM 10/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 9/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP STUDIES	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	5601	DRUGS CHARGED TO PATIENTS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	AUTOMATED HEALTH SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENAL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LEASED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	UNUSED SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS PROPERTY INSURANCE	A	OTHER CAPITAL RELATED COSTS	90		27,055
2 RECLASS UTILITIES	B	OPERATION OF PLANT	8		69,443
3 RECLASS MEDICAL SUPPLIES EXPENSE	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		131,985
4					
5					
6					
7					
8					
9					
10					
11					
12 RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		297,842
13		NEW CAP REL COSTS-MVBLE EQUIP	4		4,026
14		ADMINISTRATIVE & GENERAL	6		5,280
15 RECLASS SOCIAL SERVICE SALARY	E	SOCIAL SERVICE	18	47,100	
16 RECLASS MISCELLANEOUS ANESTH EXPENSE	F	OPERATING ROOM	37		6,134
17 RECLASS DON SALARY	G	NURSING ADMINISTRATION	14	85,166	
18 RECLASS CRNA COSTS	I	NONPHYSICIAN ANESTHETISTS	20	270,973	
19 RECLASS UR COORDINATOR SALARY	J	ADMINISTRATIVE & GENERAL	6	26,342	
20 RECLASS NURSING MANAGER SALARY	K	ADMINISTRATIVE & GENERAL	6	73,620	
36 TOTAL RECLASSIFICATIONS				503,201	541,765

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO 7			
1 RECLASS PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL		6		27,055	
2 RECLASS UTILITIES	B	ADMINISTRATIVE & GENERAL		6		69,443	
3 RECLASS MEDICAL SUPPLIES EXPENSE	C	ADULTS & PEDIATRICS		25		1,159	
4		OPERATING ROOM		37		11,894	
5		RADIOLOGY-DIAGNOSTIC		41		89	
6		NUCLEAR MEDICINE-DIAGNOSTIC		41.01		20,352	
7		LABORATORY		44		69,689	
8		RESPIRATORY THERAPY		49		25,923	
9		PHYSICAL THERAPY		50		84	
10		EMERGENCY		61		2,624	
11		RURAL HEALTH CLINIC		63.50		171	
12 RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE		88		307,148	11
13							11
14							
15 RECLASS SOCIAL SERVICE SALARY	E	ADULTS & PEDIATRICS		25	47,100		
16 RECLASS MISCELLANEOUS ANESTH EXPENSE	F	ANESTHESIOLOGY		40		6,134	
17 RECLASS DON SALARY	G	ADMINISTRATIVE & GENERAL		6	85,166		
18 RECLASS CRNA COSTS	I	ANESTHESIOLOGY		40	270,973		
19 RECLASS UR COORDINATOR SALARY	J	NURSING ADMINISTRATION		14	26,342		
20 RECLASS NURSING MANAGER SALARY	K	NURSING ADMINISTRATION		14	73,620		
36 TOTAL RECLASSIFICATIONS					503,201	541,765	

(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:
141315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	27,055	ADMINISTRATIVE & GENERAL	6	27,055	
TOTAL RECLASSIFICATIONS FOR CODE A			27,055				27,055

RECLASS CODE: B
EXPLANATION : RECLASS UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	69,443	ADMINISTRATIVE & GENERAL	6	69,443	
TOTAL RECLASSIFICATIONS FOR CODE B			69,443				69,443

RECLASS CODE: C
EXPLANATION : RECLASS MEDICAL SUPPLIES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	131,985	ADULTS & PEDIATRICS	25	1,159	
2.00			0	OPERATING ROOM	37	11,894	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	89	
4.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.01	20,352	
5.00			0	LABORATORY	44	69,689	
6.00			0	RESPIRATORY THERAPY	49	25,923	
7.00			0	PHYSICAL THERAPY	50	84	
8.00			0	EMERGENCY	61	2,624	
9.00			0	RURAL HEALTH CLINIC	63.50	171	
TOTAL RECLASSIFICATIONS FOR CODE C			131,985				131,985

RECLASS CODE: D
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	297,842	INTEREST EXPENSE	88	307,148	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,026			0	
3.00	ADMINISTRATIVE & GENERAL	6	5,280			0	
TOTAL RECLASSIFICATIONS FOR CODE D			307,148				307,148

RECLASS CODE: E
EXPLANATION : RECLASS SOCIAL SERVICE SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	47,100	ADULTS & PEDIATRICS	25	47,100	
TOTAL RECLASSIFICATIONS FOR CODE E			47,100				47,100

RECLASS CODE: F
EXPLANATION : RECLASS MISCELLANEOUS ANESTH EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	6,134	ANESTHESIOLOGY	40	6,134	
TOTAL RECLASSIFICATIONS FOR CODE F			6,134				6,134

RECLASS CODE: G
EXPLANATION : RECLASS DON SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	85,166	ADMINISTRATIVE & GENERAL	6	85,166	
TOTAL RECLASSIFICATIONS FOR CODE G			85,166				85,166

RECLASS CODE: I
EXPLANATION : RECLASS CRNA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	270,973	ANESTHESIOLOGY	40	270,973	
TOTAL RECLASSIFICATIONS FOR CODE I			270,973				270,973

