

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		14-3025		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/23/2008 TIME 17: 03

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:
 SCHWAB REHAB HOSP & CARE NETWORK 14-3025
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-563,031	10,613	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	-563,031	10,613	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1401 S. CALIFORNIA AVE P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60608- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	SCHWAB REHAB HOSP & CARE NETWORK	14-3025		7/ 1/1984	N	P	N
06.00 HOSPITAL-BASED SNF	SCHWAB REHAB HOSP & CARE NETWORK	14-5966		6/22/1998	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 5
 20 SUBPROVIDER

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.						
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?				N		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).						
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1	N			N	16974
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1		
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.				N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?				N		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.				N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3.						/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3.						/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?				Y		
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?				Y		
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11.				Y		
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.				N		
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.				N		
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				Y	N	

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

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:
14-3025

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

PREPARED 12/23/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES THROUGH 12/31/2005

	GROUP(1)	M3PI REVENUE CODE	SERVICES BASE RATE 3a	PRIOR TO RATE 3	OCTOBER 1ST DAYS 3.01	SERVICES BASE RATE 4a	ON OR AFTER RATE 4	OCTOBER 1ST DAYS 4.01
1	RUC		523.26			537.37		
2	RUB		479.72			492.66	492.66	1
3	RUA		457.20			469.53		
3.01	RUX		616.35			632.98		
3.02	RUL		541.28			555.88		
4	RVC		420.76			432.11	432.11	19
5	RVB		399.74			410.53	410.53	1,102
6	RVA		359.20			368.89	368.89	671
6.01	RVX		467.30			479.90	479.90	14
6.02	RVL		435.77			447.52	447.52	161
7	RHC		366.10			375.98	375.98	768
8	RHB		349.58			359.02	359.02	604
9	RHA		324.06			332.80	332.80	202
9.01	RHX		396.13			406.81		
9.02	RHL		388.62			399.11		
10	RMC		336.37			345.44	345.44	21
11	RMB		327.35			336.20	336.20	27
12	RMA		319.85			328.48		
12.01	RMX		453.48			465.72	465.72	140
12.02	RML		415.94			427.16	427.16	243
13	RLB		296.42			304.42		
14	RLA		252.87			259.70		
14.01	RLX		321.94			330.62		
15	SE3		370.77			380.78		
16	SE2		315.23			323.72	323.72	3
17	SE1		280.69			288.26		
18	SSC		276.19			283.64		
19	SSB		261.18			268.22		
20	SSA		256.67			263.59	263.59	4
21	CC2		274.69			282.10		
22	CC1		250.66			257.43		
23	CB2		238.66			245.09		
24	CB1		228.15			234.29	234.29	12
25	CA2		226.65			232.76		
26	CA1		211.63			217.34	217.34	6
27	IB2		202.62			208.09		
28	IB1		199.62			205.01		
29	IA2		183.10			188.04		
30	IA1		175.59			180.33		
31	BB2		201.12			206.54		
32	BB1		195.12			200.38		
33	BA2		181.60			186.50		
34	BA1		169.59			174.16		
35	PE2		219.13			225.05		
36	PE1		214.63			220.42		
37	PD2		208.63			214.25		
38	PD1		205.62			211.17		
39	PC2		198.12			203.46		
40	PC1		195.12			200.38		
41	PB2		174.09			178.79		
42	PB1		172.59			177.24		
43	PA2		171.09			175.71		
44	PA1		166.59			171.08		
45	Default		166.59			171.08		
46	TOTAL							3,998

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0752
 Wage Index Factor (after 10/01) : 1.0735
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

