

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		14-1340		FROM 5/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/30/2008 TIME 11:55

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:
 VALLEY WEST COMMUNITY HOSPITAL 14-1340
 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		171,465	-402,518		0
100	TOTAL	0		171,465	-402,518		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

HOSPITAL WAGE INDEX INFORMATION

14-1340

FROM 5/1/2007

WORKSHEET S-3

TO 4/30/2008

PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	8,605,341		8,605,341	320,520.00	26.85	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	165,103		165,103	2.00	82,551.50	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:						
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	393,564		393,564	2,633.00	149.47	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	1,492,615		1,492,615	31,478.00	47.42	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	3,308,033		3,308,033			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS						CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS						
22	ADMINISTRATIVE & GENERAL	1,269,214	-87,809	1,181,405	40,088.00	29.47	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	233,290		233,290	9,373.00	24.89	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	204,734		204,734	20,495.00	9.99	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	319,728	-175,010	144,718	12,238.00	11.83	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		175,010	175,010	7,365.00	23.76	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	35,207	24,238	59,445	3,938.00	15.10	
31	CENTRAL SERVICE AND SUPPLY	42,157		42,157	2,088.00	20.19	
32	PHARMACY	293,179		293,179	8,083.00	36.27	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	347,023		347,023	15,797.00	21.97	
34	SOCIAL SERVICE	50,061	63,571	113,632	1,220.00	93.14	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	8,605,341		8,605,341	320,520.00	26.85	
2	EXCLUDED AREA SALARIES	165,103		165,103	2.00	82,551.50	
3	SUBTOTAL SALARIES	8,440,238		8,440,238	320,518.00	26.33	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	1,886,179		1,886,179	34,111.00	55.30	
5	SUBTOTAL WAGE-RELATED COSTS	3,308,033		3,308,033		39.19	
6	TOTAL	13,634,450		13,634,450	354,629.00	38.45	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	2,794,593		2,794,593	120,685.00	23.16	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340

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

PREPARED 9/30/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2, 226, 267	2, 226, 267	-954, 374	1, 271, 893
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1, 074, 222	1, 074, 222
5	0500 EMPLOYEE BENEFITS		3, 695, 875	3, 695, 875	662	3, 696, 537
6.01	0610 NONPATIENT PHONES		251, 316	251, 316		251, 316
6.02	0620 DATA PROCESSING		83, 447	83, 447		83, 447
6.03	0630 PURCHASING RECEIVING AND STORES	84, 499	11, 899	96, 398		96, 398
6.04	0640 ADMIN TTING	387, 073	7, 394	394, 467		394, 467
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	31, 019	442, 996	474, 015		474, 015
6.06	0660 OTHER ADMIN STRATIVE AND GENERAL	766, 623	7, 154, 937	7, 921, 560	-70, 230	7, 851, 330
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	233, 290	982, 577	1, 215, 867		1, 215, 867
9	0900 LAUNDRY & LINEN SERVICE		89, 282	89, 282		89, 282
10	1000 HOUSEKEEPING	204, 734	156, 668	361, 402		361, 402
11	1100 DIETARY	319, 728	234, 336	554, 064	-303, 279	250, 785
12	1200 CAFETERIA				303, 279	303, 279
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	35, 207	2, 804	38, 011	24, 238	62, 249
15	1500 CENTRAL SERVICES & SUPPLY	42, 157	549, 372	591, 529	-378, 907	212, 622
16	1600 PHARMACY	293, 179	639, 448	932, 627	-623, 239	309, 388
17	1700 MEDICAL RECORDS & LIBRARY	347, 023	169, 876	516, 899		516, 899
18	1800 SOCIAL SERVICE	50, 061	1, 793	51, 854	95, 041	146, 895
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1, 667, 649	471, 211	2, 138, 860	-474, 822	1, 664, 038
26	2600 INTENSIVE CARE UNIT	394, 083	24, 694	418, 777	-1, 687	417, 090
33	3300 NURSERY				235, 290	235, 290
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	802, 407	658, 737	1, 461, 144	-432, 550	1, 028, 594
38	3800 RECOVERY ROOM	161, 094	9, 065	170, 159		170, 159
39	3900 DELIVERY ROOM & LABOR ROOM				234, 567	234, 567
40	4000 ANESTHESIOLOGY		992, 365	992, 365		992, 365
40.01	3950 PAIN CLINIC		46, 374	46, 374		46, 374
41	4100 RADIOLOGY-DIAGNOSTIC	753, 169	1, 549, 434	2, 302, 603		2, 302, 603
44	4400 LABORATORY	623, 146	1, 200, 622	1, 823, 768	-1, 189	1, 822, 579
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY				20, 001	20, 001
49	4900 RESPIRATORY THERAPY	292, 133	54, 077	346, 210	-2, 965	343, 245
50	5000 PHYSICAL THERAPY		337, 235	337, 235		337, 235
50.01	3951 O/P PHYSICAL THERAPY	6, 113	849, 051	855, 164		855, 164
53.01	3140 CARDIAC REHAB	82, 725	46, 209	128, 934		128, 934
54	5400 ELECTROENCEPHALOGRAPHY	1, 518	1, 660	3, 178		3, 178
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				858, 518	858, 518
56	5600 DRUGS CHARGED TO PATIENTS				560, 117	560, 117
59	3952 CLINICAL NUTRITION OUTPAT SERVICE COST CNTRS		78, 331	78, 331		78, 331
61	6100 EMERGENCY	861, 608	1, 444, 619	2, 306, 227		2, 306, 227
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
88	8800 INTEREST EXPENSE		162, 693	162, 693	-162, 693	
95	SUBTOTALS	8, 440, 238	24, 626, 664	33, 066, 902	-0-	33, 066, 902
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	165, 103	339, 691	504, 794		504, 794
101	TOTAL	8, 605, 341	24, 966, 355	33, 571, 696	-0-	33, 571, 696

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340
PERIOD: FROM 5/1/2007 TO 4/30/2008
PREPARED 9/30/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-35,066	1,236,827
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,074,222
5 0500	EMPLOYEE BENEFITS		3,696,537
6.01 0610	NONPATIENT PHONES		251,316
6.02 0620	DATA PROCESSING		83,447
6.03 0630	PURCHASING RECEIVING AND STORES	-1,956	94,442
6.04 0640	ADMITTING		394,467
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		474,015
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-3,389,957	4,461,373
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-5,416	1,210,451
9 0900	LAUNDRY & LINEN SERVICE		89,282
10 1000	HOUSEKEEPING		361,402
11 1100	DIETARY		250,785
12 1200	CAFETERIA	-55,744	247,535
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		62,249
15 1500	CENTRAL SERVICES & SUPPLY	-72,078	140,544
16 1600	PHARMACY		309,388
17 1700	MEDICAL RECORDS & LIBRARY	-11,366	505,533
18 1800	SOCIAL SERVICE		146,895
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,664,038
26 2600	INTENSIVE CARE UNIT		417,090
33 3300	NURSERY		235,290
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,028,594
38 3800	RECOVERY ROOM		170,159
39 3900	DELIVERY ROOM & LABOR ROOM		234,567
40 4000	ANESTHESIOLOGY	-936,740	55,625
40.01 3950	PAIN CLINIC		46,374
41 4100	RADIOLOGY-DIAGNOSTIC	-80,075	2,222,528
44 4400	LABORATORY	-34,800	1,787,779
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
48 4800	INTRAVENOUS THERAPY		20,001
49 4900	RESPIRATORY THERAPY		343,245
50 5000	PHYSICAL THERAPY	-11,487	325,748
50.01 3951	O/P PHYSICAL THERAPY	-108,208	746,956
53.01 3140	CARDIAC REHAB		128,934
54 5400	ELECTROENCEPHALOGRAPHY		3,178
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		858,518
56 5600	DRUGS CHARGED TO PATIENTS	-4,804	555,313
59 3952	CLINICAL NUTRITION OUTPAT SERVICE COST CNTRS		78,331
61 6100	EMERGENCY	-1,031,077	1,275,150
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-5,778,774	27,288,128
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		504,794
101	TOTAL	-5,778,774	27,792,922