RECLASSIFICATIONS

PROVIDER NO:
141315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS UR COORDINATOR SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	26,342	NURSING ADMINISTRATION	14	26,342	
TOTAL RECLASSIFICATIONS FOR CODE J			26,342				26,342

RECLASS CODE: K
EXPLANATION : RECLASS NURSING MANAGER SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	73,620	NURSING ADMINISTRATION	14	73,620	
TOTAL RECLASSIFICATIONS FOR CODE K			73,620				73,620

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	125,451	8,800		8,800		134,251	
2 LAND IMPROVEMENTS	214,956					214,956	
3 BUILDINGS & FIXTURE	6,402,176	46,200		46,200		6,448,376	
4 BUILDING IMPROVEMEN	720,082	45,557		45,557		765,639	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	4,213,901	180,320		180,320		4,394,221	
7 SUBTOTAL	11,676,566	280,877		280,877		11,957,443	
8 RECONCILING ITEMS							
9 TOTAL	11,676,566	280,877		280,877		11,957,443	

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	3	4	5	6	7	
3	NEW CAP REL COSTS-BL	7,214,015		7,214,015	.621457	16,814			16,814
4	NEW CAP REL COSTS-MV	4,394,221		4,394,221	.378543	10,241			10,241
5	TOTAL	11,608,236		11,608,236	1.000000	27,055			27,055

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	480,309		297,842	16,814			794,965
4	NEW CAP REL COSTS-MV	418,677		4,026	10,241			432,944
5	TOTAL	898,986		301,868	27,055			1,227,909

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)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	480,309						480,309
4	NEW CAP REL COSTS-MV	418,677						418,677
5	TOTAL	898,986						898,986

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER	B	-46,865	INTEREST EXPENSE		88	
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-803,940				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-338,044				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-2,259	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,293	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDI CARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			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' ASSI STANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 MISCELLANEOUS INCOME	B	-7,160	ADMINISTRATIVE & GENERAL		6	
38 MISCELLANEOUS RADIOLOGY INCOME	B	-834	RADIOLOGY-DIAGNOSTIC		41	
39 MISCELLANEOUS SUPPLIES REVENUE	B	-859	MEDICAL SUPPLIES CHARGED		55	
40 CABLE TELEVISION	A	-1,633	MAINTENANCE & REPAIRS		7	
41 MISCELLANEOUS EXPENSE	A	-17,287	ADMINISTRATIVE & GENERAL		6	
42 PUBLIC RELATIONS SALARIES	A	-18,955	ADMINISTRATIVE & GENERAL		6	
43 PUBLIC RELATIONS EMPLOYEE BENEFITS	A	-5,235	EMPLOYEE BENEFITS		5	
44 PUBLIC RELATIONS EXPENSES	A	-51,328	ADMINISTRATIVE & GENERAL		6	
45 COFFEE SHOP RECEIPTS	B	-43,957	DIETARY		11	
46 MEALS ON WHEELS	B	-8,448	DIETARY		11	
47 LOBBYING EXPENSE	A	-8,950	ADMINISTRATIVE & GENERAL		6	
48 DIETARY REVENUE	B	29	DIETARY		11	
49						
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,361,018				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	631,112	393,658	237,454
2	11	DIETARY	DIETICIAN	8,178	7,110	1,068
3	9	LAUNDRY & LINEN SERVICE	LAUNDRY SERVICES	60,901	60,550	351
4	5	EMPLOYEE BENEFITS	HEALTH INSURANCE	427,205	954,150	-526,945
4.01	63 50	RURAL HEALTH CLINIC	RHC PHYSICIANS	364,704	371,609	-6,905
4.02	61	EMERGENCY	ER PHYSICIANS	977,655	1,012,174	-34,519
4.03	63 50	RURAL HEALTH CLINIC	RHC CLINIC BUILDING	5,957	14,505	-8,548
5		TOTALS		2,475,712	2,813,756	-338,044

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	BLESSING CORPORATE SVCS	0.00	HOME OFFICE
2	G	0.00	BLESSING HOSPITAL	0.00	HOSPITAL
3	G	0.00	DENMAN SERVICES	0.00	LAUNDRY AND BIO-MED
4		0.00		0.00	
5		0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	34,058		34,058				
2 56	1 ONCOLOGY	177,000	177,000					
3 61	EMERGENCY	996,782	626,940	369,842				
4 14	UM REVIEW	925		925				
5								
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26								
27								
28								
29								
30								
101	TOTAL	1,208,765	803,940	404,825				

PHYSICAL 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)	142
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	139
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	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		157.11	645.72	
10	AHSEA (SEE INSTRUCTIONS)	89.49	66.29	49.72	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.15	33.15	24.86	
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)	10,415
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	32,105
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	42,520
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)	42,520

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)	42,520

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)	4,707
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	3,456
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,163
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	969
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,132

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)	
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) 9,132
 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) 42,520
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,132
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 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) 51,652
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 22,322

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)	22,322
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	22,322
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)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA 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)	
69.31	EXCESS COST OVER LIMITATION- HHA 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