	GROUP(1)	M3PI REVENUE CODE	A I D S D I A G N O S I S C O D E O 4 2		O 4 2 OCT. 1ST	S W I N G B E D S N F D A Y S	T O T A L
			SERV PRIOR TO	OCT. 1ST			
			RATE	DAYS	RATE	DAYS	
			4.02	4.03	4.04	4.05	4.06
1	RUC		1,193.03		1,225.20		
2	RUB		1,093.76		1,123.26		493
3	RUA		1,042.42		1,070.53		
3.01	RUX		1,405.28		1,443.19		
3.02	RUL		1,234.12		1,267.41		
4	RVC		959.33		985.21		8,210
5	RVB		911.41		936.01		452,404
6	RVA		818.98		841.07		247,525
6.01	RVX		1,065.44		1,094.17		6,719
6.02	RVL		993.56		1,020.35		72,051
7	RHC		834.71		857.23		288,753
8	RHB		797.04		818.57		216,848
9	RHA		738.86		758.78		67,226
9.01	RHX		903.18		927.53		
9.02	RHL		886.05		909.97		
10	RMC		766.92		787.60		7,254
11	RMB		746.36		766.54		9,077
12	RMA		729.26		748.93		
12.01	RMX		1,033.93		1,061.84		65,201
12.02	RML		948.34		973.92		103,800
13	RLB		675.84		694.08		
14	RLA		576.54		592.12		
14.01	RLX		734.02		753.81		
15	SE3		845.36		868.18		
16	SE2		718.72		738.08		971
17	SE1		639.97		657.23		
18	SSC		629.71		646.70		
19	SSB		595.49		611.54		
20	SSA		585.21		600.99		1,054
21	CC2		626.29		643.19		
22	CC1		571.50		586.94		
23	CB2		544.14		558.81		
24	CB1		520.18		534.18		2,811
25	CA2		516.76		530.69		
26	CA1		482.52		495.54		1,304
27	IB2		461.97		474.45		
28	IB1		455.13		467.42		
29	IA2		417.47		428.73		
30	IA1		400.35		411.15		
31	BB2		458.55		470.91		
32	BB1		444.87		456.87		
33	BA2		414.05		425.22		
34	BA1		386.67		397.08		
35	PE2		499.62		513.11		
36	PE1		489.36		502.56		
37	PD2		475.68		488.49		
38	PD1		468.81		481.47		
39	PC2		451.71		463.89		
40	PC1		444.87		456.87		
41	PB2		396.93		407.64		
42	PB1		393.51		404.11		
43	PA2		390.09		400.62		
44	PA1		379.83		390.06		
45	Default		379.83		390.06		
46	TOTAL						1,551,701

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0752
 Wage Index Factor (after 10/01) : 1.0735
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-3025
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/23/2008
WORKSHEET S-7
NOT A CMS WORKSHEET
SERVICES ON OR AFTER 1/1/2006

	GROUP(1) 1	M3PI REVENUE CODE	SERVICES	PRIOR TO	OCTOBER 1ST	SERVICES	ON OR AFTER	OCTOBER 1ST
			BASE RATE 3a	RATE 3	DAYS 3.01	BASE RATE 4a	RATE 4	DAYS 4.01
1	RUC							
2	RUB				1			
3	RUA							
3 .01	RUX							
3 .02	RUL							
4	RVC							
5	RVB							
6	RVA							
6 .01	RVX							
6 .02	RVL							
7	RHC							
8	RHB							
9	RHA							
9 .01	RHX							
9 .02	RHL							
10	RMC							
11	RMB							
12	RMA							
12 .01	RMX							
12 .02	RML							
13	RLB							
14	RLA							
14 .01	RLX							
15	SE3							
16	SE2							
17	SE1							
18	SSC							
19	SSB							
20	SSA							
21	CC2							
22	CC1							
23	CB2							
24	CB1							
25	CA2							
26	CA1							
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1							
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	Default							
46	TOTAL							

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 1.0752
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 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1600
 SNF CBSA Code : 16974

Non-CMS S-7 options selected:
 Calculate Total Days from this worksheet.
 Transfer total to settlement worksheet.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3025

