

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 | | 14-1337 | | FROM 5/ 1/2007 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 4/30/2008 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | OO - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 9/11/2008 TIME 17:02

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:
 PERRY MEMORIAL HOSPITAL 14-1337

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX |
|-----|-----------------|---|----------------|--------|--------------|
| | 1 | 2 | 3 | 4 | |
| 1 | HOSPITAL | 0 | 150,485 | 20,102 | 0 |
| 3 | SWING BED - SNF | 0 | 54,521 | 0 | 0 |
| 100 | TOTAL | 0 | 205,006 | 20,102 | 0 |

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

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

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

MULTI CAMPUS

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

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

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH HOURS 2.01 | I/P DAYS / TITLE 3 | O/P VISITS / TITLE 4 | NOT LTCH N/A 4.01 | TRIPS TOTAL TITLE XIX 5 |
|----------------------------------|------------------|-------------------------|-------------------|-----------------------|-------------------------|----------------------|-------------------------------|
| 1 ADULTS & PEDIATRICS | 22 | 8,052 | 104,020.00 | | 2,467 | | 397 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | 347 | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 22 | 8,052 | 104,020.00 | | 2,814 | | 397 |
| 6 INTENSIVE CARE UNIT | 3 | 1,098 | 4,262.00 | | 242 | | 17 |
| 11 NURSERY | | | | | | | 192 |
| 12 TOTAL | 25 | 9,150 | 108,282.00 | | 3,056 | | 606 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 25 TOTAL | 25 | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | 45 |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | TITLE XIX ADMITTED 5.01 | I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02 | O/P VISITS / TOTAL ALL PATS 6 | TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01 | INTERNS & RES. FTES -- LESS I&R REPL NON-PHYS ANES 7 | RES. FTES -- LESS I&R REPL NON-PHYS ANES 8 |
|----------------------------------|----------------------------|--|----------------------------------|---|---|---|
| 1 ADULTS & PEDIATRICS | | | 4,144 | | | |
| 2 HMO | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | |
| 3 ADULTS & PED-SB SNF | | | 347 | | | |
| 4 ADULTS & PED-SB NF | | | 23 | | | |
| 5 TOTAL ADULTS AND PEDS | | | 4,514 | | | |
| 6 INTENSIVE CARE UNIT | | | 333 | | | |
| 11 NURSERY | | | 324 | | | |
| 12 TOTAL | | | 5,171 | | | |
| 13 RPCH VISITS | | | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | |
| 21 HOSPICE | | | | | | |
| 25 TOTAL | | | | | | |
| 26 OBSERVATION BED DAYS | 4 | 41 | 503 | 17 | 486 | |
| 27 AMBULANCE TRIPS | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | 37 | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | |

| COMPONENT | I & R FTES NET 9 | FULL TIME EMPLOYEES ON PAYROLL 10 | EQUIV NONPAID WORKERS 11 | DISCHARGES TITLE V 12 | DISCHARGES TITLE XIII 13 | DISCHARGES TITLE XIV 14 | TOTAL ALL PATIENTS 15 |
|----------------------------------|---------------------|--------------------------------------|-----------------------------|--------------------------|-----------------------------|----------------------------|--------------------------|
| 1 ADULTS & PEDIATRICS | | | | | 763 | 167 | 1,422 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 6 INTENSIVE CARE UNIT | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | | 286.06 | | | 763 | 167 | 1,422 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 25 TOTAL | | 286.06 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1337
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/11/2008
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 975,614 | 975,614 | 239,781 | 1,215,395 |
| 3.01 | 0301 PERRY PLAZA B&F | | 134,844 | 134,844 | | 134,844 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 1,278,415 | 1,278,415 | 42,181 | 1,320,596 |
| 5 | 0500 EMPLOYEE BENEFITS | 102,215 | 3,322,333 | 3,424,548 | | 3,424,548 |
| 6.01 | 0610 BUSINESS OFFICE | 380,003 | 184,459 | 564,462 | | 564,462 |
| 6.02 | 0611 A&G HOSPITAL ONLY | 570,745 | 483,613 | 1,054,358 | -19,479 | 1,034,879 |
| 6.03 | 0660 A&G SHARED | 749,154 | 2,430,163 | 3,179,317 | -70,143 | 3,109,174 |
| 8 | 0800 OPERATION OF PLANT | 455,605 | 870,072 | 1,325,677 | 147,718 | 1,473,395 |
| 8.01 | 0801 PERRY PLAZA PLANT OP | 38,579 | 84,848 | 123,427 | | 123,427 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | 318,907 | 302,274 | 621,181 | -130,187 | 490,994 |
| 10 | 1000 HOUSEKEEPING | 289,608 | 134,427 | 424,035 | | 424,035 |
| 11 | 1100 DIETARY | 336,348 | 427,157 | 763,505 | | 763,505 |
| 12 | 1200 CAFETERIA | | | | | |
| 14 | 1400 NURSING ADMINISTRATION | 713,698 | 22,815 | 736,513 | | 736,513 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 45,724 | 23,369 | 69,093 | | 69,093 |
| 16 | 1600 PHARMACY | 243,191 | 373,160 | 616,351 | | 616,351 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 444,270 | 120,323 | 564,593 | | 564,593 |
| 18 | 1800 SOCIAL SERVICE | 265,531 | 31,027 | 296,558 | | 296,558 |
| 19 | 1950 PATIENT REGISTRATION | 238,144 | 28,414 | 266,558 | | 266,558 |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 2,024,790 | 149,539 | 2,174,329 | | 2,174,329 |
| 26 | 2600 INTENSIVE CARE UNIT | 399,522 | 21,769 | 421,291 | | 421,291 |
| 33 | 3300 NURSERY | 58,893 | 21,856 | 80,749 | | 80,749 |
| 34 | 3400 SKILLED NURSING FACILITY | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 1,189,516 | 1,511,574 | 2,701,090 | | 2,701,090 |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | 26,941 | 5,010 | 31,951 | | 31,951 |
| 40 | 4000 ANESTHESIOLOGY | | 1,006,354 | 1,006,354 | | 1,006,354 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 665,774 | 418,339 | 1,084,113 | | 1,084,113 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | 200,391 | 45,864 | 246,255 | | 246,255 |
| 43 | 4300 RADIOISOTOPE | | 300,196 | 300,196 | | 300,196 |
| 43.01 | 4301 MRI | | 388,884 | 388,884 | | 388,884 |
| 44 | 4400 LABORATORY | 618,123 | 904,707 | 1,522,830 | | 1,522,830 |
| 47 | 4700 BLOOD STORING, PROCESSING & TRANS. | | 151,582 | 151,582 | | 151,582 |
| 49 | 4900 RESPIRATORY THERAPY | 331,484 | 36,820 | 368,304 | | 368,304 |
| 50 | 5000 PHYSICAL THERAPY | 419,481 | 29,470 | 448,951 | | 448,951 |
| 53 | 5300 ELECTROCARDIOLOGY | 36,484 | 11,526 | 48,010 | | 48,010 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | 2,024 | 345 | 2,369 | | 2,369 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 741,087 | 741,087 | | 741,087 |
| 56.01 | 3140 CARDIAC REHAB | 49,012 | 28,658 | 77,670 | | 77,670 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60.01 | 6001 SLEEP LAB | 29,104 | 6,046 | 35,150 | | 35,150 |
| 61 | 6100 EMERGENCY | 810,716 | 1,244,708 | 2,055,424 | -2,280 | 2,053,144 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | 130,784 | 216,669 | 347,453 | | 347,453 |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 207,591 | 207,591 | -207,591 | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D.P.) | | | | | |
| 93 | 9300 HOSPICE | | | | | |
| 95 | SUBTOTALS | 12,184,761 | 18,675,921 | 30,860,682 | -0- | 30,860,682 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | 90,975 | 115,707 | 206,682 | | 206,682 |
| 98.01 | 9801 MOBILE MEALS | | | | | |
| 98.02 | 9802 PRINCETON PEDIATRICS | | | | | |
| 98.03 | 9803 OUTSIDE CONTRACT LAUNDRY | | | | | |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 7950 OTHER NONREIMBURSABLE (SPECIFY) | | | | | |
| 100.01 | 7951 CLINICS | | | | | |
| 100.02 | 7952 ORTHO CLINIC | 310,439 | 61,785 | 372,224 | | 372,224 |
| 100.03 | 7953 SHEFFIELD CLINIC | | | | | |
| 100.04 | 7954 WALNUT CLINIC | | | | | |
| 100.05 | 7955 PERRY PLAZA LEASED | | | | | |
| 101 | TOTAL | 12,586,175 | 18,853,413 | 31,439,588 | -0- | 31,439,588 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

| | | |
|----------------|------------------|---------------|
| I PROVIDER NO: | I PERIOD: | I PREPARED |
| I 14-1337 | I FROM 5/ 1/2007 | I 9/11/2008 |
| I | I TO 4/30/2008 | I 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 | -172,852 | 1,042,543 |
| 3.01 | 0301 PERRY PLAZA B&F | | 134,844 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | -55,584 | 1,265,012 |
| 5 | 0500 EMPLOYEE BENEFITS | -562,426 | 2,862,122 |
| 6.01 | 0610 BUSINESS OFFICE | -8,753 | 555,709 |
| 6.02 | 0611 A&G HOSPITAL ONLY | -9,812 | 1,025,067 |
| 6.03 | 0660 A&G SHARED | -1,551,624 | 1,557,550 |
| 8 | 0800 OPERATION OF PLANT | | 1,473,395 |
| 8.01 | 0801 PERRY PLAZA PLANT OP | | 123,427 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 490,994 |
| 10 | 1000 HOUSEKEEPING | | 424,035 |
| 11 | 1100 DIETARY | -198,234 | 565,271 |
| 12 | 1200 CAFETERIA | | |
| 14 | 1400 NURSING ADMINISTRATION | -103,187 | 633,326 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 69,093 |
| 16 | 1600 PHARMACY | | 616,351 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -40 | 564,553 |
| 18 | 1800 SOCIAL SERVICE | | 296,558 |
| 19 | 1950 PATIENT REGISTRATION | | 266,558 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | | 2,174,329 |
| 26 | 2600 INTENSIVE CARE UNIT | | 421,291 |
| 33 | 3300 NURSERY | -1,200 | 79,549 |
| 34 | 3400 SKILLED NURSING FACILITY | | |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | -28,400 | 2,672,690 |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | | 31,951 |
| 40 | 4000 ANESTHESIOLOGY | -961,959 | 44,395 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 1,084,113 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | 246,255 |
| 43 | 4300 RADIOISOTOPE | | 300,196 |
| 43.01 | 4301 MRI | | 388,884 |
| 44 | 4400 LABORATORY | -31,200 | 1,491,630 |
| 47 | 4700 BLOOD STORING, PROCESSING & TRANS. | | 151,582 |
| 49 | 4900 RESPIRATORY THERAPY | | 368,304 |
| 50 | 5000 PHYSICAL THERAPY | | 448,951 |
| 53 | 5300 ELECTROCARDIOLOGY | | 48,010 |
| 54 | 5400 ELECTROENCEPHALOGRAPHY | | 2,369 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 741,087 |
| 56.01 | 3140 CARDIAC REHAB | -27,500 | 50,170 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60.01 | 6001 SLEEP LAB | | 35,150 |
| 61 | 6100 EMERGENCY | -556,218 | 1,496,926 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | OTHER REIMBURS COST CNTRS | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | | 347,453 |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D.P.) | | |
| 93 | 9300 HOSPICE | | |
| 95 | SUBTOTALS | -4,268,989 | 26,591,693 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 206,682 |
| 98.01 | 9801 MOBILE MEALS | | |
| 98.02 | 9802 PRINCETON PEDIATRICS | | |
| 98.03 | 9803 OUTSIDE CONTRACT LAUNDRY | | |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 7950 OTHER NONREIMBURSABLE (SPECIFY) | | |
| 100.01 | 7951 CLINICS | | |
| 100.02 | 7952 ORTHO CLINIC | | 372,224 |
| 100.03 | 7953 SHEFFIELD CLINIC | | |
| 100.04 | 7954 WALNUT CLINIC | | |
| 100.05 | 7955 PERRY PLAZA LEASED | | |
| 101 | TOTAL | -4,268,989 | 27,170,599 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 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 | PERRY PLAZA B&F | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6.01 | BUSINESS OFFICE | 0610 | NONPATIENT TELEPHONES |
| 6.02 | A&G HOSPITAL ONLY | 0611 | NONPATIENT TELEPHONES |
| 6.03 | A&G SHARED | 0660 | OTHER ADMINISTRATIVE AND GENERAL |
| 8 | OPERATION OF PLANT | 0800 | |
| 8.01 | PERRY PLAZA PLANT OP | 0801 | OPERATION OF PLANT |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 19 | PATIENT REGISTRATION | 1950 | OTHER GENERAL SERVICE COST CENTERS |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 42 | RADIOLOGY-THERAPEUTIC | 4200 | |
| 43 | RADIOISOTOPE | 4300 | |
| 43.01 | MRI | 4301 | RADIOISOTOPE |
| 44 | LABORATORY | 4400 | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | 4700 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 56.01 | CARDIAC REHAB | 3140 | CARDIOLOGY |
| | OUTPAT SERVICE COST | | |
| 60.01 | SLEEP LAB | 6001 | CLINIC |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | OTHER REIMBURS COST | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | 6700 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 92 | AMBULATORY SURGICAL CENTER (D.P.) | 9200 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | MOBILE MEALS | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | PRI NCETON PEDIATRICS | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | OUTSIDE CONTRACT LAUNDRY | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | OTHER NONREIMBURSABLE (SPECIFY) | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | CLINICS | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.02 | ORTHO CLINIC | 7952 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.03 | SHEFFIELD CLINIC | 7953 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.04 | WALNUT CLINIC | 7954 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.05 | PERRY PLAZA LEASED | 7955 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

PROVIDER NO:
141337

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

PREPARED 9/11/2008
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | ----- INCREASE ----- | | | | |
|---------------------------------|----------------------|-------------------------------|-----------------|-------------|------------|
| | CODE (1) 1 | COST CENTER 2 | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 INTEREST | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 207,591 |
| 2 PROPERTY INSURANCE | C | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 32,190 |
| 3 | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 42,181 |
| 4 EMPLOYEE PHYSICALS | D | A&G SHARED | 6.03 | | 2,280 |
| 5 LAUNDRY UTILITIES | E | OPERATION OF PLANT | 8 | | 147,718 |
| 6 MATERIALS MNGMNT DIRECTOR | F | A&G SHARED | 6.03 | 1,948 | |
| 7 | | LAUNDRY & LINEN SERVICE | 9 | 17,531 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 19,479 | 431,960 |