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	8	PATIENT	DAYS	ENTERED
12	CAFETERIA	5	GROSS	SALARIES	ENTERED
14	NURSING ADMINISTRATION	13	NURSING	SALARIES	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TOTAL	CHARGES	ENTERED
18	SOCIAL SERVICE	8	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	794,965	794,965					
005 NEW CAP REL COSTS-MVBLE E	432,944		432,944				
006 EMPLOYEE BENEFITS	1,075,887			1,075,887			
007 ADMINISTRATIVE & GENERAL	2,230,498	150,382	93,377	165,446	2,639,703	2,639,703	
008 MAINTENANCE & REPAIRS	431,465	160,812	99,851	49,346	741,474	165,550	907,024
009 OPERATION OF PLANT	441,534				441,534	98,582	
010 LAUNDRY & LINEN SERVICE	73,180				73,180	16,339	
011 HOUSEKEEPING	253,265	12,428	7,717	42,055	315,465	70,435	25,518
012 DIETARY	203,109	15,166	9,417	27,489	255,181	56,975	31,139
014 CAFETERIA		5,482	3,404		8,886	1,984	11,255
017 NURSING ADMINISTRATION	90,549	1,998	1,241	15,688	109,476	24,443	4,103
018 MEDICAL RECORDS & LIBRARY	314,183	29,188	18,124	28,643	390,138	87,107	59,931
020 SOCIAL SERVICE	47,100	979	608	8,732	57,419	12,820	2,009
025 NONPHYSICIAN ANESTHETISTS	270,973			50,236	321,209	71,717	
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS	998,989	74,226	46,089	168,696	1,288,000	287,574	152,403
041 ANCILLARY SRVC COST CNTRS							
049 OPERATING ROOM	509,274	46,557	28,909	72,886	657,626	146,829	95,594
044 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,339,030	33,363	20,716	116,034	1,509,143	336,949	68,502
041 01 NUCLEAR MEDICINE-DIAGNOST	122,691	3,538	2,197	3,257	131,683	29,401	7,265
044 LABORATORY	961,058	16,883	10,483	75,297	1,063,721	237,499	34,666
049 RESPIRATORY THERAPY	144,651	9,095	5,647	22,589	181,982	40,631	18,675
049 01 SLEEP STUDIES	44,167	1,807	1,122	6,766	53,862	12,026	3,710
050 PHYSICAL THERAPY	62,946	3,518	2,184	5,506	74,154	16,557	7,223
055 MEDICAL SUPPLIES CHARGED	248,994	8,630	5,359	6,697	269,680	60,212	17,719
056 DRUGS CHARGED TO PATIENTS	1,479,227	11,292	7,012	43,551	1,541,082	344,088	23,185
056 01 ONCOLOGY	66,585	1,814	1,126	9,578	79,103	17,661	3,724
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,021,665	42,882	26,627	109,900	1,201,074	268,166	88,048
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	734,194		12,328	37,792	784,314	175,115	40,764
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	14,393,123	630,040	403,538	1,066,184	14,189,089	2,578,660	695,433
098 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		5,270	3,272		8,542	1,907	10,820
100 PHYSICIANS' PRIVATE OFFIC	69,095	42,088	26,134	9,703	147,020	32,825	86,418
100 AUTOMATED HEALTH SERVICES	272				272	61	
100 01 RENAL		15,761			15,761	3,519	32,361
100 02 LEASED SPACE		39,933			39,933	8,916	81,992
100 03 UNUSED SPACE		61,873			61,873	13,815	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,462,490	794,965	432,944	1,075,887	14,462,490	2,639,703	907,024

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	540,116						
010 LAUNDRY & LINEN SERVICE		89,519					
011 HOUSEKEEPING	14,327		425,745				
012 DIETARY	17,482		16,378	377,155			
014 CAFETERIA	6,319		5,920		34,364		
017 NURSING ADMINISTRATION	2,304		2,158		681	143,165	
018 MEDICAL RECORDS & LIBRARY	33,647		31,521		1,243		603,587
020 SOCIAL SERVICE	1,128		1,057		379		
025 NONPHYSICIAN ANESTHETISTS					2,181		
037 INPAT ROUTINE SRVC CNTRS	85,564	89,519	80,157	377,155	7,324	63,941	50,700
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS	53,670		50,278		3,164	22,544	37,495
044 OPERATING ROOM							6,189
049 ANESTHESIOLOGY	38,460		36,029		5,037	40	175,360
056 01 NUCLEAR MEDICINE-DIAGNOSTIC	4,079		3,821		141	1,371	8,939
063 04 LABORATORY	19,463		18,233		3,269		95,749
063 04 RESPIRATORY THERAPY	10,485		9,822		981	4,292	26,302
063 04 SLEEP STUDIES	2,083		1,951		294		7,032
063 05 PHYSICAL THERAPY	4,055		3,799		239		4,484
063 05 MEDICAL SUPPLIES CHARGED	9,948		9,320		291		31,326
063 05 DRUGS CHARGED TO PATIENTS	13,017		12,195		1,891		99,685
063 01 ONCOLOGY	2,091		1,959		416	3,903	4,331
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	49,434		46,310		4,771	38,949	55,995
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC					1,641	6,302	
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	367,556	89,519	330,908	377,155	33,943	141,342	603,587
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	6,075		5,691				
100 PHYSICIANS' PRIVATE OFFICE	48,518		45,452		421	1,823	
100 AUTOMATED HEALTH SERVICES							
100 01 RENAL	18,169		17,021				
100 02 LEASED SPACE	28,472		26,673				
100 03 UNUSED SPACE	71,326						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	540,116	89,519	425,745	377,155	34,364	143,165	603,587

