

St. Joseph's Hospital

**Title XVIII Medicare Cost Report
Provider No. 14-1336**

For the year ended June 30, 2008



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		14-1336		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/20/2008 TIME 15:24

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:
 ST. JOSEPH'S HOSPITAL 14-1336

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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	119,622	253,509	0	
3	SWING BED - SNF	0	93,707	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	213,329	253,509	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.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA		9				
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB		7				
9	RHA		4				
9.01	RHX						
9.02	RHL						
10	RMC		1				
11	RMB		5				
12	RMA		4				
12.01	RMX						
12.02	RML		16				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		1				
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		47				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01) : 0.9024
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01) : 0.9024
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/ 1/2007	11/20/2008
	TO 6/30/2008	WORKSHEET S-10

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	532,732
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	532,732
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)	.436097
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	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET S-10
	TO 6/30/2008	

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		335,952	335,952	109,758	445,710
3.01	0301 NEW CRC - MAB BUILDING				55,646	55,646
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		826,355	826,355	71,362	897,717
4.01	0401 NEW CRC - MAB EQUIP				22,341	22,341
5	0500 EMPLOYEE BENEFITS	140,365	2,715,252	2,855,617	-37	2,855,580
6.01	0610 COMMUNICATIONS	19,671	30,440	50,111	4,934	55,045
6.02	0620 DATA PROCESSING	175,135	354,608	529,743	-52	529,691
6.03	0630 PURCHASING, RECEIVING AND STORES	105,793	55,346	161,139	-24,602	136,537
6.04	0640 ADMINITTING	127,615	13,468	141,083	-1,568	139,515
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	236,405	61,730	298,135	-2,224	295,911
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	542,714	2,193,166	2,735,880	-13,501	2,722,379
7	0700 MAINTENANCE & REPAIRS	189,363	66,366	255,729	-5,246	250,483
8	0800 OPERATION OF PLANT	169,087	498,117	667,204	-45,191	622,013
8.01	0801 OPERATION OF PLANT - MAB				45,131	45,131
9	0900 LAUNDRY & LINEN SERVICE	24,602	99,694	124,296		124,296
10	1000 HOUSEKEEPING	335,311	19,752	355,063	-5	355,058
11	1100 DIETARY	324,231	148,608	472,839	-183,990	288,849
12	1200 CAFETERIA	35,786	46,593	82,379	183,981	266,360
14	1400 NURSING ADMINISTRATION	571,939	16,667	588,606	-2,812	585,794
17	1700 MEDICAL RECORDS & LIBRARY	306,514	61,765	368,279	-3,603	364,676
18	1800 SOCIAL SERVICE	48,736	683	49,419		49,419
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,190,628	156,361	1,346,989	-5,009	1,341,980
26	2600 INTENSIVE CARE UNIT	75,736	3,540	79,276		79,276
34	3400 SKILLED NURSING FACILITY	409,536	32,151	441,687	-303,548	138,139
36	3600 OTHER LONG TERM CARE				300,789	300,789
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	504,742	629,950	1,134,692	-377,320	757,372
40	4000 ANESTHESIOLOGY		370,657	370,657	-1,853	368,804
41	4100 RADIOLOGY-DIAGNOSTIC	547,693	526,841	1,074,534	-276	1,074,258
44	4400 LABORATORY	540,739	1,093,795	1,634,534	-12,496	1,622,038
49	4900 RESPIRATORY THERAPY	143,342	92,080	235,422	-15,679	219,743
49.01	4901 CARDIAC REHAB	35,578	1,653	37,231	-58	37,173
50	5000 PHYSICAL THERAPY	450,209	16,744	466,953	-5,114	461,839
52	5200 SPEECH PATHOLOGY	195,942	80,716	276,658	-192	276,466
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	65,086	71,612	136,698	398,883	535,581
56	5600 DRUGS CHARGED TO PATIENTS	314,643	379,940	694,583	26,350	720,933
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	441,879	1,120,343	1,562,222	-13,287	1,548,935
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		165,404	165,404	-165,404	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,269,020	12,286,349	20,555,369	36,108	20,591,477
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,398	10,398		10,398
98	9800 PHYSICIANS' PRIVATE OFFICES	262,605	390,303	652,908	-35,359	617,549
100	7950 TRANSPORTATION	21,872	8,154	30,026	-749	29,277
101	TOTAL	8,553,497	12,695,204	21,248,701	-0-	21,248,701

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/20/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-13,624	432,086
3.01	0301 NEW CRC - MAB BUILDING		55,646
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,006	896,711
4.01	0401 NEW CRC - MAB EQUIP		22,341
5	0500 EMPLOYEE BENEFITS	-5,088	2,850,492
6.01	0610 COMMUNICATIONS	-24	55,021
6.02	0620 DATA PROCESSING	93,241	622,932
6.03	0630 PURCHASING, RECEIVING AND STORES	-3,895	132,642
6.04	0640 ADMINITTING		139,515
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-2,095	293,816
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-529,928	2,192,451
7	0700 MAINTENANCE & REPAIRS		250,483
8	0800 OPERATION OF PLANT		622,013
8.01	0801 OPERATION OF PLANT - MAB		45,131
9	0900 LAUNDRY & LINEN SERVICE	-2,120	122,176
10	1000 HOUSEKEEPING	-46	355,012
11	1100 DIETARY	-53,728	235,121
12	1200 CAFETERIA	-56,104	210,256
14	1400 NURSING ADMINISTRATION		585,794
17	1700 MEDICAL RECORDS & LIBRARY	-1,507	363,169
18	1800 SOCIAL SERVICE		49,419
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,341,980
26	2600 INTENSIVE CARE UNIT		79,276
34	3400 SKILLED NURSING FACILITY		138,139
36	3600 OTHER LONG TERM CARE		300,789
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		757,372
40	4000 ANESTHESIOLOGY	-355,911	12,893
41	4100 RADIOLOGY-DIAGNOSTIC	-1,570	1,072,688
44	4400 LABORATORY	-5,400	1,616,638
49	4900 RESPIRATORY THERAPY	-21,125	198,618
49.01	4901 CARDIAC REHAB		37,173
50	5000 PHYSICAL THERAPY	-45,857	415,982
52	5200 SPEECH PATHOLOGY	-43,340	233,126
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		535,581
56	5600 DRUGS CHARGED TO PATIENTS		720,933
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-722,391	826,544
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	-1,771,518	18,819,959
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		10,398
98	9800 PHYSICIANS' PRIVATE OFFICES		617,549
100	7950 TRANSPORTATION		29,277
101	TOTAL	-1,771,518	19,477,183

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 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	
3.01	NEW CRC - MAB BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CRC - MAB EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT - MAB	0801	OPERATION OF PLANT
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	CARDIAC REHAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
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	
100	TRANSPORTATION	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141336

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 11/20/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 TO RECLASS CAFETERIA EXPENSE	A	CAFETERIA	12	126,158	57,823
2 TO RECLASS LTC COSTS	B	OTHER LONG TERM CARE	36	278,894	21,895
3 TO RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-MVBLE EQUIP	4		57,160
4					
5					
6					
7					
8					
9					
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24					
25					
26 TO RECLASS TELEPHONE EXPENSE	D	COMMUNICATIONS	6.01		6,694
27					
28					
29					
30					
31					
32 TO RECLASS POSTAGE EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		23,154
33					
34					
35					
1 TO RECLASS POSTAGE EXPENSE	E				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 TO RECLASS INTEREST EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		165,404
18 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		399,203
19					
20					
21					
22					
23					
24 TO RECLASS PHARMACY EXPENSE	H	DRUGS CHARGED TO PATIENTS	56		26,510
25					
26					
27					
28					
29					
30 TO RECLASS MAB EXPENSE	I	NEW CRC - MAB BUILDING	3.01		55,646
31		NEW CRC - MAB EQUIP	4.01		7,714
32		OPERATION OF PLANT - MAB	8.01		45,131
33 TO RECLASS PROPERTY INSURANCE	J	OTHER CAPITAL RELATED COSTS	90		36,543
36 TOTAL RECLASSIFICATIONS				405,052	902,877