(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:
141337

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

PREPARED 9/11/2008
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | ----- DECREASE ----- | | | | A-7 REF 10 |
|---------------------------------|----------------------|-------------------------|------------|-----------------|------------------|
| | CODE (1) | COST CENTER | LINE NO | SALARY OTHER | |
| 1 INTEREST | B | INTEREST EXPENSE | 88 | 207,591 | 9 |
| 2 PROPERTY INSURANCE | C | A&G SHARED | 6.03 | 74,371 | 9 |
| 3 | | | | | 9 |
| 4 EMPLOYEE PHYSICALS | D | EMERGENCY | 61 | 2,280 | |
| 5 LAUNDRY UTILITIES | E | LAUNDRY & LINEN SERVICE | 9 | 147,718 | |
| 6 MATERIALS MNGMNT DIRECTOR | F | A&G HOSPITAL ONLY | 6.02 | 19,479 | |
| 7 | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 19,479 | 431,960 |

(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:
141337

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

PREPARED 9/11/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : INTEREST

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|----------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 207,591 | INTEREST EXPENSE | 88 | 207,591 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 207,591 | | | | |

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 32,190 | A&G SHARED | 6.03 | 74,371 | |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 42,181 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 74,371 | 74,371 | | | |

RECLASS CODE: D
EXPLANATION : EMPLOYEE PHYSICALS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | A&G SHARED | 6.03 | 2,280 | EMERGENCY | 61 | 2,280 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 2,280 | 2,280 | | | |

RECLASS CODE: E
EXPLANATION : LAUNDRY UTILITIES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------|------|---------|-------------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | OPERATION OF PLANT | 8 | 147,718 | LAUNDRY & LINEN SERVICE | 9 | 147,718 | |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 147,718 | 147,718 | | | |

RECLASS CODE: F
EXPLANATION : MATERIALS MNGMNT DIRECTOR

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------|------|--------|----------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | A&G SHARED | 6.03 | 1,948 | A&G HOSPITAL ONLY | 6.02 | 19,479 | |
| 2.00 | LAUNDRY & LINEN SERVICE | 9 | 17,531 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 19,479 | 19,479 | | | |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 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 RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|-----------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 371,855 | 186,085 | | 186,085 | | 557,940 | |
| 2 LAND IMPROVEMENTS | 846,220 | 209,602 | | 209,602 | | 1,055,822 | |
| 3 BUILDINGS & FIXTURE | 28,990,863 | 1,747,685 | | 1,747,685 | 172,357 | 30,566,191 | |
| 4 BUILDING IMPROVEMEN | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | 16,026,193 | 1,257,173 | | 1,257,173 | 311,850 | 16,971,516 | |
| 7 SUBTOTAL | 46,235,131 | 3,400,545 | | 3,400,545 | 484,207 | 49,151,469 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 46,235,131 | 3,400,545 | | 3,400,545 | 484,207 | 49,151,469 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | DESCRIPTION | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|------|----------------------|-----------------------|-------------------------|-----------------------------|-----------------------------|----------------|------------|-------|
| | | GROSS ASSETS 1 | CAPITALIZED LEASES 2 | GROSS ASSETS FOR RATIO 3 | RATIO 4 | INSURANCE 5 | TAXES 6 | |
| * | | | | | | | | 8 |
| 3 | NEW CAP REL COSTS-BL | 32,179,953 | | 32,179,953 | .654710 | | | |
| 3 01 | PERRY PLAZA B&F | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | 16,971,516 | | 16,971,516 | .345290 | | | |
| 5 | TOTAL | 49,151,469 | | 49,151,469 | 1.000000 | | | |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL | TOTAL (1) |
|------|----------------------|--------------------------------|-------------|----------------|-----------------|-------------|--------------------|-----------|
| | | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | RELATED COST 14 | 15 |
| 3 | NEW CAP REL COSTS-BL | 1,206,507 | | -163,964 | | | | 1,042,543 |
| 3 01 | PERRY PLAZA B&F | 134,844 | | | | | | 134,844 |
| 4 | NEW CAP REL COSTS-MV | 1,320,596 | | -55,584 | | | | 1,265,012 |
| 5 | TOTAL | 2,661,947 | | -219,548 | | | | 2,442,399 |

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

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | OTHER CAPITAL | TOTAL (1) |
|------|----------------------|--------------------------------|-------------|----------------|-----------------|-------------|--------------------|-----------|
| | | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | RELATED COST 14 | 15 |
| 3 | NEW CAP REL COSTS-BL | 975,614 | | | | | | 975,614 |
| 3 01 | PERRY PLAZA B&F | 134,844 | | | | | | 134,844 |
| 4 | NEW CAP REL COSTS-MV | 1,278,415 | | | | | | 1,278,415 |
| 5 | TOTAL | 2,388,873 | | | | | | 2,388,873 |

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-1337

PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET A-8

| DESCRIPTION (1) | (2) BASIS/CODE 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|------------------------|-------------|--|--------------|---------------------------|
| | | | COST CENTER 3 | LINE NO 4 | |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | B | -55,584 | NEW CAP REL COSTS-MVBLE E | 4 | 11 |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -1,621,477 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | | | | | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | | | | | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 32 DEPRECIATION-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | **COST CENTER DELETED** | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 CAFETERIA | B | -123,475 | DIETARY | 11 | |
| 37.02 DIETICIAN REVENUE (EXP IN DEPT 62) | B | -3,122 | DIETARY | 11 | |
| 37.03 OUTSIDE CATERING | B | -21,531 | DIETARY | 11 | |
| 37.04 MEDICAL RECORDS | B | -40 | MEDICAL RECORDS & LIBRARY | 17 | |
| 37.05 CONTRACT NURSING | B | -103,187 | NURSING ADMINISTRATION | 14 | |
| 37.07 MISCELLANEOUS | B | -2,590 | A&G SHARED | 6.03 | |
| 37.08 MOBILE MEALS | B | -26,165 | DIETARY | 11 | |
| 37.09 BILLING & COLLECTIONS | B | -8,753 | BUSINESS OFFICE | 6.01 | |
| 37.10 BAD DEBT EXPENSE | A | -1,217,296 | A&G SHARED | 6.03 | |
| 38 VENDING | A | -23,941 | DIETARY | 11 | |
| 39 TELEPHONE SALARY OFFSET | A | -9,812 | A&G HOSPITAL ONLY | 6.02 | |
| 40 TELEPHONE BENEFIT OFFSET | A | -2,670 | EMPLOYEE BENEFITS | 5 | |
| 41 NON-ALLOWABLE MARKETING | A | -157,603 | A&G SHARED | 6.03 | |
| 42 MARKETING BENEFITS | A | -17,175 | EMPLOYEE BENEFITS | 5 | |
| 43 RENTAL PROPERTY - CAPITAL | A | -8,888 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 44 2004 BOND INTEREST | A | -163,964 | NEW CAP REL COSTS-BLDG & | 3 | 11 |
| 45 IHA DUES OFFSET | A | -15,372 | A&G SHARED | 6.03 | |
| 46 X-MAS ALCOHOL | A | -24 | EMPLOYEE BENEFITS | 5 | |
| 47 PHYSICIAN RECRUITMENT | A | -143,763 | A&G SHARED | 6.03 | |
| 48 SELF-INSURANCE OFFSET | A | -542,557 | EMPLOYEE BENEFITS | 5 | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -4,268,989 | | | |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET A-8-2
 GROUP 1

| LINE NO. | WKSHT A | 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 | 37 | PURCHASED SERVICES -SURG | 28,400 | 28,400 | | | | | |
| 2 | 61 | PURCHASED SERVICES -EMER | 1,149,309 | 539,808 | 609,501 | | | | |
| 3 | 61 | PROFESSIONAL FEES | 16,410 | 16,410 | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | 33 | PROFESSIONAL FEES | 1,200 | 1,200 | | | | | |
| 9 | 44 | PROFESSIONAL FEES | 31,200 | 31,200 | | | | | |
| 10 | 40 | PROFESSIONAL FEES | 961,959 | 961,959 | | | | | |
| 11 | 56 1 | PROFESSIONAL FEES | 27,500 | 27,500 | | | | | |
| 12 | 6 3 | PROFESSIONAL FEES | 23,125 | | 23,125 | | | | |
| 13 | 6 3 | PROFESSIONAL FEES | 15,000 | 15,000 | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |
| 16 | | | | | | | | | |
| 17 | | | | | | | | | |
| 18 | | | | | | | | | |
| 19 | | | | | | | | | |
| 20 | | | | | | | | | |
| 21 | | | | | | | | | |
| 22 | | | | | | | | | |
| 23 | | | | | | | | | |
| 24 | | | | | | | | | |
| 25 | | | | | | | | | |
| 26 | | | | | | | | | |
| 27 | | | | | | | | | |
| 28 | | | | | | | | | |
| 29 | | | | | | | | | |
| 30 | | | | | | | | | |
| 101 | | TOTAL | 2,254,103 | 1,621,477 | 632,626 | | | | |

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | |
|----------|-------------------------------|-----------------|------------------------|-------------|
| | GENERAL SERVICE COST | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1 | SQUARE FEET | ENTERED |
| 3.01 | PERRY PLAZA B&F | 2 | PLAZA SQ FT | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 3 | DOLLAR VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 4 | GROSS SALARIES | ENTERED |
| 6.01 | BUSINESS OFFICE | 5 | TOTAL REVENUE | ENTERED |
| 6.02 | A&G HOSPITAL ONLY | -6 | ACCUM. COST | NOT ENTERED |
| 6.03 | A&G SHARED | -7 | ACCUM. COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 8 | SQUARE FEET | ENTERED |
| 8.01 | PERRY PLAZA PLANT OP | 9 | PLAZA SQ FT | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 10 | POUNDS OF LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 11 | HOURS OF SERVICE | ENTERED |
| 11 | DIETARY | 12 | MEALS SERVED | ENTERED |
| 12 | CAFETERIA | 13 | FTE'S SERVED | ENTERED |
| 14 | NURSING ADMINISTRATION | 14 | DIRECT NURSING H | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 15 | COSTED REQUISITION | ENTERED |
| 16 | PHARMACY | 16 | COSTED REQUISITION | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 5 | TOTAL REVENUE | ENTERED |
| 18 | SOCIAL SERVICE | 17 | PATIENT DAYS | ENTERED |
| 19 | PATIENT REGISTRATION | 5 | TOTAL REVENUE | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OST-S-BLDG & PERRY PLAZA B &F | 3.01 | NEW CAP REL C OST-S-MVBLE E | 4 | EMPLOYEE BENEFITS | 5 | BUSINESS OFFICE | 6.01 | SUBTOTAL | 6a.01 |
|---|----------------------------------|---|---------|-----------------------------|---|-------------------|---|-----------------|------|------------|-------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | 1,042,543 | 1,042,543 | 134,844 | | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | 1,265,012 | | | 1,265,012 | | | | | | | |
| 005 EMPLOYEE BENEFITS | 2,862,122 | 7,062 | | 20 | | 2,869,204 | | | | | |
| 006 01 BUSINESS OFFICE | 555,709 | 20,092 | | 1,532 | | 87,850 | | 665,183 | | | |
| 006 02 A&G HOSPITAL ONLY | 1,025,067 | 49,422 | | 214,947 | | 125,174 | | | | 1,414,610 | |
| 006 03 A&G SHARED | 1,557,550 | 108,701 | 11,343 | 53,727 | | 159,049 | | | | 1,890,370 | |
| 008 OPERATION OF PLANT | 1,473,395 | 132,953 | | 348 | | 105,328 | | | | 1,712,024 | |
| 008 01 PERRY PLAZA PLANT OP | 123,427 | | | 1,298 | | 8,919 | | | | 133,644 | |
| 009 LAUNDRY & LINEN SERVICE | 490,994 | 3,268 | 34,780 | 22,446 | | 73,726 | | | | 625,214 | |
| 010 HOUSEKEEPING | 424,035 | 10,874 | | 71 | | 66,952 | | | | 501,932 | |
| 011 DIETARY | 565,271 | 33,595 | | 10,911 | | 77,758 | | | | 687,535 | |
| 012 CAFETERIA | | 16,662 | | | | | | | | 16,662 | |
| 014 NURSING ADMINISTRATION | 633,326 | 12,105 | | 338 | | 164,994 | | | | 810,763 | |
| 015 CENTRAL SERVICES & SUPPLY | 69,093 | 16,924 | | 15,463 | | 10,571 | | | | 112,051 | |
| 016 PHARMACY | 616,351 | 12,625 | | 15,267 | | 56,221 | | | | 700,464 | |
| 017 MEDICAL RECORDS & LIBRARY | 564,553 | 26,753 | | 12,039 | | 102,707 | | | | 706,052 | |
| 018 SOCIAL SERVICE | 296,558 | 8,044 | | 104 | | 61,386 | | | | 366,092 | |
| 019 PATIENT REGISTRATION | 266,558 | 3,884 | | 10,762 | | 55,055 | | | | 336,259 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | | | | | |
| 025 ADULTS & PEDIATRICS | 2,174,329 | 93,466 | | 41,530 | | 468,092 | | 50,532 | | 2,827,949 | |
| 026 INTENSIVE CARE UNIT | 421,291 | 16,189 | | 50,102 | | 92,362 | | 9,302 | | 589,246 | |
| 033 NURSERY | 79,549 | 7,940 | | 142 | | 13,615 | | 2,339 | | 103,585 | |
| 034 SKILLED NURSING FACILITY | | | | | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | | | | | |
| 037 OPERATING ROOM | 2,672,690 | 104,659 | | 171,500 | | 274,995 | | 133,734 | | 3,357,578 | |
| 039 DELIVERY ROOM & LABOR ROOM | 31,951 | 16,442 | | | | 6,228 | | 4,660 | | 59,281 | |
| 040 ANESTHESIOLOGY | 44,395 | 1,703 | | 24,147 | | | | 17,125 | | 87,370 | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,084,113 | 42,393 | | 286,632 | | 153,915 | | 96,636 | | 1,663,689 | |
| 042 RADIOLOGY-THERAPEUTIC | 246,255 | | | 47,927 | | 46,327 | | 21,637 | | 362,146 | |
| 043 RADIOISOTOPE | 300,196 | 5,783 | | | | | | 10,080 | | 316,059 | |
| 043 01 MRI | 388,884 | 5,869 | | 195,150 | | | | 31,910 | | 621,813 | |
| 044 LABORATORY | 1,491,630 | 24,048 | | 30,918 | | 142,899 | | 104,041 | | 1,793,536 | |
| 047 BLOOD STORING, PROCESSING | 151,582 | | | | | | | 1,159 | | 152,741 | |
| 049 RESPIRATORY THERAPY | 368,304 | 6,923 | | 11,089 | | 76,633 | | 20,527 | | 483,476 | |
| 050 PHYSICAL THERAPY | 448,951 | 29,100 | | 7,847 | | 96,976 | | 25,186 | | 608,060 | |
| 053 ELECTROCARDIOLOGY | 48,010 | 658 | | | | 8,434 | | 7,342 | | 64,444 | |
| 054 ELECTROENCEPHALOGRAPHY | 2,369 | 654 | | 2,899 | | 468 | | 281 | | 6,671 | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | | 104 | | 104 | |
| 056 DRUGS CHARGED TO PATIENTS | 741,087 | | | | | | | 49,745 | | 790,832 | |
| 056 01 CARDIAC REHAB | 50,170 | 4,371 | | 1,129 | | 11,331 | | 1,713 | | 68,714 | |
| 060 01 OUTPAT SERVICE COST CNTRS | | | | | | | | | | | |
| 060 SLEEP LAB | 35,150 | 8,879 | | 3,463 | | 6,728 | | 3,875 | | 58,095 | |
| 061 EMERGENCY | 1,496,926 | 33,418 | | 21,388 | | 187,423 | | 61,687 | | 1,800,842 | |
| 062 OBSERVATION BEDS (NON-DIS) | | | | | | | | | | | |
| 062 OTHER REIMBURS COST CNTRS | | | | | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | 347,453 | 10,096 | | 7,507 | | 30,235 | | 8,327 | | 403,618 | |
| 067 SPEC PURPOSE COST CENTERS | | | | | | | | | | | |
| 092 AMBULATORY SURGICAL CENTER | | | | | | | | | | | |
| 093 HOSPICE | | | | | | | | | | | |
| 095 SUBTOTALS | 26,591,693 | 875,555 | 46,123 | 1,262,643 | | 2,772,351 | | 661,942 | | 26,233,521 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 2,763 | | | | | | | | 2,763 | |
| 097 RESEARCH | | | | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 206,682 | 164,225 | | 1,468 | | 21,032 | | 1,409 | | 394,816 | |
| 098 01 MOBILE MEALS | | | | | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | | | | | | | | 4,053 | | 4,053 | |
| 099 NONPAID WORKERS | | | | | | | | | | | |
| 100 OTHER NONREIMBURSABLE (SP) | | | | | | | | | | | |
| 100 01 CLINICS | | | | | | | | | | | |
| 100 02 ORTHO CLINIC | 372,224 | | | 901 | | 71,768 | | 1,832 | | 446,725 | |
| 100 03 SHEFFIELD CLINIC | | | | | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | | 88,721 | | | | | | | 88,721 | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | | | | |
| 103 TOTAL | 27,170,599 | 1,042,543 | 134,844 | 1,265,012 | | 2,869,204 | | 665,183 | | 27,170,599 | |