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25		27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY					
020 SOCIAL SERVICE	74,812				
025 NONPHYSICIAN ANESTHETISTS		395,107			
037 INPAT ROUTINE SRVC CNTRS					
040 ADULTS & PEDIATRICS	74,812		2,557,149		2,557,149
041 ANCILLARY SRVC COST CNTRS					
044 OPERATING ROOM			1,067,200		1,067,200
049 ANESTHESIOLOGY		395,107	401,296		401,296
055 RADIOLOGY-DIAGNOSTIC			2,169,520		2,169,520
061 01 NUCLEAR MEDICINE-DIAGNOST			186,700		186,700
063 LABORATORY			1,472,600		1,472,600
066 01 RESPIRATORY THERAPY			293,170		293,170
069 SLEEP STUDIES			80,958		80,958
072 PHYSICAL THERAPY			110,511		110,511
075 MEDICAL SUPPLIES CHARGED			398,496		398,496
078 DRUGS CHARGED TO PATIENTS			2,035,143		2,035,143
081 01 ONCOLOGY			113,188		113,188
084 OUTPAT SERVICE COST CNTRS					
087 EMERGENCY			1,752,747		1,752,747
090 OBSERVATION BEDS (NON-DIS					
093 OTHER OUTPATIENT SERVICE					
096 50 RURAL HEALTH CLINIC			1,008,136		1,008,136
099 SPEC PURPOSE COST CENTERS					
102 SUBTOTALS	74,812	395,107	13,646,814		13,646,814
105 NONREIMBURS COST CENTERS					
108 GIFT, FLOWER, COFFEE SHOP			33,035		33,035
111 PHYSICIANS' PRIVATE OFFIC			362,477		362,477
114 AUTOMATED HEALTH SERVICES			333		333
117 01 RENAL			86,831		86,831
120 02 LEASED SPACE			185,986		185,986
123 03 UNUSED SPACE			147,014		147,014
126 CROSS FOOT ADJUSTMENT					
129 NEGATIVE COST CENTER					
132 TOTAL	74,812	395,107	14,462,490		14,462,490

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		150,382	93,377	243,759		243,759	
008 MAINTENANCE & REPAIRS		160,812	99,851	260,663		15,288	275,951
009 OPERATION OF PLANT						9,104	
010 LAUNDRY & LINEN SERVICE						1,509	
011 HOUSEKEEPING		12,428	7,717	20,145		6,504	7,764
012 DIETARY		15,166	9,417	24,583		5,261	9,474
014 CAFETERIA		5,482	3,404	8,886		183	3,424
017 NURSING ADMINISTRATION		1,998	1,241	3,239		2,257	1,248
018 MEDICAL RECORDS & LIBRARY		29,188	18,124	47,312		8,044	18,233
020 SOCIAL SERVICE		979	608	1,587		1,184	611
025 NONPHYSICIAN ANESTHETISTS						6,623	
037 INPAT ROUTINE SRVC CNTRS							
040 ADULTS & PEDIATRICS		74,226	46,089	120,315		26,556	46,366
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		46,557	28,909	75,466		13,559	29,083
049 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC		33,363	20,716	54,079		31,116	20,841
044 01 NUCLEAR MEDICINE-DIAGNOSTIC		3,538	2,197	5,735		2,715	2,210
049 01 LABORATORY		16,883	10,483	27,366		21,932	10,547
055 01 RESPIRATORY THERAPY		9,095	5,647	14,742		3,752	5,682
049 01 SLEEP STUDIES		1,807	1,122	2,929		1,111	1,129
050 01 PHYSICAL THERAPY		3,518	2,184	5,702		1,529	2,197
055 01 MEDICAL SUPPLIES CHARGED		8,630	5,359	13,989		5,560	5,391
056 01 DRUGS CHARGED TO PATIENTS		11,292	7,012	18,304		31,769	7,054
056 01 ONCOLOGY		1,814	1,126	2,940		1,631	1,133
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		42,882	26,627	69,509		24,764	26,788
063 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC			12,328	12,328		16,171	12,402
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		630,040	403,538	1,033,578		238,122	211,577
098 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP		5,270	3,272	8,542		176	3,292
100 02 PHYSICIANS' PRIVATE OFFICE		42,088	26,134	68,222		3,031	26,292
100 03 AUTOMATED HEALTH SERVICES						6	
100 01 RENAL		15,761		15,761		325	9,845
100 02 LEASED SPACE		39,933		39,933		823	24,945
100 03 UNUSED SPACE		61,873		61,873		1,276	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		794,965	432,944	1,227,909		243,759	275,951