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/30/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	O/P PHYSICAL THERAPY	3951	OTHER ANCILLARY SERVICE COST CENTERS
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CLINICAL NUTRITION	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141340

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

PREPARED 9/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSING ADMINISTRATION	A		14	24,238	
2 DRUGS SOLD	B		56		560,117
3 NURSERY/DELIVERY AND LABOR	C		33	155,506	79,784
4			39	155,028	79,539
5 MEDICAL SUPPLIES	D		55		858,518
6			48		20,001
7					
8 EQUIPMENT LEASES	E		4		119,848
9					
10					
11					
12					
13					
14					
15					
16 CAFETERIA	F		12	175,010	128,269
17 INTEREST	G		6.06		162,693
18 EQUIPMENT DEPRECIATION	H		4		954,374
19 EMPLOYEE BENEFITS	I		5		662
20 LITHOTRIpsy SERVICES	J		37		81,839
21 CONTINUITY OF CARE	K		18	63,571	31,470
36 TOTAL RECLASSIFICATIONS				573,353	3,077,114

(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:
141340

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

PREPARED 9/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 NURSING ADMINISTRATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	24,238		
2 DRUGS SOLD	B	PHARMACY	16		560,117	
3 NURSERY/DELIVERY AND LABOR	C	ADULTS & PEDIATRICS	25	310,534	159,323	
4						
5 MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		363,827	
6		OPERATING ROOM	37		509,854	
7		PHARMACY	16		4,838	
8 EQUIPMENT LEASES	E	INTENSIVE CARE UNIT	26		1,687	9
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		31,143	
10		PHARMACY	16		58,284	
11		CENTRAL SERVICES & SUPPLY	15		15,080	
12		ADULTS & PEDIATRICS	25		4,965	
13		OPERATING ROOM	37		4,535	
14		LABORATORY	44		1,189	
15		RESPIRATORY THERAPY	49		2,965	
16 CAFETERIA	F	DIETARY	11	175,010	128,269	
17 INTEREST	G	INTEREST EXPENSE	88		162,693	
18 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		954,374	9
19 EMPLOYEE BENEFITS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		662	
20 LITHOTRIpsy SERVICES	J	OTHER ADMINISTRATIVE AND GENERAL	6.06		81,839	
21 CONTINUITY OF CARE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	63,571	31,470	
36 TOTAL RECLASSIFICATIONS				573,353	3,077,114	

(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:
141340

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

PREPARED 9/30/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSING ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	24,238	OTHER ADMINISTRATIVE AND GENER	6.06	24,238	
TOTAL RECLASSIFICATIONS FOR CODE A			24,238				24,238

RECLASS CODE: B
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	560,117	PHARMACY	16	560,117	
TOTAL RECLASSIFICATIONS FOR CODE B			560,117				560,117

RECLASS CODE: C
EXPLANATION : NURSERY/DELIVERY AND LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	235,290	ADULTS & PEDIATRICS	25	469,857	
2.00	DELIVERY ROOM & LABOR ROOM	39	234,567			0	
TOTAL RECLASSIFICATIONS FOR CODE C			469,857				469,857

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	858,518	CENTRAL SERVICES & SUPPLY	15	363,827	
2.00	INTRAVENOUS THERAPY	48	20,001	OPERATING ROOM	37	509,854	
3.00			0	PHARMACY	16	4,838	
TOTAL RECLASSIFICATIONS FOR CODE D			878,519				878,519

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	119,848	INTENSIVE CARE UNIT	26	1,687	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	31,143	
3.00			0	PHARMACY	16	58,284	
4.00			0	CENTRAL SERVICES & SUPPLY	15	15,080	
6.00			0	ADULTS & PEDIATRICS	25	4,965	
7.00			0	OPERATING ROOM	37	4,535	
8.00			0	LABORATORY	44	1,189	
9.00			0	RESPIRATORY THERAPY	49	2,965	
TOTAL RECLASSIFICATIONS FOR CODE E			119,848				119,848

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	303,279	DIETARY	11	303,279	
TOTAL RECLASSIFICATIONS FOR CODE F			303,279				303,279

RECLASS CODE: G
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	162,693	INTEREST EXPENSE	88	162,693	
TOTAL RECLASSIFICATIONS FOR CODE G			162,693				162,693

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	954,374	NEW CAP REL COSTS-BLDG & FIXT	3	954,374	
TOTAL RECLASSIFICATIONS FOR CODE H			954,374				954,374

RECLASSIFICATIONS

PROVIDER NO:
141340

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

PREPARED 9/30/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	662	OTHER ADMINISTRATIVE AND GENER	6.06	662
TOTAL RECLASSIFICATIONS FOR CODE I		662			662

RECLASS CODE: J
EXPLANATION : LITHOTRIPSY SERVICES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	81,839	OTHER ADMINISTRATIVE AND GENER	6.06	81,839
TOTAL RECLASSIFICATIONS FOR CODE J		81,839			81,839

RECLASS CODE: K
EXPLANATION : CONTINUITY OF CARE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICE	95,041	OTHER ADMINISTRATIVE AND GENER	6.06	95,041
TOTAL RECLASSIFICATIONS FOR CODE K		95,041			95,041

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	1,545,883					1,545,883	
2 LAND IMPROVEMENTS	527,629	615,855		615,855		1,143,484	
3 BUILDINGS & FIXTURE	17,747,134	4,685,496		4,685,496		22,432,630	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	5,424,895	1,444,789		1,444,789		6,869,684	
7 SUBTOTAL	25,245,541	6,746,140		6,746,140		31,991,681	
8 RECONCILING ITEMS							
9 TOTAL	25,245,541	6,746,140		6,746,140		31,991,681	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,956	PURCHASING RECEIVING AND		6.03	
7 REFUNDS AND REBATES OF EXPENSES	B	-72,078	CENTRAL SERVICES & SUPPLY		15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	A	-5,416	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,081,967				
13 SALE OF SCRAP, WASTE, ETC.	B	-725	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-51,604				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-55,744	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,804	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-11,366	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	-11,487	PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 OTHER REVENUE	B	-4,211	OTHER ADMINISTRATIVE AND		6.06	
38 PROVIDER TAX	A	-552,948	OTHER ADMINISTRATIVE AND		6.06	
39 MEDICAL STAFF CREDENTIALING	B	-4,050	OTHER ADMINISTRATIVE AND		6.06	
40 INTEREST INCOME	A	-162,693	OTHER ADMINISTRATIVE AND		6.06	
41 PHYSICIAN RECRUITMENT	A	-2,197,556	OTHER ADMINISTRATIVE AND		6.06	
42 LOBBYIST PORTION OF DUES	A	-8,338	OTHER ADMINISTRATIVE AND		6.06	
43						
44 NON ALLOWABLE DEPRECIATION	A	-5,625	NEW CAP REL COSTS-BLDG &		3	9
45 PROPERTY TAX	A	-1,585	OTHER ADMINISTRATIVE AND		6.06	
45.01 PROPERTY TAX	A	-3,422	O/P PHYSICAL THERAPY		50.01	
46 DEPRECIATION TO STRAIGHT LINE	A	-20,876	NEW CAP REL COSTS-BLDG &		3	9
47 CONTRIBUTIONS	A	-16,838	OTHER ADMINISTRATIVE AND		6.06	
48 MARKETING	A	-243,856	OTHER ADMINISTRATIVE AND		6.06	
48.01 THERAPY ARROWHEAD IN EXCESS OF COST	A	-104,786	O/P PHYSICAL THERAPY		50.01	
48.02 PENALTIES	A	-40,000	OTHER ADMINISTRATIVE AND		6.06	
48.03 GAIN ON LOSS OF SALE OF ASSETS	A	-114,843	NEW CAP REL COSTS-BLDG &		3	9
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,778,774				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	OTHER ADMINISTRATIVE AND	2,509,548	2,667,430	-157,882	
2	3	NEW CAP REL COSTS-BLDG &	106,278		106,278	9
3		ADMINISTRATIVE CAPITAL				
4						
5		TOTALS	2,615,826	2,667,430	-51,604	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
G		0.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTHCARE
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED: 9/30/2008
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	40	ANESTHESIA	955,460	936,740	18,720				
2	41	RADIOLOGY	79,350	79,350					
3	61	EMERGENCY ROOM	1,288,846	1,031,077	257,769				
4	44	LABORATORY	60,000	34,800	25,200				
5	6	6 OTHER ADMINISTRATIVE AND	2,503		2,503				
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,386,159	2,081,967	304,192				