(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:
141336

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/20/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS CAFETERIA EXPENSE	A	DIETARY	11		126,158	57,823	
2 TO RECLASS LTC COSTS	B	SKILLED NURSING FACILITY	34		278,894	21,895	
3 TO RECLASS RENTAL EXPENSE	C	COMMUNICATIONS	6.01			1,760	10
4		PURCHASING, RECEIVING AND STORES	6.03			4,289	
5		ADMITTING	6.04			1,568	
6		CASHIERING/ACCOUNTS RECEIVABLE	6.05			1,344	
7		OTHER ADMINISTRATIVE AND GENERAL	6.06			112	
8		MAINTENANCE & REPAIRS	7			5,223	
9		OPERATION OF PLANT	8			50	
10		NURSING ADMINISTRATION	14			2,777	
11		MEDICAL RECORDS & LIBRARY	17			2,842	
12		ADULTS & PEDIATRICS	25			4,683	
13		SKILLED NURSING FACILITY	34			2,759	
14		OPERATING ROOM	37			2,844	
15		ANESTHESIOLOGY	40			791	
16		RADIOLOGY-DIAGNOSTIC	41			53	
17		LABORATORY	44			12,249	
18		RESPIRATORY THERAPY	49			852	
19		CARDIAC REHAB	49.01			53	
20		PHYSICAL THERAPY	50			3,335	
21		SPEECH PATHOLOGY	52			40	
22		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			278	
23		DRUGS CHARGED TO PATIENTS	56			120	
24		EMERGENCY	61			3,770	
25		PHYSICIANS' PRIVATE OFFICES	98			5,368	
26 TO RECLASS TELEPHONE EXPENSE	D	PURCHASING, RECEIVING AND STORES	6.03			40	
27		MEDICAL RECORDS & LIBRARY	17			180	
28		RESPIRATORY THERAPY	49			177	
29		PHYSICAL THERAPY	50			1,251	
30		PHYSICIANS' PRIVATE OFFICES	98			4,297	
31		TRANSPORTATION	100			749	
32 TO RECLASS POSTAGE EXPENSE	E	EMPLOYEE BENEFITS	5			37	
33		DATA PROCESSING	6.02			52	
34		PURCHASING, RECEIVING AND STORES	6.03			20,273	
35		CASHIERING/ACCOUNTS RECEIVABLE	6.05			880	
1 TO RECLASS POSTAGE EXPENSE	E	MAINTENANCE & REPAIRS	7			23	
2		OPERATION OF PLANT	8			10	
3		HOUSEKEEPING	10			5	
4		DIETARY	11			9	
5		NURSING ADMINISTRATION	14			35	
6		MEDICAL RECORDS & LIBRARY	17			581	
7		ADULTS & PEDIATRICS	25			121	
8		OPERATING ROOM	37			433	
9		RADIOLOGY-DIAGNOSTIC	41			128	
10		LABORATORY	44			247	
11		CARDIAC REHAB	49.01			5	
12		SPEECH PATHOLOGY	52			152	
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			42	
14		DRUGS CHARGED TO PATIENTS	56			40	
15		EMERGENCY	61			13	
16		PHYSICIANS' PRIVATE OFFICES	98			68	
17 TO RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88			165,404	11
18 TO RECLASS MEDICAL SUPPLIES EXPENSE	G	OPERATING ROOM	37			373,967	
19		ANESTHESIOLOGY	40			520	
20		RADIOLOGY-DIAGNOSTIC	41			38	
21		RESPIRATORY THERAPY	49			14,646	
22		PHYSICAL THERAPY	50			528	
23		EMERGENCY	61			9,504	
24 TO RECLASS PHARMACY EXPENSE	H	ADULTS & PEDIATRICS	25			205	
25		OPERATING ROOM	37			76	
26		ANESTHESIOLOGY	40			542	
27		RADIOLOGY-DIAGNOSTIC	41			57	
28		RESPIRATORY THERAPY	49			4	
29		PHYSICIANS' PRIVATE OFFICES	98			25,626	
30 TO RECLASS MAB EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3			55,646	9
31		NEW CAP REL COSTS-MVBLE EQUIP	4			7,714	9
32		OPERATION OF PLANT	8			45,131	9
33 TO RECLASS PROPERTY INSURANCE	J	OTHER ADMINISTRATIVE AND GENERAL	6.06			36,543	
36 TOTAL RECLASSIFICATIONS					405,052	902,877	

(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:
141336

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/20/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	183,981	DIETARY	11	183,981	
TOTAL RECLASSIFICATIONS FOR CODE A			183,981				183,981

RECLASS CODE: B
EXPLANATION : TO RECLASS LTC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER LONG TERM CARE	36	300,789	SKILLED NURSING FACILITY	34	300,789	
TOTAL RECLASSIFICATIONS FOR CODE B			300,789				300,789

RECLASS CODE: C
EXPLANATION : TO RECLASS RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	57,160	COMMUNICATIONS	6.01	1,760	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	4,289	
3.00			0	ADMINISTRATIVE	6.04	1,568	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	1,344	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	112	
6.00			0	MAINTENANCE & REPAIRS	7	5,223	
7.00			0	OPERATION OF PLANT	8	50	
8.00			0	NURSING ADMINISTRATION	14	2,777	
9.00			0	MEDICAL RECORDS & LIBRARY	17	2,842	
10.00			0	ADULTS & PEDIATRICS	25	4,683	
11.00			0	SKILLED NURSING FACILITY	34	2,759	
12.00			0	OPERATING ROOM	37	2,844	
13.00			0	ANESTHESIOLOGY	40	791	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	53	
15.00			0	LABORATORY	44	12,249	
16.00			0	RESPIRATORY THERAPY	49	852	
17.00			0	CARDIAC REHAB	49.01	53	
18.00			0	PHYSICAL THERAPY	50	3,335	
19.00			0	SPEECH PATHOLOGY	52	40	
20.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	278	
21.00			0	DRUGS CHARGED TO PATIENTS	56	120	
22.00			0	EMERGENCY	61	3,770	
23.00			0	PHYSICIANS' PRIVATE OFFICES	98	5,368	
TOTAL RECLASSIFICATIONS FOR CODE C			57,160				57,160

RECLASS CODE: D
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNICATIONS	6.01	6,694	PURCHASING, RECEIVING AND STOR	6.03	40	
2.00			0	MEDICAL RECORDS & LIBRARY	17	180	
3.00			0	RESPIRATORY THERAPY	49	177	
4.00			0	PHYSICAL THERAPY	50	1,251	
5.00			0	PHYSICIANS' PRIVATE OFFICES	98	4,297	
6.00			0	TRANSPORTATION	100	749	
TOTAL RECLASSIFICATIONS FOR CODE D			6,694				6,694

RECLASS CODE: E
EXPLANATION : TO RECLASS POSTAGE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	23,154	EMPLOYEE BENEFITS	5	37	
2.00			0	DATA PROCESSING	6.02	52	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	20,273	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	880	
5.00			0	MAINTENANCE & REPAIRS	7	23	
6.00			0	OPERATION OF PLANT	8	10	
7.00			0	HOUSEKEEPING	10	5	
8.00			0	DIETARY	11	9	
9.00			0	NURSING ADMINISTRATION	14	35	
10.00			0	MEDICAL RECORDS & LIBRARY	17	581	
11.00			0	ADULTS & PEDIATRICS	25	121	
12.00			0	OPERATING ROOM	37	433	

RECLASSIFICATIONS

PROVIDER NO:
141336

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 11/20/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : TO RECLASS POSTAGE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	128	
14.00			0	LABORATORY	44	247	
15.00			0	CARDIAC REHAB	49.01	5	
16.00			0	SPEECH PATHOLOGY	52	152	
17.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	42	
18.00			0	DRUGS CHARGED TO PATIENTS	56	40	
19.00			0	EMERGENCY	61	13	
20.00			0	PHYSICIANS' PRIVATE OFFICES	98	68	
TOTAL RECLASSIFICATIONS FOR CODE E			23,154				23,154

RECLASS CODE: F
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	165,404	INTEREST EXPENSE	88	165,404	
TOTAL RECLASSIFICATIONS FOR CODE F			165,404				165,404

RECLASS CODE: G
EXPLANATION : TO RECLASS MEDICAL SUPPLIES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	399,203	OPERATING ROOM	37	373,967	
2.00			0	ANESTHESIOLOGY	40	520	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	38	
4.00			0	RESPIRATORY THERAPY	49	14,646	
5.00			0	PHYSICAL THERAPY	50	528	
6.00			0	EMERGENCY	61	9,504	
TOTAL RECLASSIFICATIONS FOR CODE G			399,203				399,203

RECLASS CODE: H
EXPLANATION : TO RECLASS PHARMACY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	26,510	ADULTS & PEDIATRICS	25	205	
2.00			0	OPERATING ROOM	37	76	
3.00			0	ANESTHESIOLOGY	40	542	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	57	
5.00			0	RESPIRATORY THERAPY	49	4	
6.00			0	PHYSICIANS' PRIVATE OFFICES	98	25,626	
TOTAL RECLASSIFICATIONS FOR CODE H			26,510				26,510

RECLASS CODE: I
EXPLANATION : TO RECLASS MAB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CRC - MAB BUILDING	3.01	55,646	NEW CAP REL COSTS-BLDG & FIXT	3	55,646	
2.00	NEW CRC - MAB EQUIP	4.01	7,714	NEW CAP REL COSTS-MVBLE EQUIP	4	7,714	
3.00	OPERATION OF PLANT - MAB	8.01	45,131	OPERATION OF PLANT	8	45,131	
TOTAL RECLASSIFICATIONS FOR CODE I			108,491				108,491