COST ALLOCATION - GENERAL SERVICE COSTS

14-1337

FROM 5/ 1/2007

WORKSHEET B

TO 4/30/2008

PART I

| COST CENTER DESCRIPTION | A&G HOSPITAL ONLY | SUBTOTAL | A&G SHARED | OPERATION OF PLANT | PERRY PLAZA PLANT OP | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|---|-------------------|------------|------------|--------------------|----------------------|-------------------------|--------------|
| | 6.02 | 6a.02 | 6.03 | 8 | 8.01 | 9 | 10 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS | | | | | | | |
| 006 01 BUSINESS OFFICE | | | | | | | |
| 006 02 A&G HOSPITAL ONLY | 1,414,610 | | | | | | |
| 006 03 A&G SHARED | 107,717 | 1,998,087 | 1,998,087 | | | | |
| 008 01 OPERATION OF PLANT | 97,555 | 1,809,579 | 144,146 | 1,953,725 | | | |
| 008 01 PERRY PLAZA PLANT OP | 7,615 | 141,259 | 11,252 | | 152,511 | | |
| 009 01 LAUNDRY & LINEN SERVICE | 35,626 | 660,840 | 52,641 | 8,816 | 42,949 | 765,246 | |
| 010 01 HOUSEKEEPING | 28,601 | 530,533 | 42,261 | 29,331 | | 4,802 | 606,927 |
| 011 01 DIETARY | 39,177 | 726,712 | 57,888 | 90,617 | | | 16,862 |
| 012 01 CAFETERIA | 949 | 17,611 | 1,403 | 44,942 | | 409 | |
| 014 01 NURSING ADMINISTRATION | 46,199 | 856,962 | 68,263 | 32,651 | | | 3,828 |
| 015 01 CENTRAL SERVICES & SUPPLY | 6,385 | 118,436 | 9,434 | 45,650 | | 222 | 3,414 |
| 016 01 PHARMACY | 39,914 | 740,378 | 58,976 | 34,054 | | | 5,276 |
| 017 01 MEDICAL RECORDS & LIBRARY | 40,232 | 746,284 | 59,447 | 72,162 | | | 9,828 |
| 018 01 SOCIAL SERVICE | 20,861 | 386,953 | 30,824 | 21,699 | | | 15,724 |
| 019 01 PATIENT REGISTRATION | 19,161 | 355,420 | 28,312 | 10,476 | | | 4,448 |
| 025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 161,142 | 2,989,091 | 238,102 | 252,110 | | 41,206 | 131,997 |
| 026 01 INTENSIVE CARE UNIT | 33,576 | 622,822 | 49,612 | 43,668 | | 6,507 | 34,448 |
| 033 01 NURSERY | 5,902 | 109,487 | 8,721 | 21,416 | | 645 | 13,655 |
| 034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 191,315 | 3,548,893 | 282,680 | 282,303 | | 17,050 | 58,241 |
| 039 01 DELIVERY ROOM & LABOR ROOM | 3,378 | 62,659 | 4,991 | 44,350 | | 1,218 | 14,069 |
| 040 01 ANESTHESIOLOGY | 4,979 | 92,349 | 7,356 | 4,595 | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | 94,800 | 1,758,489 | 140,076 | 114,350 | | 3,103 | 15,621 |
| 042 01 RADIOLOGY-THERAPEUTIC | 20,636 | 382,782 | 30,491 | | | 4,020 | |
| 043 01 RADIOISOTOPE | 18,010 | 334,069 | 26,611 | 15,598 | | 1,388 | |
| 043 01 MRI | 35,432 | 657,245 | 52,354 | 15,830 | | 524 | 4,965 |
| 044 01 LABORATORY | 102,199 | 1,895,735 | 151,009 | 64,865 | | 66 | 12,000 |
| 047 01 BLOOD STORING, PROCESSING | 8,703 | 161,444 | 12,860 | | | | |
| 049 01 RESPIRATORY THERAPY | 27,549 | 511,025 | 40,707 | 18,674 | | | 14,586 |
| 050 01 PHYSICAL THERAPY | 34,648 | 642,708 | 51,196 | 78,494 | | 5,283 | 22,345 |
| 053 01 ELECTROCARDIOLOGY | 3,672 | 68,116 | 5,426 | 1,776 | | 391 | |
| 054 01 ELECTROENCEPHALOGRAPHY | 380 | 7,051 | 562 | 1,763 | | | |
| 055 01 MEDICAL SUPPLIES CHARGED | 6 | 110 | 9 | | | | |
| 056 01 DRUGS CHARGED TO PATIENTS | 45,063 | 835,895 | 66,585 | | | | |
| 056 01 CARDIAC REHAB | 3,915 | 72,629 | 5,785 | 11,789 | | | |
| 060 01 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 01 SLEEP LAB | 3,310 | 61,405 | 4,891 | 23,951 | | | 27,621 |
| 061 01 EMERGENCY | 102,616 | 1,903,458 | 151,624 | 90,141 | | 13,374 | 102,413 |
| 062 01 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS) | | | | | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS | 22,999 | 426,617 | 33,983 | 27,233 | | | 9,000 |
| 092 01 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 01 HOSPICE | | | | | | | |
| 095 01 SUBTOTALS | 1,414,222 | 26,233,133 | 1,930,478 | 1,503,304 | 42,949 | 100,208 | 520,341 |
| 096 01 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | 157 | 2,920 | 233 | 7,452 | | | |
| 097 01 RESEARCH | | 394,816 | 31,450 | 442,969 | | | 86,586 |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 098 01 MOBILE MEALS | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | 231 | 4,284 | 341 | | | 664,965 | |
| 099 01 NONPAID WORKERS | | | | | | | |
| 100 01 OTHER NONREIMBURSABLE (SP) | | | | | | | |
| 100 01 CLINICS | | | | | | | |
| 100 02 ORTHO CLINIC | | 446,725 | 35,585 | | | 73 | |
| 100 03 SHEFFIELD CLINIC | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | 88,721 | | | 109,562 | | |
| 101 01 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 01 NEGATIVE COST CENTER | | | | | | | |
| 103 01 TOTAL | 1,414,610 | 27,170,599 | 1,998,087 | 1,953,725 | 152,511 | 765,246 | 606,927 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | DIETARY 11 | CAFETERIA 12 | NURSING ADMINISTRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 |
|---|---------------|-----------------|------------------------------|---------------------------------|----------------|---------------------------------|----------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 01 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 BUSINESS OFFICE | | | | | | | |
| 006 02 A&G HOSPITAL ONLY | | | | | | | |
| 006 03 A&G SHARED | | | | | | | |
| 008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP | | | | | | | |
| 009 01 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 01 HOUSEKEEPING | | | | | | | |
| 011 01 DIETARY | 892,079 | | | | | | |
| 012 01 CAFETERIA | 550,853 | 615,218 | | | | | |
| 014 01 NURSING ADMINISTRATION | 21,986 | 40,550 | 1,024,240 | | | | |
| 015 01 CENTRAL SERVICES & SUPPLY | | 6,692 | 17,564 | 201,412 | | | |
| 016 01 PHARMACY | 154 | 17,590 | | 762 | 857,190 | | |
| 017 01 MEDICAL RECORDS & LIBRARY | 35 | 52,330 | | | | 940,086 | |
| 018 01 SOCIAL SERVICE | 805 | 21,597 | | | | | 477,602 |
| 019 01 PATIENT REGISTRATION | | 22,799 | | | | | |
| 025 01 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 01 ADULTS & PEDIATRICS | 240,193 | 108,708 | 521,895 | 11,306 | 403 | 71,413 | 447,724 |
| 026 01 INTENSIVE CARE UNIT | 24,471 | 21,958 | 76,789 | 1,634 | 32 | 13,147 | 29,878 |
| 033 01 NURSERY | 485 | 3,807 | 11,564 | 1,812 | | 3,306 | |
| 034 01 SKILLED NURSING FACILITY | | | | | | | |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 25,702 | 81,861 | 220,932 | 134,001 | 395 | 189,024 | |
| 039 01 DELIVERY ROOM & LABOR ROOM | | 1,763 | 5,322 | 497 | | 6,586 | |
| 040 01 ANESTHESIOLOGY | | | | 2,099 | 19 | 24,202 | |
| 041 01 RADIOLOGY-DIAGNOSTIC | 154 | 45,598 | | | | 136,569 | |
| 042 01 RADIOLOGY-THERAPEUTIC | | 11,700 | | | | 30,578 | |
| 043 01 RADIOISOTOPE | 24 | | | 27 | 84,511 | 14,245 | |
| 044 01 MRI | | | | | | 45,096 | |
| 044 01 LABORATORY | 272 | 47,642 | | | | 147,034 | |
| 047 01 BLOOD STORING, PROCESSING | | | | 16,123 | | 1,638 | |
| 049 01 RESPIRATORY THERAPY | 450 | 22,238 | | 1,342 | 3,829 | 29,010 | |
| 050 01 PHYSICAL THERAPY | 319 | 37,144 | | 1,357 | 4,701 | 35,593 | |
| 053 01 ELECTROCARDIOLOGY | | 4,087 | | 274 | | 10,375 | |
| 054 01 ELECTROENCEPHALOGRAPHY | | 240 | | 1 | | 397 | |
| 055 01 MEDICAL SUPPLIES CHARGED | | | | | | 147 | |
| 056 01 DRUGS CHARGED TO PATIENTS | | | | | 761,816 | 70,301 | |
| 056 01 CARDIAC REHAB | | 3,566 | | 90 | | 2,421 | |
| 060 01 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 01 SLEEP LAB | 947 | 40 | | 207 | | 5,476 | |
| 061 01 EMERGENCY | 24,945 | 40,910 | 170,174 | 7,106 | 485 | 87,178 | |
| 062 01 OBSERVATION BEDS (NON-DIS) | | | | | | | |
| 062 01 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL | 284 | 16,268 | | 20,518 | | 11,769 | |
| 067 01 SPEC PURPOSE COST CENTERS | | | | | | | |
| 092 01 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 01 HOSPICE | | | | | | | |
| 095 01 SUBTOTALS | 892,079 | 609,088 | 1,024,240 | 199,156 | 856,191 | 935,505 | 477,602 |
| 096 01 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 097 01 RESEARCH | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | 1,963 | | 170 | 49 | 1,992 | |
| 098 01 MOBILE MEALS | | | | | | | |
| 098 02 PINECETON PEDIATRICS | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | | | | | | | |
| 099 01 NONPAID WORKERS | | | | | | | |
| 100 01 OTHER NONREIMBURSABLE (SP) | | | | | | | |
| 100 01 CLINICS | | | | | | | |
| 100 02 ORTHO CLINIC | | 4,167 | | 2,086 | 950 | 2,589 | |
| 100 03 SHEFFIELD CLINIC | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | | | | | | |
| 101 01 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 01 NEGATIVE COST CENTER | | | | | | | |
| 103 01 TOTAL | 892,079 | 615,218 | 1,024,240 | 201,412 | 857,190 | 940,086 | 477,602 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | PATIENT REGISTRATION | REGIS SUBTOTAL | I&R COST POST STEP-DOWN ADJ 26 | TOTAL |
|--|----------------------|----------------|--------------------------------|------------|
| | 19 | 25 | | 27 |
| 003 GENERAL SERVICE COST CNTR | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | |
| 005 01 EMPLOYEE BENEFITS | | | | |
| 006 01 BUSINESS OFFICE | | | | |
| 006 02 A&G HOSPITAL ONLY | | | | |
| 006 03 A&G SHARED | | | | |
| 008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP | | | | |
| 009 01 LAUNDRY & LINEN SERVICE | | | | |
| 010 01 HOUSEKEEPING | | | | |
| 011 01 DIETARY | | | | |
| 012 01 CAFETERIA | | | | |
| 014 01 NURSING ADMINISTRATION | | | | |
| 015 01 CENTRAL SERVICES & SUPPLY | | | | |
| 016 01 PHARMACY | | | | |
| 017 01 MEDICAL RECORDS & LIBRARY | | | | |
| 018 01 SOCIAL SERVICE | | | | |
| 019 01 PATIENT REGISTRATION | 421,455 | | | |
| 025 01 INPAT ROUTINE SRVC CNTRS | | | | |
| 026 01 ADULTS & PEDIATRICS | 32,015 | 5,086,163 | | 5,086,163 |
| 033 01 INTENSIVE CARE UNIT | 5,894 | 930,860 | | 930,860 |
| 034 01 NURSERY | 1,482 | 176,380 | | 176,380 |
| 037 01 SKILLED NURSING FACILITY | | | | |
| 039 01 ANCILLARY SRVC COST CNTRS | | | | |
| 040 01 OPERATING ROOM | 84,752 | 4,925,834 | | 4,925,834 |
| 041 01 DELIVERY ROOM & LABOR ROOM | 2,953 | 144,408 | | 144,408 |
| 042 01 ANESTHESIOLOGY | 10,850 | 141,470 | | 141,470 |
| 043 01 RADIOLOGY-DIAGNOSTIC | 61,224 | 2,275,184 | | 2,275,184 |
| 044 01 RADIOLOGY-THERAPEUTIC | 13,708 | 473,279 | | 473,279 |
| 045 01 RADIOISOTOPE | 6,386 | 482,859 | | 482,859 |
| 046 01 MRI | 20,217 | 796,231 | | 796,231 |
| 047 01 LABORATORY | 65,916 | 2,384,539 | | 2,384,539 |
| 048 01 BLOOD STORING, PROCESSING | 734 | 192,799 | | 192,799 |
| 049 01 RESPIRATORY THERAPY | 13,005 | 654,866 | | 654,866 |
| 050 01 PHYSICAL THERAPY | 15,956 | 895,096 | | 895,096 |
| 053 01 ELECTROCARDIOLOGY | 4,651 | 95,096 | | 95,096 |
| 054 01 ELECTROENCEPHALOGRAPHY | 178 | 10,192 | | 10,192 |
| 055 01 MEDICAL SUPPLIES CHARGED | 66 | 332 | | 332 |
| 056 01 DRUGS CHARGED TO PATIENTS | 31,516 | 1,766,113 | | 1,766,113 |
| 060 01 CARDIAC REHAB | 1,085 | 97,365 | | 97,365 |
| 061 01 OUTPAT SERVICE COST CNTRS | | | | |
| 062 01 SLEEP LAB | 2,455 | 126,993 | | 126,993 |
| 063 01 EMERGENCY | 39,082 | 2,630,890 | | 2,630,890 |
| 064 01 OBSERVATION BEDS (NON-DIS) | | | | |
| 065 01 OTHER REIMBURS COST CNTRS | | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS | 5,276 | 550,948 | | 550,948 |
| 092 01 AMBULATORY SURGICAL CENTER | | | | |
| 093 01 HOSPICE | | | | |
| 095 01 SUBTOTALS | 419,401 | 24,837,897 | | 24,837,897 |
| 096 01 NONREIMBURS COST CENTERS | | | | |
| 097 01 GIFT, FLOWER, COFFEE SHOP | | 10,605 | | 10,605 |
| 098 01 RESEARCH | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFICE | 893 | 960,888 | | 960,888 |
| 098 01 MOBILE MEALS | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | | 669,590 | | 669,590 |
| 099 01 NONPAID WORKERS | | | | |
| 100 01 OTHER NONREIMBURSABLE (SP) | | | | |
| 100 01 CLINICS | | | | |
| 100 02 ORTHO CLINIC | 1,161 | 493,336 | | 493,336 |
| 100 03 SHEFFIELD CLINIC | | | | |
| 100 04 WALNUT CLINIC | | | | |
| 100 05 PERRY PLAZA LEASED | | 198,283 | | 198,283 |
| 101 01 CROSS FOOT ADJUSTMENT | | | | |
| 102 01 NEGATIVE COST CENTER | | | | |
| 103 01 TOTAL | 421,455 | 27,170,599 | | 27,170,599 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OST S-BLDG & | PERRY PLAZA B &F | NEW CAP REL C OST S-MVBLE E | SUBTOTAL | EMPLOYEE BENEFITS | BUSINESS OFFICE |
|--|----------------------------------|----------------------------|------------------|-----------------------------|-----------|-------------------|-----------------|
| | 0 | 3 | 3.01 | 4 | 4a | 5 | 6.01 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | 7,062 | | 20 | 7,082 | 7,082 | |
| 006 01 BUSINESS OFFICE | | 20,092 | | 1,532 | 21,624 | 217 | 21,841 |
| 006 02 A&G HOSPITAL ONLY | | 49,422 | | 214,947 | 264,369 | 309 | |
| 006 03 A&G SHARED | | 108,701 | 11,343 | 53,727 | 173,771 | 393 | |
| 008 OPERATION OF PLANT | | 132,953 | | 348 | 133,301 | 260 | |
| 008 01 PERRY PLAZA PLANT OP | | | | 1,298 | 1,298 | 22 | |
| 009 LAUNDRY & LINEN SERVICE | | 3,268 | 34,780 | 22,446 | 60,494 | 182 | |
| 010 HOUSEKEEPING | | 10,874 | | 71 | 10,945 | 165 | |
| 011 DIETARY | | 33,595 | | 10,911 | 44,506 | 192 | |
| 012 CAFETERIA | | 16,662 | | | 16,662 | | |
| 014 NURSING ADMINISTRATION | | 12,105 | | 338 | 12,443 | 408 | |
| 015 CENTRAL SERVICES & SUPPLY | | 16,924 | | 15,463 | 32,387 | 26 | |
| 016 PHARMACY | | 12,625 | | 15,267 | 27,892 | 139 | |
| 017 MEDICAL RECORDS & LIBRARY | | 26,753 | | 12,039 | 38,792 | 254 | |
| 018 SOCIAL SERVICE | | 8,044 | | 104 | 8,148 | 152 | |