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

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

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	345.50	2298.50	1040.00	2122.00
10	AHSEA (SEE INSTRUCTIONS)	81.53	65.22	48.92	19.13
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.61	32.61	24.46	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	28,169
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	149,908
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	50,877
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	228,954
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	40,594
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	269,548

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	269,548

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,935
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	8,952
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	20,887
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,657
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	23,544

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

PHYSICAL THERAPY

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 23,544
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 269,548
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 23,544
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

PHYSICAL THERAPY

63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	293,092
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	304,579
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	11,487

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	304,579
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.11	COST OF OUTSIDE SUPPLIER SERVICES - CMHC I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.21	COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.41	COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.51	COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	304,579
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.11	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)	
68.21	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
68.41	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)	
68.51	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	11,487
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.11	EXCESS COST OVER LIMITATION-CMHC I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.21	EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.41	EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.51	EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	11,487

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

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

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		312.00	156.00	
10	AHSEA (SEE INSTRUCTIONS)		61.81	46.36	19.13
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.91	30.91	23.18	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	19,285
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	7,232
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	26,517
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	26,517

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	56.66
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	44,195
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	44,195

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,313
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	8,484
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	19,797
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,657
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	22,454

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

OCCUPATIONAL THERAPY

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 22,454
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 44,195
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 22,454
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

OCCUPATIONAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 66,649
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 9,034
 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 9,034
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.11 COST OF OUTSIDE SUPPLIER SERVICES - CMHC I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 9,034
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.11 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)
 68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
 68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.11 EXCESS COST OVER LIMITATION-CMHC I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.21 EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.51 EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

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

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	297.50			
10	AHSEA (SEE INSTRUCTIONS)	59.39	44.54	19.13	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	29.70	29.70	22.27	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	17,669
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	17,669
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	17,669

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	59.39
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	46,324
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	46,324

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	10,870
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	8,151
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	19,021
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,657
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	21,678

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

SPEECH PATHOLOGY

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 21,678
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 46,324
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 21,678
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

SPEECH PATHOLOGY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 68,002
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 11,158
 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 11,158
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.11 COST OF OUTSIDE SUPPLIER SERVICES - CMHC I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 11,158
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.11 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)
 68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
 68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.11 EXCESS COST OVER LIMITATION-CMHC I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.21 EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.51 EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/30/2008
 I 14-1340 I FROM 5/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 4/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	3	NO. OF PHONES	ENTERED
6.02	DATA PROCESSING	4	NO. OF PC'S	ENTERED
6.03	PURCHASING RECEIVING AND STORES	5	SUPPLY EXPENSE	ENTERED
6.04	ADMINISTRATIVE	6	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	19	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT PHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,236,827			1,236,827			
005 NEW CAP REL COSTS-MVBLE E	1,074,222				1,074,222		
006 EMPLOYEE BENEFITS	3,696,537			6,770	5,880	3,709,187	
006 01 NONPATIENT PHONES	251,316			5,801	5,038		262,155
006 02 DATA PROCESSING	83,447			8,539	7,417		3,511
006 03 PURCHASING RECEIVING AND	94,442					36,645	9,363
006 04 ADMINISTRATION	394,467			29,513	25,633	167,862	1,170
006 05 CASHIERING/ACCOUNTS RECEI	474,015			1,021	886	13,452	3,511
006 06 OTHER ADMINISTRATIVE AND	4,461,373			153,944	133,705	359,624	58,519
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,210,451			170,937	148,466	101,171	8,192
009 LAUNDRY & LINEN SERVICE	89,282			23,406	20,329		1,170
010 HOUSEKEEPING	361,402			12,775	11,095	88,787	1,170
011 DIETARY	250,785			26,485	23,003	34,320	2,341
012 CAFETERIA	247,535			32,354	28,100	75,897	1,170
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	62,249			13,081	11,361	15,268	5,852
015 CENTRAL SERVICES & SUPPLY	140,544			70,678	61,386	18,282	1,170
016 PHARMACY	309,388			12,928	11,228	127,143	5,852
017 MEDICAL RECORDS & LIBRARY	505,533			11,176	9,707	150,493	25,747
018 SOCIAL SERVICE	146,895					21,753	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,664,038			110,823	96,253	588,543	26,918
026 INTENSIVE CARE UNIT	417,090			20,208	17,552	170,902	4,681
033 NURSERY	235,290			43,530	37,807	67,438	1,170
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,028,594			118,988	103,345	347,980	18,725
038 RECOVERY ROOM	170,159					69,862	3,511
039 DELIVERY ROOM & LABOR ROO	234,567			43,530	37,807	67,231	
040 ANESTHESIOLOGY	55,625			5,239	4,550		
040 01 PAIN CLINIC	46,374						
041 RADIOLOGY-DIAGNOSTIC	2,222,528			126,762	110,096	326,627	9,363
044 LABORATORY	1,787,779			38,733	33,641	270,240	17,555
046 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	20,001						
049 RESPIRATORY THERAPY	343,245			17,129	14,877	126,689	18,725
050 PHYSICAL THERAPY	325,748			28,067	24,377		3,511
050 01 O/P PHYSICAL THERAPY	746,956						
053 01 CARDIAC REHAB	128,934			12,792	11,110	35,875	5,852
054 ELECTROENCEPHALOGRAPHY	3,178			1,395	1,211	658	1,170
055 MEDICAL SUPPLIES CHARGED	858,518						
056 DRUGS CHARGED TO PATIENTS	555,313						
059 CLINICAL NUTRITION	78,331					28,440	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,275,150			75,373	65,464	373,654	14,044
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	27,288,128			1,221,977	1,061,324	3,684,836	253,963
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP				9,798	8,510		3,511
098 PHYSICIANS' PRIVATE OFFIC	504,794			5,052	4,388	24,351	4,681
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	27,792,922			1,236,827	1,074,222	3,709,187	262,155