RECLASS CODE: J
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	36,543	OTHER ADMINISTRATIVE AND GENER	6.06	36,543	
TOTAL RECLASSIFICATIONS FOR CODE J			36,543				36,543

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 EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	310,152					310,152	
2 LAND IMPROVEMENTS	176,753	5,661		5,661		182,414	
3 BUILDINGS & FIXTURE	13,376,875	255,430		255,430		13,632,305	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	865,230	774,766		774,766		1,639,996	
7 SUBTOTAL	14,729,010	1,035,857		1,035,857		15,764,867	
8 RECONCILING ITEMS							
9 TOTAL	14,729,010	1,035,857		1,035,857		15,764,867	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	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								
3 01	NEW CRC - MAB BUILDI								
4	NEW CAP REL COSTS-MV	14,124,871		14,124,871	.599735	21,916			21,916
4 01	NEW CRC - MAB EQUIP	9,426,996		9,426,996	.400265	14,627			14,627
5	TOTAL	23,551,867		23,551,867	1.000000	36,543			36,543

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	280,306		151,780				432,086
3 01	NEW CRC - MAB BUILDI	55,646						55,646
4	NEW CAP REL COSTS-MV	817,635	57,160		21,916			896,711
4 01	NEW CRC - MAB EQUIP	7,714			14,627			22,341
5	TOTAL	1,161,301	57,160	151,780	36,543			1,406,784

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	335,952						335,952
3 01	NEW CRC - MAB BUILDI							
4	NEW CAP REL COSTS-MV	826,355						826,355
4 01	NEW CRC - MAB EQUIP							
5	TOTAL	1,162,307						1,162,307

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-13,624	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-3,885	PURCHASING, RECEIVING AND	6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-5,400	LABORATORY	44	
9 TELEPHONE SERVICES	B	-24	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE	B	-6,419	OTHER ADMINISTRATIVE AND	6.06	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,099,427			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	263,323			
15 LAUNDRY AND LINEN SERVICE	B	-2,120	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-54,728	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-4,250	OTHER ADMINISTRATIVE AND	6.06	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,507	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,376	CAFETERIA	12	
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 MISCELLANEOUS DIETARY REVENUE	B	-4,054	DIETARY	11	
38 X RAY FILM REVENUE	B	-1,570	RADIOLOGY-DIAGNOSTIC	41	
39 MISCELLANEOUS PT REVENUE	B	-6,197	PHYSICAL THERAPY	50	
40 MISCELLANEOUS ST REVENUE	B	-43,340	SPEECH PATHOLOGY	52	
41 EDUCATIONAL CLASSES	B	-4,320	OTHER ADMINISTRATIVE AND	6.06	
42 SANITARY MACHINES	B	-46	HOUSEKEEPING	10	
43 SALE OF MEDICAL RECORDS	B	-1,050	CASHIERING/ACCOUNTS RECEI	6.05	
44 MISCELLANEOUS BUSINESS OFFICE REVENUE	B	-1,045	CASHIERING/ACCOUNTS RECEI	6.05	
45 MEALS ON WHEELS	B	-49,674	DIETARY	11	
46 MESSAGE REVENUE	B	-38,400	PHYSICAL THERAPY	50	
47 EMPLOYEE FITNESS	B	-1,260	PHYSICAL THERAPY	50	
48 MISCELLANEOUS A&G REVENUE	B	-9,193	OTHER ADMINISTRATIVE AND	6.06	
49 MISCELLANEOUS PURCHASING REVENUE	B	-10	PURCHASING, RECEIVING AND	6.03	
49.01 PHYSICIAN RECRUITMENT	A	-422,898	OTHER ADMINISTRATIVE AND	6.06	
49.02 HEALTH FAIR EXPENSE	A	-53,309	OTHER ADMINISTRATIVE AND	6.06	
49.03 PUBLIC RELATIONS EXPENSE	A	-2,321	OTHER ADMINISTRATIVE AND	6.06	
49.04 COMMUNITY RELATIONS SALARY EXPENSE	A	-22,868	OTHER ADMINISTRATIVE AND	6.06	
49.05 COMMUNITY RELATIONS BENEFITS EXPENSE	A	-7,635	EMPLOYEE BENEFITS	5	
49.06 COMMUNITY RELATIONS OTHER EXPENSE	A	-87,282	OTHER ADMINISTRATIVE AND	6.06	
49.07 DEPRECIATION LAPSING	A	-1,006	NEW CAP REL COSTS-MVBLE E	4	9
49.08 PHYSICIAN MALPRACTICE INSURANCE	A	-15,236	OTHER ADMINISTRATIVE AND	6.06	
49.09 LOBBYING DUES	A	-11,184	OTHER ADMINISTRATIVE AND	6.06	
49.10 NON-REIMBURSABLE EXPENSE	A	-10,496	OTHER ADMINISTRATIVE AND	6.06	
49.11 PHYSICIAN GUARANTEE INTEREST	A	-47,687	OTHER ADMINISTRATIVE AND	6.06	
49.12					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,771,518			

(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	5	EMPLOYEE BENEFITS	HEALTH & DENTAL PREMIUMS	1,809,765	1,807,218	2,547	
2	6 2	DATA PROCESSING	COMPUTER FEES	346,700	253,459	93,241	
3	6 6	OTHER ADMINISTRATIVE AND	MANAGEMENT FEES	485,883	318,348	167,535	
4							
5		TOTALS		2,642,348	2,379,025	263,323	

* 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	HS		100.00	CORPORATE OFFICE
2				0.00	
3				0.00	
4				0.00	
5				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: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 40	ANESTHESIOLOGY	355,911	355,911					
2 44	LABORATORY	67,920		67,920				
3 49	CARDIOPULMONARY	21,125	21,125					
4 61	EMERGENCY	1,063,601	722,391	341,210				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,508,557	1,099,427	409,130				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CRC - MAB BUILDING	30	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
4.01	NEW CRC - MAB EQUIP	40	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	61	# OF	PHONES	ENTERED
6.02	DATA PROCESSING	62	TIME	SPENT	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	SUPPLY	COST	ENTERED
6.04	ADMITTING	64	INPATIENT	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	65	TOTAL	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	16	TIME	SPENT	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT - MAB	30	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	TIME	SPENT	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTE'S		ENTERED
14	NURSING ADMINISTRATION	14	DIRECT	NURSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CRC - MAB BUILDING	NEW CAP REL C OSTS-MVBLE E	NEW CRC - MAB EQUIP	EMPLOYEE BENE FITS	COMMUNICATI ON S
	0	3	3.01	4	4.01	5	6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	432,086	432,086					
004 NEW CAP REL COSTS-MVBLE E	896,711		55,646				
004 01 NEW CAP REL COSTS-MVBLE E	22,341			896,711			
005 EMPLOYEE BENEFITS	2,850,492	2,715			14	2,853,221	
006 01 COMMUNICATIONS	55,021	552			6,350	6,689	68,612
006 02 DATA PROCESSING	622,932	3,427		150,144		59,557	2,680
006 03 PURCHASING, RECEIVING AND	132,642	13,552		5,649		35,976	1,429
006 04 ADMINISTRATION	139,515	2,517		2,576		43,397	1,072
006 05 CASHIERING/ACCOUNTS RECEI	293,816	8,466		5,705		80,393	3,038
006 06 OTHER ADMINISTRATIVE AND	2,192,451	16,517		15,518		176,780	4,646
007 MAINTENANCE & REPAIRS	250,483	21,405		10,938		64,395	2,501
008 OPERATION OF PLANT	622,013	31,836		8,141		57,500	
008 01 OPERATION OF PLANT - MAB	45,131						
009 LAUNDRY & LINEN SERVICE	122,176	10,200				8,366	179
010 HOUSEKEEPING	355,012	8,060		947		114,027	893
011 DIETARY	235,121	18,171		9,268		67,357	715
012 CAFETERIA	210,256	14,532		2,670		55,071	179
014 NURSING ADMINISTRATION	585,794	2,409		2,821		194,495	1,429
017 MEDICAL RECORDS & LIBRARY	363,169	11,351		12,384		104,234	3,395
018 SOCIAL SERVICE	49,419	1,202				16,573	179
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,341,980	45,058		29,483		404,894	6,075
026 INTENSIVE CARE UNIT	79,276	11,219		2,179		25,755	1,965
034 SKILLED NURSING FACILITY	138,139	30,177		2,330		44,427	1,429
036 OTHER LONG TERM CARE	300,789	9,569		4,975		94,842	3,216
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	757,372	52,548		147,218		171,644	5,718
040 ANESTHESIOLOGY	12,893			13,506			
041 RADIOLOGY-DIAGNOSTIC	1,072,688	21,542	1,429	283,189		186,250	3,038
044 LABORATORY	1,616,638	17,987		108,540		183,885	3,216
049 RESPIRATORY THERAPY	198,618	9,550		8,559		48,745	1,429
049 01 CARDIAC REHAB	37,173		2,291	2,186		12,099	357
050 PHYSICAL THERAPY	415,982	13,726	15,166	7,744		153,099	4,110
052 SPEECH PATHOLOGY	233,126		2,756	6,526		66,633	715
055 MEDICAL SUPPLIES CHARGED	535,581	10,823		14,253		22,133	715
056 DRUGS CHARGED TO PATIENTS	720,933	4,893		1,682		106,998	1,251
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	826,544	21,490		11,638		150,267	2,680
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	18,819,959	415,494	21,642	877,133		2,756,481	58,249
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	10,398	853					715
098 PHYSICIANS' PRIVATE OFFIC	617,549	14,584	34,004	19,578	22,341	89,302	9,469
100 TRANSPORTATION	29,277	1,155				7,438	179
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	19,477,183	432,086	55,646	896,711	22,341	2,853,221	68,612

