

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: 14-1322 | PERIOD FROM 10/ 1/2007 TO 9/30/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 2/ 3/2009 TIME 10:28

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: ABRAHAM LINCOLN MEMORIAL HOSPITAL 14-1322 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

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SWING BED - SNF, and TOTAL with corresponding numerical values.

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

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







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.

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



DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .412532
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 10,455,789

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,313,348
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,293,945
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	533,794
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,313,348

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1322  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 2/3/2009  
WORKSHEET A

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		569,224	569,224	19,590	588,814
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		670,084	670,084	9,634	679,718
5	0500 EMPLOYEE BENEFITS	103,978	3,470,068	3,574,046		3,574,046
6	0600 ADMINISTRATIVE & GENERAL	1,313,843	3,497,859	4,811,702	-29,224	4,782,478
8	0800 OPERATION OF PLANT	367,236	894,802	1,262,038		1,262,038
9	0900 LAUNDRY & LINEN SERVICE				141,434	141,434
10	1000 HOUSEKEEPING	317,793	220,310	538,103	-141,434	396,669
11	1100 DIETARY	410,188	285,404	695,592	-491,104	204,488
12	1200 CAFETERIA				490,877	490,877
14	1400 NURSING ADMINISTRATION	395,021	15,834	410,855	-1,705	409,150
15	1500 CENTRAL SERVICES & SUPPLY	247,981	217,750	465,731	-246,195	219,536
16	1600 PHARMACY	361,176	1,009,040	1,370,216	-992,365	377,851
17	1700 MEDICAL RECORDS & LIBRARY	399,433	86,297	485,730		485,730
18	1800 SOCIAL SERVICE				13,846	13,846
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,410,243	168,499	1,578,742	500,033	2,078,775
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY				94,693	94,693
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	711,723	428,920	1,140,643	-63,052	1,077,591
39	3900 DELIVERY ROOM & LABOR ROOM	703,374	66,643	770,017	-628,354	141,663
40	4000 ANESTHESIOLOGY	546,814	53,271	600,085	-3,348	596,737
41	4100 RADIOLOGY-DIAGNOSTIC	862,809	872,137	1,734,946	-75,260	1,659,686
44	4400 LABORATORY	720,401	970,188	1,690,589	-11,514	1,679,075
49	4900 RESPIRATORY THERAPY	262,942	89,009	351,951		351,951
50	5000 PHYSICAL THERAPY	752,142	57,511	809,653	-11	809,642
52	5200 SPEECH PATHOLOGY	52,224	39	52,263		52,263
53	5300 ELECTROCARDIOLOGY	34,653	61,248	95,901		95,901
53.01	5301 CARDIAC REHAB	99,014	11,791	110,805		110,805
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				281,648	281,648
56	5600 DRUGS CHARGED TO PATIENTS				1,167,314	1,167,314
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,033,844	1,640,158	2,674,002	-35,503	2,638,499
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	11,106,832	15,356,086	26,462,918	-0-	26,462,918
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CARE-A-VAN	25,393	10,299	35,692		35,692
98.02	9802 RHOG					
98.03	9803 FOUNDATION	6,669		6,669		6,669
101	TOTAL	11,138,894	15,366,385	26,505,279	-0-	26,505,279

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 2/ 3/2009
I 14-1322	I FROM 10/ 1/2007	I WORKSHEET A
I	I TO 9/30/2008	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	5,670	594,484
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	126,189	805,907
5	0500 EMPLOYEE BENEFITS	-303,408	3,270,638
6	0600 ADMINISTRATIVE & GENERAL	-744,450	4,038,028
8	0800 OPERATION OF PLANT	-3,413	1,258,625
9	0900 LAUNDRY & LINEN SERVICE		141,434
10	1000 HOUSEKEEPING		396,669
11	1100 DIETARY	-162	204,326
12	1200 CAFETERIA	-78,939	411,938
14	1400 NURSING ADMINISTRATION	-15,300	393,850
15	1500 CENTRAL SERVICES & SUPPLY		219,536
16	1600 PHARMACY	-8,461	369,390
17	1700 MEDICAL RECORDS & LIBRARY	-17,801	467,929
18	1800 SOCIAL SERVICE		13,846
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,078,775
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		94,693
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,077,591
39	3900 DELIVERY ROOM & LABOR ROOM	-420	141,243
40	4000 ANESTHESIOLOGY	-552,845	43,892
41	4100 RADIOLOGY-DIAGNOSTIC		1,659,686
44	4400 LABORATORY	-123,084	1,555,991
49	4900 RESPIRATORY THERAPY	-13,435	338,516
50	5000 PHYSICAL THERAPY	-32,283	777,359
52	5200 SPEECH PATHOLOGY	-17,800	34,463
53	5300 ELECTROCARDIOLOGY		95,901
53.01	5301 CARDIAC REHAB		110,805
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		281,648
56	5600 DRUGS CHARGED TO PATIENTS		1,167,314
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,095,255	1,543,244
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,875,197	23,587,721
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CARE-A-VAN		35,692
98.02	9802 RHOG		
98.03	9803 FOUNDATION		6,669
101	TOTAL	-2,875,197	23,630,082

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1322  
 PERIOD: FROM 10/ 1/2007 TO 9/30/2008  
 PREPARED 2/ 3/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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	
98.01	CARE-A-VAN	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RHOG	9802	PHYSICIANS' PRIVATE OFFICES
98.03	FOUNDATION	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA EXPENSES	A	CAFETERIA	12	291,102	199,775
2 LABOR & DELIVERY EXPENSES	B	ADULTS & PEDIATRICS	25	510,042	17,258
3		NURSERY	33	91,594	3,099
4 STERILE PROCESSING SALARY	C	OPERATING ROOM	37	82,357	
5 SOCIAL SERVICE FEES	D	SOCIAL SERVICE	18		13,846
6					
7 PROPERTY INSURANCE	E	OTHER CAPITAL RELATED COSTS	90		29,224
8 DRUG EXPENSES	F	DRUGS CHARGED TO PATIENTS	56		1,167,314
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 MEDICAL SUPPLY EXPENSES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		281,648
21					
22					
23 LAUNDRY EXPENSES	H	LAUNDRY & LINEN SERVICE	9	25,596	115,838
36 TOTAL RECLASSIFICATIONS				1,000,691	1,828,002