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	9,104						
010 LAUNDRY & LINEN SERVICE		1,509					
011 HOUSEKEEPING	241		34,654				
012 DIETARY	295		1,333	40,946			
014 CAFETERIA	107		482		13,082		
017 NURSING ADMINISTRATION	39		176		259	7,218	
018 MEDICAL RECORDS & LIBRARY	567		2,566		473		77,195
020 SOCIAL SERVICE	19		86		144		
025 NONPHYSICIAN ANESTHETISTS					830		
037 INPAT ROUTINE SRVC CNTRS	1,443	1,509	6,525	40,946	2,789	3,225	6,484
040 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS	905		4,092		1,205	1,136	4,795
044 OPERATING ROOM							791
049 ANESTHESIOLOGY	648		2,933		1,918	2	22,432
056 01 NUCLEAR MEDICINE-DIAGNOSTIC	69		311		54	69	1,143
063 01 LABORATORY	328		1,484		1,244		12,245
063 01 RESPIRATORY THERAPY	177		799		373	216	3,364
063 01 SLEEP STUDIES	35		159		112		899
063 01 PHYSICAL THERAPY	68		309		91		573
063 01 MEDICAL SUPPLIES CHARGED	168		759		111		4,006
063 01 DRUGS CHARGED TO PATIENTS	219		993		720		12,748
063 01 ONCOLOGY	35		159		158	197	554
063 50 OUTPAT SERVICE COST CNTRS							
063 50 EMERGENCY	833		3,769		1,816	1,963	7,161
063 50 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC					625	318	
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,196	1,509	26,935	40,946	12,922	7,126	77,195
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	102		463				
100 PHYSICIANS' PRIVATE OFFICE	818		3,700		160	92	
100 01 AUTOMATED HEALTH SERVICES							
100 02 RENAL	306		1,385				
100 02 LEASED SPACE	480		2,171				
100 03 UNUSED SPACE	1,202						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,104	1,509	34,654	40,946	13,082	7,218	77,195

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	20	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY					
020 SOCIAL SERVICE	3,631				
025 NONPHYSICIAN ANESTHETISTS		7,453			
037 INPAT ROUTINE SRVC CNTRS					
040 ADULTS & PEDIATRICS	3,631		259,789		259,789
041 ANCILLARY SRVC COST CNTRS					
044 OPERATING ROOM			130,241		130,241
049 ANESTHESIOLOGY			791		791
056 RADIOLOGY-DIAGNOSTIC			133,969		133,969
063 01 NUCLEAR MEDICINE-DIAGNOST			12,306		12,306
063 04 LABORATORY			75,146		75,146
063 049 RESPIRATORY THERAPY			29,105		29,105
063 049 01 SLEEP STUDIES			6,374		6,374
063 050 PHYSICAL THERAPY			10,469		10,469
063 055 MEDICAL SUPPLIES CHARGED			29,984		29,984
063 056 DRUGS CHARGED TO PATIENTS			71,807		71,807
063 056 01 ONCOLOGY			6,807		6,807
063 061 OUTPAT SERVICE COST CNTRS					
063 062 EMERGENCY			136,603		136,603
063 062 OBSERVATION BEDS (NON-DIS					
063 063 OTHER OUTPATIENT SERVICE					
063 063 50 RURAL HEALTH CLINIC			41,844		41,844
063 063 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	3,631		945,235		945,235
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			12,575		12,575
100 PHYSICIANS' PRIVATE OFFICE			102,315		102,315
100 01 AUTOMATED HEALTH SERVICES			6		6
100 02 RENAL			27,622		27,622
100 02 LEASED SPACE			68,352		68,352
100 03 UNUSED SPACE			64,351		64,351
101 CROSS FOOT ADJUSTMENTS		7,453	7,453		7,453
102 NEGATIVE COST CENTER					
103 TOTAL	3,631	7,453	1,227,909		1,227,909

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	116,161					
005 NEW CAP REL COSTS-MVB		101,883				
006 EMPLOYEE BENEFITS			5,803,377			
007 ADMINISTRATIVE & GENERAL	21,974	21,974	892,421	-2,639,703	11,822,787	
008 MAINTENANCE & REPAIRS	23,498	23,498	266,175		741,474	64,549
009 OPERATION OF PLANT					441,534	
010 LAUNDRY & LINEN SERVICE					73,180	
011 HOUSEKEEPING	1,816	1,816	226,845		315,465	1,816
012 DIETARY	2,216	2,216	148,279		255,181	2,216
014 CAFETERIA	801	801			8,886	801
017 NURSING ADMINISTRATION	292	292	84,620		109,476	292
018 MEDICAL RECORDS & LIB	4,265	4,265	154,502		390,138	4,265
020 SOCIAL SERVICE	143	143	47,100		57,419	143
025 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	10,846	10,846	909,962		1,288,000	10,846
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	6,803	6,803	393,147		657,626	6,803
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	4,875	4,875	625,889		1,509,143	4,875
041 01 NUCLEAR MEDICINE-DIAG	517	517	17,567		131,683	517
044 LABORATORY	2,467	2,467	406,152		1,063,721	2,467
049 RESPIRATORY THERAPY	1,329	1,329	121,844		181,982	1,329
049 01 SLEEP STUDIES	264	264	36,494		53,862	264
050 PHYSICAL THERAPY	514	514	29,699		74,154	514
055 MEDICAL SUPPLIES CHAR	1,261	1,261	36,126		269,680	1,261
056 DRUGS CHARGED TO PATIENT	1,650	1,650	234,917		1,541,082	1,650
056 01 ONCOLOGY	265	265	51,666		79,103	265
061 OUTPAT SERVICE COST CENTER EMERGENCY	6,266	6,266	592,805		1,201,074	6,266
062 OBSERVATION BEDS (NON)						
063 OTHER OUTPATIENT SERVICE						
063 50 RURAL HEALTH CLINIC SPEC PURPOSE COST CENTER		2,901	203,854		784,314	2,901
095 SUBTOTALS	92,062	94,963	5,751,037	-2,639,703	11,549,386	49,491
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE	770	770			8,542	770
098 PHYSICIANS' PRIVATE OFFICE	6,150	6,150	52,340		147,020	6,150
100 AUTOMATED HEALTH SERVICE					272	
100 01 RENAL	2,303				15,761	2,303
100 02 LEASED SPACE	5,835				39,933	5,835
100 03 UNUSED SPACE	9,041				61,873	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	794,965	432,944	1,075,887		2,639,703	907,024
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.843648		.185390		.223272	14.051713
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		4.249423				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					243,759	275,951
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.020618	4.275062