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	838,740						
006 03 PURCHASING, RECEIVING AND	9,641	198,889					
006 04 ADMINISTRATIVE	48,203	466	237,746				
006 05 CASHIERING/ACCOUNTS RECEI	57,844	400		449,662			
006 06 OTHER ADMINISTRATIVE AND	134,967	1,381			2,542,260	2,542,260	
007 MAINTENANCE & REPAIRS	9,641	411			359,774	54,009	413,783
008 OPERATION OF PLANT	9,641	977			730,108	109,603	
008 01 OPERATION OF PLANT - MAB					45,131	6,775	
009 LAUNDRY & LINEN SERVICE		296			141,217	21,199	10,253
010 HOUSEKEEPING	9,641	767			489,347	73,460	16,652
011 DIETARY	9,641	10,951			351,224	52,725	37,121
012 CAFETERIA		3,615			286,323	42,983	2,291
014 NURSING ADMINISTRATION	57,844	176			844,968	126,846	6,108
017 MEDICAL RECORDS & LIBRARY	38,563	661			533,757	80,127	
018 SOCIAL SERVICE	9,641	13			77,027	11,563	764
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,922	6,407	44,313	27,468	1,934,600	290,420	86,782
026 INTENSIVE CARE UNIT	9,641	254	3,620	2,189	136,098	20,431	10,071
034 SKILLED NURSING FACILITY		618	6,431	3,888	227,439	34,143	10,346
036 OTHER LONG TERM CARE	9,641	1,318	6,812	4,119	435,281	65,344	22,085
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	28,922	46,294	13,744	29,847	1,253,307	188,145	58,935
040 ANESTHESIOLOGY		929	4,280	5,353	36,961	5,549	
041 RADIOLOGY-DIAGNOSTIC	57,844	11,978	30,079	132,946	1,800,983	270,362	13,707
044 LABORATORY	48,203	58,304	39,445	118,046	2,194,264	329,408	12,289
049 RESPIRATORY THERAPY	9,641	2,206	6,563	10,945	296,256	44,474	1,745
049 01 CARDIAC REHAB	9,641	88		795	64,630	9,702	1,091
050 PHYSICAL THERAPY	9,641	523	8,789	16,767	645,547	96,909	6,399
052 SPEECH PATHOLOGY	28,922	5,973	2,756	4,026	351,433	52,757	691
055 MEDICAL SUPPLIES CHARGED	9,641	4,815	24,437	21,136	643,534	96,607	4,108
056 DRUGS CHARGED TO PATIENTS	19,281	29,901	40,134	36,320	961,393	144,323	4,072
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	28,922	3,473	6,343	35,817	1,087,174	163,205	40,975
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	694,129	193,195	237,746	449,662	18,470,036	2,391,069	346,485
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	9,641	764			22,371	3,358	
098 PHYSICIANS' PRIVATE OFFIC	134,970	4,920			946,717	142,120	67,225
100 TRANSPORTATION		10			38,059	5,713	73
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	838,740	198,889	237,746	449,662	19,477,183	2,542,260	413,783

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8	8.01	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	839,711						
008 01 OPERATION OF PLANT - MAB		51,906					
009 LAUNDRY & LINEN SERVICE	25,870		198,539				
010 HOUSEKEEPING	20,442		21,471	621,372			
011 DIETARY	46,085		4,957	1,896	494,008		
012 CAFETERIA	36,856		527	32,015		400,995	
014 NURSING ADMINISTRATION	6,109			766		24,231	1,009,028
017 MEDICAL RECORDS & LIBRARY	28,787					29,944	
018 SOCIAL SERVICE	3,048			209			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	114,273		62,184	177,489	245,374	86,961	513,842
026 INTENSIVE CARE UNIT	28,452		1,272	7,344	11,797	3,575	43,712
034 SKILLED NURSING FACILITY	76,533		13,435	38,266	71,230	11,925	28,977
036 OTHER LONG TERM CARE	24,268		28,679	81,691	152,052	25,491	61,857
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	133,267		19,301	42,184	9,719	28,421	181,414
040 ANESTHESIOLOGY				116			
041 RADIOLOGY-DIAGNOSTIC	54,632	1,333	9,321	26,459		29,915	
044 LABORATORY	45,619			22,102		40,521	
049 RESPIRATORY THERAPY	24,220		484	53,296		12,071	
049 01 CARDIAC REHAB		2,137		4,094		1,904	22,339
050 PHYSICAL THERAPY	34,812	14,147	16,563	40,806		27,571	
052 SPEECH PATHOLOGY		2,571		4,040		8,966	
055 MEDICAL SUPPLIES CHARGED	27,448		634	5,494		6,036	
056 DRUGS CHARGED TO PATIENTS	12,409			8,071		12,423	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	54,501		17,390	2,012	3,836	29,505	151,051
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	797,631	20,188	196,218	548,350	494,008	379,460	1,003,192
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,164						
098 PHYSICIANS' PRIVATE OFFIC	36,987	31,718	2,321	73,022		21,535	5,836
100 TRANSPORTATION	2,929						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	839,711	51,906	198,539	621,372	494,008	400,995	1,009,028

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
GENERAL SERVICE COST CNTR	17	18	25		27
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CRC - MAB BUILDING					
004 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CRC - MAB EQUIP					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT - MAB					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	672,615				
018 SOCIAL SERVICE	14,314	106,925			
INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS	178,058	86,856	3,776,839		3,776,839
INTENSIVE CARE UNIT	2,964	3,050	268,766		268,766
034 SKILLED NURSING FACILITY	11,278	1,927	525,499		525,499
036 OTHER LONG TERM CARE	4,338	15,092	916,178		916,178
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	41,062		1,955,755		1,955,755
040 ANESTHESIOLOGY			42,626		42,626
041 RADIOLOGY-DIAGNOSTIC	198,083		2,404,795		2,404,795
044 LABORATORY	91,306		2,735,509		2,735,509
049 RESPIRATORY THERAPY			432,546		432,546
049 01 CARDIAC REHAB			105,897		105,897
050 PHYSICAL THERAPY	17,856		900,610		900,610
052 SPEECH PATHOLOGY	7,374		427,832		427,832
055 MEDICAL SUPPLIES CHARGED			783,861		783,861
056 DRUGS CHARGED TO PATIENTS			1,142,691		1,142,691
OUTPAT SERVICE COST CNTRS					
EMERGENCY	105,982		1,655,631		1,655,631
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	672,615	106,925	18,075,035		18,075,035
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			27,893		27,893
098 PHYSICIANS' PRIVATE OFFIC			1,327,481		1,327,481
100 TRANSPORTATION			46,774		46,774
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	672,615	106,925	19,477,183		19,477,183