(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 10
			6	LINE NO 7			
1 CAFETERIA EXPENSES	A	DIETARY		11	291,102	199,775	
2 LABOR & DELIVERY EXPENSES	B	DELIVERY ROOM & LABOR ROOM		39	601,636	20,357	
3							
4 STERILE PROCESSING SALARY	C	CENTRAL SERVICES & SUPPLY		15	82,357		
5 SOCIAL SERVICE FEES	D	ADULTS & PEDIATRICS		25		1,182	
6		EMERGENCY		61		12,664	
7 PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL		6		29,224	
8 DRUG EXPENSES	F	DIETARY		11		227	
9		NURSING ADMINISTRATION		14		1,705	
10		CENTRAL SERVICES & SUPPLY		15		152	
11		PHARMACY		16		992,227	
12		ADULTS & PEDIATRICS		25		26,085	
13		OPERATING ROOM		37		27,585	
14		DELIVERY ROOM & LABOR ROOM		39		6,361	
15		ANESTHESIOLOGY		40		3,348	
16		RADIOLOGY-DIAGNOSTIC		41		75,260	
17		LABORATORY		44		11,514	
18		PHYSICAL THERAPY		50		11	
19		EMERGENCY		61		22,839	
20 MEDICAL SUPPLY EXPENSES	G	CENTRAL SERVICES & SUPPLY		15		163,686	
21		PHARMACY		16		138	
22		OPERATING ROOM		37		117,824	
23 LAUNDRY EXPENSES	H	HOUSEKEEPING		10	25,596	115,838	
36 TOTAL RECLASSIFICATIONS					1,000,691	1,828,002	

(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:  
141322

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

PREPARED 2/ 3/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAFETERIA EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	490,877	DIETARY	11	490,877	
TOTAL RECLASSIFICATIONS FOR CODE A			490,877				490,877

RECLASS CODE: B  
EXPLANATION : LABOR & DELIVERY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	527,300	DELIVERY ROOM & LABOR ROOM	39	621,993	
2.00	NURSERY	33	94,693			0	
TOTAL RECLASSIFICATIONS FOR CODE B			621,993				621,993

RECLASS CODE: C  
EXPLANATION : STERILE PROCESSING SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	82,357	CENTRAL SERVICES & SUPPLY	15	82,357	
TOTAL RECLASSIFICATIONS FOR CODE C			82,357				82,357

RECLASS CODE: D  
EXPLANATION : SOCIAL SERVICE FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	13,846	ADULTS & PEDIATRICS	25	1,182	
2.00			0	EMERGENCY	61	12,664	
TOTAL RECLASSIFICATIONS FOR CODE D			13,846				13,846

RECLASS CODE: E  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	29,224	ADMINISTRATIVE & GENERAL	6	29,224	
TOTAL RECLASSIFICATIONS FOR CODE E			29,224				29,224

RECLASS CODE: F  
EXPLANATION : DRUG EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,167,314	DIETARY	11	227	
2.00			0	NURSING ADMINISTRATION	14	1,705	
3.00			0	CENTRAL SERVICES & SUPPLY	15	152	
4.00			0	PHARMACY	16	992,227	
5.00			0	ADULTS & PEDIATRICS	25	26,085	
6.00			0	OPERATING ROOM	37	27,585	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	6,361	
8.00			0	ANESTHESIOLOGY	40	3,348	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	75,260	
10.00			0	LABORATORY	44	11,514	
11.00			0	PHYSICAL THERAPY	50	11	
12.00			0	EMERGENCY	61	22,839	
TOTAL RECLASSIFICATIONS FOR CODE F			1,167,314				1,167,314

RECLASS CODE: G  
EXPLANATION : MEDICAL SUPPLY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	281,648	CENTRAL SERVICES & SUPPLY	15	163,686	
2.00			0	PHARMACY	16	138	
3.00			0	OPERATING ROOM	37	117,824	
TOTAL RECLASSIFICATIONS FOR CODE G			281,648				281,648

RECLASS CODE: H  
EXPLANATION : LAUNDRY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	141,434	HOUSEKEEPING	10	141,434	
TOTAL RECLASSIFICATIONS FOR CODE H			141,434				141,434

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUI PMENT							
6 MOVABLE EQUI PMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	967,836					967,836	
2 LAND IMPROVEMENTS	272,747					272,747	201,287
3 BUILDINGS & FIXTURE	18,288,890					18,288,890	2,721,945
4 BUILDING IMPROVEMEN							
5 FIXED EQUI PMENT							
6 MOVABLE EQUI PMENT	9,584,974	541,580		541,580	998,710	9,127,844	3,248,330
7 SUBTOTAL	29,114,447	541,580		541,580	998,710	28,657,317	6,171,562
8 RECONCILING ITEMS							
9 TOTAL	29,114,447	541,580		541,580	998,710	28,657,317	6,171,562

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	8
3	NEW CAP REL COSTS-BL	18,561,637		18,561,637	.670350	19,590			19,590
4	NEW CAP REL COSTS-MV	9,127,844		9,127,844	.329650	9,634			9,634
5	TOTAL	27,689,481		27,689,481	1.000000	29,224			29,224

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	574,894			19,590			594,484
4	NEW CAP REL COSTS-MV	796,273			9,634			805,907
5	TOTAL	1,371,167			29,224			1,400,391

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	569,224						569,224
4	NEW CAP REL COSTS-MV	670,084						670,084
5	TOTAL	1,239,308						1,239,308