| 019 PATIENT REGISTRATION | | 3,884 | | 10,762 | 14,646 | 136 | |
| 025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 93,466 | | 41,530 | 134,996 | 1,151 | 1,660 |
| 026 INTENSIVE CARE UNIT | | 16,189 | | 50,102 | 66,291 | 228 | 306 |
| 033 NURSERY | | 7,940 | | 142 | 8,082 | 34 | 77 |
| 034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 104,659 | | 171,500 | 276,159 | 679 | 4,386 |
| 039 DELIVERY ROOM & LABOR ROOM | | 16,442 | | | 16,442 | 15 | 153 |
| 040 ANESTHESIOLOGY | | 1,703 | | 24,147 | 25,850 | | 563 |
| 041 RADIOLOGY-DIAGNOSTIC | | 42,393 | | 286,632 | 329,025 | 380 | 3,174 |
| 042 RADIOLOGY-THERAPEUTIC | | | | 47,927 | 47,927 | 114 | 711 |
| 043 RADIOISOTOPE | | 5,783 | | | 5,783 | | 331 |
| 043 01 MRI | | 5,869 | | 195,150 | 201,019 | | 1,048 |
| 044 LABORATORY | | 24,048 | | 30,918 | 54,966 | 353 | 3,417 |
| 047 BLOOD STORING, PROCESSING | | | | | | | 38 |
| 049 RESPIRATORY THERAPY | | 6,923 | | 11,089 | 18,012 | 189 | 674 |
| 050 PHYSICAL THERAPY | | 29,100 | | 7,847 | 36,947 | 240 | 827 |
| 053 ELECTROCARDIOLOGY | | 658 | | | 658 | 21 | 241 |
| 054 ELECTROENCEPHALOGRAPHY | | 654 | | 2,899 | 3,553 | 1 | 9 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | 3 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | 1,634 |
| 056 01 CARDIAC REHAB | | 4,371 | | 1,129 | 5,500 | 28 | 56 |
| 060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB | | 8,879 | | 3,463 | 12,342 | 17 | 127 |
| 061 EMERGENCY | | 33,418 | | 21,388 | 54,806 | 463 | 2,026 |
| 062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS) | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS | | 10,096 | | 7,507 | 17,603 | 75 | 274 |
| 092 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | 875,555 | 46,123 | 1,262,643 | 2,184,321 | 6,843 | 21,735 |
| 096 NONREIMBURS COST CENTERS GI FT, FLOWER, COFFEE SHOP | | 2,763 | | | 2,763 | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | 164,225 | | 1,468 | 165,693 | 52 | 46 |
| 098 01 MOBILE MEALS | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | | | | | | 10 | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE (SP) | | | | | | | |
| 100 01 CLINICS | | | | | | | |
| 100 02 ORTHO CLINIC | | | | 901 | 901 | 177 | 60 |
| 100 03 SHEFFIELD CLINIC | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | | 88,721 | | 88,721 | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | 1,042,543 | 134,844 | 1,265,012 | 2,442,399 | 7,082 | 21,841 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | A&G HOSPITAL ONLY | A&G SHARED | OPERATION OF PLANT | PERRY PLAZA PLANT OP | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY |
|--|-------------------|------------|--------------------|----------------------|-------------------------|--------------|---------|
| | 6.02 | 6.03 | 8 | 8.01 | 9 | 10 | 11 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS | | | | | | | |
| 006 01 BUSINESS OFFICE | | | | | | | |
| 006 02 A&G HOSPITAL ONLY | 264,678 | | | | | | |
| 006 03 A&G SHARED | 20,153 | 194,317 | | | | | |
| 008 01 OPERATION OF PLANT | 18,252 | 14,019 | 165,832 | | | | |
| 008 01 PERRY PLAZA PLANT OP | 1,425 | 1,094 | | 3,839 | | | |
| 009 01 LAUNDRY & LINEN SERVICE | 6,665 | 5,120 | 748 | 1,081 | 74,290 | | |
| 010 01 HOUSEKEEPING | 5,351 | 4,110 | 2,490 | | 466 | 23,527 | |
| 011 01 DIETARY | 7,330 | 5,630 | 7,692 | | | 654 | 66,004 |
| 012 01 CAFETERIA | 178 | 136 | 3,815 | | 40 | | 40,755 |
| 014 01 NURSING ADMINISTRATION | 8,644 | 6,639 | 2,771 | | | 148 | 1,627 |
| 015 01 CENTRAL SERVICES & SUPPLY | 1,195 | 918 | 3,875 | | 22 | 132 | |
| 016 01 PHARMACY | 7,468 | 5,736 | 2,890 | | | 205 | 11 |
| 017 01 MEDICAL RECORDS & LIBRARY | 7,527 | 5,781 | 6,125 | | | 381 | 3 |
| 018 01 SOCIAL SERVICE | 3,903 | 2,998 | 1,842 | | | 610 | 60 |
| 019 01 PATIENT REGISTRATION | 3,585 | 2,753 | 889 | | | 172 | |
| 025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 30,149 | 23,156 | 21,399 | | 4,000 | 5,118 | 17,772 |
| 026 01 INTENSIVE CARE UNIT | 6,282 | 4,825 | 3,707 | | 632 | 1,335 | 1,811 |
| 033 01 NURSERY | 1,104 | 848 | 1,818 | | 63 | 529 | 36 |
| 034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 35,805 | 27,485 | 23,962 | | 1,655 | 2,258 | 1,902 |
| 039 01 DELIVERY ROOM & LABOR ROOM | 632 | 485 | 3,764 | | 118 | 545 | |
| 040 01 ANESTHESIOLOGY | 931 | 715 | 390 | | | | |
| 041 01 RADIOLOGY-DIAGNOSTIC | 17,737 | 13,623 | 9,706 | | 301 | 606 | 11 |
| 042 01 RADIOLOGY-THERAPEUTIC | 3,861 | 2,965 | | | 390 | | |
| 043 01 RADIOISOTOPE | 3,370 | 2,588 | 1,324 | | 135 | | 2 |
| 043 01 MRI | 6,629 | 5,092 | 1,344 | | 51 | 192 | |
| 044 01 LABORATORY | 19,121 | 14,686 | 5,506 | | 6 | 465 | 20 |
| 047 01 BLOOD STORING, PROCESSING | 1,628 | 1,251 | | | | | |
| 049 01 RESPIRATORY THERAPY | 5,154 | 3,959 | 1,585 | | | 565 | 33 |
| 050 01 PHYSICAL THERAPY | 6,483 | 4,979 | 6,663 | | 513 | 866 | 24 |
| 053 01 ELECTROCARDIOLOGY | 687 | 528 | 151 | | 38 | | |
| 054 01 ELECTROENCEPHALOGRAPHY | 71 | 55 | 150 | | | | |
| 055 01 MEDICAL SUPPLIES CHARGED | 1 | 1 | | | | | |
| 056 01 DRUGS CHARGED TO PATIENTS | 8,431 | 6,476 | | | | | |
| 056 01 CARDIAC REHAB | 733 | 563 | 1,001 | | | | |
| 060 01 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 01 SLEEP LAB | 619 | 476 | 2,033 | | | 1,071 | 70 |
| 062 01 EMERGENCY | 19,199 | 14,746 | 7,651 | | 1,298 | 3,970 | 1,846 |
| 062 01 OBSERVATION BEDS (NON-DIS) | | | | | | | |
| 067 01 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS | 4,303 | 3,305 | 2,312 | | | 349 | 21 |
| 092 01 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 01 HOSPICE | | | | | | | |
| 095 01 SUBTOTALS | 264,606 | 187,741 | 127,603 | 1,081 | 9,728 | 20,171 | 66,004 |
| 096 01 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | 29 | 23 | 633 | | | | |
| 097 01 RESEARCH | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | 3,059 | 37,596 | | | 3,356 | |
| 098 01 MOBILE MEALS | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | 43 | 33 | | | 64,555 | | |
| 099 01 NONPAID WORKERS | | | | | | | |
| 100 01 OTHER NONREIMBURSABLE (SP) | | | | | | | |
| 100 01 CLINICS | | | | | | | |
| 100 02 ORTHO CLINIC | | 3,461 | | | 7 | | |
| 100 03 SHEFFIELD CLINIC | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | | | 2,758 | | | |
| 101 01 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 01 NEGATIVE COST CENTER | | | | | | | |
| 103 01 TOTAL | 264,678 | 194,317 | 165,832 | 3,839 | 74,290 | 23,527 | 66,004 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | CAFETERIA 12 | NURSING ADMINISTRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 | SOCIAL SERVICE 18 | PATIENT REGISTRATION 19 |
|---|-----------------|------------------------------|---------------------------------|----------------|---------------------------------|----------------------|----------------------------|
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 01 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 BUSINESS OFFICE | | | | | | | |
| 006 02 A&G HOSPITAL ONLY | | | | | | | |
| 006 03 A&G SHARED | | | | | | | |
| 008 01 OPERATION OF PLANT | | | | | | | |
| 008 01 PERRY PLAZA PLANT OP | | | | | | | |
| 009 01 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 01 HOUSEKEEPING | | | | | | | |
| 011 01 DIETARY | | | | | | | |
| 012 01 CAFETERIA | 61,586 | | | | | | |
| 014 01 NURSING ADMINISTRATION | 4,059 | 36,739 | | | | | |
| 015 01 CENTRAL SERVICES & SUPPLY | 670 | 630 | 39,855 | | | | |
| 016 01 PHARMACY | 1,761 | | 151 | 46,253 | | | |
| 017 01 MEDICAL RECORDS & LIBRARY | 5,238 | | | | 64,101 | | |
| 018 01 SOCIAL SERVICE | 2,162 | | | | | 19,875 | |
| 019 01 PATIENT REGISTRATION | 2,282 | | | | | | 24,463 |
| 025 01 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 01 ADULTS & PEDIATRICS | 10,884 | 18,720 | 2,237 | 22 | 4,868 | 18,632 | 1,859 |
| 026 01 INTENSIVE CARE UNIT | 2,198 | 2,754 | 323 | 2 | 896 | 1,243 | 342 |
| 033 01 NURSERY | 381 | 415 | 359 | | 225 | | 86 |
| 034 01 SKILLED NURSING FACILITY | | | | | | | |
| 037 01 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 01 OPERATING ROOM | 8,195 | 7,925 | 26,516 | 21 | 12,904 | | 4,914 |
| 039 01 DELIVERY ROOM & LABOR ROO | 176 | 191 | 98 | | 449 | | 171 |
| 040 01 ANESTHESIOLOGY | | | 415 | | 1,650 | | 630 |
| 041 01 RADIOLOGY-DIAGNOSTIC | 4,565 | | | 1 | 9,310 | | 3,555 |
| 042 01 RADIOLOGY-THERAPEUTIC | 1,171 | | | | 2,084 | | 796 |
| 043 01 RADIOISOTOPE | | | 5 | 4,560 | 971 | | 371 |
| 043 01 MRI | | | | | 3,074 | | 1,174 |
| 044 01 LABORATORY | 4,769 | | | | 10,023 | | 3,827 |
| 047 01 BLOOD STORING, PROCESSING | | | 3,190 | | 112 | | 43 |
| 049 01 RESPIRATORY THERAPY | 2,226 | | 266 | 207 | 1,978 | | 755 |
| 050 01 PHYSICAL THERAPY | 3,718 | | 269 | 254 | 2,426 | | 926 |
| 053 01 ELECTROCARDIOLOGY | 409 | | 54 | | 707 | | 270 |
| 054 01 ELECTROENCEPHALOGRAPHY | 24 | | | | 27 | | 10 |
| 055 01 MEDICAL SUPPLIES CHARGED | | | | | 10 | | 4 |
| 056 01 DRUGS CHARGED TO PATIENTS | | | | 41,106 | 4,792 | | 1,830 |
| 056 01 CARDIAC REHAB | 357 | | 18 | | 165 | | 63 |
| 060 01 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 01 SLEEP LAB | 4 | | 41 | | 373 | | 143 |
| 061 01 EMERGENCY | 4,095 | 6,104 | 1,406 | 26 | 5,943 | | 2,269 |
| 062 01 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 01 OTHER REIMBURS COST CNTRS | | | | | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL | 1,628 | | 4,060 | | 802 | | 306 |
| 067 01 SPEC PURPOSE COST CENTERS | | | | | | | |
| 092 01 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 01 HOSPICE | | | | | | | |
| 095 01 SUBTOTALS | 60,972 | 36,739 | 39,408 | 46,199 | 63,789 | 19,875 | 24,344 |
| 096 01 NONREIMBURS COST CENTERS | | | | | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 097 01 RESEARCH | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFIC | 197 | | 34 | 3 | 136 | | 52 |
| 098 01 MOBILE MEALS | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | | | | | | | |
| 099 01 NONPAID WORKERS | | | | | | | |
| 100 01 OTHER NONREIMBURSABLE (SP | | | | | | | |
| 100 01 CLINICS | | | | | | | |
| 100 02 ORTHO CLINIC | 417 | | 413 | 51 | 176 | | 67 |
| 100 03 SHEFFIELD CLINIC | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | | | | | | |
| 101 01 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 01 NEGATIVE COST CENTER | | | | | | | |
| 103 01 TOTAL | 61,586 | 36,739 | 39,855 | 46,253 | 64,101 | 19,875 | 24,463 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|---|-----------|--------------------------|-----------|
| | 25 | 26 | 27 |
| 003 GENERAL SERVICE COST CNTR | | | |
| 003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | |
| 005 01 EMPLOYEE BENEFITS | | | |
| 006 01 BUSINESS OFFICE | | | |
| 006 02 A&G HOSPITAL ONLY | | | |
| 006 03 A&G SHARED | | | |
| 008 01 OPERATION OF PLANT | | | |
| 008 01 PERRY PLAZA PLANT OP | | | |
| 009 01 LAUNDRY & LINEN SERVICE | | | |
| 010 01 HOUSEKEEPING | | | |
| 011 01 DIETARY | | | |
| 012 01 CAFETERIA | | | |
| 014 01 NURSING ADMINISTRATION | | | |
| 015 01 CENTRAL SERVICES & SUPPLY | | | |
| 016 01 PHARMACY | | | |
| 017 01 MEDICAL RECORDS & LIBRARY | | | |
| 018 01 SOCIAL SERVICE | | | |
| 019 01 PATIENT REGISTRATION | | | |
| 025 01 INPAT ROUTINE SRVC CNTRS | 296,623 | | 296,623 |
| 026 01 ADULTS & PEDIATRICS | 93,175 | | 93,175 |
| 033 01 INTENSIVE CARE UNIT | 14,057 | | 14,057 |
| 034 01 NURSERY | | | |
| 037 01 SKILLED NURSING FACILITY | | | |
| 037 01 ANCILLARY SRVC COST CNTRS | | | |
| 037 01 OPERATING ROOM | 434,766 | | 434,766 |
| 039 01 DELIVERY ROOM & LABOR ROO | 23,239 | | 23,239 |
| 040 01 ANESTHESIOLOGY | 31,145 | | 31,145 |
| 041 01 RADIOLOGY-DIAGNOSTIC | 391,993 | | 391,993 |
| 042 01 RADIOLOGY-THERAPEUTIC | 60,019 | | 60,019 |
| 043 01 RADIOISOTOPE | 19,440 | | 19,440 |
| 043 01 MRI | 219,623 | | 219,623 |
| 044 01 LABORATORY | 117,159 | | 117,159 |
| 047 01 BLOOD STORING, PROCESSING | 6,262 | | 6,262 |
| 049 01 RESPIRATORY THERAPY | 35,603 | | 35,603 |
| 050 01 PHYSICAL THERAPY | 65,135 | | 65,135 |
| 053 01 ELECTROCARDIOLOGY | 3,764 | | 3,764 |
| 054 01 ELECTROENCEPHALOGRAPHY | 3,900 | | 3,900 |
| 055 01 MEDICAL SUPPLIES CHARGED | 19 | | 19 |
| 056 01 DRUGS CHARGED TO PATIENTS | 64,269 | | 64,269 |
| 056 01 CARDIAC REHAB | 8,484 | | 8,484 |
| 060 01 OUTPAT SERVICE COST CNTRS | | | |
| 060 01 SLEEP LAB | 17,316 | | 17,316 |
| 061 01 EMERGENCY | 125,848 | | 125,848 |
| 062 01 OBSERVATION BEDS (NON-DIS | | | |
| 062 01 OTHER REIMBURS COST CNTRS | | | |
| 067 01 DURABLE MEDICAL EQUIP-SOL | 35,038 | | 35,038 |
| 067 01 SPEC PURPOSE COST CENTERS | | | |
| 092 01 AMBULATORY SURGICAL CENTE | | | |
| 093 01 HOSPICE | | | |
| 095 01 SUBTOTALS | 2,066,877 | | 2,066,877 |
| 096 01 NONREIMBURS COST CENTERS | | | |
| 096 01 GIFT, FLOWER, COFFEE SHOP | 3,448 | | 3,448 |
| 097 01 RESEARCH | | | |
| 098 01 PHYSICIANS' PRIVATE OFFIC | 210,224 | | 210,224 |
| 098 01 MOBILE MEALS | | | |
| 098 02 PRINCETON PEDIATRICS | | | |
| 098 03 OUTSIDE CONTRACT LAUNDRY | 64,641 | | 64,641 |
| 099 01 NONPAID WORKERS | | | |
| 100 01 OTHER NONREIMBURSABLE (SP | | | |
| 100 01 CLINICS | | | |
| 100 02 ORTHO CLINIC | 5,730 | | 5,730 |
| 100 03 SHEFFIELD CLINIC | | | |
| 100 04 WALNUT CLINIC | | | |
| 100 05 PERRY PLAZA LEASED | 91,479 | | 91,479 |
| 101 01 CROSS FOOT ADJUSTMENTS | | | |
| 102 01 NEGATIVE COST CENTER | | | |
| 103 01 TOTAL | 2,442,399 | | 2,442,399 |