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

PREPARED 12/23/2008 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		480,273	480,273	954,566	1,434,839
3.01	0301	NEW CAP REL COSTS-BLDG & FIX		374,967	374,967	344,672	719,639
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		403,416	403,416	199,364	602,780
5	0500	EMPLOYEE BENEFITS	14,703	3,275,306	3,290,009	23,852	3,313,861
6	0600	ADMINISTRATIVE & GENERAL	4,664,151	6,284,277	10,948,428	-1,666,636	9,281,792
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT		1,198,874	1,198,874	-4,243	1,194,631
9	0900	LAUNDRY & LINEN SERVICE		174,186	174,186		174,186
10	1000	HOUSEKEEPING	479,442	255,196	734,638		734,638
11	1100	DIETARY	59,625	618,503	678,128		678,128
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	517,134	17,054	534,188	-282,646	251,542
15	1500	CENTRAL SERVICES & SUPPLY	265,318	345,450	610,768	-170,712	440,056
16	1600	PHARMACY		1,229,167	1,229,167		1,229,167
17	1700	MEDICAL RECORDS & LIBRARY	156,021	117,626	273,647	-27,975	245,672
18	1800	SOCIAL SERVICE	509,763	40,874	550,637	-36,661	513,976
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	663,674		663,674		663,674
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		41,242	41,242	221,378	262,620
24	2400	PARAMED ED PRGM-(SPECIFY)					
25	2500	ADULTS & PEDIATRICS	4,521,316	325,558	4,846,874	424,292	5,271,166
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY	1,290,289	167,968	1,458,257	-216,219	1,242,038
35	3500	NURSING FACILITY					
37	3700	ANCILLARY SRVC COST CNTRS					
38	3800	OPERATING ROOM				3,633	3,633
39	3900	RECOVERY ROOM					
40	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC		8,766	8,766	1,568	10,334
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	35,505	455,694	491,199		491,199
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	36,207	46,557	82,764	-82,764	
50	5000	PHYSICAL THERAPY	2,070,190	747,801	2,817,991	-65,779	2,752,212
51	5100	OCCUPATIONAL THERAPY	1,594,232	440,698	2,034,930	97,470	2,132,400
52	5200	SPEECH PATHOLOGY	588,895	279,827	868,722	-136,392	732,330
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				311,949	311,949
56	5600	DRUGS CHARGED TO PATIENTS				475,156	475,156
57	5700	RENAL DIALYSIS		220,636	220,636		220,636
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	264,542	13,253	277,795	22,729	300,524
60	6000	OUTPAT SERVICE COST CNTRS					
61	6000	CLINIC	53,626	522,401	576,027	-514,742	61,285
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500	OTHER REIMBURS COST CNTRS					
66	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
88	8800	SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
95		SUBTOTALS	17,784,633	18,085,570	35,870,203	-124,140	35,746,063
96		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
97.01	9701	MARKETING	3,164	869	4,033	-795	3,238
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
99.01	9901	STEPS CLINIC	117,954	9,149	127,103		127,103
100	7952	GRANTS		268,629	268,629		268,629
100.01	7953	FUNDRAISING				62,440	62,440
100.02	7954	AMBULATORY SERVICES	125,758	19,396	145,154		145,154
100.03	7955	WEISS PROGRAM		325,461	325,461	62,495	387,956
101		TOTAL	18,031,509	18,709,074	36,740,583	-0-	36,740,583

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
I 14-3025 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

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	-883,531	551,308
3.01	0301 NEW CAP REL COSTS-BLDG & FIX	-330,110	389,529
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		602,780
5	0500 EMPLOYEE BENEFITS	-146,808	3,167,053
6	0600 ADMINISTRATIVE & GENERAL	-725,468	8,556,324
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,194,631
9	0900 LAUNDRY & LINEN SERVICE		174,186
10	1000 HOUSEKEEPING		734,638
11	1100 DIETARY		678,128
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		251,542
15	1500 CENTRAL SERVICES & SUPPLY		440,056
16	1600 PHARMACY		1,229,167
17	1700 MEDICAL RECORDS & LIBRARY		245,672
18	1800 SOCIAL SERVICE	-17,994	495,982
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		663,674
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		262,620
24	2400 PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,167,324	4,103,842
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		1,242,038
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		3,633
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		10,334
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		491,199
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY	-1,263	2,750,949
51	5100 OCCUPATIONAL THERAPY	-14,939	2,117,461
52	5200 SPEECH PATHOLOGY	-2,898	729,432
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		311,949
56	5600 DRUGS CHARGED TO PATIENTS		475,156
57	5700 RENAL DIALYSIS		220,636
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-176,421	124,103
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-4,560	56,725
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
95	SUBTOTALS	-3,471,316	32,274,747
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 MARKETING		3,238
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 STEPS CLINIC	-11,575	115,528
100	7952 GRANTS	-268,629	
100.01	7953 FUNDRAISING		62,440
100.02	7954 AMBULATORY SERVICES		145,154
100.03	7955 WEISS PROGRAM	-387,956	
101	TOTAL	-4,139,476	32,601,107

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-3025 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

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	
3.01	NEW CAP REL COSTS-BLDG & FIX	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
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	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DI STI NCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DI STI NCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	MARKETING	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	STEPS CLINIC	9901	NONPAID WORKERS
100	GRANTS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUNDRAISING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.02	AMBULATORY SERVICES	7954	OTHER NONREIMBURSABLE COST CENTERS
100.03	WEISS PROGRAM	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
143025