\* 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)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-5,348	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					
10 TELEVISION AND RADIO SERVICE	A	-3,413	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,213,371			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-331,669			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-78,939	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					
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			**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			**COST CENTER DELETED**	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 PHARMACY REBATES	B	-8,461	PHARMACY	16	
38 ADMINSTRATIVE REBATES	B	-32,532	ADMINISTRATIVE & GENERAL	6	
39 TRANSCRIPT SERVICE REVENUE	B	-17,801	MEDICAL RECORDS & LIBRARY	17	
40 DIETARY CONSULTING	B	-15,300	NURSING ADMINISTRATION	14	
41 DIETARY MISCELLANEOUS REVENUE	B	-162	DIETARY	11	
42 LABOR & DELIVERY MISCELLANEOUS REVEN	B	-420	DELIVERY ROOM & LABOR ROO	39	
43 LABORATORY MISCELLANEOUS REVENUE	B	-4,968	LABORATORY	44	
44 RESPIRATORY MISCELLANEOUS REVENUE	B	-13,435	RESPIRATORY THERAPY	49	
45 PHYSICAL THERAPY MISCELLANEOUS REVE	B	-32,283	PHYSICAL THERAPY	50	
46 SPEECH THERAPY MISCELLANEOUS REVENUE	B	-17,800	SPEECH PATHOLOGY	52	
47 MISCELLANEOUS REVENUE	B	-48,432	ADMINISTRATIVE & GENERAL	6	
48 CORPORATE OVERHEAD	A	-12,960	ADMINISTRATIVE & GENERAL	6	
49 CRNA SALARIES	A	-546,814	ANESTHESIOLOGY	40	
49.01 CRNA BENEFIT EXPENSE	A	-46,803	EMPLOYEE BENEFITS	5	
49.02 CRNA OTHER EXPENSE	A	-6,031	ANESTHESIOLOGY	40	
49.03 ADVERTISING EXPENSE	A	-26,204	ADMINISTRATIVE & GENERAL	6	
49.04 LAPSNG FY92 ADDITION	A	-289	NEW CAP REL COSTS-MVBLE E	4	9
49.05 RECRUITMENT EXPENSE	A	-2,825	ADMINISTRATIVE & GENERAL	6	
49.06 HEALTHLINK ADMIN FEES	A	82,227	ADMINISTRATIVE & GENERAL	6	
49.07 LOBBYING EXPENSE	A	-15,632	ADMINISTRATIVE & GENERAL	6	
49.08 NON ALLOWABLE PNEUMONIA AUDIT PRO. F	A	-17,680	ADMINISTRATIVE & GENERAL	6	
49.09 NON ALLOWABLE PHEUMONIA AUDIT SALARI	A	-7,182	ADMINISTRATIVE & GENERAL	6	
49.10 MARKETING SALARY	A	-37,396	ADMINISTRATIVE & GENERAL	6	
49.11 MARKETING BENEFIT EXPENSE	A	-12,426	EMPLOYEE BENEFITS	5	
49.12 MARKETING OTHER EXPENSE	A	-61,857	ADMINISTRATIVE & GENERAL	6	
49.13 PROVIDER TAX	A	-334,739	ADMINISTRATIVE & GENERAL	6	
49.14 PROVIDER TAX ASSISTANCE PAYMENT	A	-4,252	ADMINISTRATIVE & GENERAL	6	
49.15					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,875,197			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HO BLDG CAPITAL	5,670		5,670	9
2	4	NEW CAP REL COSTS-MVBLE E HO MME CAPITAL	126,478		126,478	9
3	6	ADMINISTRATIVE & GENERAL HO INTEREST OPERATING	5,348		5,348	
4	6	ADMINISTRATIVE & GENERAL HO MANAGEMENT OPERATING	1,355,014	1,580,000	-224,986	
4.01	5	EMPLOYEE BENEFITS SELF INSURANCE BENEFITS	1,625,671	1,869,850	-244,179	
4.02	15	CENTRAL SERVICES & SUPPLY INVENTORY ITEMS	20,879	20,879		
5		TOTALS	3,139,060	3,470,729	-331,669	

\* 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
	2	3	4	5	6
1	B	0.00	MEMORIAL HEALTH SYSTEM	100.00	MANAGEMENT/HOME OFFICE
2	B	0.00	MEMORIAL MEDICAL CENTER	0.00	HOSPITAL
3	B	0.00	TAYLORVILLE MEMORIAL HOSP	0.00	HOSPITAL
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1322  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED: 2/3/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 40	ANESTHESIOLOGY - MEDICAL	1,250		1,250				
2 44	LABORATORY	118,116	118,116					
3 14	NURSG ADMIN - CASE MGMT	481		481				
4 61	EMERGENCY	1,468,513	1,095,255	373,258				
5 53 1	CARDIAC REHAB - MEDICAL D	3,990		3,990				
6 61	EMERGENCY - MEDICAL DI REC	739		739				
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	1,593,089	1,213,371	379,718				