| COST CENTER DESCRIPTION | NEW CAP REL COSTS-BLDG & OSTS | PERRY PLAZA B & F | NEW CAP REL COSTS-MVBLE OSTS | EMPLOYEE BENEFITS | BUSINESS OFFICE | RECONCILIATION |
|--|-------------------------------|-------------------|------------------------------|-------------------|-----------------|----------------|
| | (SQUARE FEET) | (PLAZA SQ FT) | (DOLLAR VALUE) | (GROSS SALARIES) | (TOTAL REVENUE) | |
| | 3 | 3.01 | 4 | 5 | 6.01 | 6a.02 |
| 003 GENERAL SERVICE COST | | | | | | |
| 003 01 NEW CAP REL COSTS-BLD PERRY PLAZA B&F | 218,501 | | | | | |
| 004 NEW CAP REL COSTS-MVB | | 37,697 | | 1,278,415 | | |
| 005 EMPLOYEE BENEFITS | 1,480 | | | 20 | 12,411,026 | |
| 006 01 BUSINESS OFFICE | 4,211 | | | 1,548 | 380,003 | 52,397,551 |
| 006 02 A&G HOSPITAL ONLY | 10,358 | | | 217,224 | 541,454 | |
| 006 03 A&G SHARED | 22,782 | 3,171 | | 54,296 | 687,980 | -1,414,610 |
| 008 OPERATION OF PLANT | 27,865 | | | 352 | 455,605 | |
| 008 01 PERRY PLAZA PLANT OP | | | | 1,312 | 38,579 | |
| 009 LAUNDRY & LINEN SERVI | 685 | 9,723 | | 22,684 | 318,907 | |
| 010 HOUSEKEEPING | 2,279 | | | 72 | 289,608 | |
| 011 DIETARY | 7,041 | | | 11,027 | 336,348 | |
| 012 CAFETERIA | 3,492 | | | | | |
| 014 NURSING ADMINISTRATION | 2,537 | | | 342 | 713,698 | |
| 015 CENTRAL SERVICES & SU | 3,547 | | | 15,627 | 45,724 | |
| 016 PHARMACY | 2,646 | | | 15,429 | 243,191 | |
| 017 MEDICAL RECORDS & LIB | 5,607 | | | 12,167 | 444,270 | |
| 018 SOCIAL SERVICE | 1,686 | | | 105 | 265,531 | |
| 019 PATIENT REGISTRATION | 814 | | | 10,876 | 238,144 | |
| 025 INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 19,589 | | | 41,970 | 2,024,790 | 3,980,457 |
| 026 INTENSIVE CARE UNIT | 3,393 | | | 50,633 | 399,522 | 732,767 |
| 033 NURSERY | 1,664 | | | 144 | 58,893 | 184,272 |
| 034 SKILLED NURSING FACIL | | | | | | |
| 034 ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 21,935 | | | 173,317 | 1,189,516 | 10,534,587 |
| 039 DELIVERY ROOM & LABOR | 3,446 | | | | 26,941 | 367,100 |
| 040 ANESTHESIOLOGY | 357 | | | 24,403 | | 1,348,993 |
| 041 RADIOLOGY-DIAGNOSTIC | 8,885 | | | 289,664 | 665,774 | 7,612,095 |
| 042 RADIOLOGY-THERAPEUTIC | | | | 48,435 | 200,391 | 1,704,364 |
| 043 RADIOI SOTOPE | 1,212 | | | | | 794,012 |
| 043 01 MRI | 1,230 | | | 197,218 | | 2,513,593 |
| 044 LABORATORY | 5,040 | | | 31,246 | 618,123 | 8,195,438 |
| 047 BLOOD STORING, PROCES | | | | | | 91,317 |
| 049 RESPIRATORY THERAPY | 1,451 | | | 11,206 | 331,484 | 1,616,962 |
| 050 PHYSICAL THERAPY | 6,099 | | | 7,930 | 419,481 | 1,983,898 |
| 053 ELECTROCARDIOLOGY | 138 | | | | 36,484 | 578,300 |
| 054 ELECTROENCEPHALOGRAPH | 137 | | | 2,930 | 2,024 | 22,130 |
| 055 MEDICAL SUPPLIES CHAR | | | | | | 8,217 |
| 056 DRUGS CHARGED TO PATI | | | | | | 3,918,455 |
| 056 01 CARDIAC REHAB | 916 | | | 1,141 | 49,012 | 134,939 |
| 060 01 SLEEP LAB | 1,861 | | | 3,500 | 29,104 | 305,250 |
| 061 EMERGENCY | 7,004 | | | 21,615 | 810,716 | 4,859,138 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 062 OTHER REIMBURS COST C | | | | | | |
| 067 DURABLE MEDICAL EQUIP | 2,116 | | | 7,587 | 130,784 | 655,956 |
| 067 SPEC PURPOSE COST CEN | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | |
| 093 HOSPICE | | | | | | |
| 095 SUBTOTALS | 183,503 | 12,894 | 1,276,020 | 11,992,081 | 52,142,240 | -1,414,610 |
| 096 NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 579 | | | | | |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE O | 34,419 | | 1,484 | | 90,975 | 111,016 |
| 098 01 MOBILE MEALS | | | | | | -394,816 |
| 098 02 PRINCETON PEDIATRICS | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUN | | | | | 17,531 | |
| 099 NONPAID WORKERS | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | |
| 100 01 CLINICS | | | | | | |
| 100 02 ORTHO CLINIC | | | | 911 | 310,439 | 144,295 |
| 100 03 SHEFFIELD CLINIC | | | | | | -446,725 |
| 100 04 WALNUT CLINIC | | | | | | |
| 100 05 PERRY PLAZA LEASED | | 24,803 | | | | -88,721 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 1,042,543 | 134,844 | 1,265,012 | 2,869,204 | 665,183 | |
| 103 (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | 4.771342 | | .989516 | | .012695 | |
| 104 (WRKSHT B, PT I) | | 3.577049 | | .231182 | | |
| 105 COST TO BE ALLOCATED | | | | | | |
| 105 (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| 106 (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | | 7,082 | 21,841 | |
| 107 (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | .000417 |
| 108 (WRKSHT B, PT III) | | | | .000571 | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | A&G HOSPITAL ONLY | | A&G SHARED | | OPERATION OF PLANT | PERRY PLAZA PLANT OP | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|------------------------------|-------------------|----------------|-----------------|-----------------|--------------------|-----------------------|-------------------------|--------------|
| | (ACCUM. COST) | RECONCILIATION | (ACCUM. COST) | (SQUARE FEET) | (PLAZA SQ FT) | (POUNDS OF LAUNDRY) | (HOURS OF SERVICE) | |
| GENERAL SERVICE COST | 6.02 | 6a.03 | 6.03 | 8 | 8.01 | 9 | 10 | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | | |
| 003 01 PERRY PLAZA B&F | | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | | |
| 006 BUSINESS OFFICE | | | | | | | | |
| 006 02 A&G HOSPITAL ONLY | 24,825,727 | | | | | | | |
| 006 03 A&G SHARED | 1,890,370 | -1,998,087 | 25,083,791 | | | | | |
| 008 OPERATION OF PLANT | 1,712,024 | | 1,809,579 | 151,805 | | | | |
| 008 01 PERRY PLAZA PLANT OP | 133,644 | | 141,259 | | 34,526 | | | |
| 009 LAUNDRY & LINEN SERVI | 625,214 | | 660,840 | 685 | 9,723 | 1,698,537 | | |
| 010 HOUSEKEEPING | 501,932 | | 530,533 | 2,279 | | 10,659 | 5,867 | |
| 011 DIETARY | 687,535 | | 726,712 | 7,041 | | | 163 | |
| 012 CAFETERIA | 16,662 | | 17,611 | 3,492 | | 908 | | |
| 014 NURSING ADMINISTRATION | 810,763 | | 856,962 | 2,537 | | | 37 | |
| 015 CENTRAL SERVICES & SU | 112,051 | | 118,436 | 3,547 | | 492 | 33 | |
| 016 PHARMACY | 700,464 | | 740,378 | 2,646 | | | 51 | |
| 017 MEDICAL RECORDS & LIB | 706,052 | | 746,284 | 5,607 | | | 95 | |
| 018 SOCIAL SERVICE | 366,092 | | 386,953 | 1,686 | | | 152 | |
| 019 PATIENT REGISTRATION | 336,259 | | 355,420 | 814 | | | 43 | |
| 025 ADULTS & PEDIATRICS | 2,827,949 | | 2,989,091 | 19,589 | | 91,460 | 1,276 | |
| 026 INTENSIVE CARE UNIT | 589,246 | | 622,822 | 3,393 | | 14,443 | 333 | |
| 033 NURSERY | 103,585 | | 109,487 | 1,664 | | 1,431 | 132 | |
| 034 SKILLED NURSING FACIL | | | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | | | |
| 037 OPERATING ROOM | 3,357,578 | | 3,548,893 | 21,935 | | 37,844 | 563 | |
| 039 DELIVERY ROOM & LABOR | 59,281 | | 62,659 | 3,446 | | 2,703 | 136 | |
| 040 ANESTHESIOLOGY | 87,370 | | 92,349 | 357 | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 1,663,689 | | 1,758,489 | 8,885 | | 6,887 | 151 | |
| 042 RADIOLOGY-THERAPEUTIC | 362,146 | | 382,782 | | | 8,923 | | |
| 043 RADIOISOTOPE | 316,059 | | 334,069 | 1,212 | | 3,080 | | |
| 043 01 MRI | 621,813 | | 657,245 | 1,230 | | 1,162 | 48 | |
| 044 LABORATORY | 1,793,536 | | 1,895,735 | 5,040 | | 146 | 116 | |
| 047 BLOOD STORING, PROCES | 152,741 | | 161,444 | | | | | |
| 049 RESPIRATORY THERAPY | 483,476 | | 511,025 | 1,451 | | | 141 | |
| 050 PHYSICAL THERAPY | 608,060 | | 642,708 | 6,099 | | 11,727 | 216 | |
| 053 ELECTROCARDIOLOGY | 64,444 | | 68,116 | 138 | | 868 | | |
| 054 ELECTROENCEPHALOGRAPH | 6,671 | | 7,051 | 137 | | | | |
| 055 MEDICAL SUPPLIES CHAR | 104 | | 110 | | | | | |
| 056 DRUGS CHARGED TO PATI | 790,832 | | 835,895 | | | | | |
| 056 01 CARDIAC REHAB | 68,714 | | 72,629 | 916 | | 1 | | |
| 060 01 SLEEP LAB | 58,095 | | 61,405 | 1,861 | | | 267 | |
| 061 EMERGENCY | 1,800,842 | | 1,903,458 | 7,004 | | 29,686 | 990 | |
| 062 OBSERVATION BEDS (NON | | | | | | | | |
| 062 OTHER REIMBURS COST C | | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | 403,618 | | 426,617 | 2,116 | | | 87 | |
| 067 SPEC PURPOSE COST CEN | | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | | |
| 093 HOSPICE | | | | | | | | |
| 095 SUBTOTALS | 24,818,911 | -1,998,087 | 24,235,046 | 116,807 | 9,723 | 222,420 | 5,030 | |
| 096 NONREIMBURS COST CENT | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 2,763 | | 2,920 | 579 | | | | |
| 097 RESEARCH | | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | 394,816 | 34,419 | | | 837 | |
| 098 01 MOBILE MEALS | | | | | | | | |
| 098 02 PRINCETON PEDIATRICS | | | | | | | | |
| 098 03 OUTSIDE CONTRACT LAUN | 4,053 | | 4,284 | | | 1,475,956 | | |
| 099 NONPAID WORKERS | | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | | |
| 100 01 CLINICS | | | | | | | | |
| 100 02 ORTHO CLINIC | | | 446,725 | | | 161 | | |
| 100 03 SHEFFIELD CLINIC | | | | | | | | |
| 100 04 WALNUT CLINIC | | | | | | | | |
| 100 05 PERRY PLAZA LEASED | | -88,721 | | | 24,803 | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 COST TO BE ALLOCATED | 1,414,610 | | 1,998,087 | 1,953,725 | 152,511 | 765,246 | 606,927 | |
| 103 (WRKSHT B, PART I) | | | | | | | | |
| 104 UNIT COST MULTIPLIER | | | | 12.869965 | | .450532 | | |
| 104 (WRKSHT B, PT I) | .056982 | | .079657 | | 4.417280 | | 103.447588 | |
| 105 COST TO BE ALLOCATED | | | | | | | | |
| 105 (WRKSHT B, PART II) | | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | | |
| 106 (WRKSHT B, PT II) | | | | | | | | |
| 107 COST TO BE ALLOCATED | 264,678 | | 194,317 | 165,832 | 3,839 | 74,290 | 23,527 | |
| 107 (WRKSHT B, PART III) | | | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | 1.092401 | | .043738 | | |
| 108 (WRKSHT B, PT III) | .010661 | | .007747 | | .111192 | | 4.010056 | |