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	102,914						
006 03 PURCHASING RECEIVING AND	2,557	143,007					
006 04 ADMINISTRATIVE	5,114	8	623,767				
006 05 CASHIERING/ACCOUNTS RECEI	1,918			494,803			
006 06 OTHER ADMINISTRATIVE AND	17,259	599			5,185,023	5,185,023	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,918	1			1,641,136	376,388	
009 LAUNDRY & LINEN SERVICE					134,187	30,775	
010 HOUSEKEEPING	639	2,103			477,971	109,621	
011 DIETARY	2,557	8,799			348,290	79,879	
012 CAFETERIA	639				385,695	88,458	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	639				108,450	24,873	
015 CENTRAL SERVICES & SUPPLY		57,512			349,572	80,173	
016 PHARMACY	3,196	25,475			495,210	113,574	
017 MEDICAL RECORDS & LIBRARY		3			702,659	161,152	
018 SOCIAL SERVICE					168,648	38,679	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,835	4,799	119,217	29,588	2,644,014	606,394	
026 INTENSIVE CARE UNIT	1,278	403	25,389	6,302	663,805	152,241	
033 NURSERY			10,294	2,555	398,084	91,299	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,588	1,108	64,615	50,587	1,743,530	399,872	
038 RECOVERY ROOM		309	11,070	6,420	261,331	59,935	
039 DELIVERY ROOM & LABOR ROO	11,506		10,262	2,547	407,450	93,447	
040 ANESTHESIOLOGY	4,475	1,580	8,833	5,688	85,990	19,721	
040 01 PAIN CLINIC	639	73		814	47,900	10,986	
041 RADIOLOGY-DIAGNOSTIC	7,671	10,020	66,534	126,636	3,006,237	689,460	
044 LABORATORY	7,031	27,710	95,328	83,822	2,361,839	541,678	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			40,563	22,896	83,460	19,141	
049 RESPIRATORY THERAPY	639	855	28,920	10,869	561,948	128,881	
050 PHYSICAL THERAPY	2,557	138	4,869	4,859	394,126	90,391	
050 01 O/P PHYSICAL THERAPY		314		9,284	756,554	173,513	
053 01 CARDIAC REHAB	1,278	111	469	1,223	197,644	45,329	
054 ELECTROENCEPHALOGRAPHY	8,310		92	68	16,082	3,688	
055 MEDICAL SUPPLIES CHARGED			23,614	17,867	899,999	206,411	
056 DRUGS CHARGED TO PATIENTS			103,754	45,237	704,304	161,529	
059 CLINICAL NUTRITION		1	53	507	107,332	24,616	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	7,671	1,072	9,891	67,034	1,889,353	433,316	
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	102,914	142,993	623,767	494,803	27,227,823	5,055,420	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP					21,819	5,004	
098 PHYSICIANS' PRIVATE OFFIC		14			543,280	124,599	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	102,914	143,007	623,767	494,803	27,792,922	5,185,023	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,017,524						
009 LAUNDRY & LINEN SERVICE	54,891	219,853					
010 HOUSEKEEPING	29,959		617,551				
011 DIETARY	62,111		19,847	510,127			
012 CAFETERIA	75,874		24,244		574,271		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	30,677		9,802		4,742		178,544
015 CENTRAL SERVICES & SUPPLY	165,750		52,962		5,992		
016 PHARMACY	30,318		9,687		21,832		
017 MEDICAL RECORDS & LIBRARY	26,209		8,375		40,383		
018 SOCIAL SERVICE					53		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	259,895	95,068	83,045	451,095	148,818		79,588
026 INTENSIVE CARE UNIT	47,391	10,933	15,143	59,032	27,356		14,630
033 NURSERY	102,083	4,529	32,619				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	279,043	24,415	89,163		71,542		38,261
039 RECOVERY ROOM					10,527		5,630
040 DELIVERY ROOM & LABOR ROO	102,083	4,529	32,619				
040 ANESTHESIOLOGY	12,287		3,926				
040 01 PAIN CLINIC							
041 RADIOLOGY-DIAGNOSTIC	297,272	23,122	94,987		66,852		
044 LABORATORY	90,833		29,024		67,426		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	40,171		12,836		25,793		
050 PHYSICAL THERAPY	65,821	2,650	21,032				
050 01 O/P PHYSICAL THERAPY							
053 01 CARDIAC REHAB	29,999	97	9,586		7,242		
054 ELECTROENCEPHALOGRAPHY	3,271	1,930	1,045		105		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	176,760	52,580	56,481		75,608		40,435
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	1,982,698	219,853	606,423	510,127	574,271		178,544
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	22,978		7,342				
098 PHYSICIANS' PRIVATE OFFIC	11,848		3,786				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,017,524	219,853	617,551	510,127	574,271		178,544

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	654,449						
016 PHARMACY		670,621					
017 MEDICAL RECORDS & LIBRARY			938,778				
018 SOCIAL SERVICE				207,380			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			56,142		183,382		
033 INTENSIVE CARE UNIT			11,957		23,998		
037 NURSERY			4,848				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM			95,985				
040 RECOVERY ROOM			12,182				
041 DELIVERY ROOM & LABOR ROO			4,833				
044 ANESTHESIOLOGY			10,793				
040 01 PAIN CLINIC			1,545				
041 RADIOLOGY-DIAGNOSTIC			240,208				
044 LABORATORY			159,045				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	11,358	5,743	43,443				
049 RESPIRATORY THERAPY			20,623				
050 PHYSICAL THERAPY			9,220				
050 01 O/P PHYSICAL THERAPY			17,616				
053 01 CARDIAC REHAB			2,320				
054 ELECTROENCEPHALOGRAPHY			130				
055 MEDICAL SUPPLIES CHARGED	643,091		33,901				
056 DRUGS CHARGED TO PATIENTS		664,878	85,834				
059 CLINICAL NUTRITION			962				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			127,191				
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 10 FOHC							
069 20 OTHER REIMBURS COST CNTRS							
069 30 CMHC							
069 40 OUTPATIENT PHYSICAL THERA							
071 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
085 01 HOME HEALTH AGENCY							
085 02 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION	654,449	670,621	938,778	207,380			
095 02 INTTESTINAL ACQUISITION							
096 SUBTOTALS	654,449	670,621	938,778	207,380			
098 NONREIMBURS COST CENTERS							
101 GIFT, FLOWER, COFFEE SHOP							
102 PHYSICIANS' PRIVATE OFFIC							
103 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	654,449	670,621	938,778	207,380			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)	POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT PHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM-(SPECIFY)					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			4,607,441		4,607,441
026 INTENSIVE CARE UNIT			1,026,486		1,026,486
033 NURSERY			633,462		633,462
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			2,741,811		2,741,811
038 RECOVERY ROOM			349,605		349,605
039 DELIVERY ROOM & LABOR ROO			644,961		644,961
040 ANESTHESIOLOGY			132,717		132,717
040 01 PAIN CLINIC			60,431		60,431
041 RADIOLOGY-DIAGNOSTIC			4,418,138		4,418,138
044 LABORATORY			3,249,845		3,249,845
046 30 BLOOD CLOTTING FACTORS AD					
048 INTRAVENOUS THERAPY			163,145		163,145
049 RESPIRATORY THERAPY			790,252		790,252
050 PHYSICAL THERAPY			583,240		583,240
050 01 O/P PHYSICAL THERAPY			947,683		947,683
053 01 CARDIAC REHAB			292,217		292,217
054 ELECTROENCEPHALOGRAPHY			26,251		26,251
055 MEDICAL SUPPLIES CHARGED			1,783,402		1,783,402
056 DRUGS CHARGED TO PATIENTS			1,616,545		1,616,545
059 CLINICAL NUTRITION			132,910		132,910
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			2,851,724		2,851,724
062 OBSERVATION BEDS (NON-DIS					
063 50 RHC					
063 60 FOHC					
069 OTHER REIMBURS COST CNTRS					
069 10 CMHC					
069 20 OUTPATIENT PHYSICAL THERA					
069 30 OUTPATIENT OCCUPATIONAL T					
069 40 OUTPATIENT SPEECH PATHOLO					
071 HOME HEALTH AGENCY					
085 SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
085 02 INTTESTINAL ACQUISITION					
095 SUBTOTALS			27,052,266		27,052,266
096 NONREIMBURS COST CENTERS					
096 GI FT, FLOWER, COFFEE SHOP			57,143		57,143
098 PHYSICIANS' PRIVATE OFFIC			683,513		683,513
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL			27,792,922		27,792,922

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/30/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				6,770	5,880	12,650	12,650
006 01 NONPATIENT PHONES				5,801	5,038	10,839	
006 02 DATA PROCESSING				8,539	7,417	15,956	
006 03 PURCHASING RECEIVING AND							125
006 04 ADMINITTING				29,513	25,633	55,146	572
006 05 CASHIERING/ACCOUNTS RECEI				1,021	886	1,907	46
006 06 OTHER ADMINISTRATIVE AND				153,944	133,705	287,649	1,226
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				170,937	148,466	319,403	345
009 LAUNDRY & LINEN SERVICE				23,406	20,329	43,735	
010 HOUSEKEEPING				12,775	11,095	23,870	303
011 DIETARY				26,485	23,003	49,488	117
012 CAFETERIA				32,354	28,100	60,454	259
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				13,081	11,361	24,442	52
015 CENTRAL SERVICES & SUPPLY				70,678	61,386	132,064	62
016 PHARMACY				12,928	11,228	24,156	434
017 MEDICAL RECORDS & LIBRARY				11,176	9,707	20,883	513
018 SOCIAL SERVICE							74
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				110,823	96,253	207,076	2,009
026 INTENSIVE CARE UNIT				20,208	17,552	37,760	583
033 NURSERY				43,530	37,807	81,337	230
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				118,988	103,345	222,333	1,187
038 RECOVERY ROOM							238
039 DELIVERY ROOM & LABOR ROO				43,530	37,807	81,337	229
040 ANESTHESIOLOGY				5,239	4,550	9,789	
040 01 PAIN CLINIC							
041 RADIOLOGY-DIAGNOSTIC				126,762	110,096	236,858	1,114
044 LABORATORY				38,733	33,641	72,374	922
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				17,129	14,877	32,006	432
050 PHYSICAL THERAPY				28,067	24,377	52,444	
050 01 O/P PHYSICAL THERAPY							
053 01 CARDIAC REHAB				12,792	11,110	23,902	122
054 ELECTROENCEPHALOGRAPHY				1,395	1,211	2,606	2
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							97
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				75,373	65,464	140,837	1,274
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS				1,221,977	1,061,324	2,283,301	12,567
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				9,798	8,510	18,308	
098 PHYSICIANS' PRIVATE OFFIC				5,052	4,388	9,440	83
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,236,827	1,074,222	2,311,049	12,650