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC - MAB BUI LDING	NEW CAP REL C OSTS-MVBLE E	NEW CRC - MAB EQUIP	SUBTOTAL	EMPLOYEE BENE FITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS		2,715		14		2,729	2,729
006 01 COMMUNICATIONS		552		6,350		6,902	6
006 02 DATA PROCESSING	96,234	3,427		150,144		249,805	57
006 03 PURCHASING, RECEIVING AND		13,552		5,649		19,201	34
006 04 ADMINITING		2,517		2,576		5,093	41
006 05 CASHIERING/ACCOUNTS RECEI		8,466		5,705		14,171	77
006 06 OTHER ADMINISTRATIVE AND	4,946	16,517		15,518		36,981	169
007 MAINTENANCE & REPAIRS		21,405		10,938		32,343	62
008 OPERATION OF PLANT		31,836		8,141		39,977	55
008 01 OPERATION OF PLANT - MAB							
009 LAUNDRY & LINEN SERVICE		10,200				10,200	8
010 HOUSEKEEPING		8,060		947		9,007	109
011 DIETARY		18,171		9,268		27,439	64
012 CAFETERIA		14,532		2,670		17,202	53
014 NURSING ADMINISTRATION		2,409		2,821		5,230	186
017 MEDICAL RECORDS & LIBRARY		11,351		12,384		23,735	100
018 SOCIAL SERVICE		1,202				1,202	16
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		45,058		29,483		74,541	388
026 INTENSIVE CARE UNIT		11,219		2,179		13,398	25
034 SKILLED NURSING FACILITY		30,177		2,330		32,507	42
036 OTHER LONG TERM CARE		9,569		4,975		14,544	91
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		52,548		147,218		199,766	164
041 ANESTHESIOLOGY				13,506		13,506	
041 RADIOLOGY-DIAGNOSTIC		21,542	1,429	283,189		306,160	178
044 LABORATORY		17,987		108,540		126,527	176
049 RESPIRATORY THERAPY		9,550		8,559		18,109	47
049 01 CARDIAC REHAB			2,291	2,186		4,477	12
050 PHYSICAL THERAPY		13,726	15,166	7,744		36,636	146
052 SPEECH PATHOLOGY			2,756	6,526		9,282	64
055 MEDICAL SUPPLIES CHARGED		10,823		14,253		25,076	21
056 DRUGS CHARGED TO PATIENTS		4,893		1,682		6,575	102
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		21,490		11,638		33,128	144
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	101,180	415,494	21,642	877,133		1,415,449	2,637
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		853				853	
098 PHYSICIANS' PRIVATE OFFIC		14,584	34,004	19,578	22,341	90,507	85
100 TRANSPORTATION		1,155				1,155	7
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	101,180	432,086	55,646	896,711	22,341	1,507,964	2,729

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	6,908						
006 02 DATA PROCESSING	270	250,132					
006 03 PURCHASING, RECEIVING AND	144	2,875	22,254				
006 04 ADMINISTRATION	108	14,375	52	19,669			
006 05 CASHIERING/ACCOUNTS RECEI	306	17,250	45		31,849		
006 06 OTHER ADMINISTRATIVE AND	468	40,256	154			78,028	
007 MAINTENANCE & REPAIRS	252	2,875	46			1,658	37,236
008 OPERATION OF PLANT		2,875	109			3,364	
008 01 OPERATION OF PLANT - MAB						208	
009 LAUNDRY & LINEN SERVICE	18		33			651	923
010 HOUSEKEEPING	90	2,875	86			2,255	1,498
011 DIETARY	72	2,875	1,225			1,618	3,340
012 CAFETERIA	18		405			1,319	206
014 NURSING ADMINISTRATION	144	17,250	20			3,894	550
017 MEDICAL RECORDS & LIBRARY	342	11,500	74			2,460	
018 SOCIAL SERVICE	18	2,875	1			355	69
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	612	8,625	717	3,671	1,944	8,915	7,810
026 INTENSIVE CARE UNIT	198	2,875	28	299	155	627	906
034 SKILLED NURSING FACILITY	144		69	532	275	1,048	931
036 OTHER LONG TERM CARE	324	2,875	148	563	292	2,006	1,987
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	576	8,625	5,180	1,137	2,113	5,775	5,304
040 ANESTHESIOLOGY			104	354	379	170	
041 RADIOLOGY-DIAGNOSTIC	306	17,250	1,340	2,488	9,430	8,299	1,233
044 LABORATORY	324	14,375	6,524	3,262	8,356	10,104	1,106
049 RESPIRATORY THERAPY	144	2,875	247	543	775	1,365	157
049 01 CARDIAC REHAB	36	2,875	10		56	298	98
050 PHYSICAL THERAPY	414	2,875	58	727	1,187	2,975	576
052 SPEECH PATHOLOGY	72	8,625	668	228	285	1,619	62
055 MEDICAL SUPPLIES CHARGED	72	2,875	539	2,021	1,496	2,965	370
056 DRUGS CHARGED TO PATIENTS	126	5,750	3,346	3,319	2,571	4,430	366
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	270	8,625	389	525	2,535	5,010	3,687
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,868	207,006	21,617	19,669	31,849	73,388	31,179
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	72	2,875	86			103	
098 PHYSICIANS' PRIVATE OFFIC	950	40,251	550			4,362	6,050
100 TRANSPORTATION	18		1			175	7
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,908	250,132	22,254	19,669	31,849	78,028	37,236

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	8	8.01	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	46,380						
008 01 OPERATION OF PLANT - MAB		208					
009 LAUNDRY & LINEN SERVICE	1,429		13,262				
010 HOUSEKEEPING	1,129		1,434	18,483			
011 DIETARY	2,545		331	56	39,565		
012 CAFETERIA	2,036		35	952		22,226	
014 NURSING ADMINISTRATION	337			23		1,343	28,977
017 MEDICAL RECORDS & LIBRARY	1,590					1,660	
018 SOCIAL SERVICE	168			6			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,312		4,155	5,282	19,652	4,819	14,756
026 INTENSIVE CARE UNIT	1,571		85	218	945	198	1,255
034 SKILLED NURSING FACILITY	4,227		897	1,138	5,705	661	832
036 OTHER LONG TERM CARE	1,340		1,916	2,430	12,178	1,413	1,776
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,361		1,289	1,255	778	1,575	5,210
040 ANESTHESIOLOGY				3			
041 RADIOLOGY-DIAGNOSTIC	3,018	5	623	787		1,658	
044 LABORATORY	2,520			657		2,246	
049 RESPIRATORY THERAPY	1,338		32	1,585		669	
049 01 CARDIAC REHAB		9		122		106	642
050 PHYSICAL THERAPY	1,923	57	1,106	1,214		1,528	
052 SPEECH PATHOLOGY		10		120		497	
055 MEDICAL SUPPLIES CHARGED	1,516		42	163		335	
056 DRUGS CHARGED TO PATIENTS	685			240		689	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,010		1,162	60	307	1,635	4,338
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	44,055	81	13,107	16,311	39,565	21,032	28,809
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	120						
098 PHYSICIANS' PRIVATE OFFIC	2,043	127	155	2,172		1,194	168
100 TRANSPORTATION	162						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	46,380	208	13,262	18,483	39,565	22,226	28,977

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG & EQUIP					
004 NEW CAP REL COSTS-MVBLE E					
004 01 NEW CRC - MAB EQUIP					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEIVABLE					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT - MAB					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	41,461				
018 SOCIAL SERVICE	882	5,592			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	10,976	4,542	177,717		177,717
026 INTENSIVE CARE UNIT	183	160	23,126		23,126
034 SKILLED NURSING FACILITY	695	101	49,804		49,804
036 OTHER LONG TERM CARE	267	789	44,939		44,939
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	2,531		248,639		248,639
040 ANESTHESIOLOGY			14,516		14,516
041 RADIOLOGY-DIAGNOSTIC	12,210		364,985		364,985
044 LABORATORY	5,628		181,805		181,805
049 RESPIRATORY THERAPY			27,886		27,886
049 01 CARDIAC REHAB			8,741		8,741
050 PHYSICAL THERAPY	1,101		52,523		52,523
052 SPEECH PATHOLOGY	455		21,987		21,987
055 MEDICAL SUPPLIES CHARGED			37,491		37,491
056 DRUGS CHARGED TO PATIENTS			28,199		28,199
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	6,533		71,358		71,358
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	41,461	5,592	1,353,716		1,353,716
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			4,109		4,109
098 PHYSICIANS' PRIVATE OFFICE			148,614		148,614
100 TRANSPORTATION			1,525		1,525
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	41,461	5,592	1,507,964		1,507,964