COST ALLOCATION - STATISTICAL BASIS

14-1337

FROM 5/ 1/2007

WORKSHEET B-1

TO 4/30/2008

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|------------------------------|----------------|----------------|------------------------|---------------------------|----------------------|---------------------------|----------------|
| | (MEALS SERVED) | (FTE'S SERVED) | (DIRECT NURSING H) | (COSTED REQUISITION) | (COSTED REQUISITION) | (TOTAL REVENUE) | (PATIENT DAYS) |
| | 11 | 12 | 14 | 15 | 16 | 17 | 18 |
| 003 GENERAL SERVICE COST | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLD | | | | | | | |
| 004 01 PERRY PLAZA B&F | | | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | | | |
| 006 01 EMPLOYEE BENEFITS | | | | | | | |
| 006 02 BUSINESS OFFICE | | | | | | | |
| 006 03 A&G HOSPITAL ONLY | | | | | | | |
| 008 01 A&G SHARED | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 01 PERRY PLAZA PLANT OP | | | | | | | |
| 011 LAUNDRY & LINEN SERVI | | | | | | | |
| 012 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | 75,387 | | | | | | |
| 012 CAFETERIA | 46,551 | 15,354 | | | | | |
| 014 NURSING ADMINISTRATION | 1,858 | 1,012 | 21,168 | | | | |
| 015 CENTRAL SERVICES & SU | | 167 | 363 | 1,893,616 | | | |
| 016 PHARMACY | 13 | 439 | | 7,168 | 833,865 | | |
| 017 MEDICAL RECORDS & LIB | 3 | 1,306 | | | | 52,397,551 | |
| 018 SOCIAL SERVICE | 68 | 539 | | | | | 5,387 |
| 019 PATIENT REGISTRATION | | 569 | | | | | |
| 025 INPAT ROUTINE SRVC CN | | | | | | | |
| 026 ADULTS & PEDIATRICS | 20,298 | 2,713 | 10,786 | 106,296 | 392 | 3,980,457 | 5,050 |
| 033 INTENSIVE CARE UNIT | 2,068 | 548 | 1,587 | 15,366 | 31 | 732,767 | 337 |
| 034 NURSERY | 41 | 95 | 239 | 17,039 | | 184,272 | |
| 037 SKILLED NURSING FACIL | | | | | | | |
| 039 ANCILLARY SRVC COST C | | | | | | | |
| 040 OPERATING ROOM | 2,172 | 2,043 | 4,566 | 1,259,825 | 384 | 10,534,587 | |
| 041 DELIVERY ROOM & LABOR | | 44 | 110 | 4,672 | | 367,100 | |
| 042 ANESTHESIOLOGY | | | | 19,737 | 18 | 1,348,993 | |
| 043 RADIOLOGY-DIAGNOSTIC | 13 | 1,138 | | | | 7,612,095 | |
| 044 RADIOLOGY-THERAPEUTIC | | 292 | | | | 1,704,364 | |
| 045 RADIOISOTOPE | 2 | | | 254 | 82,211 | 794,012 | |
| 046 01 MRI | | | | | | 2,513,593 | |
| 047 LABORATORY | 23 | 1,189 | | | | 8,195,438 | |
| 049 BLOOD STORING, PROCES | | | | 151,582 | | 91,317 | |
| 050 RESPIRATORY THERAPY | 38 | 555 | | 12,618 | 3,725 | 1,616,962 | |
| 053 PHYSICAL THERAPY | 27 | 927 | | 12,760 | 4,573 | 1,983,898 | |
| 054 ELECTROCARDIOLOGY | | 102 | | 2,580 | | 578,300 | |
| 055 ELECTROENCEPHALOGRAPH | | 6 | | 6 | | 22,130 | |
| 056 MEDICAL SUPPLIES CHAR | | | | | | 8,217 | |
| 056 01 DRUGS CHARGED TO PATI | | | | | 741,087 | 3,918,455 | |
| 060 01 CARDIAC REHAB | | 89 | | 843 | | 134,939 | |
| 061 OUTPAT SERVICE COST C | | | | | | | |
| 062 01 SLEEP LAB | 80 | 1 | | 1,948 | | 305,250 | |
| 067 EMERGENCY | 2,108 | 1,021 | 3,517 | 66,812 | 472 | 4,859,138 | |
| 092 OBSERVATION BEDS (NON | | | | | | | |
| 093 OTHER REIMBURS COST C | | | | | | | |
| 095 DURABLE MEDICAL EQUIP | 24 | 406 | | 192,900 | | 655,956 | |
| 096 SPEC PURPOSE COST CEN | | | | | | | |
| 097 AMBULATORY SURGICAL C | | | | | | | |
| 098 HOSPICE | | | | | | | |
| 099 SUBTOTALS | 75,387 | 15,201 | 21,168 | 1,872,406 | 832,893 | 52,142,240 | 5,387 |
| 096 NONREIMBURS COST CENT | | | | | | | |
| 097 GIFT, FLOWER, COFFEE | | | | | | | |
| 098 RESEARCH | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE O | | 49 | | 1,600 | 48 | 111,016 | |
| 098 02 MOBILE MEALS | | | | | | | |
| 098 03 PRINCETON PEDIATRICS | | | | | | | |
| 099 01 OUTSIDE CONTRACT LAUN | | | | | | | |
| 100 02 NONPAID WORKERS | | | | | | | |
| 100 03 OTHER NONREIMBURSABLE | | | | | | | |
| 100 04 CLINICS | | | | | | | |
| 100 05 ORTHO CLINIC | | 104 | | 19,610 | 924 | 144,295 | |
| 101 01 SHEFFIELD CLINIC | | | | | | | |
| 102 02 WALNUT CLINIC | | | | | | | |
| 103 03 PERRY PLAZA LEASED | | | | | | | |
| 104 04 CROSS FOOT ADJUSTMENT | | | | | | | |
| 105 05 NEGATIVE COST CENTER | | | | | | | |
| 106 COST TO BE ALLOCATED | 892,079 | 615,218 | 1,024,240 | 201,412 | 857,190 | 940,086 | 477,602 |
| 107 (WRKSHT B, PART I) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | 40.068907 | | .106364 | | .017941 | |
| 109 (WRKSHT B, PT I) | | | | | | | |
| 110 COST TO BE ALLOCATED | 11.833327 | | 48.386243 | | 1.027972 | | 88.658251 |
| 111 (WRKSHT B, PART II) | | | | | | | |
| 112 UNIT COST MULTIPLIER | | | | | | | |
| 113 (WRKSHT B, PT II) | | | | | | | |
| 114 COST TO BE ALLOCATED | 66,004 | 61,586 | 36,739 | 39,855 | 46,253 | 64,101 | 19,875 |
| 115 (WRKSHT B, PART III) | | | | | | | |
| 116 UNIT COST MULTIPLIER | | 4.011072 | | .021047 | | .001223 | |
| 117 (WRKSHT B, PT III) | | | | | | | |
| | .875536 | | 1.735591 | | .055468 | | 3.689438 |