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/30/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES	10,839						
006 02 DATA PROCESSING	145	16,101					
006 03 PURCHASING RECEIVING AND	387	400	912				
006 04 ADMINISTRATIVE	48	800		56,566			
006 05 CASHIERING/ACCOUNTS RECEI	145	300			2,398		
006 06 OTHER ADMINISTRATIVE AND	2,421	2,701	4			294,001	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	339	300				21,341	
009 LAUNDRY & LINEN SERVICE	48					1,745	
010 HOUSEKEEPING	48	100	13			6,216	
011 DIETARY	97	400	56			4,529	
012 CAFETERIA	48	100				5,016	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	242	100				1,410	
015 CENTRAL SERVICES & SUPPLY	48		367			4,546	
016 PHARMACY	242	500	162			6,440	
017 MEDICAL RECORDS & LIBRARY	1,065					9,137	
018 SOCIAL SERVICE						2,193	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,113	600	31	10,805	143	34,383	
026 INTENSIVE CARE UNIT	194	200	3	2,303	30	8,632	
033 NURSERY	48			934	12	5,177	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	774	1,500	7	5,860	244	22,673	
038 RECOVERY ROOM	145		2	1,004	31	3,398	
039 DELIVERY ROOM & LABOR ROO		1,800		931	12	5,298	
040 ANESTHESIOLOGY		700	10	801	27	1,118	
040 01 PAIN CLINIC		100			4	623	
041 RADIOLOGY-DIAGNOSTIC	387	1,200	64	6,034	626	39,101	
044 LABORATORY	726	1,100	177	8,645	404	30,713	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				3,679	110	1,085	
049 RESPIRATORY THERAPY	774	100	5	2,623	52	7,308	
050 PHYSICAL THERAPY	145	400	1	442	23	5,125	
050 01 O/P PHYSICAL THERAPY			2		45	9,838	
053 01 CARDIAC REHAB	242	200	1	43	6	2,570	
054 ELECTROENCEPHALOGRAPHY	48	1,300		8		209	
055 MEDICAL SUPPLIES CHARGED				2,142	86	11,704	
056 DRUGS CHARGED TO PATIENTS				9,410	218	9,159	
059 CLINICAL NUTRITION				5	2	1,396	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	581	1,200	7	897	323	24,569	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
095 SUBTOTALS	10,500	16,101	912	56,566	2,398	286,652	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	145					284	
098 PHYSICIANS' PRIVATE OFFIC	194					7,065	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,839	16,101	912	56,566	2,398	294,001	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	341,728						
009 LAUNDRY & LINEN SERVICE	9,297	54,825					
010 HOUSEKEEPING	5,074		35,624				
011 DIETARY	10,520		1,145	66,352			
012 CAFETERIA	12,852		1,399		80,128		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,196		565		662		32,669
015 CENTRAL SERVICES & SUPPLY	28,075		3,055		836		
016 PHARMACY	5,135		559		3,046		
017 MEDICAL RECORDS & LIBRARY	4,439		483		5,635		
018 SOCIAL SERVICE					7		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	44,021	23,709	4,791	58,674	20,763		14,562
026 INTENSIVE CARE UNIT	8,027	2,726	874	7,678	3,817		2,677
033 NURSERY	17,291	1,129	1,882				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	47,264	6,088	5,143		9,982		7,001
039 RECOVERY ROOM					1,469		1,030
040 DELIVERY ROOM & LABOR ROO	17,291	1,129	1,882				
040 ANESTHESIOLOGY	2,081		226				
040 01 PAIN CLINIC							
041 RADIOLOGY-DIAGNOSTIC	50,353	5,766	5,480		9,328		
044 LABORATORY	15,385		1,674		9,408		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,804		740		3,599		
050 PHYSICAL THERAPY	11,149	661	1,213				
050 01 O/P PHYSICAL THERAPY							
053 01 CARDIAC REHAB	5,081	24	553		1,011		
054 ELECTROENCEPHALOGRAPHY	554	481	60		15		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	29,940	13,112	3,258		10,550		7,399
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	335,829	54,825	34,982	66,352	80,128		32,669
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,892		424				
098 PHYSICIANS' PRIVATE OFFIC	2,007		218				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	341,728	54,825	35,624	66,352	80,128		32,669

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	169,053						
016 PHARMACY		40,674					
017 MEDICAL RECORDS & LIBRARY			42,155				
018 SOCIAL SERVICE				2,274			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			2,522	2,011			
026 INTENSIVE CARE UNIT			537	263			
033 NURSERY			218				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			4,312				
038 RECOVERY ROOM			547				
039 DELIVERY ROOM & LABOR ROO			217				
040 ANESTHESIOLOGY			485				
040 01 PAIN CLINIC			69				
041 RADIOLOGY-DIAGNOSTIC			10,772				
044 LABORATORY			7,146				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	2,934	348	1,952				
049 RESPIRATORY THERAPY			927				
050 PHYSICAL THERAPY			414				
050 01 O/P PHYSICAL THERAPY			791				
053 01 CARDIAC REHAB			104				
054 ELECTROENCEPHALOGRAPHY			6				
055 MEDICAL SUPPLIES CHARGED	166,119		1,523				
056 DRUGS CHARGED TO PATIENTS		40,326	3,856				
059 CLINICAL NUTRITION			43				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			5,714				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	169,053	40,674	42,155	2,274			
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	169,053	40,674	42,155	2,274			

ALLOCATION OF NEW CAPITAL RELATED COSTS

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT PHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEI			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	427,213		427,213
026		INTENSIVE CARE UNIT	76,304		76,304
033		NURSERY	108,258		108,258
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	334,368		334,368
038		RECOVERY ROOM	7,864		7,864
039		DELIVERY ROOM & LABOR ROO	110,126		110,126
040		ANESTHESIOLOGY	15,237		15,237
040	01	PAIN CLINIC	796		796
041		RADIOLOGY-DIAGNOSTIC	367,083		367,083
044		LABORATORY	148,674		148,674
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	10,108		10,108
049		RESPIRATORY THERAPY	55,370		55,370
050		PHYSICAL THERAPY	72,017		72,017
050	01	O/P PHYSICAL THERAPY	10,676		10,676
053	01	CARDIAC REHAB	33,859		33,859
054		ELECTROENCEPHALOGRAPHY	5,289		5,289
055		MEDICAL SUPPLIES CHARGED	181,574		181,574
056		DRUGS CHARGED TO PATIENTS	62,969		62,969
059		CLINICAL NUTRITION	1,543		1,543
		OUTPAT SERVICE COST CNTRS			
061		EMERGENCY	239,661		239,661
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	2,268,989		2,268,989
		NONREIMBURS COST CENTERS			
096		GI FT, FLOWER, COFFEE SHOP	23,053		23,053
098		PHYSICIANS' PRIVATE OFFIC	19,007		19,007
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	2,311,049		2,311,049