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	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	594,484	594,484					
005 NEW CAP REL COSTS-MVBLE E	805,907		805,907				
006 EMPLOYEE BENEFITS	3,270,638			3,270,638			
008 ADMINISTRATIVE & GENERAL	4,038,028	53,082	179,432	399,476	4,670,018	4,670,018	
009 OPERATION OF PLANT	1,258,625	83,275	30,083	114,930	1,486,913	366,239	1,853,152
010 LAUNDRY & LINEN SERVICE	141,434	2,103		8,010	151,547	37,327	8,507
011 HOUSEKEEPING	396,669	6,337	2,753	91,446	497,205	122,466	25,635
012 DIETARY	204,326	23,456	773	37,269	265,824	65,475	94,880
014 CAFETERIA	411,938	4,862	1,889	91,103	509,792	125,566	19,669
015 NURSING ADMINISTRATION	393,850	12,112	13,004	123,625	542,591	133,645	48,993
016 CENTRAL SERVICES & SUPPLY	219,536	13,215	643	51,834	285,228	70,254	53,454
017 PHARMACY	369,390	4,216	26,315	113,033	512,954	126,345	17,053
018 MEDICAL RECORDS & LIBRARY	467,929	20,199	6,077	125,006	619,211	152,517	81,705
018 SOCIAL SERVICE	13,846				13,846	3,410	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,078,775	88,040	41,525	600,966	2,809,306	691,954	356,126
033 INTENSIVE CARE UNIT							
033 NURSERY	94,693	7,975	4,159	28,665	135,492	33,373	32,260
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	1,077,591	61,541	85,686	248,514	1,473,332	362,893	248,936
040 DELIVERY ROOM & LABOR ROO	141,243	4,420	4,622	31,840	182,125	44,859	17,881
041 ANESTHESIOLOGY	43,892	535	38,982		83,409	20,544	2,165
044 RADIOLOGY-DIAGNOSTIC	1,659,686	29,230	234,107	270,024	2,193,047	540,165	118,238
049 LABORATORY	1,555,991	15,625	50,030	225,456	1,847,102	454,956	63,203
050 RESPIRATORY THERAPY	338,516	1,052	15,386	82,290	437,244	107,697	4,254
052 PHYSICAL THERAPY	777,359	28,090	13,397	235,390	1,054,236	259,667	113,627
053 SPEECH PATHOLOGY	34,463			16,344	50,807	12,514	
053 ELECTROCARDIOLOGY	95,901	3,936	12,918	10,845	123,600	30,444	15,923
053 01 CARDIAC REHAB	110,805		9,457	30,987	151,249	37,254	
055 MEDICAL SUPPLIES CHARGED	281,648				281,648	69,372	
056 DRUGS CHARGED TO PATIENTS	1,167,314				1,167,314	287,519	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,543,244	24,307	27,685	323,551	1,918,787	472,613	98,325
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	23,587,721	487,608	798,923	3,260,604	23,463,827	4,629,068	1,420,834
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,791			1,791	441	7,246
098 PHYSICIANS' PRIVATE OFFIC		101,837			101,837	25,083	411,935
098 01 CARE-A-VAN	35,692	2,131	4,491	7,947	50,261	12,380	8,620
098 02 RHOG							
098 03 FOUNDATION	6,669	1,117	2,493	2,087	12,366	3,046	4,517
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	23,630,082	594,484	805,907	3,270,638	23,630,082	4,670,018	1,853,152

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	197,381						
011 HOUSEKEEPING		645,306					
012 DIETARY	848	33,659	460,686				
014 CAFETERIA	2,075	6,978		664,080			
015 NURSING ADMINISTRATION		17,381		28,127	770,737		
016 CENTRAL SERVICES & SUPPLY	7,153	18,963		20,236	26,294	481,582	
017 PHARMACY		6,049		17,979		599	680,979
018 MEDICAL RECORDS & LIBRARY		28,985		50,530		37	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	69,249	126,338	455,944	148,647	334,249	44,271	17,940
037 INTENSIVE CARE UNIT							
039 NURSERY	3,283	11,445		6,098	13,701	1,796	484
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	22,880	88,312	4,742	66,342	124,405	110,370	16,121
044 DELIVERY ROOM & LABOR ROO	3,226	6,343		6,770	15,230	1,996	538
049 ANESTHESIOLOGY		768		10,566	23,762	6,122	1,957
053 RADIOLOGY-DIAGNOSTIC	25,527	41,946		67,657		20,360	43,983
055 LABORATORY	595	22,422		70,841		194,159	6,729
056 RESPIRATORY THERAPY		1,509		21,716	48,831	3,294	
061 PHYSICAL THERAPY	15,830	40,310		58,765		7,637	6
062 SPEECH PATHOLOGY				3,258			
095 ELECTROCARDIOLOGY	4,258	5,649		3,766	8,469	462	
096 CARDIAC REHAB				7,966	17,812	622	
098 MEDICAL SUPPLIES CHARGED						56,980	
099 DRUGS CHARGED TO PATIENTS							579,871
101 OUTPAT SERVICE COST CNTRS							
102 EMERGENCY	39,502	34,881		70,273	157,984	32,877	13,350
103 OBSERVATION BEDS (NON-DIS							
104 SPEC PURPOSE COST CENTERS							
105 SUBTOTALS	194,426	491,938	460,686	659,537	770,737	481,582	680,979
106 NONREIMBURS COST CENTERS							
107 GIFT, FLOWER, COFFEE SHOP		2,571					
108 PHYSICIANS' PRIVATE OFFIC	2,955	146,136					
109 CARE-A-VAN		3,058		4,543			
110 RHOG							
111 FOUNDATION		1,603					
112 CROSS FOOT ADJUSTMENT							
113 NEGATIVE COST CENTER							
114 TOTAL	197,381	645,306	460,686	664,080	770,737	481,582	680,979

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	932,985				
025 SOCIAL SERVICE	10,480	27,736			
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS	318,160	2,337	5,374,521		5,374,521
037 INTENSIVE CARE UNIT					
039 NURSERY	14,511		252,443		252,443
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	111,518		2,629,851		2,629,851
044 DELIVERY ROOM & LABOR ROO	4,837		283,805		283,805
049 ANESTHESIOLOGY			149,293		149,293
050 RADIOLOGY-DIAGNOSTIC	30,634		3,081,557		3,081,557
052 LABORATORY	50,787		2,710,794		2,710,794
053 RESPIRATORY THERAPY	10,480		635,025		635,025
055 PHYSICAL THERAPY	5,912		1,555,990		1,555,990
056 SPEECH PATHOLOGY			66,579		66,579
058 ELECTROCARDIOLOGY	25,528		218,099		218,099
061 01 CARDIAC REHAB	2,687		217,590		217,590
062 MEDICAL SUPPLIES CHARGED			408,000		408,000
063 DRUGS CHARGED TO PATIENTS			2,034,704		2,034,704
064 OUTPAT SERVICE COST CNTRS					
065 EMERGENCY	265,492	25,399	3,129,483		3,129,483
066 OBSERVATION BEDS (NON-DIS					
067 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	851,026	27,736	22,747,734		22,747,734
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			12,049		12,049
099 PHYSICIANS' PRIVATE OFFIC	75,241		763,187		763,187
100 01 CARE-A-VAN	6,718		85,580		85,580
101 02 RHOG					
102 03 FOUNDATION			21,532		21,532
103 CROSS FOOT ADJUSTMENT					
104 NEGATIVE COST CENTER					
105 TOTAL	932,985	27,736	23,630,082		23,630,082

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1322  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 2/3/2009  
 WORKSHEET B  
 PART III