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	MEDICAL RECORDS & LIBRARY (TOTAL CHARGES)
	8	9	10	11	12	14	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	68,463						
009 LAUNDRY & LINEN SERVICE		2,482					
010 HOUSEKEEPING	1,816		57,606				
011 DIETARY	2,216		2,216	2,482			
012 CAFETERIA	801		801		4,269,657		
014 NURSING ADMINISTRATION	292		292			1,752,163	
017 MEDICAL RECORDS & LIBRARY	4,265		4,265				25,807,144
018 SOCIAL SERVICE	143		143				
020 NONPHYSICIAN ANESTHETIC INPAT ROUTINE SRVC CN					270,973		
025 ADULTS & PEDIATRICS ANCILLARY SRVC COST C	10,846	2,482	10,846	2,482	909,962	782,541	2,167,758
037 OPERATING ROOM	6,803		6,803		393,147	275,911	1,603,171
040 ANESTHESIOLOGY							264,627
041 RADIOLOGY-DIAGNOSTIC	4,875		4,875		625,889	490	7,497,451
041 01 NUCLEAR MEDICINE-DIAG	517		517		17,567	16,785	382,208
044 LABORATORY	2,467		2,467		406,152		4,093,953
049 RESPIRATORY THERAPY	1,329		1,329		121,844	52,533	1,124,614
049 01 SLEEP STUDIES	264		264		36,494		300,656
050 PHYSICAL THERAPY	514		514		29,699		191,731
055 MEDICAL SUPPLIES CHAR	1,261		1,261		36,126		1,339,414
056 DRUGS CHARGED TO PATIENT	1,650		1,650		234,917		4,262,226
056 01 ONCOLOGY	265		265		51,666	47,772	185,174
061 OUTPAT SERVICE COST CENTER EMERGENCY	6,266		6,266		592,805	476,688	2,394,161
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC SPEC PURPOSE COST CENTER					203,854	77,129	
095 SUBTOTALS	46,590	2,482	44,774	2,482	4,217,317	1,729,849	25,807,144
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE	770		770				
098 PHYSICIANS' PRIVATE OFFICE	6,150		6,150		52,340	22,314	
100 AUTOMATED HEALTH SERVICE							
100 01 RENAL	2,303		2,303				
100 02 LEASED SPACE	3,609		3,609				
100 03 UNUSED SPACE	9,041						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	540,116	89,519	425,745	377,155	34,364	143,165	603,587
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.889166	36.067284	7.390636	151.956084	.008048	.081708	.023388
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)	9,104	1,509	34,654	40,946	13,082	7,218	77,195
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.132977	.607977	.601569	16.497180	.003064	.004119	.002991