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT PH
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	ONES (NO. OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	72,710					
002 OLD CAP REL COSTS-MVB		72,710				
003 NEW CAP REL COSTS-BLD			72,710			
004 NEW CAP REL COSTS-MVB				72,710		
005 EMPLOYEE BENEFITS	398	398	398	398	8,553,011	
006 01 NONPATIENT PHONES	341	341	341	341		224
006 02 DATA PROCESSING	502	502	502	502		3
006 03 PURCHASING RECEIVING					84,499	8
006 04 ADMINITTING	1,735	1,735	1,735	1,735	387,073	1
006 05 CASHIERING/ACCOUNTS R	60	60	60	60	31,019	3
006 06 OTHER ADMINISTRATIVE	9,050	9,050	9,050	9,050	829,257	50
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	10,049	10,049	10,049	10,049	233,290	7
009 LAUNDRY & LINEN SERVI	1,376	1,376	1,376	1,376		1
010 HOUSEKEEPING	751	751	751	751	204,734	1
011 DIETARY	1,557	1,557	1,557	1,557	79,138	2
012 CAFETERIA	1,902	1,902	1,902	1,902	175,010	1
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	769	769	769	769	35,207	5
015 CENTRAL SERVICES & SU	4,155	4,155	4,155	4,155	42,157	1
016 PHARMACY	760	760	760	760	293,179	5
017 MEDICAL RECORDS & LIB	657	657	657	657	347,023	22
018 SOCIAL SERVICE					50,161	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	6,515	6,515	6,515	6,515	1,357,115	23
026 INTENSIVE CARE UNIT	1,188	1,188	1,188	1,188	394,083	4
033 NURSERY	2,559	2,559	2,559	2,559	155,506	1
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,995	6,995	6,995	6,995	802,407	16
038 RECOVERY ROOM					161,094	3
039 DELIVERY ROOM & LABOR	2,559	2,559	2,559	2,559	155,028	
040 ANESTHESIOLOGY	308	308	308	308		
040 01 PAIN CLINIC						
041 RADIOLOGY-DIAGNOSTIC	7,452	7,452	7,452	7,452	753,169	8
044 LABORATORY	2,277	2,277	2,277	2,277	623,146	15
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,007	1,007	1,007	1,007	292,133	16
050 PHYSICAL THERAPY	1,650	1,650	1,650	1,650		3
050 01 O/P PHYSICAL THERAPY						
053 01 CARDIAC REHAB	752	752	752	752	82,725	5
054 ELECTROENCEPHALOGRAPH	82	82	82	82	1,518	1
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 CLINICAL NUTRITION					65,580	
OUTPAT SERVICE COST C						
061 EMERGENCY	4,431	4,431	4,431	4,431	861,608	12
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESITINAL ACQUISITIO						
095 SUBTOTALS	71,837	71,837	71,837	71,837	8,496,859	217
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	576	576	576	576		3
098 PHYSICIANS' PRIVATE O	297	297	297	297	56,152	4
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,236,827	1,074,222	3,709,187	262,155
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			17.010411	14.774061	.433670	1,170.334821
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					12,650	10,839
(WRKSHT B, PART III)						

COST CENTER DESCRIPTION	DATA PROCESSING (NO OF PC'S)	PURCHASING RECEIVING AND (SUPPLY) EXPENSE	ADMINISTRATIVE (INPATIENT) REVENUE	CASHIERING/AC COUNTS RECEI (GROSS REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	161						
006 03 PURCHASING RECEIVING	4	3,199,471					
006 04 ADMINISTRATION	8	181	24,854,881				
006 05 CASHIERING/ACCOUNTS R	3			79,432,054			
006 06 OTHER ADMINISTRATIVE	27	13,411			-5,185,023	22,607,899	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3	13				1,641,136	
009 LAUNDRY & LINEN SERVI						134,187	
010 HOUSEKEEPING	1	47,055				477,971	
011 DIETARY	4	196,855				348,290	
012 CAFETERIA	1					385,695	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	1					108,450	
015 CENTRAL SERVICES & SU		1,286,719				349,572	
016 PHARMACY	5	569,946				495,210	
017 MEDICAL RECORDS & LIB		69				702,659	
018 SOCIAL SERVICE						168,648	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	6	107,366	4,750,120	4,750,120		2,644,014	
026 INTENSIVE CARE UNIT	2	9,015	1,011,663	1,011,663		663,805	
033 NURSERY			410,189	410,189		398,084	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	15	24,779	2,574,717	8,121,219		1,743,530	
038 RECOVERY ROOM		6,923	441,093	1,030,701		261,331	
039 DELIVERY ROOM & LABOR	18		408,928	408,928		407,450	
040 ANESTHESIOLOGY	7	35,358	351,954	913,176		85,990	
040 01 PAIN CLINIC	1	1,631		130,697		47,900	
041 RADIOLOGY-DIAGNOSTIC	12	224,174	2,651,160	20,326,605		3,006,237	
044 LABORATORY	11	619,947	3,798,550	13,456,747		2,361,839	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY			1,616,296	3,675,660		83,460	
049 RESPIRATORY THERAPY	1	19,139	1,152,365	1,744,867		561,948	
050 PHYSICAL THERAPY	4	3,077	194,003	780,125		394,126	
050 01 O/P PHYSICAL THERAPY		7,022		1,490,446		756,554	
053 01 CARDIAC REHAB	2	2,481	18,696	196,311		197,644	
054 ELECTROENCEPHALOGRAPH	13		3,661	10,983		16,082	
055 MEDICAL SUPPLIES CHAR			940,939	2,868,349		899,999	
056 DRUGS CHARGED TO PATI			4,134,272	7,262,377		704,304	
059 CLINICAL NUTRITION		19	2,130	81,361		107,332	
061 OUTPAT SERVICE COST C							
061 EMERGENCY	12	23,974	394,145	10,761,530		1,889,353	
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITIO							
095 SUBTOTALS	161	3,199,154	24,854,881	79,432,054	-5,185,023	22,042,800	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						21,819	
098 PHYSICIANS' PRIVATE O		317				543,280	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	102,914	143,007	623,767	494,803		5,185,023	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.044697		.006229		.229346	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	639,217391		.025096				
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	16,101	912	56,566	2,398		294,001	
(WRKSHT B, PART III)							

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASI NG RE CEI VI NG AND	RE ADMI TTING	CASHI ERI NG/AC COUNTS RECEI	OTHER ADMI NIS TRATI VE AND	MAI NTENANCE & REPAI RS	
	(NO OF PC' S	(SUPPLY)EXPENSE	(INPATIENT)REVENUE	(GROSS)REVENUE	RECONCI L- IATION	(ACCUM. COST	(SQUARE)FEET
	6.02	6.03	6.04	6.05	6a.06	6.06	7
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	100.006211	.000285	.002276	.000030		.013004	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	50,575						
009 LAUNDRY & LINEN SERVICE	1,376	47,617					
010 HOUSEKEEPING	751		48,448				
011 DIETARY	1,557			4,001			
012 CAFETERIA	1,902				229,237		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							133,266
015 CENTRAL SERVICES & SUPPLIES	4,155		4,155		2,392		
016 PHARMACY	760		760		8,715		
017 MEDICAL RECORDS & LIBRARY	657		657		16,120		
018 SOCIAL SERVICE					21		
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIC INPATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	6,515	20,590	6,515	3,538	59,405		59,405
026 INTENSIVE CARE UNIT	1,188	2,368	1,188	463	10,920		10,920
033 NURSERY	2,559	981	2,559				
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	6,995	5,288	6,995		28,558		28,558
038 RECOVERY ROOM					4,202		4,202
039 DELIVERY ROOM & LABOR	2,559	981	2,559				
040 ANESTHESIOLOGY	308		308				
040 01 PAIN CLINIC							
041 RADIOLOGY-DIAGNOSTIC	7,452	5,008	7,452		26,686		
044 LABORATORY	2,277		2,277		26,915		
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,007		1,007		10,296		
050 PHYSICAL THERAPY	1,650	574	1,650				
050 01 O/P PHYSICAL THERAPY							
053 01 CARDIAC REHAB	752	21	752		2,891		
054 ELECTROENCEPHALOGRAPHY	82	418	82		42		
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	4,431	11,388	4,431		30,181		30,181
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
SPECIFIC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	49,702	47,617	47,575	4,001	229,237		133,266
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	576		576				
098 PHYSICIANS' PRIVATE OFFICE	297		297				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	2,017,524	219,853	617,551	510,127	574,271		178,544
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)		4.617112		127.499875			
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	39.891725		12.746677		2.505141		1.339757
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
107 COST TO BE ALLOCATED (WORKSHEET B, PART III)	341,728	54,825	35,624	66,352	80,128		32,669