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	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	62,405	53,082	179,432	294,919		294,919	
009 OPERATION OF PLANT	7,018	83,275	30,083	120,376		23,129	143,505
010 LAUNDRY & LINEN SERVICE		2,103		2,103		2,357	659
011 HOUSEKEEPING		6,337	2,753	9,090		7,734	1,985
012 DIETARY	61	23,456	773	24,290		4,135	7,347
014 CAFETERIA		4,862	1,889	6,751		7,930	1,523
015 NURSING ADMINISTRATION		12,112	13,004	25,116		8,440	3,794
016 CENTRAL SERVICES & SUPPLY	1,299	13,215	643	15,157		4,437	4,139
017 PHARMACY		4,216	26,315	30,531		7,979	1,321
018 MEDICAL RECORDS & LIBRARY SOCIAL SERVICE		20,199	6,077	26,276		9,632	6,327
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,468	88,040	41,525	150,033		43,692	27,578
026 INTENSIVE CARE UNIT							
033 NURSERY		7,975	4,159	12,134		2,108	2,498
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	49,327	61,541	85,686	196,554		22,918	19,277
039 DELIVERY ROOM & LABOR ROOM		4,420	4,622	9,042		2,833	1,385
040 ANESTHESIOLOGY	3,096	535	38,982	42,613		1,297	168
041 RADIOLOGY-DIAGNOSTIC	170,226	29,230	234,107	433,563		34,113	9,156
044 LABORATORY	705	15,625	50,030	66,360		28,732	4,894
049 RESPIRATORY THERAPY	720	1,052	15,386	17,158		6,801	329
050 PHYSICAL THERAPY	6,843	28,090	13,397	48,330		16,399	8,799
052 SPEECH PATHOLOGY						790	
053 ELECTROCARDIOLOGY		3,936	12,918	16,854		1,923	1,233
053 01 CARDIAC REHAB			9,457	9,457		2,353	
055 MEDICAL SUPPLIES CHARGED						4,381	
056 DRUGS CHARGED TO PATIENTS						18,158	
061 OUTPAT SERVICE COST CNTRS EMERGENCY	993	24,307	27,685	52,985		29,847	7,614
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)							
095 SUBTOTALS	323,161	487,608	798,923	1,609,692		292,333	110,026
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		1,791		1,791		28	561
098 PHYSICIANS' PRIVATE OFFICE		101,837		101,837		1,584	31,900
098 01 CARE-A-VAN		2,131	4,491	6,622		782	668
098 02 RHOG							
098 03 FOUNDATION		1,117	2,493	3,610		192	350
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	323,161	594,484	805,907	1,723,552		294,919	143,505

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	5,119						
011 HOUSEKEEPING		18,809					
012 DIETARY	22	981	36,775				
014 CAFETERIA	54	203		16,461			
015 NURSING ADMINISTRATION		507		697	38,554		
016 CENTRAL SERVICES & SUPPLY	186	553		502	1,315	26,289	
017 PHARMACY		176		446		33	40,486
018 MEDICAL RECORDS & LIBRARY		845		1,253		2	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,796	3,682	36,396	3,684	16,719	2,417	1,067
037 INTENSIVE CARE UNIT							
039 NURSERY	85	334		151	685	98	29
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	593	2,574	379	1,644	6,223	6,025	958
044 DELIVERY ROOM & LABOR ROO	84	185		168	762	109	32
049 ANESTHESIOLOGY		22		262	1,189	334	116
050 RADIOLOGY-DIAGNOSTIC	662	1,223		1,677		1,111	2,615
052 LABORATORY	15	654		1,756		10,599	400
053 RESPIRATORY THERAPY		44		538	2,443	180	
055 PHYSICAL THERAPY	411	1,175		1,457		417	
056 SPEECH PATHOLOGY				81			
061 ELECTROCARDIOLOGY	110	165		93	424	25	
062 CARDIAC REHAB				197	891	34	
095 MEDICAL SUPPLIES CHARGED						3,110	
096 DRUGS CHARGED TO PATIENTS							34,475
098 OUTPAT SERVICE COST CNTRS							
099 EMERGENCY	1,024	1,017		1,742	7,903	1,795	794
101 OBSERVATION BEDS (NON-DIS							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	5,042	14,340	36,775	16,348	38,554	26,289	40,486
104 NONREIMBURS COST CENTERS							
105 GIFT, FLOWER, COFFEE SHOP		75					
106 PHYSICIANS' PRIVATE OFFIC	77	4,258					
107 CARE-A-VAN		89		113			
108 RHOG							
109 FOUNDATION		47					
110 CROSS FOOT ADJUSTMENTS							
111 NEGATIVE COST CENTER							
112 TOTAL	5,119	18,809	36,775	16,461	38,554	26,289	40,486

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	44,335				
025 SOCIAL SERVICE	498	713			
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS	15,119	60	302,243		302,243
037 INTENSIVE CARE UNIT					
039 NURSERY	690		18,812		18,812
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	5,299		262,444		262,444
044 DELIVERY ROOM & LABOR ROO	230		14,830		14,830
049 ANESTHESIOLOGY			46,001		46,001
050 RADIOLOGY-DIAGNOSTIC	1,456		485,576		485,576
052 LABORATORY	2,413		115,823		115,823
053 RESPIRATORY THERAPY	498		27,991		27,991
055 PHYSICAL THERAPY	281		77,269		77,269
056 SPEECH PATHOLOGY			871		871
061 ELECTROCARDIOLOGY	1,213		22,040		22,040
062 CARDIAC REHAB	128		13,060		13,060
095 MEDICAL SUPPLIES CHARGED			7,491		7,491
096 DRUGS CHARGED TO PATIENTS			52,633		52,633
098 OUTPAT SERVICE COST CNTRS					
099 EMERGENCY	12,616	653	117,990		117,990
101 OBSERVATION BEDS (NON-DIS					
102 SPEC PURPOSE COST CENTERS					
103 SUBTOTALS	40,441	713	1,565,074		1,565,074
104 NONREIMBURS COST CENTERS					
105 GIFT, FLOWER, COFFEE SHOP			2,455		2,455
106 PHYSICIANS' PRIVATE OFFIC	3,575		143,231		143,231
107 CARE-A-VAN	319		8,593		8,593
108 RHOG					
109 FOUNDATION			4,199		4,199
110 CROSS FOOT ADJUSTMENTS					
111 NEGATIVE COST CENTER					
112 TOTAL	44,335	713	1,723,552		1,723,552