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CRC - MAB BUILDING (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CRC - MAB EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS S(# OF ONES)	PH
GENERAL SERVICE COST	3	3.01	4	4.01	5	6.01	
003 NEW CAP REL COSTS-BLD	91,666						
003 01 NEW CRC - MAB BUILDING		15,689					
004 NEW CAP REL COSTS-MVB			882,697				
004 01 NEW CRC - MAB EQUIP				5,358			
005 EMPLOYEE BENEFITS	576		14		8,390,264		
006 01 COMMUNICATIONS	117		6,251		19,671	384	
006 02 DATA PROCESSING	727		147,798		175,135	15	
006 03 PURCHASING, RECEIVING	2,875		5,561		105,793	8	
006 04 ADMITTING	534		2,536		127,615	6	
006 05 CASHIERING/ACCOUNTS R	1,796		5,616		236,405	17	
006 06 OTHER ADMINISTRATIVE	3,504		15,275		519,846	26	
007 MAINTENANCE & REPAIRS	4,541		10,767		189,363	14	
008 OPERATION OF PLANT	6,754		8,014		169,087		
008 01 OPERATION OF PLANT - LAUNDRY & LINEN SERVICE	2,164				24,602	1	
010 HOUSEKEEPING	1,710		932		335,311	5	
011 DIETARY	3,855		9,123		198,073	4	
012 CAFETERIA	3,083		2,628		161,944	1	
014 NURSING ADMINISTRATION	511		2,777		571,939	8	
017 MEDICAL RECORDS & LIB	2,408		12,190		306,514	19	
018 SOCIAL SERVICE	255				48,736	1	
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	9,559		29,022		1,190,628	34	
026 INTENSIVE CARE UNIT	2,380		2,145		75,736	11	
034 SKILLED NURSING FACIL	6,402		2,294		130,642	8	
036 OTHER LONG TERM CARE	2,030		4,897		278,894	18	
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	11,148		144,917		504,742	32	
040 ANESTHESIOLOGY			13,295				
041 RADIOLOGY-DIAGNOSTIC	4,570	403	278,763		547,693	17	
044 LABORATORY	3,816		106,844		540,739	18	
049 RESPIRATORY THERAPY	2,026		8,425		143,342	8	
049 01 CARDIAC REHAB		646	2,152		35,578	2	
050 PHYSICAL THERAPY	2,912	4,276	7,623		450,209	23	
052 SPEECH PATHOLOGY		777	6,424		195,942	4	
055 MEDICAL SUPPLIES CHAR	2,296		14,030		65,086	4	
056 DRUGS CHARGED TO PATIENT	1,038		1,656		314,643	7	
061 OUTPAT SERVICE COST CENTER EMERGENCY	4,559		11,456		441,879	15	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
095 SUBTOTALS	88,146	6,102	863,425		8,105,787	326	
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE	181						4
098 PHYSICIANS' PRIVATE OFFICE	3,094	9,587	19,272	5,358	262,605	53	
100 TRANSPORTATION	245				21,872	1	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	432,086	55,646	896,711	22,341	2,853,221	68,612	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.713700		1.015876		.340063		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		3.546816		4.169653		178.677083	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					2,729	6,908	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000325	17.989583	

COST ALLOCATION - STATISTICAL BASIS

14-1336

FROM 7/ 1/2007

WORKSHEET B-1

TO 6/30/2008

COST CENTER DESCRIPTION	DATA PROCESSING (TIME PENT)	PURCHASING, RECEIVING AND (SUPPLY) COST	ADMINISTRATIVE AND (INPATIENT) REVENUE	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL) REVENUE	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	MAINTENANCE & REPAIRS (TIME PENT)	(S)
	6.02	6.03	6.04	6.05	6a.06	6.06	7	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CRC - MAB BUI LDIN								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CRC - MAB EQUIP								
005 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS								
006 02 DATA PROCESSING	87							
006 03 PURCHASING, RECEIVING	1	2,498,455						
006 04 ADMINISTRATION	5	5,858	13,249,667					
006 05 CASHIERING/ACCOUNTS R	6	5,021		41,447,277				
006 06 OTHER ADMINISTRATIVE	14	17,343			-2,542,260	16,934,923		
007 MAINTENANCE & REPAIRS	1	5,166				359,774	284,525	
008 OPERATION OF PLANT	1	12,279				730,108		
008 01 OPERATION OF PLANT -						45,131		
009 LAUNDRY & LINEN SERVI		3,724				141,217	7,050	
010 HOUSEKEEPING	1	9,632				489,347	11,450	
011 DIETARY	1	137,567				351,224	25,525	
012 CAFETERIA		45,417				286,323	1,575	
014 NURSING ADMINISTRATION	6	2,207				844,968	4,200	
017 MEDICAL RECORDS & LIB	4	8,305				533,757		
018 SOCIAL SERVICE	1	160				77,027	525	
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	3	80,482	2,469,835	2,531,891		1,934,600	59,675	
026 INTENSIVE CARE UNIT	1	3,192	201,735	201,735		136,098	6,925	
034 SKILLED NURSING FACIL		7,759	358,380	358,380		227,439	7,114	
036 OTHER LONG TERM CARE	1	16,563	379,625	379,625		435,281	15,186	
ANCILLARY SRVC COST C								
037 OPERATING ROOM	3	581,550	765,950	2,751,133		1,253,307	40,525	
040 ANESTHESIOLOGY		11,670	238,528	493,400		36,961		
041 RADIOLOGY-DIAGNOSTIC	6	150,473	1,676,286	12,254,338		1,800,983	9,425	
044 LABORATORY	5	732,415	2,198,221	10,880,848		2,194,264	8,450	
049 RESPIRATORY THERAPY	1	27,709	365,770	1,008,843		296,256	1,200	
049 01 CARDIAC REHAB	1	1,109		73,244		64,630	750	
050 PHYSICAL THERAPY	1	6,566	489,818	1,545,469		645,547	4,400	
052 SPEECH PATHOLOGY	3	75,031	153,577	371,053		351,433	475	
055 MEDICAL SUPPLIES CHAR	1	60,480	1,361,823	1,948,179		643,534	2,825	
056 DRUGS CHARGED TO PATI	2	375,622	2,236,611	3,347,742		961,393	2,800	
OUTPAT SERVICE COST C								
061 EMERGENCY	3	43,630	353,508	3,301,397		1,087,174	28,175	
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	72	2,426,930	13,249,667	41,447,277	-2,542,260	15,927,776	238,250	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	1	9,601				22,371		
098 PHYSICIANS' PRIVATE O	14	61,801				946,717	46,225	
100 TRANSPORTATION		123				38,059	50	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	838,740	198,889	237,746	449,662		2,542,260	413,783	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.079605		.010849		.150119		
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED	9,640.689655		.017944				1.454294	
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	250,132	22,254	19,669	31,849		78,028	37,236	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.008907		.000768		.004608		
(WRKSHT B, PT III)	2,875.080460		.001484				.130871	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	OPERATION OF PLANT - MAB	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(TIME)	SPEN(MEALS SERVED)	S(FTE'S)	(DIRECT NURSING HRS)
	8	8.01	9	10	11	12	14
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC - MAB BUILDING							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CRC - MAB EQUIP							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	70,242						
008 01 OPERATION OF PLANT -		15,689					
009 LAUNDRY & LINEN SERVICE	2,164		179,672				
010 HOUSEKEEPING	1,710		19,431	2,007,350			
011 DIETARY	3,855		4,486	6,125	30,904		
012 CAFETERIA	3,083		477	103,425		13,686	
014 NURSING ADMINISTRATION	511			2,475		827	55,331
017 MEDICAL RECORDS & LIB	2,408					1,022	
018 SOCIAL SERVICE	255			675			
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	9,559		56,275	573,375	15,350	2,968	28,177
026 INTENSIVE CARE UNIT	2,380		1,151	23,725	738	122	2,397
034 SKILLED NURSING FACIL	6,402		12,158	123,620	4,456	407	1,589
036 OTHER LONG TERM CARE	2,030		25,954	263,905	9,512	870	3,392
ANCILLARY SRVC COST C							
037 OPERATING ROOM	11,148		17,467	136,275	608	970	9,948
040 ANESTHESIOLOGY				375			
041 RADIOLOGY-DIAGNOSTIC	4,570	403	8,435	85,475		1,021	
044 LABORATORY	3,816			71,400		1,383	
049 RESPIRATORY THERAPY	2,026		438	172,175		412	
049 01 CARDIAC REHAB		646		13,225		65	1,225
050 PHYSICAL THERAPY	2,912	4,276	14,989	131,825		941	
052 SPEECH PATHOLOGY		777		13,050		306	
055 MEDICAL SUPPLIES CHAR	2,296		574	17,750		206	
056 DRUGS CHARGED TO PATI	1,038			26,075		424	
OUTPAT SERVICE COST C							
061 EMERGENCY	4,559		15,737	6,500	240	1,007	8,283
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	66,722	6,102	177,572	1,771,450	30,904	12,951	55,011
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	181						
098 PHYSICIANS' PRIVATE O	3,094	9,587	2,100	235,900		735	320
100 TRANSPORTATION	245						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	839,711	51,906	198,539	621,372	494,008	400,995	1,009,028
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		3.308433		.309548		29.299649	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	11.954543		1.105008		15.985245		18.236215
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	46,380	208	13,262	18,483	39,565	22,226	28,977
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.013258		.009208		1.623995	
(WRKSHT B, PT III)							
	.660289		.073812		1.280255		.523703