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)
	8	9	10	11	12	13	14
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	6.756856	1.151375	.735304	16.583854	.349542		.245141

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUP	873,681						
016 PHARMACY		564,955					
017 MEDICAL RECORDS & LIB			79,432,054				
018 SOCIAL SERVICE				4,001			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			4,750,120	3,538			
026 INTENSIVE CARE UNIT			1,011,663	463			
033 NURSERY			410,189				
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM			8,121,219				
038 RECOVERY ROOM			1,030,701				
039 DELIVERY ROOM & LABOR			408,928				
040 ANESTHESIOLOGY			913,176				
040 01 PAIN CLINIC			130,697				
041 RADIOLOGY-DIAGNOSTIC			20,326,605				
044 LABORATORY			13,456,747				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	15,163	4,838	3,675,660				
049 RESPIRATORY THERAPY			1,744,867				
050 PHYSICAL THERAPY			780,125				
050 01 O/P PHYSICAL THERAPY			1,490,446				
053 01 CARDIAC REHAB			196,311				
054 ELECTROENCEPHALOGRAPH			10,983				
055 MEDICAL SUPPLIES CHAR	858,518		2,868,349				
056 DRUGS CHARGED TO PATI		560,117	7,262,377				
059 CLINICAL NUTRITION			81,361				
061 OUTPAT SERVICE COST C							
061 EMERGENCY			10,761,530				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	873,681	564,955	79,432,054	4,001			
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
101 PHYSICIANS' PRIVATE O							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	654,449	670,621	938,778	207,380			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.187034		51.832042			
(WRKSHT B, PT I)	.749071		.011819				
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	169,053	40,674	42,155	2,274			
(WRKSHT B, PART III)							

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDI CAL RECOR	SOCIAL SERVIC	NONPHYSICIAN	NURSING SCHOO	I&R SERVICES-
	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS	L	SALARY & FRI
	(COSTED	(COSTED	(GROSS	(PATIENT	(ASSIGNED	(ASSIGNED	(ASSIGNED
	REQUIS.)REQUIS.)REVENUE)DAYS)TIME)TIME)TIME
	15	16	17	18	20	21	22
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	.193495	.071995	.000531	.568358			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME
		23	24
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT PHONES			
006 02 DATA PROCESSING			
006 03 PURCHASING RECEIVING			
006 04 ADMINISTRATION			
006 05 CASHIERING/ACCOUNTS R			
006 06 OTHER ADMINISTRATIVE			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSON			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM-(SPEC			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS			
033 INTENSIVE CARE UNIT			
037 NURSERY			
038 ANCILLARY SRVC COST C			
039 OPERATING ROOM			
040 RECOVERY ROOM			
040 01 DELIVERY ROOM & LABOR			
041 ANESTHESIOLOGY			
044 PAIN CLINIC			
046 30 RADIOLOGY-DIAGNOSTIC			
048 LABORATORY			
049 30 BLOOD CLOTTING FACTOR			
050 INTRAVENOUS THERAPY			
050 01 RESPIRATORY THERAPY			
053 01 PHYSICAL THERAPY			
054 01 O/P PHYSICAL THERAPY			
055 01 CARDIAC REHAB			
056 ELECTROENCEPHALOGRAPH			
059 MEDICAL SUPPLIES CHAR			
061 DRUGS CHARGED TO PATI			
062 CLINICAL NUTRITION			
063 OUTPAT SERVICE COST C			
063 50 EMERGENCY			
063 60 OBSERVATION BEDS (NON			
069 10 RHC			
069 20 CMHC			
069 30 OUTPATIENT PHYSICAL T			
069 40 OUTPATIENT OCCUPATION			
071 OUTPATIENT SPEECH PAT			
085 HOME HEALTH AGENCY			
085 01 SPEC PURPOSE COST CEN			
085 02 PANCREAS ACQUISITION			
095 02 INTESTINAL ACQUISITIO			
096 SUBTOTALS			
098 NONREIMBURS COST CENT			
101 GIFT, FLOWER, COFFEE			
102 PHYSICIANS' PRIVATE O			
103 CROSS FOOT ADJUSTMENT			
104 NEGATIVE COST CENTER			
105 COST TO BE ALLOCATED			
106 (PER WRKSHT B, PART			
107 UNIT COST MULTIPLIER			
(WRKSHT B, PT I)			
COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT II)			
COST TO BE ALLOCATED			
(PER WRKSHT B, PART			

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)	
	(ASSIGNED TIME	(ASSIGNED TIME)
NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	23	24

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,741,811	334,368	2,407,443			2,741,811
38	RECOVERY ROOM	349,605	7,864	341,741			349,605
39	DELIVERY ROOM & LABOR ROO	644,961	110,126	534,835			644,961
40	ANESTHESIOLOGY	132,717	15,237	117,480			132,717
40	01 PAIN CLINIC	60,431	796	59,635			60,431
41	RADIOLOGY-DIAGNOSTIC	4,418,138	367,083	4,051,055			4,418,138
44	LABORATORY	3,249,845	148,674	3,101,171			3,249,845
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	163,145	10,108	153,037			163,145
49	RESPIRATORY THERAPY	790,252	55,370	734,882			790,252
50	PHYSICAL THERAPY	583,240	72,017	511,223			583,240
50	01 O/P PHYSICAL THERAPY	947,683	10,676	937,007			947,683
53	01 CARDIAC REHAB	292,217	33,859	258,358			292,217
54	ELECTROENCEPHALOGRAPHY	26,251	5,289	20,962			26,251
55	MEDICAL SUPPLIES CHARGED	1,783,402	181,574	1,601,828			1,783,402
56	DRUGS CHARGED TO PATIENTS	1,616,545	62,969	1,553,576			1,616,545
59	CLINICAL NUTRITION	132,910	1,543	131,367			132,910
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,851,724	239,661	2,612,063			2,851,724
62	OBSERVATION BEDS (NON-DIS	385,446		385,446			385,446
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	21,170,323	1,657,214	19,513,109			21,170,323
102	LESS OBSERVATION BEDS	385,446		385,446			385,446
103	TOTAL	20,784,877	1,657,214	19,127,663			20,784,877