| COST CENTER DESCRIPTION | PATIENT REGISTRATION | (TOTAL REVENUE) |
|------------------------------|----------------------|------------------|
| | | 19 |
| 003 GENERAL SERVICE COST | | |
| 003 01 NEW CAP REL COSTS-BLD | | |
| 004 01 PERRY PLAZA B&F | | |
| 005 NEW CAP REL COSTS-MVB | | |
| 006 EMPLOYEE BENEFITS | | |
| 006 01 BUSINESS OFFICE | | |
| 006 02 A&G HOSPITAL ONLY | | |
| 006 03 A&G SHARED | | |
| 008 OPERATION OF PLANT | | |
| 008 01 PERRY PLAZA PLANT OP | | |
| 009 LAUNDRY & LINEN SERVI | | |
| 010 HOUSEKEEPING | | |
| 011 DIETARY | | |
| 012 CAFETERIA | | |
| 014 NURSING ADMINISTRATION | | |
| 015 CENTRAL SERVICES & SU | | |
| 016 PHARMACY | | |
| 017 MEDICAL RECORDS & LIB | | |
| 018 SOCIAL SERVICE | | |
| 019 PATIENT REGISTRATION | 52,397,551 | |
| 025 INPAT ROUTINE SRVC CN | | |
| 026 ADULTS & PEDIATRICS | 3,980,457 | |
| 033 INTENSIVE CARE UNIT | 732,767 | |
| 034 NURSERY | 184,272 | |
| 037 SKILLED NURSING FACIL | | |
| 039 ANCILLARY SRVC COST C | | |
| 040 OPERATING ROOM | 10,534,587 | |
| 041 DELIVERY ROOM & LABOR | 367,100 | |
| 042 ANESTHESIOLOGY | 1,348,993 | |
| 043 RADIOLOGY-DIAGNOSTIC | 7,612,095 | |
| 043 RADIOLOGY-THERAPEUTIC | 1,704,364 | |
| 043 RADIOISOTOPE | 794,012 | |
| 043 01 MRI | 2,513,593 | |
| 044 LABORATORY | 8,195,438 | |
| 047 BLOOD STORING, PROCES | 91,317 | |
| 049 RESPIRATORY THERAPY | 1,616,962 | |
| 050 PHYSICAL THERAPY | 1,983,898 | |
| 053 ELECTROCARDIOLOGY | 578,300 | |
| 054 ELECTROENCEPHALOGRAPH | 22,130 | |
| 055 MEDICAL SUPPLIES CHAR | 8,217 | |
| 056 DRUGS CHARGED TO PATI | 3,918,455 | |
| 056 01 CARDIAC REHAB | 134,939 | |
| 060 01 OUTPAT SERVICE COST C | | |
| 061 SLEEP LAB | 305,250 | |
| 062 EMERGENCY | 4,859,138 | |
| 067 OBSERVATION BEDS (NON | | |
| 092 OTHER REIMBURS COST C | | |
| 093 DURABLE MEDICAL EQUIP | 655,956 | |
| 095 SPEC PURPOSE COST CEN | | |
| 096 AMBULATORY SURGICAL C | | |
| 097 HOSPICE | | |
| 098 SUBTOTALS | 52,142,240 | |
| 099 NONREIMBURS COST CENT | | |
| 100 GIFT, FLOWER, COFFEE | | |
| 100 RESEARCH | | |
| 100 PHYSICIANS' PRIVATE O | 111,016 | |
| 100 01 MOBILE MEALS | | |
| 100 02 PRINCETON PEDIATRICS | | |
| 100 03 OUTSIDE CONTRACT LAUN | | |
| 100 NONPAID WORKERS | | |
| 100 OTHER NONREIMBURSABLE | | |
| 100 01 CLINICS | | |
| 100 02 ORTHO CLINIC | 144,295 | |
| 100 03 SHEFFIELD CLINIC | | |
| 100 04 WALNUT CLINIC | | |
| 100 05 PERRY PLAZA LEASED | | |
| 101 CROSS FOOT ADJUSTMENT | | |
| 102 NEGATIVE COST CENTER | | |
| 103 COST TO BE ALLOCATED | 421,455 | |
| 104 (PER WRKSHT B, PART | | |
| 105 UNIT COST MULTIPLIER | | |
| 106 (WRKSHT B, PT I) | .008043 | |
| 107 COST TO BE ALLOCATED | | |
| 108 (PER WRKSHT B, PART | | |
| 109 UNIT COST MULTIPLIER | | |
| 110 (WRKSHT B, PT II) | | |
| 111 COST TO BE ALLOCATED | 24,463 | |
| 112 (PER WRKSHT B, PART | | |
| 113 UNIT COST MULTIPLIER | | |
| 114 (WRKSHT B, PT III) | .000467 | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 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 | 5,086,163 | | 5,086,163 | | |
| 26 | INTENSIVE CARE UNIT | 930,860 | | 930,860 | | |
| 33 | NURSERY | 176,380 | | 176,380 | | |
| 34 | SKILLED NURSING FACILITY | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 4,925,834 | | 4,925,834 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | 144,408 | | 144,408 | | |
| 40 | ANESTHESIOLOGY | 141,470 | | 141,470 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | | 2,275,184 | | |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | | 473,279 | | |
| 43 | RADIOISOTOPE | 482,859 | | 482,859 | | |
| 43 | 01 MRI | 796,231 | | 796,231 | | |
| 44 | LABORATORY | 2,384,539 | | 2,384,539 | | |
| 47 | BLOOD STORAGE, PROCESSING | 192,799 | | 192,799 | | |
| 49 | RESPIRATORY THERAPY | 654,866 | | 654,866 | | |
| 50 | PHYSICAL THERAPY | 895,096 | | 895,096 | | |
| 53 | ELECTROCARDIOLOGY | 95,096 | | 95,096 | | |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | | 10,192 | | |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | | 332 | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | | 1,766,113 | | |
| 56 | 01 CARDIAC REHAB | 97,365 | | 97,365 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | | 126,993 | | |
| 61 | EMERGENCY | 2,630,890 | | 2,630,890 | | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 512,024 | | 512,024 | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | | 550,948 | | |
| 101 | SUBTOTAL | 25,349,921 | | 25,349,921 | | |
| 102 | LESS OBSERVATION BEDS | 512,024 | | 512,024 | | |
| 103 | TOTAL | 24,837,897 | | 24,837,897 | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1337

FROM 5/ 1/2007

WORKSHEET C

TO 4/30/2008

PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 3,591,998 | | 3,591,998 | | | |
| 26 | INTENSIVE CARE UNIT | 732,767 | | 732,767 | | | |
| 33 | NURSERY | 184,272 | | 184,272 | | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 3,626,427 | 6,908,160 | 10,534,587 | .467587 | .467587 | |
| 39 | DELIVERY ROOM & LABOR ROO | 367,100 | | 367,100 | .393375 | .393375 | |
| 40 | ANESTHESIOLOGY | 258,662 | 389,236 | 647,898 | .218352 | .218352 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 834,011 | 6,778,084 | 7,612,095 | .298891 | .298891 | |
| 42 | RADIOLOGY-THERAPEUTIC | 277,082 | 1,427,282 | 1,704,364 | .277687 | .277687 | |
| 43 | RADIOISOTOPE | 57,475 | 736,537 | 794,012 | .608126 | .608126 | |
| 43 | 01 MRI | 110,366 | 2,403,227 | 2,513,593 | .316770 | .316770 | |
| 44 | LABORATORY | 1,219,630 | 6,752,609 | 7,972,239 | .299105 | .299105 | |
| 47 | BLOOD STORING, PROCESSING | 117,869 | 196,647 | 314,516 | .613002 | .613002 | |
| 49 | RESPIRATORY THERAPY | 1,319,751 | 297,211 | 1,616,962 | .404998 | .404998 | |
| 50 | PHYSICAL THERAPY | 281,174 | 1,702,724 | 1,983,898 | .451180 | .451180 | |
| 53 | ELECTROCARDIOLOGY | 63,681 | 514,619 | 578,300 | .164441 | .164441 | |
| 54 | ELECTROENCEPHALOGRAPHY | 2,766 | 19,364 | 22,130 | .460551 | .460551 | |
| 55 | MEDICAL SUPPLIES CHARGED | 7,580 | 637 | 8,217 | .040404 | .040404 | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,723,077 | 2,195,378 | 3,918,455 | .450717 | .450717 | |
| 56 | 01 CARDIAC REHAB | | 134,939 | 134,939 | .721548 | .721548 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | 01 SLEEP LAB | | 305,250 | 305,250 | .416029 | .416029 | |
| 61 | EMERGENCY | 128,008 | 4,731,130 | 4,859,138 | .541431 | .541431 | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 13,257 | 375,202 | 388,459 | 1.318090 | 1.318090 | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | 655,956 | 655,956 | .839916 | .839916 | |
| 101 | SUBTOTAL | 14,916,953 | 36,524,192 | 51,441,145 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 14,916,953 | 36,524,192 | 51,441,145 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1337

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

PREPARED 9/11/2008
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 | 5,086,163 | | 5,086,163 | | |
| 26 | INTENSIVE CARE UNIT | 930,860 | | 930,860 | | |
| 33 | NURSERY | 176,380 | | 176,380 | | |
| 34 | SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 4,925,834 | | 4,925,834 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | 144,408 | | 144,408 | | |
| 40 | ANESTHESIOLOGY | 141,470 | | 141,470 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | | 2,275,184 | | |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | | 473,279 | | |
| 43 | RADIOISOTOPE | 482,859 | | 482,859 | | |
| 43 | 01 MRI | 796,231 | | 796,231 | | |
| 44 | LABORATORY | 2,384,539 | | 2,384,539 | | |
| 47 | BLOOD STORING, PROCESSING | 192,799 | | 192,799 | | |
| 49 | RESPIRATORY THERAPY | 654,866 | | 654,866 | | |
| 50 | PHYSICAL THERAPY | 895,096 | | 895,096 | | |
| 53 | ELECTROCARDIOLOGY | 95,096 | | 95,096 | | |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | | 10,192 | | |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | | 332 | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | | 1,766,113 | | |
| 56 | 01 CARDIAC REHAB | 97,365 | | 97,365 | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | | 126,993 | | |
| 61 | EMERGENCY | 2,630,890 | | 2,630,890 | | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 512,024 | | 512,024 | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | | 550,948 | | |
| 101 | SUBTOTAL | 25,349,921 | | 25,349,921 | | |
| 102 | LESS OBSERVATION BEDS | 512,024 | | 512,024 | | |
| 103 | TOTAL | 24,837,897 | | 24,837,897 | | |

| 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 | 4,925,834 | 434,766 | 4,491,068 | | | 4,925,834 |
| 39 | DELIVERY ROOM & LABOR ROO | 144,408 | 23,239 | 121,169 | | | 144,408 |
| 40 | ANESTHESIOLOGY | 141,470 | 31,145 | 110,325 | | | 141,470 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | 391,993 | 1,883,191 | | | 2,275,184 |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | 60,019 | 413,260 | | | 473,279 |
| 43 | RADIOISOTOPE | 482,859 | 19,440 | 463,419 | | | 482,859 |
| 43 | 01 MRI | 796,231 | 219,623 | 576,608 | | | 796,231 |
| 44 | LABORATORY | 2,384,539 | 117,159 | 2,267,380 | | | 2,384,539 |
| 47 | BLOOD STORING, PROCESSING | 192,799 | 6,262 | 186,537 | | | 192,799 |
| 49 | RESPIRATORY THERAPY | 654,866 | 35,603 | 619,263 | | | 654,866 |
| 50 | PHYSICAL THERAPY | 895,096 | 65,135 | 829,961 | | | 895,096 |
| 53 | ELECTROCARDIOLOGY | 95,096 | 3,764 | 91,332 | | | 95,096 |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | 3,900 | 6,292 | | | 10,192 |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | 19 | 313 | | | 332 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | 64,269 | 1,701,844 | | | 1,766,113 |
| 56 | 01 CARDIAC REHAB | 97,365 | 8,484 | 88,881 | | | 97,365 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | 17,316 | 109,677 | | | 126,993 |
| 61 | EMERGENCY | 2,630,890 | 125,848 | 2,505,042 | | | 2,630,890 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 512,024 | | 512,024 | | | 512,024 |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | 35,038 | 515,910 | | | 550,948 |
| 101 | SUBTOTAL | 19,156,518 | 1,663,022 | 17,493,496 | | | 19,156,518 |
| 102 | LESS OBSERVATION BEDS | 512,024 | | 512,024 | | | 512,024 |
| 103 | TOTAL | 18,644,494 | 1,663,022 | 16,981,472 | | | 18,644,494 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|--|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 10,534,587 | .467587 | .467587 |
| 39 | DELIVERY ROOM & LABOR ROO | 367,100 | .393375 | .393375 |
| 40 | ANESTHESIOLOGY | 647,898 | .218352 | .218352 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,612,095 | .298891 | .298891 |
| 42 | RADIOLOGY-THERAPEUTIC | 1,704,364 | .277687 | .277687 |
| 43 | RADIOISOTOPE | 794,012 | .608126 | .608126 |
| 43 | 01 MRI | 2,513,593 | .316770 | .316770 |
| 44 | LABORATORY | 7,972,239 | .299105 | .299105 |
| 47 | BLOOD STORING, PROCESSING | 314,516 | .613002 | .613002 |
| 49 | RESPIRATORY THERAPY | 1,616,962 | .404998 | .404998 |
| 50 | PHYSICAL THERAPY | 1,983,898 | .451180 | .451180 |
| 53 | ELECTROCARDIOLOGY | 578,300 | .164441 | .164441 |
| 54 | ELECTROENCEPHALOGRAPHY | 22,130 | .460551 | .460551 |
| 55 | MEDICAL SUPPLIES CHARGED | 8,217 | .040404 | .040404 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,918,455 | .450717 | .450717 |
| 56 | 01 CARDIAC REHAB | 134,939 | .721548 | .721548 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | 01 SLEEP LAB | 305,250 | .416029 | .416029 |
| 61 | EMERGENCY | 4,859,138 | .541431 | .541431 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 388,459 | 1.318090 | 1.318090 |
| 67 | DURABLE MEDICAL EQUIP-SOL | 655,956 | .839916 | .839916 |
| 101 | SUBTOTAL | 46,932,108 | | |
| 102 | LESS OBSERVATION BEDS | 388,459 | | |
| 103 | TOTAL | 46,543,649 | | |