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 01 NEW CAP REL COSTS-MVB		
004 01 NEW CAP REL COSTS-MVB		
005 01 NEW CAP REL COSTS-MVB		
006 01 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
008 01 OPERATION OF PLANT -		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
017 MEDICAL RECORDS & LIB	232,600	
018 SOCIAL SERVICE	4,950	1,332
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	61,575	1,082
026 INTENSIVE CARE UNIT	1,025	38
034 SKILLED NURSING FACIL	3,900	24
036 OTHER LONG TERM CARE	1,500	188
ANCILLARY SRVC COST C		
037 OPERATING ROOM	14,200	
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	68,500	
044 LABORATORY	31,575	
049 RESPIRATORY THERAPY		
049 01 CARDIAC REHAB		
050 PHYSICAL THERAPY	6,175	
052 SPEECH PATHOLOGY	2,550	
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
OUTPAT SERVICE COST C		
061 EMERGENCY	36,650	
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	232,600	1,332
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 TRANSPORTATION		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	672,615	106,925
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		80.274024
(WRKSHT B, PT I)	2.891724	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	41,461	5,592
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		4.198198
(WRKSHT B, PT III)	.178250	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,776,839		3,776,839		3,776,839
26	INTENSIVE CARE UNIT	268,766		268,766		268,766
34	SKILLED NURSING FACILITY	525,499		525,499		525,499
36	OTHER LONG TERM CARE	916,178		916,178		916,178
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,955,755		1,955,755		1,955,755
40	ANESTHESIOLOGY	42,626		42,626		42,626
41	RADIOLOGY-DIAGNOSTIC	2,404,795		2,404,795		2,404,795
44	LABORATORY	2,735,509		2,735,509		2,735,509
49	RESPIRATORY THERAPY	432,546		432,546		432,546
49	01 CARDIAC REHAB	105,897		105,897		105,897
50	PHYSICAL THERAPY	900,610		900,610		900,610
52	SPEECH PATHOLOGY	427,832		427,832		427,832
55	MEDICAL SUPPLIES CHARGED	783,861		783,861		783,861
56	DRUGS CHARGED TO PATIENTS	1,142,691		1,142,691		1,142,691
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,655,631		1,655,631		1,655,631
62	OBSERVATION BEDS (NON-DIS	86,294		86,294		86,294
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	18,161,329		18,161,329		18,161,329
102	LESS OBSERVATION BEDS	86,294		86,294		86,294
103	TOTAL	18,075,035		18,075,035		18,075,035

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,466,887		2,466,887			
26	INTENSIVE CARE UNIT	201,735		201,735			
34	SKILLED NURSING FACILITY	358,380		358,380			
36	OTHER LONG TERM CARE	379,625		379,625			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	765,950	1,985,183	2,751,133	.710891	.710891	.710891
40	ANESTHESIOLOGY	238,528	254,872	493,400	.086392	.086392	.086392
41	RADIOLOGY-DIAGNOSTIC	1,676,286	10,578,052	12,254,338	.196240	.196240	.196240
44	LABORATORY	2,198,221	8,682,627	10,880,848	.251406	.251406	.251406
49	RESPIRATORY THERAPY	365,770	643,073	1,008,843	.428755	.428755	.428755
49	01 CARDIAC REHAB		73,244	73,244	1.445811	1.445811	1.445811
50	PHYSICAL THERAPY	489,818	1,055,651	1,545,469	.582742	.582742	.582742
52	SPEECH PATHOLOGY	153,557	217,476	371,033	1.153083	1.153083	1.153083
55	MEDICAL SUPPLIES CHARGED	1,361,823	586,356	1,948,179	.402356	.402356	.402356
56	DRUGS CHARGED TO PATIENTS	2,236,611	1,111,131	3,347,742	.341332	.341332	.341332
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	353,508	2,947,889	3,301,397	.501494	.501494	.501494
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,948	62,056	65,004	1.327518	1.327518	1.327518
101	SUBTOTAL	13,249,647	28,197,610	41,447,257			
102	LESS OBSERVATION BEDS						
103	TOTAL	13,249,647	28,197,610	41,447,257			

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	1,955,755	248,639	1,707,116			1,955,755
40	ANESTHESIOLOGY	42,626	14,516	28,110			42,626
41	RADIOLOGY-DIAGNOSTIC	2,404,795	364,985	2,039,810			2,404,795
44	LABORATORY	2,735,509	181,805	2,553,704			2,735,509
49	RESPIRATORY THERAPY	432,546	27,886	404,660			432,546
49 01	CARDIAC REHAB	105,897	8,741	97,156			105,897
50	PHYSICAL THERAPY	900,610	52,523	848,087			900,610
52	SPEECH PATHOLOGY	427,832	21,987	405,845			427,832
55	MEDICAL SUPPLIES CHARGED	783,861	37,491	746,370			783,861
56	DRUGS CHARGED TO PATIENTS	1,142,691	28,199	1,114,492			1,142,691
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,655,631	71,358	1,584,273			1,655,631
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	86,294		86,294			86,294
101	SUBTOTAL	12,674,047	1,058,130	11,615,917			12,674,047
102	LESS OBSERVATION BEDS	86,294		86,294			86,294
103	TOTAL	12,587,753	1,058,130	11,529,623			12,587,753

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	1,955,755	248,639	1,707,116			1,955,755
40	ANESTHESIOLOGY	42,626	14,516	28,110			42,626
41	RADIOLOGY-DIAGNOSTIC	2,404,795	364,985	2,039,810			2,404,795
44	LABORATORY	2,735,509	181,805	2,553,704			2,735,509
49	RESPIRATORY THERAPY	432,546	27,886	404,660			432,546
49 01	CARDIAC REHAB	105,897	8,741	97,156			105,897
50	PHYSICAL THERAPY	900,610	52,523	848,087			900,610
52	SPEECH PATHOLOGY	427,832	21,987	405,845			427,832
55	MEDICAL SUPPLIES CHARGED	783,861	37,491	746,370			783,861
56	DRUGS CHARGED TO PATIENTS	1,142,691	28,199	1,114,492			1,142,691
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,655,631	71,358	1,584,273			1,655,631
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	86,294		86,294			86,294
101	SUBTOTAL	12,674,047	1,058,130	11,615,917			12,674,047
102	LESS OBSERVATION BEDS	86,294		86,294			86,294
103	TOTAL	12,587,753	1,058,130	11,529,623			12,587,753

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	2,751,133	.710891	.710891
40	ANESTHESIOLOGY	493,400	.086392	.086392
41	RADIOLOGY-DIAGNOSTIC	12,254,338	.196240	.196240
44	LABORATORY	10,880,848	.251406	.251406
49	RESPIRATORY THERAPY	1,008,843	.428755	.428755
49 01	CARDIAC REHAB	73,244	1.445811	1.445811
50	PHYSICAL THERAPY	1,545,469	.582742	.582742
52	SPEECH PATHOLOGY	371,033	1.153083	1.153083
55	MEDICAL SUPPLIES CHARGED	1,948,179	.402356	.402356
56	DRUGS CHARGED TO PATIENTS	3,347,742	.341332	.341332
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,301,397	.501494	.501494
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	65,004	1.327518	1.327518
101	SUBTOTAL	38,040,630		
102	LESS OBSERVATION BEDS	65,004		
103	TOTAL	37,975,626		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,955,755	2,751,133			
40	ANESTHESIOLOGY	42,626	493,400			
41	RADIOLOGY-DIAGNOSTIC	2,404,795	12,254,338			
44	LABORATORY	2,735,509	10,880,848			
49	RESPIRATORY THERAPY	432,546	1,008,843			
49 01	CARDIAC REHAB	105,897	73,244			
50	PHYSICAL THERAPY	900,610	1,545,469			
52	SPEECH PATHOLOGY	427,832	371,033			
55	MEDICAL SUPPLIES CHARGED	783,861	1,948,179			
56	DRUGS CHARGED TO PATIENTS	1,142,691	3,347,742			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,655,631	3,301,397			
62	OBSERVATION BEDS (NON-DIS)	86,294	65,004			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	12,674,047	38,040,630			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1336
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS	1,955,755		1,955,755	2,751,133			
40	OPERATING ROOM	42,626		398,537	493,400			
41	ANESTHESIOLOGY		355,911	2,404,795	12,254,338			
44	RADIOLOGY-DIAGNOSTIC	2,404,795		2,735,509	10,880,848			
49	LABORATORY	2,735,509		453,671	1,008,843			
49	RESPIRATORY THERAPY	432,546	21,125	105,897	73,244			
01	CARDIAC REHAB	105,897		900,610	1,545,469			
50	PHYSICAL THERAPY	900,610		427,832	371,033			
52	SPEECH PATHOLOGY	427,832		783,861	1,948,179			
55	MEDICAL SUPPLIES CHARGED	783,861		1,142,691	3,347,742			
56	DRUGS CHARGED TO PATIENTS	1,142,691						
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	1,655,631	722,391	2,378,022	3,301,397			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	86,294		86,294	65,004			
101	TOTAL	12,674,047	1,099,427	13,773,474	38,040,630			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE VII I OUTPAT VISITS							
106	TITLE IX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE VII I OUTPAT COSTS							
109	TITLE IX OUTPAT COSTS							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART VI
14-1336		