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	5,785,713	.473893	.473893
38	RECOVERY ROOM	1,030,701	.339191	.339191
39	DELIVERY ROOM & LABOR ROO	408,928	1.577199	1.577199
40	ANESTHESIOLOGY	913,176	.145336	.145336
40	01 PAIN CLINIC	130,697	.462375	.462375
41	RADIOLOGY-DIAGNOSTIC	20,139,565	.219376	.219376
44	LABORATORY	13,456,747	.241503	.241503
46	30 BLOOD CLOTTING FACTORS AD			
	INTRAVENOUS THERAPY	3,675,660	.044385	.044385
49	RESPIRATORY THERAPY	1,744,867	.452901	.452901
50	PHYSICAL THERAPY	774,036	.753505	.753505
50	01 O/P PHYSICAL THERAPY	1,490,446	.635839	.635839
53	01 CARDIAC REHAB	196,311	1.488541	1.488541
54	ELECTROENCEPHALOGRAPHY	10,983	2.390148	2.390148
55	MEDICAL SUPPLIES CHARGED	5,209,944	.342307	.342307
56	DRUGS CHARGED TO PATIENTS	7,262,377	.222592	.222592
59	CLINICAL NUTRITION	81,361	1.633584	1.633584
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,141,986	.399290	.399290
62	OBSERVATION BEDS (NON-DIS	441,754	.872535	.872535
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	69,895,252		
102	LESS OBSERVATION BEDS	441,754		
103	TOTAL	69,453,498		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,741,811	334,368	2,407,443			2,741,811
38	RECOVERY ROOM	349,605	7,864	341,741			349,605
39	DELIVERY ROOM & LABOR ROO	644,961	110,126	534,835			644,961
40	ANESTHESIOLOGY	132,717	15,237	117,480			132,717
40	01 PAIN CLINIC	60,431	796	59,635			60,431
41	RADIOLOGY-DIAGNOSTIC	4,418,138	367,083	4,051,055			4,418,138
44	LABORATORY	3,249,845	148,674	3,101,171			3,249,845
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	163,145	10,108	153,037			163,145
49	RESPIRATORY THERAPY	790,252	55,370	734,882			790,252
50	PHYSICAL THERAPY	583,240	72,017	511,223			583,240
50	01 O/P PHYSICAL THERAPY	947,683	10,676	937,007			947,683
53	01 CARDIAC REHAB	292,217	33,859	258,358			292,217
54	ELECTROENCEPHALOGRAPHY	26,251	5,289	20,962			26,251
55	MEDICAL SUPPLIES CHARGED	1,783,402	181,574	1,601,828			1,783,402
56	DRUGS CHARGED TO PATIENTS	1,616,545	62,969	1,553,576			1,616,545
59	CLINICAL NUTRITION	132,910	1,543	131,367			132,910
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,851,724	239,661	2,612,063			2,851,724
62	OBSERVATION BEDS (NON-DIS	385,446		385,446			385,446
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	21,170,323	1,657,214	19,513,109			21,170,323
102	LESS OBSERVATION BEDS	385,446		385,446			385,446
103	TOTAL	20,784,877	1,657,214	19,127,663			20,784,877

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	5,785,713	.473893	.473893
38	RECOVERY ROOM	1,030,701	.339191	.339191
39	DELIVERY ROOM & LABOR ROO	408,928	1.577199	1.577199
40	ANESTHESIOLOGY	913,176	.145336	.145336
40 01	PAIN CLINIC	130,697	.462375	.462375
41	RADIOLOGY-DIAGNOSTIC	20,139,565	.219376	.219376
44	LABORATORY	13,456,747	.241503	.241503
46 30	BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	3,675,660	.044385	.044385
49	RESPIRATORY THERAPY	1,744,867	.452901	.452901
50	PHYSICAL THERAPY	774,036	.753505	.753505
50 01	O/P PHYSICAL THERAPY	1,490,446	.635839	.635839
53 01	CARDIAC REHAB	196,311	1.488541	1.488541
54	ELECTROENCEPHALOGRAPHY	10,983	2.390148	2.390148
55	MEDICAL SUPPLIES CHARGED	5,209,944	.342307	.342307
56	DRUGS CHARGED TO PATIENTS	7,262,377	.222592	.222592
59	CLINICAL NUTRITION	81,361	1.633584	1.633584
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,141,986	.399290	.399290
62	OBSERVATION BEDS (NON-DIS	441,754	.872535	.872535
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	69,895,252		
102	LESS OBSERVATION BEDS	441,754		
103	TOTAL	69,453,498		

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 CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,741,811	5,785,713			
38	RECOVERY ROOM	349,605	1,030,701			
39	DELIVERY ROOM & LABOR ROO	644,961	408,928			
40	ANESTHESIOLOGY	132,717	913,176			
40 01	PAIN CLINIC	60,431	130,697			
41	RADIOLOGY-DIAGNOSTIC	4,418,138	20,139,565			
44	LABORATORY	3,249,845	13,456,747			
46 30	BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	163,145	3,675,660			
49	RESPIRATORY THERAPY	790,252	1,744,867			
50	PHYSICAL THERAPY	583,240	774,036			
50 01	O/P PHYSICAL THERAPY	947,683	1,490,446			
53 01	CARDIAC REHAB	292,217	196,311			
54	ELECTROENCEPHALOGRAPHY	26,251	10,983			
55	MEDICAL SUPPLIES CHARGED	1,783,402	5,209,944			
56	DRUGS CHARGED TO PATIENTS	1,616,545	7,262,377			
59	CLINICAL NUTRITION	132,910	81,361			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,851,724	7,141,986			
62	OBSERVATION BEDS (NON-DIS	385,446	441,754			
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	21,170,323	69,895,252			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,741,811		2,741,811	5,785,713			
38	RECOVERY ROOM	349,605		349,605	1,030,701			
39	DELIVERY ROOM & LABOR ROO	644,961		644,961	408,928			
40	ANESTHESIOLOGY	132,717	936,740	1,069,457	913,176			
40	01 PAIN CLINIC	60,431		60,431	130,697			
41	RADIOLOGY-DIAGNOSTIC	4,418,138	79,350	4,497,488	20,139,565			
44	LABORATORY	3,249,845	34,800	3,284,645	13,456,747			
46	30 BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY	163,145		163,145	3,675,660			
49	RESPIRATORY THERAPY	790,252		790,252	1,744,867			
50	PHYSICAL THERAPY	583,240		583,240	774,036			
50	01 O/P PHYSICAL THERAPY	947,683		947,683	1,490,446			
53	01 CARDIAC REHAB	292,217		292,217	196,311			
54	ELECTROENCEPHALOGRAPHY	26,251		26,251	10,983			
55	MEDICAL SUPPLIES CHARGED	1,783,402		1,783,402	5,209,944			
56	DRUGS CHARGED TO PATIENTS	1,616,545		1,616,545	7,262,377			
59	CLINICAL NUTRITION	132,910		132,910	81,361			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,851,724	1,031,077	3,882,801	7,141,986			
62	OBSERVATION BEDS (NON-DIS	385,446		385,446	441,754			
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	21,170,323	2,081,967	23,252,290	69,895,252			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE VIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE VIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	323
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,193.33
85	OBSERVATION BED COST	385,446

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,966,299		2,739,220
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,966,299		2,739,220
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		4,550,172
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,550,172
5	PRIMARY PAYER PAYMENTS		6,258
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		4,589,353

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	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		4,589,353
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		472,149
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,117,204
23	COI NSURANCE		1,488
24	SUBTOTAL		4,115,716
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)		22,048
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		22,048
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22,048
26	SUBTOTAL		4,137,764
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		4,137,764
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		3,966,299
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		171,465
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		-5,669

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,045,960			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	11,171,456			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,893,000			
7 INVENTORY	800,438			
8 PREPAID EXPENSES	969,938			
9 OTHER CURRENT ASSETS	225,249			
10 DUE FROM OTHER FUNDS	85,353			
11 TOTAL CURRENT ASSETS	10,405,394			
FIXED ASSETS				
12 LAND	2,689,367			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION BUILDINGS	-10,946,844			
14 BUILDINGS	9,410,097			
14.01 LESS ACCUMULATED DEPRECIATION LEASEHOLD IMPROVEMENTS				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION FIXED EQUIPMENT				
16 FIXED EQUIPMENT	13,022,532			
16.01 LESS ACCUMULATED DEPRECIATION AUTOMOBILES AND TRUCKS				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION MAJOR MOVABLE EQUIPMENT				
18 MAJOR MOVABLE EQUIPMENT	6,869,684			
18.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT DEPRECIABLE				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION MINOR EQUIPMENT-NONDEPRECIABLE				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	21,044,836			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	17,978,729			
26 TOTAL OTHER ASSETS	17,978,729			
27 TOTAL ASSETS	49,428,959			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,634,122			
29 SALARIES, WAGES & FEES PAYABLE	1,374,531			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,878,672			
35 OTHER CURRENT LIABILITIES	343,771			
36 TOTAL CURRENT LIABILITIES	7,231,096			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	3,283,546			
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	3,283,546			
43 TOTAL LIABILITIES	10,514,642			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38,914,317			
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	38,914,317			
52 TOTAL LIABILITIES AND FUND BALANCES	49,428,959			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		32,466,753		
2 NET INCOME (LOSS)		6,697,693		
3 TOTAL		39,164,446		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		39,164,446		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 OTHER	250,129			
15				
16				
17				
18 TOTAL DEDUCTIONS		250,129		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		38,914,317		

	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 OTHER				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