| 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 | 4,925,834 | 434,766 | 4,491,068 | | | 4,925,834 |
| 39 | DELIVERY ROOM & LABOR ROO | 144,408 | 23,239 | 121,169 | | | 144,408 |
| 40 | ANESTHESIOLOGY | 141,470 | 31,145 | 110,325 | | | 141,470 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | 391,993 | 1,883,191 | | | 2,275,184 |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | 60,019 | 413,260 | | | 473,279 |
| 43 | RADIOISOTOPE | 482,859 | 19,440 | 463,419 | | | 482,859 |
| 43 | 01 MRI | 796,231 | 219,623 | 576,608 | | | 796,231 |
| 44 | LABORATORY | 2,384,539 | 117,159 | 2,267,380 | | | 2,384,539 |
| 47 | BLOOD STORING, PROCESSING | 192,799 | 6,262 | 186,537 | | | 192,799 |
| 49 | RESPIRATORY THERAPY | 654,866 | 35,603 | 619,263 | | | 654,866 |
| 50 | PHYSICAL THERAPY | 895,096 | 65,135 | 829,961 | | | 895,096 |
| 53 | ELECTROCARDIOLOGY | 95,096 | 3,764 | 91,332 | | | 95,096 |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | 3,900 | 6,292 | | | 10,192 |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | 19 | 313 | | | 332 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | 64,269 | 1,701,844 | | | 1,766,113 |
| 56 | 01 CARDIAC REHAB | 97,365 | 8,484 | 88,881 | | | 97,365 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | 17,316 | 109,677 | | | 126,993 |
| 61 | EMERGENCY | 2,630,890 | 125,848 | 2,505,042 | | | 2,630,890 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 512,024 | | 512,024 | | | 512,024 |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | 35,038 | 515,910 | | | 550,948 |
| 101 | SUBTOTAL | 19,156,518 | 1,663,022 | 17,493,496 | | | 19,156,518 |
| 102 | LESS OBSERVATION BEDS | 512,024 | | 512,024 | | | 512,024 |
| 103 | TOTAL | 18,644,494 | 1,663,022 | 16,981,472 | | | 18,644,494 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|--------------------|--|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| | OPERATING ROOM | 10,534,587 | .467587 | .467587 |
| 39 | DELIVERY ROOM & LABOR ROO | 367,100 | .393375 | .393375 |
| 40 | ANESTHESIOLOGY | 647,898 | .218352 | .218352 |
| 41 | RADIOLOGY-DIAGNOSTIC | 7,612,095 | .298891 | .298891 |
| 42 | RADIOLOGY-THERAPEUTIC | 1,704,364 | .277687 | .277687 |
| 43 | RADIOISOTOPE | 794,012 | .608126 | .608126 |
| 43 | 01 MRI | 2,513,593 | .316770 | .316770 |
| 44 | LABORATORY | 7,972,239 | .299105 | .299105 |
| 47 | BLOOD STORING, PROCESSING | 314,516 | .613002 | .613002 |
| 49 | RESPIRATORY THERAPY | 1,616,962 | .404998 | .404998 |
| 50 | PHYSICAL THERAPY | 1,983,898 | .451180 | .451180 |
| 53 | ELECTROCARDIOLOGY | 578,300 | .164441 | .164441 |
| 54 | ELECTROENCEPHALOGRAPHY | 22,130 | .460551 | .460551 |
| 55 | MEDICAL SUPPLIES CHARGED | 8,217 | .040404 | .040404 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,918,455 | .450717 | .450717 |
| 56 | 01 CARDIAC REHAB | 134,939 | .721548 | .721548 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | 01 SLEEP LAB | 305,250 | .416029 | .416029 |
| 61 | EMERGENCY | 4,859,138 | .541431 | .541431 |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 388,459 | 1.318090 | 1.318090 |
| 67 | DURABLE MEDICAL EQUIP-SOL | 655,956 | .839916 | .839916 |
| 101 | SUBTOTAL | 46,932,108 | | |
| 102 | LESS OBSERVATION BEDS | 388,459 | | |
| 103 | TOTAL | 46,543,649 | | |

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 | 4,925,834 | 10,534,587 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 144,408 | 367,100 | | | |
| 40 | ANESTHESIOLOGY | 141,470 | 647,898 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | 7,612,095 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | 1,704,364 | | | |
| 43 | RADIOISOTOPE | 482,859 | 794,012 | | | |
| 43 | 01 MRI | 796,231 | 2,513,593 | | | |
| 44 | LABORATORY | 2,384,539 | 7,972,239 | | | |
| 47 | BLOOD STORING, PROCESSING | 192,799 | 314,516 | | | |
| 49 | RESPIRATORY THERAPY | 654,866 | 1,616,962 | | | |
| 50 | PHYSICAL THERAPY | 895,096 | 1,983,898 | | | |
| 53 | ELECTROCARDIOLOGY | 95,096 | 578,300 | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | 22,130 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | 8,217 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | 3,918,455 | | | |
| 56 | 01 CARDIAC REHAB | 97,365 | 134,939 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | 305,250 | | | |
| 61 | EMERGENCY | 2,630,890 | 4,859,138 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 512,024 | 388,459 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | 655,956 | | | |
| 101 | TOTAL | 19,156,518 | 46,932,108 | | | |

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/11/2008
 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 ANCILLARY CHARGES 4 | TOTAL OUTPATIENT CHARGES 5 | RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6 | TOTAL OUT- PATIENT COSTS 7 |
|--------------------|--|--|--|---------------------|------------------------------------|-------------------------------------|---|-------------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| | OPERATING ROOM | 4,925,834 | 28,400 | 4,954,234 | 10,534,587 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 144,408 | | 144,408 | 367,100 | | | |
| 40 | ANESTHESIOLOGY | 141,470 | 961,959 | 1,103,429 | 647,898 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,275,184 | | 2,275,184 | 7,612,095 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | 473,279 | | 473,279 | 1,704,364 | | | |
| 43 | RADIOISOTOPE | 482,859 | | 482,859 | 794,012 | | | |
| 43 | 01 MRI | 796,231 | | 796,231 | 2,513,593 | | | |
| 44 | LABORATORY | 2,384,539 | 31,200 | 2,415,739 | 7,972,239 | | | |
| 47 | BLOOD STORING, PROCESSING | 192,799 | | 192,799 | 314,516 | | | |
| 49 | RESPIRATORY THERAPY | 654,866 | | 654,866 | 1,616,962 | | | |
| 50 | PHYSICAL THERAPY | 895,096 | | 895,096 | 1,983,898 | | | |
| 53 | ELECTROCARDIOLOGY | 95,096 | | 95,096 | 578,300 | | | |
| 54 | ELECTROENCEPHALOGRAPHY | 10,192 | | 10,192 | 22,130 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 332 | | 332 | 8,217 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,766,113 | | 1,766,113 | 3,918,455 | | | |
| 56 | 01 CARDIAC REHAB | 97,365 | 27,500 | 124,865 | 134,939 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | 01 SLEEP LAB | 126,993 | | 126,993 | 305,250 | | | |
| 61 | EMERGENCY | 2,630,890 | 556,218 | 3,187,108 | 4,859,138 | | | |
| 62 | OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS | 512,024 | | 512,024 | 388,459 | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | 550,948 | | 550,948 | 655,956 | | | |
| 101 | TOTAL | 19,156,518 | 1,605,277 | 20,761,795 | 46,932,108 | | | |
| 102 | TOTAL OUTPATIENT VISITS | | | | | | | |
| 103 | AGGREGATE COST PER VISIT | | | | | | | |
| 104 | TITLE V OUTPATIENT VISITS | | | | | | | |
| 105 | TITLE XVIII OUTPAT VISITS | | | | | | | |
| 106 | TITLE XIX OUTPAT VISITS | | | | | | | |
| 107 | TITLE V OUTPAT COSTS | | | | | | | |
| 108 | TITLE XVIII OUTPAT COSTS | | | | | | | |
| 109 | TITLE XIX OUTPAT COSTS | | | | | | | |

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|---|--|---|---------|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES | 1 | .450717 |
| 2 | PROGRAM VACCINE CHARGES | | 3,638 |
| 3 | PROGRAM COSTS | | 1,640 |

| 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 | | 1,903,622 | |
| 26 | INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS | | 485,883 | |
| 37 | OPERATING ROOM | .467587 | 1,978,737 | 925,232 |
| 39 | DELIVERY ROOM & LABOR ROOM | .393375 | 2,207 | 868 |
| 40 | ANESTHESIOLOGY | .218352 | 105,155 | 22,961 |
| 41 | RADIOLOGY-DIAGNOSTIC | .298891 | 501,676 | 149,946 |
| 42 | RADIOLOGY-THERAPEUTIC | .277687 | 194,547 | 54,023 |
| 43 | RADIOISOTOPE | .608126 | 41,279 | 25,103 |
| 43 | 01 MRI | .316770 | 81,031 | 25,668 |
| 44 | LABORATORY | .299105 | 839,047 | 250,963 |
| 47 | BLOOD STORING, PROCESSING & TRANS. | .613002 | | |
| 49 | RESPIRATORY THERAPY | .404998 | 971,348 | 393,394 |
| 50 | PHYSICAL THERAPY | .451180 | 162,421 | 73,281 |
| 53 | ELECTROCARDIOLOGY | .164441 | 47,627 | 7,832 |
| 54 | ELECTROENCEPHALOGRAPHY | .460551 | 2,220 | 1,022 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .040404 | 5,701 | 230 |
| 56 | DRUGS CHARGED TO PATIENTS | .450717 | 997,116 | 449,417 |
| 56 | 01 CARDIAC REHAB | .721548 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | 01 SLEEP LAB | .416029 | | |
| 61 | EMERGENCY | .541431 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | 1.318090 | 8,785 | 11,579 |
| 67 | DURABLE MEDICAL EQUIP-SOLD | .839916 | | |
| 101 | TOTAL | | 5,938,897 | 2,391,519 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 5,938,897 | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .467587 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | .393375 | | |
| 40 | ANESTHESIOLOGY | .218352 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .298891 | 20,148 | 6,022 |
| 42 | RADIOLOGY-THERAPEUTIC | .277687 | 2,129 | 591 |
| 43 | RADIOISOTOPE | .608126 | | |
| 43 | 01 MRI | .316770 | | |
| 44 | LABORATORY | .299105 | 33,178 | 9,924 |
| 47 | BLOOD STORING, PROCESSING & TRANS. | .613002 | | |
| 49 | RESPIRATORY THERAPY | .404998 | 72,346 | 29,300 |
| 50 | PHYSICAL THERAPY | .451180 | 75,521 | 34,074 |
| 53 | ELECTROCARDIOLOGY | .164441 | 706 | 116 |
| 54 | ELECTROENCEPHALOGRAPHY | .460551 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .040404 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .450717 | 67,994 | 30,646 |
| 56 | 01 CARDIAC REHAB | .721548 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | 01 SLEEP LAB | .416029 | | |
| 61 | EMERGENCY | .541431 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS | 1.318090 | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | .839916 | | |
| 101 | TOTAL | | 272,022 | 110,673 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 272,022 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 5,717,384 |
| 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) | 5,717,384 |

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) | 5,774,558 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|---|-----------|
| 18 | CAH DEDUCTIBLES | 30,847 |
| 18.01 | CAH ACTUAL BILLED COINSURANCE | 2,269,911 |
| | LINE 17.01 (SEE INSTRUCTIONS) | |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 3,473,800 |
| 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 | 3,473,800 |
| 24 | PRIMARY PAYER PAYMENTS | 493 |
| 25 | SUBTOTAL | 3,473,307 |

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

| | | |
|-------|---|-----------|
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 84,206 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 84,206 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 49,934 |
| 28 | SUBTOTAL | 3,557,513 |
| 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 | 3,557,513 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 3,537,411 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 20,102 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1337 | FROM 5/ 1/2007 | 9/11/2008 |
| COMPONENT NO: | TO | WORKSHEET E-2 |
| 14-2337 | 4/30/2008 | |

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) | 356,757 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 111,780 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 347 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 468,537 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 468,537 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 468,537 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 468,537 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 468,537 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 414,016 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | 54,521 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|---------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1337 | FROM 5/ 1/2007 | 9/11/2008 |
| COMPONENT NO: | TO 4/30/2008 | WORKSHEET E-3 |
| 14-1337 | | PART II |

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

| | | |
|--|--|-----------|
| 1 | INPATIENT SERVICES | 5,579,259 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 5,579,259 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 5,635,052 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 7 | ROUTINE SERVICE CHARGES | |
| 8 | ANCI LLARY 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 LIA BLE 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 | DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 5,635,052 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 561,788 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 5,073,264 |
| 23 | COI NSURANCE | |
| 24 | SUBTOTAL | 5,073,264 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS) | 23,113 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 23,113 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 14,757 |
| 26 | SUBTOTAL | 5,096,377 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 5,096,377 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 4,945,892 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | 150,485 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) 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 | 3,680,763 | | | |
| 2 TEMPORARY INVESTMENTS | | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 5,643,791 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | 380,185 | | | |
| 8 PREPAID EXPENSES | 298,834 | | | |
| 9 OTHER CURRENT ASSETS | 425,708 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 10,429,281 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | | | | |
| 12.01 LAND IMPROVEMENTS | | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 14 BUILDINGS | 18,521,562 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 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 | | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 18,521,562 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 8,653,040 | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | 233,577 | | | |
| 25 OTHER ASSETS | | | | |
| 26 TOTAL OTHER ASSETS | 8,886,617 | | | |
| 27 TOTAL ASSETS | 37,837,460 | | | |

BALANCE SHEET

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 718,139 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 1,605,773 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 636,528 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | 485,068 | | | |
| 35 OTHER CURRENT LIABILITIES | 771,166 | | | |
| 36 TOTAL CURRENT LIABILITIES | 4,216,674 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 3,376,986 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 3,376,986 | | | |
| 43 TOTAL LIABILITIES | 7,593,660 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 30,243,800 | | | |
| 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 | 30,243,800 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 37,837,460 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|------------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 28,945,873 | | |
| 2 | NET INCOME (LOSS) | | 1,365,929 | | |
| 3 | TOTAL | | 30,311,802 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 30,311,802 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | DEDUCTIONS (DEBIT ADJUSTM | | | | |
| 14 | PRIOR PERIOD ADJUSTMENTS | 68,002 | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 68,002 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 30,243,800 | | |

| | | 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 | PRIOR PERIOD ADJUSTMENTS | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF REVENUES AND EXPENSES

| DESCRIPTION | | |
|-------------|---|------------|
| 1 | TOTAL PATIENT REVENUES | 54,893,428 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 25,488,051 |
| 3 | NET PATIENT REVENUES | 29,405,377 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 30,222,292 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -816,915 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 323,172 |
| 7 | INCOME FROM INVESTMENTS | 504,809 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER OPERATING REVENUE | 1,316,241 |
| 24.01 | PROPERTY TAX | 39,996 |
| 25 | TOTAL OTHER INCOME | 2,184,218 |
| 26 | TOTAL | 1,367,303 |
| | OTHER EXPENSES | |
| 27 | OTHER NONOPERATING REVENUE | 1,374 |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | 1,374 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 1,365,929 |