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

- 1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
- 2 PROGRAM VACCINE CHARGES
- 3 PROGRAM COSTS

1
.341332
740
253

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
14-5554		

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	CARDIAC REHAB						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET D
COMPONENT NO:	TO 6/30/2008	PART II
14-5554		

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	CARDIAC REHAB		
50	PHYSICAL THERAPY		
52	SPEECH PATHOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
49 01	CARDIAC REHAB					
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	1.01				

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,751,133				
40	ANESTHESIOLOGY			493,400				
41	RADIOLOGY-DIAGNOSTIC			12,254,338			461	
44	LABORATORY			10,880,848			2,480	
49	RESPIRATORY THERAPY			1,008,843			281	
49 01	CARDIAC REHAB			73,244				
50	PHYSICAL THERAPY			1,545,469			8,768	
52	SPEECH PATHOLOGY			371,033			3,326	
55	MEDICAL SUPPLIES CHARGED			1,948,179			799	
56	DRUGS CHARGED TO PATIENTS			3,347,742			3,392	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			3,301,397				
62	OBSERVATION BEDS (NON-DIS)			65,004				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			38,040,630			19,507	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	CARDIAC REHAB						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET D-1
COMPONENT NO:	TO 6/30/2008	PART III
14-1336		

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	123
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	701.58
85	OBSERVATION BED COST	86,294

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1336
 COMPONENT NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

OTHER

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		1,288,035	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		124,065	
37	OPERATING ROOM	.710891	455,448	323,774
40	ANESTHESIOLOGY	.086392	127,789	11,040
41	RADIOLOGY-DIAGNOSTIC	.196240	865,737	169,892
44	LABORATORY	.251406	1,156,361	290,716
49	RESPIRATORY THERAPY	.428755	194,376	83,340
49 01	CARDIAC REHAB	1.445811		
50	PHYSICAL THERAPY	.582742	91,245	53,172
52	SPEECH PATHOLOGY	1.153083	22,066	25,444
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402356	757,056	304,606
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.341332	996,216	340,040
61	EMERGENCY	.501494	4,323	2,168
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.327518	1,959	2,601
101	TOTAL		4,672,576	1,606,793
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,672,576	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET D-4
COMPONENT NO:	TO 6/30/2008	
14-Z336		

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	. 710891	1, 887	1, 341
40	ANESTHESIOLOGY	. 086392		
41	RADIOLOGY-DIAGNOSTIC	. 196240	68, 087	13, 361
44	LABORATORY	. 251406	233, 947	58, 816
49	RESPIRATORY THERAPY	. 428755	51, 588	22, 119
49 01	CARDIAC REHAB	1. 445811		
50	PHYSICAL THERAPY	. 582742	311, 493	181, 520
52	SPEECH PATHOLOGY	1. 153083	96, 304	111, 047
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 402356	177, 213	71, 303
56	DRUGS CHARGED TO PATIENTS	. 341332	517, 442	176, 620
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	. 501494		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1. 327518		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1, 457, 961	636, 127
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1, 457, 961	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.710891		
40	ANESTHESIOLOGY	.086392		
41	RADIOLOGY-DIAGNOSTIC	.196240	461	90
44	LABORATORY	.251406	2,480	623
49	RESPIRATORY THERAPY	.428755	281	120
49 01	CARDIAC REHAB	1.445811		
50	PHYSICAL THERAPY	.582742	8,768	5,109
52	SPEECH PATHOLOGY	1.153083	3,326	3,835
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.402356	799	321
56	DRUGS CHARGED TO PATIENTS	.341332	3,392	1,158
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.501494		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.327518		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		19,507	11,256
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,507	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/1/2007	11/20/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET E
14-1336		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,381,305
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)	3,381,305

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)	3,415,118
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	15,229
18.01	CAH ACTUAL BILLED COINSURANCE	1,437,083
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,962,806
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	1,962,806
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,962,806
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	179,888
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	179,888
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	179,888
28	SUBTOTAL	2,142,694
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	2,142,694
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,889,185
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	253,509
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	77,694

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336
 COMPONENT NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET E-1

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		2,520,613		1,953,185
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	5/ 6/2008	270,000		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			5/ 6/2008	64,000
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		270,000		-64,000
4 TOTAL INTERIM PAYMENTS		2,790,613		1,889,185
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336
 COMPONENT NO: 14-5554
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET E-1

TITLE XVIII 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		15,516		
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		
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		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			15,516	
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336
 COMPONENT NO: 14-Z336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET E-1

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		1,712,088		
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	5/6/2008	190,000		
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		190,000		NONE
4 TOTAL INTERIM PAYMENTS		1,902,088		
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	
COMPONENT NO:	TO 6/30/2008	WORKSHEET E-2
14-Z336		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,387,431	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	642,488	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,958	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,029,919	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	2,029,919	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,029,919	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	34,124	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,995,795	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,995,795	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,902,088	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	93,707	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	46,393	
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART II
14-1336		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,336,359
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,336,359
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	3,369,723
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	3,369,723
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	513,918
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,855,805
23	COINSURANCE	256
24	SUBTOTAL	2,855,549
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	54,686
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	54,686
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	54,686
26	SUBTOTAL	2,910,235
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	2,910,235
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,790,613
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	119,622
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	76,900

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
14-5554		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
35	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/20/2008
14-1336	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
14-5554		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	153,411			
2 TEMPORARY INVESTMENTS	3,525,806			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE				
5 OTHER RECEIVABLES	1,845,052			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-474,076			
7 INVENTORY	423,259			
8 PREPAID EXPENSES	160,145			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	5,633,597			
FIXED ASSETS				
12 LAND	310,152			
12.01 LAND IMPROVEMENTS	182,414			
13.01 LESS ACCUMULATED DEPRECIATION	-171,739			
14 BUILDINGS	13,632,305			
14.01 LESS ACCUMULATED DEPRECIATION	-9,147,120			
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	9,426,996			
18.01 LESS ACCUMULATED DEPRECIATION	-5,812,046			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	8,420,962			
OTHER ASSETS				
22 INVESTMENTS	8,663,403			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	23,616			
26 TOTAL OTHER ASSETS	8,687,019			
27 TOTAL ASSETS	22,741,578			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,257,142			
29 SALARIES, WAGES & FEES PAYABLE	263,968			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	100,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,423,017			
36 TOTAL CURRENT LIABILITIES	3,044,127			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	4,749,385			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,171,671			
42 TOTAL LONG-TERM LIABILITIES	9,921,056			
43 TOTAL LIABILITIES	12,965,183			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	9,776,395			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	9,776,395			
52 TOTAL LIABILITIES AND FUND BALANCES	22,741,578			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		9,620,501		
2	NET INCOME (LOSS)		155,894		
3	TOTAL		9,776,395		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		9,776,395		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		9,776,395		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-1336	FROM 7/ 1/2007	11/20/2008
	TO 6/30/2008	WORKSHEET G-2
		PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,469,835		2,469,835
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	738,005		738,005
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,207,840		3,207,840
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	201,735		201,735
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	201,735		201,735
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,409,575		3,409,575
17 00 ANCILLARY SERVICES	9,970,361		9,970,361
18 00 OUTPATIENT SERVICES		30,437,565	30,437,565
24 00			
25 00 TOTAL PATIENT REVENUES	13,379,936	30,437,565	43,817,501

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,248,701	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	850,563		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		850,563	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		22,099,264	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/20/2008
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	43,817,501
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	22,131,257
3	NET PATIENT REVENUES	21,686,244
4	LESS: TOTAL OPERATING EXPENSES	22,099,264
5	NET INCOME FROM SERVICE TO PATIENTS	-413,020
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	4,188
7	INCOME FROM INVESTMENTS	-91,859
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	24
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	3,885
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	2,120
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	54,728
15	REVENUE FROM RENTAL OF LIVING QUARTERS	4,250
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	632
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,187
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	13,435
21	RENTAL OF VENDING MACHINES	1,376
22	RENTAL OF HOSPITAL SPACE	137,823
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	65,351
24.01	HEALTH FAIR	63,998
24.02	EDUCATION CLASSES	4,320
24.03	VAN SERVICE	3,077
24.04	MEALS ON WHEELS	49,674
24.05	MASSAGE REVENUE	38,400
24.06	EMPLOYEE FITNESS	1,260
24.07	BENEFITS INTEREST	115,871
24.08	GAIN ON SALE	
24.09	GRANT REVENUE	161,477
25	TOTAL OTHER INCOME	637,217
26	TOTAL	224,197
	OTHER EXPENSES	
27	LOSS ON INVESTMENT	57,728
28	LOSS ON SALE	10,575
29		
30	TOTAL OTHER EXPENSES	68,303
31	NET INCOME (OR LOSS) FOR THE PERIOD	155,894