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMINISTRATIVE OPERATION OF	
	OSTS-BLDG &	OSTS-MVBLE E	FITS	E & GENERAL	PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6	8
GENERAL SERVICE COST				6a.00	
003 NEW CAP REL COSTS-BLD	127,763				
004 NEW CAP REL COSTS-MVB		670,084			
005 EMPLOYEE BENEFITS			10,450,706		
006 ADMINISTRATIVE & GENE	11,408	149,192	1,276,447	-4,670,018	18,960,064
008 OPERATION OF PLANT	17,897	25,013	367,236		98,458
009 LAUNDRY & LINEN SERVI	452		25,596		452
010 HOUSEKEEPING	1,362	2,289	292,197		1,362
011 DIETARY	5,041	643	119,086		5,041
012 CAFETERIA	1,045	1,571	291,102		1,045
014 NURSING ADMINISTRATION	2,603	10,812	395,021		2,603
015 CENTRAL SERVICES & SU	2,840	535	165,624		2,840
016 PHARMACY	906	21,880	361,176		906
017 MEDICAL RECORDS & LIB	4,341	5,053	399,433		4,341
018 SOCIAL SERVICE					13,846
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS	18,921	34,527	1,920,285		18,921
033 INTENSIVE CARE UNIT					
NURSERY	1,714	3,458	91,594		1,714
037 ANCILLARY SRVC COST C					
OPERATING ROOM	13,226	71,245	794,080		13,226
039 DELIVERY ROOM & LABOR	950	3,843	101,738		950
040 ANESTHESIOLOGY	115	32,412			115
041 RADIOLOGY-DIAGNOSTIC	6,282	194,651	862,809		6,282
044 LABORATORY	3,358	41,598	720,401		3,358
049 RESPIRATORY THERAPY	226	12,793	262,942		226
050 PHYSICAL THERAPY	6,037	11,139	752,142		6,037
052 SPEECH PATHOLOGY			52,224		
053 ELECTROCARDIOLOGY	846	10,741	34,653		846
053 01 CARDIAC REHAB		7,863	99,014		
055 MEDICAL SUPPLIES CHAR					281,648
056 DRUGS CHARGED TO PATI					1,167,314
061 OUTPAT SERVICE COST C					
EMERGENCY	5,224	23,019	1,033,844		5,224
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	104,794	664,277	10,418,644	-4,670,018	18,793,809
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE	385				385
098 PHYSICIANS' PRIVATE O	21,886				21,886
098 01 CARE-A-VAN	458	3,734	25,393		458
098 02 RHOG					
098 03 FOUNDATION	240	2,073	6,669		240
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	594,484	805,907	3,270,638		1,853,152
(WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER	4.653022		.312959		.246308
(WRKSHT B, PT I)		1.202695			18.821751
105 COST TO BE ALLOCATED					
(WRKSHT B, PART II)					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED				294,919	143,505
(WRKSHT B, PART III)					
108 UNIT COST MULTIPLIER				.015555	1.457525
(WRKSHT B, PT III)					

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MEALS) SERVED	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	186,379							
010 HOUSEKEEPING		96,644						
011 DIETARY	801	5,041	26,132					
012 CAFETERIA	1,959	1,045		44,434				
014 NURSING ADMINISTRATION		2,603		1,882	183,551			
015 CENTRAL SERVICES & SUPPLY	6,754	2,840		1,354	6,262	1,273,810		
016 PHARMACY		906		1,203		1,584	1,165,233	
017 MEDICAL RECORDS & LIBRARY		4,341		3,381		99		
018 SOCIAL SERVICE								
025 INPAT ROUTINE SRVC CNTR								
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	65,389	18,921	25,863	9,946	79,601	117,098	30,697	
033 NURSERY	3,100	1,714		408	3,263	4,750	828	
037 ANCILLARY SRVC COST CENTER								
039 OPERATING ROOM	21,605	13,226	269	4,439	29,627	291,934	27,585	
040 DELIVERY ROOM & LABOR	3,046	950		453	3,627	5,279	920	
041 ANESTHESIOLOGY		115		707	5,659	16,193	3,348	
044 RADIOLOGY-DIAGNOSTIC LABORATORY	24,104	6,282		4,527		53,852	75,260	
049 RESPIRATORY THERAPY	562	3,358		4,740		513,566	11,514	
050 PHYSICAL THERAPY		226		1,453	11,629	8,712		
052 SPEECH PATHOLOGY	14,948	6,037		3,932		20,199	11	
053 ELECTROCARDIOLOGY				218				
053 01 CARDIAC REHAB	4,021	846		252	2,017	1,221		
055 MEDICAL SUPPLIES CHARGED TO PATIENTS				533	4,242	1,645		
056 DRUGS CHARGED TO PATIENTS						150,716		992,227
061 OUTPAT SERVICE COST CENTER								
062 EMERGENCY	37,300	5,224		4,702	37,624	86,962	22,843	
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)								
096 SUBTOTALS	183,589	73,675	26,132	44,130	183,551	1,273,810	1,165,233	
098 NONREIMBURS COST CENTER								
098 01 GIFT, FLOWER, COFFEE		385						
098 02 PHYSICIANS' PRIVATE OFFICE	2,790	21,886						
098 03 CARE-A-VAN		458		304				
101 RHOG								
102 FOUNDATION		240						
103 CROSS FOOT ADJUSTMENT								
104 NEGATIVE COST CENTER								
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	197,381	645,306	460,686	664,080	770,737	481,582	680,979	
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.059030	6.677145	17.629190	14.945312	4.199035	.378064	.584414	
107 COST TO BE ALLOCATED (WRKSHT B, PART II)								
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
109 COST TO BE ALLOCATED (WRKSHT B, PART III)	5,119	18,809	36,775	16,461	38,554	26,289	40,486	
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.027466	.194621	1.407278	.370460	.210045	.020638	.034745	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	3,472	
025 SOCIAL SERVICE	39	178
026 INPAT ROUTINE SERVICE CENTER		
033 ADULTS & PEDIATRICS	1,184	15
037 INTENSIVE CARE UNIT		
039 NURSERY	54	
040 ANCILLARY SERVICE COST CENTER		
041 OPERATING ROOM	415	
044 DELIVERY ROOM & LABOR	18	
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC	114	
052 LABORATORY	189	
053 RESPIRATORY THERAPY	39	
055 PHYSICAL THERAPY	22	
056 SPEECH PATHOLOGY		
053 01 ELECTROCARDIOLOGY	95	
055 01 CARDIAC REHAB	10	
056 MEDICAL SUPPLIES CHARGED TO PATIENT		
061 DRUGS CHARGED TO PATIENT		
062 OUTPAT SERVICE COST CENTER		
061 EMERGENCY	988	163
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)		
095 SUBTOTALS	3,167	178
096 NONREIMBURS COST CENTER		
098 GIFT, FLOWER, COFFEE		
098 01 PHYSICIANS' PRIVATE OFFICE	280	
098 02 CARE-A-VAN	25	
098 03 RHOG		
101 FOUNDATION		
102 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
104 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	932,985	27,736
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)		155.820225
106 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	268.716878	
107 UNIT COST MULTIPLIER (WRKSHT B, PT I)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	44,335	713
108 UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.005618
108 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	12.769297	