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME
GENERAL SERVICE COST	18	20
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE	2,482	
020 NONPHYSICIAN ANESTHET		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	2,482	
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
040 ANESTHESIOLOGY		100
041 RADIOLOGY-DIAGNOSTIC		
041 01 NUCLEAR MEDICINE-DIAG		
044 LABORATORY		
049 RESPIRATORY THERAPY		
049 01 SLEEP STUDIES		
050 PHYSICAL THERAPY		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
056 01 ONCOLOGY		
061 OUTPAT SERVICE COST C		
EMERGENCY		
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		
063 50 RURAL HEALTH CLINIC		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	2,482	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 AUTOMATED HEALTH SERV		
100 01 RENAL		
100 02 LEASED SPACE		
100 03 UNUSED SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	74,812	395,107
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		3,951.070000
(WRKSHT B, PT I)	30.141821	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	3,631	7,453
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		74.530000
(WRKSHT B, PT III)	1.462933	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,908,868		1,908,868			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	83,387	1,519,784	1,603,171	.665681	.665681	
40	ANESTHESIOLOGY	61,039	203,588	264,627	1.516459	1.516459	
41	RADIOLOGY-DIAGNOSTIC	563,592	6,933,859	7,497,451	.289368	.289368	
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	4,641	377,567	382,208	.488477	.488477	
44	LABORATORY	486,792	3,607,161	4,093,953	.359701	.359701	
49	RESPIRATORY THERAPY	379,161	745,453	1,124,614	.260685	.260685	
49 01	SLEEP STUDIES		300,656	300,656	.269271	.269271	
50	PHYSICAL THERAPY	179,931	11,800	191,731	.576386	.576386	
55	MEDICAL SUPPLIES CHARGED	786,080	553,334	1,339,414	.297515	.297515	
56	DRUGS CHARGED TO PATIENTS	1,072,939	3,189,287	4,262,226	.477484	.477484	
56 01	ONCOLOGY	530	184,644	185,174	.611252	.611252	
61	OUTPAT SERVICE COST CNTRS EMERGENCY	42,514	2,351,647	2,394,161	.732092	.732092	
62	OBSERVATION BEDS (NON-DIS)		258,890	258,890	.783812	.783812	
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS		967,205	967,205	1.042319	1.042319	
101	SUBTOTAL	5,569,474	21,204,875	26,774,349			
102	LESS OBSERVATION BEDS						
103	TOTAL	5,569,474	21,204,875	26,774,349			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,067,200	130,241	936,959			1,067,200
40	ANESTHESIOLOGY	401,296	791	400,505			401,296
41	RADIOLOGY-DIAGNOSTIC	2,169,520	133,969	2,035,551			2,169,520
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	186,700	12,306	174,394			186,700
44	LABORATORY	1,472,600	75,146	1,397,454			1,472,600
49	RESPIRATORY THERAPY	293,170	29,105	264,065			293,170
49 01	SLEEP STUDIES	80,958	6,374	74,584			80,958
50	PHYSICAL THERAPY	110,511	10,469	100,042			110,511
55	MEDICAL SUPPLIES CHARGED	398,496	29,984	368,512			398,496
56	DRUGS CHARGED TO PATIENTS	2,035,143	71,807	1,963,336			2,035,143
56 01	ONCOLOGY	113,188	6,807	106,381			113,188
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,752,747	136,603	1,616,144			1,752,747
62	OBSERVATION BEDS (NON-DIS)	202,921		202,921			202,921
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC	1,008,136	41,844	966,292			1,008,136
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,292,586	685,446	10,607,140			11,292,586
102	LESS OBSERVATION BEDS	202,921		202,921			202,921
103	TOTAL	11,089,665	685,446	10,404,219			11,089,665

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	1,603,171	.665681	.665681
40	ANESTHESIOLOGY	264,627	1.516459	1.516459
41	RADIOLOGY-DIAGNOSTIC	7,497,451	.289368	.289368
41 01	NUCLEAR MEDICINE-DIAGNOST	382,208	.488477	.488477
44	LABORATORY	4,093,953	.359701	.359701
49	RESPIRATORY THERAPY	1,124,614	.260685	.260685
49 01	SLEEP STUDIES	300,656	.269271	.269271
50	PHYSICAL THERAPY	191,731	.576386	.576386
55	MEDICAL SUPPLIES CHARGED	1,339,414	.297515	.297515
56	DRUGS CHARGED TO PATIENTS	4,262,226	.477484	.477484
56 01	ONCOLOGY	185,174	.611252	.611252
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,394,161	.732092	.732092
62	OBSERVATION BEDS (NON-DIS	258,890	.783812	.783812
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	967,205	1.042319	1.042319
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	24,865,481		
102	LESS OBSERVATION BEDS	258,890		
103	TOTAL	24,606,591		

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	1,067,200	130,241	936,959			1,067,200
40	ANESTHESIOLOGY	401,296	791	400,505			401,296
41	RADIOLOGY-DIAGNOSTIC	2,169,520	133,969	2,035,551			2,169,520
41 01	NUCLEAR MEDICINE-DIAGNOST	186,700	12,306	174,394			186,700
44	LABORATORY	1,472,600	75,146	1,397,454			1,472,600
49	RESPIRATORY THERAPY	293,170	29,105	264,065			293,170
49 01	SLEEP STUDIES	80,958	6,374	74,584			80,958
50	PHYSICAL THERAPY	110,511	10,469	100,042			110,511
55	MEDICAL SUPPLIES CHARGED	398,496	29,984	368,512			398,496
56	DRUGS CHARGED TO PATIENTS	2,035,143	71,807	1,963,336			2,035,143
56 01	ONCOLOGY	113,188	6,807	106,381			113,188
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,752,747	136,603	1,616,144			1,752,747
62	OBSERVATION BEDS (NON-DIS	202,921		202,921			202,921
63	OTHER OUTPATIENT SERVICE						
63 50	RURAL HEALTH CLINIC	1,008,136	41,844	966,292			1,008,136
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,292,586	685,446	10,607,140			11,292,586
102	LESS OBSERVATION BEDS	202,921		202,921			202,921
103	TOTAL	11,089,665	685,446	10,404,219			11,089,665

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	1,603,171	.665681	.665681
40	ANESTHESIOLOGY	264,627	1.516459	1.516459
41	RADIOLOGY-DIAGNOSTIC	7,497,451	.289368	.289368
41 01	NUCLEAR MEDICINE-DIAGNOST	382,208	.488477	.488477
44	LABORATORY	4,093,953	.359701	.359701
49	RESPIRATORY THERAPY	1,124,614	.260685	.260685
49 01	SLEEP STUDIES	300,656	.269271	.269271
50	PHYSICAL THERAPY	191,731	.576386	.576386
55	MEDICAL SUPPLIES CHARGED	1,339,414	.297515	.297515
56	DRUGS CHARGED TO PATIENTS	4,262,226	.477484	.477484
56 01	ONCOLOGY	185,174	.611252	.611252
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,394,161	.732092	.732092
62	OBSERVATION BEDS (NON-DIS	258,890	.783812	.783812
63	OTHER OUTPATIENT SERVICE			
63 50	RURAL HEALTH CLINIC	967,205	1.042319	1.042319
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	24,865,481		
102	LESS OBSERVATION BEDS	258,890		
103	TOTAL	24,606,591		

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	1,067,200	1,603,171			
40	ANESTHESIOLOGY	401,296	264,627			
41	RADIOLOGY-DIAGNOSTIC	2,169,520	7,497,451			
41 01	NUCLEAR MEDICINE-DIAGNOST	186,700	382,208			
44	LABORATORY	1,472,600	4,093,953			
49	RESPIRATORY THERAPY	293,170	1,124,614			
49 01	SLEEP STUDIES	80,958	300,656			
50	PHYSICAL THERAPY	110,511	191,731			
55	MEDICAL SUPPLIES CHARGED	398,496	1,339,414			
56	DRUGS CHARGED TO PATIENTS	2,035,143	4,262,226			
56 01	ONCOLOGY	113,188	185,174			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,752,747	2,394,161			
62	OBSERVATION BEDS (NON-DIS	202,921	258,890			
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC	1,008,136	967,205			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	11,292,586	24,865,481			

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		803,093			
40 ANESTHESIOLOGY		61,836			
41 RADIOLOGY-DIAGNOSTIC		2,938,277			
41 01 NUCLEAR MEDICINE-DIAGNOSTIC		215,563			
44 LABORATORY		1,299,554			
49 RESPIRATORY THERAPY		570,989			
49 01 SLEEP STUDIES		6,720			
50 PHYSICAL THERAPY		7,315			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		301,930			
56 DRUGS CHARGED TO PATIENTS		1,433,843			
56 01 ONCOLOGY		97,056			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		838,977			
62 OBSERVATION BEDS (NON-DISTINCT PART)		194,118			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		8,769,271			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,769,271			

(A) WORKSHEET A LINE NUMBERS

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

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			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.665681	209	139
40	ANESTHESIOLOGY	1.516459		
41	RADIOLOGY-DIAGNOSTIC	.289368	24,619	7,124
41 01	NUCLEAR MEDICINE-DIAGNOSTIC	.488477		
44	LABORATORY	.359701	42,080	15,136
49	RESPIRATORY THERAPY	.260685	60,129	15,675
49 01	SLEEP STUDIES	.269271		
50	PHYSICAL THERAPY	.576386	106,968	61,655
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.297515	120,431	35,830
56	DRUGS CHARGED TO PATIENTS	.477484	183,655	87,692
56 01	ONCOLOGY	.611252		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.732092		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.783812		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS			
101	TOTAL		538,091	223,251
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		538,091	

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		2,094,994		3,127,717
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	9/25/2008	12,876	9/25/2008	68,552
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/25/2008	19,592	9/25/2008	266,229
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-6,716		-197,677
4 TOTAL INTERIM PAYMENTS		2,088,278		2,930,040
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.

TITLE XVII SWING BED SNF

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		774,578		
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	9/25/2008	11,550		
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		11,550		NONE
4 TOTAL INTERIM PAYMENTS		786,128		
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	2,297,693
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,297,693
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	2,320,670
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
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	2,320,670
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	274,602
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,046,068
23	COINSURANCE	
24	SUBTOTAL	2,046,068
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	73,552
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	73,552
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	56,658
26	SUBTOTAL	2,119,620
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	2,119,620
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,088,278
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	31,342
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	23,598

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		2,466,128		
2	NET INCOME (LOSS)		-307,778		
3	TOTAL		2,158,350		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	RELEASED FROM RESTRICTION	258,272			
6	CONTRIBUTIONS	544,484			
7					
8					
9					
10	TOTAL ADDITIONS		802,756		
11	SUBTOTAL		2,961,106		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	RELEASED FROM RESTRICTION	431,621			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		431,621		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,529,485		

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

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1315	FROM 10/ 1/2007	2/24/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET M-2
14-3482		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.87	7,520	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.50	1,108	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	2.37	8,628	8,904
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	2.37	8,628	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	605,915		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	605,915		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	128,279		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	273,942		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	402,221		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	402,221		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	402,221		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,008,136		
			GREATER OF COL. 2 OR COL. 4 5	
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	8,904		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	8,904		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,008,136
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	2,880
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,005,256
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	8,904
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	8,904
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	112.90

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	74.29
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	112.90
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	447
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	50,466
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	201,978
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	21,154
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	180,824
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	144,659
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	2,079
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	146,738
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	146,738
25	INTERIM PAYMENTS	177,706
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	-30,968
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	1,666

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	124,551	124,551
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000170	.001597
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	21	199
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	383	1,128
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	404	1,327
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	605,915	605,915
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	402,221	402,221
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000667	.002190
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	268	881
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	672	2,208
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	11	103
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	61.09	21.44
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	7	77
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	428	1,651
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		2,880
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		2,079