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	5,374,521		5,374,521		
26	INTENSIVE CARE UNIT					
33	NURSERY	252,443		252,443		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,629,851		2,629,851		
39	DELIVERY ROOM & LABOR ROO	283,805		283,805		
40	ANESTHESIOLOGY	149,293		149,293		
41	RADIOLOGY-DIAGNOSTIC	3,081,557		3,081,557		
44	LABORATORY	2,710,794		2,710,794		
49	RESPIRATORY THERAPY	635,025		635,025		
50	PHYSICAL THERAPY	1,555,990		1,555,990		
52	SPEECH PATHOLOGY	66,579		66,579		
53	ELECTROCARDIOLOGY	218,099		218,099		
53 01	CARDIAC REHAB	217,590		217,590		
55	MEDICAL SUPPLIES CHARGED	408,000		408,000		
56	DRUGS CHARGED TO PATIENTS	2,034,704		2,034,704		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,129,483		3,129,483		
62	OBSERVATION BEDS (NON-DIS	89,493		89,493		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	22,837,227		22,837,227		
102	LESS OBSERVATION BEDS	89,493		89,493		
103	TOTAL	22,747,734		22,747,734		

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	4,251,142		4,251,142			
26	INTENSIVE CARE UNIT						
33	NURSERY	275,400		275,400			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	895,837	4,256,761	5,152,598	.510393	.510393	
39	DELIVERY ROOM & LABOR ROO	505,923	689,356	1,195,279	.237438	.237438	
40	ANESTHESIOLOGY	279,040	516,536	795,576	.187654	.187654	
41	RADIOLOGY-DIAGNOSTIC	1,185,623	14,494,889	15,680,512	.196521	.196521	
44	LABORATORY	1,659,025	7,360,814	9,019,839	.300537	.300537	
49	RESPIRATORY THERAPY	439,120	745,809	1,184,929	.535918	.535918	
50	PHYSICAL THERAPY	312,345	2,366,776	2,679,121	.580784	.580784	
52	SPEECH PATHOLOGY	50,087	99,391	149,478	.445410	.445410	
53	ELECTROCARDIOLOGY	332,543	809,213	1,141,756	.191021	.191021	
53 01	CARDIAC REHAB		289,852	289,852	.750693	.750693	
55	MEDICAL SUPPLIES CHARGED	1,082,929	828,484	1,911,413	.213455	.213455	
56	DRUGS CHARGED TO PATIENTS	2,843,006	3,491,862	6,334,868	.321191	.321191	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	236,701	4,756,501	4,993,202	.626749	.626749	
62	OBSERVATION BEDS (NON-DIS	3,771	82,970	86,741	1.031727	1.031727	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,352,492	40,789,214	55,141,706			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,352,492	40,789,214	55,141,706			





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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,629,851	262,444	2,367,407			2,629,851
39	DELIVERY ROOM & LABOR ROO	283,805	14,830	268,975			283,805
40	ANESTHESIOLOGY	149,293	46,001	103,292			149,293
41	RADIOLOGY-DIAGNOSTIC	3,081,557	485,576	2,595,981			3,081,557
44	LABORATORY	2,710,794	115,823	2,594,971			2,710,794
49	RESPIRATORY THERAPY	635,025	27,991	607,034			635,025
50	PHYSICAL THERAPY	1,555,990	77,269	1,478,721			1,555,990
52	SPEECH PATHOLOGY	66,579	871	65,708			66,579
53	ELECTROCARDIOLOGY	218,099	22,040	196,059			218,099
53	01 CARDIAC REHAB	217,590	13,060	204,530			217,590
55	MEDICAL SUPPLIES CHARGED	408,000	7,491	400,509			408,000
56	DRUGS CHARGED TO PATIENTS	2,034,704	52,633	1,982,071			2,034,704
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,129,483	117,990	3,011,493			3,129,483
62	OBSERVATION BEDS (NON-DIS	89,493		89,493			89,493
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,210,263	1,244,019	15,966,244			17,210,263
102	LESS OBSERVATION BEDS	89,493		89,493			89,493
103	TOTAL	17,120,770	1,244,019	15,876,751			17,120,770

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	5,152,598	.510393	.510393
39	DELIVERY ROOM & LABOR ROO	1,195,279	.237438	.237438
40	ANESTHESIOLOGY	795,576	.187654	.187654
41	RADIOLOGY-DIAGNOSTIC	15,680,512	.196521	.196521
44	LABORATORY	9,019,839	.300537	.300537
49	RESPIRATORY THERAPY	1,184,929	.535918	.535918
50	PHYSICAL THERAPY	2,679,121	.580784	.580784
52	SPEECH PATHOLOGY	149,478	.445410	.445410
53	ELECTROCARDIOLOGY	1,141,756	.191021	.191021
53	01 CARDIAC REHAB	289,852	.750693	.750693
55	MEDICAL SUPPLIES CHARGED	1,911,413	.213455	.213455
56	DRUGS CHARGED TO PATIENTS	6,334,868	.321191	.321191
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,993,202	.626749	.626749
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	86,741	1.031727	1.031727
101	SUBTOTAL	50,615,164		
102	LESS OBSERVATION BEDS	86,741		
103	TOTAL	50,528,423		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,629,851	262,444	2,367,407			2,629,851
39	DELIVERY ROOM & LABOR ROO	283,805	14,830	268,975			283,805
40	ANESTHESIOLOGY	149,293	46,001	103,292			149,293
41	RADIOLOGY-DIAGNOSTIC	3,081,557	485,576	2,595,981			3,081,557
44	LABORATORY	2,710,794	115,823	2,594,971			2,710,794
49	RESPIRATORY THERAPY	635,025	27,991	607,034			635,025
50	PHYSICAL THERAPY	1,555,990	77,269	1,478,721			1,555,990
52	SPEECH PATHOLOGY	66,579	871	65,708			66,579
53	ELECTROCARDIOLOGY	218,099	22,040	196,059			218,099
53	01 CARDIAC REHAB	217,590	13,060	204,530			217,590
55	MEDICAL SUPPLIES CHARGED	408,000	7,491	400,509			408,000
56	DRUGS CHARGED TO PATIENTS	2,034,704	52,633	1,982,071			2,034,704
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,129,483	117,990	3,011,493			3,129,483
62	OBSERVATION BEDS (NON-DIS	89,493		89,493			89,493
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	17,210,263	1,244,019	15,966,244			17,210,263
102	LESS OBSERVATION BEDS	89,493		89,493			89,493
103	TOTAL	17,120,770	1,244,019	15,876,751			17,120,770

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	5,152,598	.510393	.510393
39	DELIVERY ROOM & LABOR ROO	1,195,279	.237438	.237438
40	ANESTHESIOLOGY	795,576	.187654	.187654
41	RADIOLOGY-DIAGNOSTIC	15,680,512	.196521	.196521
44	LABORATORY	9,019,839	.300537	.300537
49	RESPIRATORY THERAPY	1,184,929	.535918	.535918
50	PHYSICAL THERAPY	2,679,121	.580784	.580784
52	SPEECH PATHOLOGY	149,478	.445410	.445410
53	ELECTROCARDIOLOGY	1,141,756	.191021	.191021
53	01 CARDIAC REHAB	289,852	.750693	.750693
55	MEDICAL SUPPLIES CHARGED	1,911,413	.213455	.213455
56	DRUGS CHARGED TO PATIENTS	6,334,868	.321191	.321191
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	4,993,202	.626749	.626749
62	OBSERVATION BEDS (NON-DIS	86,741	1.031727	1.031727
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	50,615,164		
102	LESS OBSERVATION BEDS	86,741		
103	TOTAL	50,528,423		

























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		2,501,446	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.510393	229,854	117,316
39	DELIVERY ROOM & LABOR ROOM	.237438		
40	ANESTHESIOLOGY	.187654	65,863	12,359
41	RADIOLOGY-DIAGNOSTIC	.196521	758,989	149,157
44	LABORATORY	.300537	969,158	291,268
49	RESPIRATORY THERAPY	.535918	310,097	166,187
50	PHYSICAL THERAPY	.580784	218,871	127,117
52	SPEECH PATHOLOGY	.445410	40,599	18,083
53	ELECTROCARDIOLOGY	.191021	216,748	41,403
53 01	CARDIAC REHAB	.750693		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.213455	646,135	137,921
56	DRUGS CHARGED TO PATIENTS	.321191	1,573,985	505,550
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.626749	118,784	74,448
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.031727		
101	TOTAL		5,149,083	1,640,809
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,149,083	



PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,780,007
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,780,007

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,827,807
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	60,788
18.01	CAH ACTUAL BILLED COINSURANCE	2,426,271
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,340,748
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,340,748
24	PRIMARY PAYER PAYMENTS	350
25	SUBTOTAL	2,340,398

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	338,585
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	338,585
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	320,402
28	SUBTOTAL	2,678,983
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,678,983
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,899,344
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-220,361
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	68,392









ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,452,598			
2	TEMPORARY INVESTMENTS	11,263,538			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,710,506			
5	OTHER RECEIVABLES	72,514			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-912,298			
7	INVENTORY	404,170			
8	PREPAID EXPENSES	241,400			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	19,232,428			
FIXED ASSETS					
12	LAND	967,836			
12.01	LAND IMPROVEMENTS	272,747			
13.01	LESS ACCUMULATED DEPRECIATION	-254,310			
14	BUILDINGS	18,288,890			
14.01	LESS ACCUMULATED DEPRECIATION	-17,001,915			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	9,127,844			
18.01	LESS ACCUMULATED DEPRECIATION	-5,966,125			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	1,119,494			
21	TOTAL FIXED ASSETS	6,554,461			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	25,786,889			





PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,289,962		4,289,962
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,289,962		4,289,962
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,289,962		4,289,962
17 00 ANCILLARY SERVICES	10,223,018	41,792,426	52,015,444
18 00 OUTPATIENT SERVICES		15,462	15,462
24 00 PROFESSIONAL CHARGES	462,435	4,996,797	5,459,232
24 01 CARE-A-VAN		62,317	62,317
25 00 TOTAL PATIENT REVENUES	14,975,415	46,867,002	61,842,417

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		26,505,279	
ADD (SPECIFY)			
27 00 UNCOLLECTIBLE ACCOUNTS	2,115,594		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,115,594	
DEDUCT (SPECIFY)			
34 00 VENDOR REBATES	40,993		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		40,993	
40 00 TOTAL OPERATING EXPENSES		28,579,880	