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

PREPARED 12/23/2008
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 ORTHOTICS RECLASS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		305,489
2					
3					
4					
5 SPASTICITY PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56		475,156
6 EQUIPMENT RENTAL RECLASS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		158,862
7		NEW CAP REL COSTS-BLDG & FIXT	3		27,975
8					
9					
10					
11 PROPERTY INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		43,060
12		NEW CAP REL COSTS-BLDG & FIX	3.01		14,562
13 WEISS FRINGE RECLASS	E	WEISS PROGRAM	100.03		62,495
14 INTEREST ESPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		883,531
15		NEW CAP REL COSTS-BLDG & FIX	3.01		330,110
16 SINAI HEALTH SYSTEM	G	NEW CAP REL COSTS-MVBLE EQUIP	4		47
17		NEW CAP REL COSTS-MVBLE EQUIP	4		14,494
18		EMPLOYEE BENEFITS	5		86,347
19		EMPLOYEE BENEFITS	5	220,613	
20		ADMINISTRATIVE & GENERAL	6	420,657	
21		SOCIAL SERVICE	18	18,118	
22		MARKETING	97.01	16,996	
23		FUNDRAISING	100.01	49,046	
24 EXECUTIVE SALALRIES RECLASS	H	NURSING ADMINISTRATION	14	38,959	
25					
26 PHYSICIANS TEACHING RECLASS	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	221,378	
27 TIME BETWEEN DISCIPLINES	K	OCCUPATIONAL THERAPY	51	282	1,847
28		SPEECH PATHOLOGY	52		582
29		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	242	1,999
30 IKON EQUIPMENT RENTAL RECLASS	N	NEW CAP REL COSTS-MVBLE EQUIP	4		25,961
31 OTHER ANCILLARY RECLASS	O	ADULTS & PEDIATRICS	25		20,025
32		OPERATING ROOM	37		3,633
33		RADIOLOGY-DIAGNOSTIC	41		1,568
34		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,460
35 FUND RAI SING RECLASS	P	FUNDRAISING	100.01		13,394
1 RESPIRATORY THERAPY RECLASS	Q	ADULTS & PEDIATRICS	25	31,963	50,801
2 SUB-ACUTE THERAPY RECLASS	R	PHYSICAL THERAPY	50	34,459	
3		OCCUPATIONAL THERAPY	51	136,001	
4		SPEECH PATHOLOGY	52	25,373	
5		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	20,488	
6 NURSING ADMIN SALARY RECLASS	S	ADULTS & PEDIATRICS	25	321,503	
7		SKILLED NURSING FACILITY	34	102	
36 TOTAL RECLASSIFICATIONS				1,556,180	2,528,398

(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:
143025

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

PREPARED 12/23/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 ORTHOTICS RECLASS	A		PHYSICAL THERAPY	50		95,286	
2			OCCUPATIONAL THERAPY	51		39,956	
3			SPEECH PATHOLOGY	52		162,347	
4			CLINIC	60		7,900	
5 SPASTICITY PHARMACY RECLASS	B		CLINIC	60		475,156	
6 EQUIPMENT RENTAL RECLASS	C		ADMINISTRATIVE & GENERAL	6		9,164	14
7			OPERATION OF PLANT	8		4,243	14
8			MEDICAL RECORDS & LIBRARY	17		27,975	
9			OCCUPATIONAL THERAPY	51		704	
10			CENTRAL SERVICES & SUPPLY	15		144,751	
11 PROPERTY INSURANCE RECLASS	D		ADMINISTRATIVE & GENERAL	6		57,622	12
12							12
13 WEISS FRINGE RECLASS	E		EMPLOYEE BENEFITS	5		62,495	
14 INTEREST ESPENSE	F		ADMINISTRATIVE & GENERAL	6		1,213,641	11
15							11
16 SINAI HEALTH SYSTEM	G		EMPLOYEE BENEFITS	5		220,613	14
17			SOCIAL SERVICE	18		18,118	14
18			MARKETING	97.01		16,996	
19			SOCIAL SERVICE	18		2,548	
20			MARKETING	97.01		795	
21			ADMINISTRATIVE & GENERAL	6		484,243	
22			ADMINISTRATIVE & GENERAL	6		83,005	
23							
24 EXECUTIVE SALALRIES RECLASS	H		ADMINISTRATIVE & GENERAL	6	4,846		
25			SOCIAL SERVICE	18	34,113		
26 PHYSICIANS TEACHING RECLASS	I		ADMINISTRATIVE & GENERAL	6	221,378		
27 TIME BETWEEN DISCIPLINES	K		PHYSICAL THERAPY	50	524	4,428	
28							
29							
30 IKON EQUIPMENT RENTAL RECLASS	N		CENTRAL SERVICES & SUPPLY	15		25,961	14
31 OTHER ANCI LLARY RECLASS	O		CLINIC	60		31,686	
32							
33							
34							
35 FUND RAI SING RECLASS	P		ADMINISTRATIVE & GENERAL	6		13,394	
1 RESPIRATORY THERAPY RECLASS	Q		RESPIRATORY THERAPY	49	31,963	50,801	
2 SUB-ACUTE THERAPY RECLASS	R		SKI LLED NURSING FACI LITY	34	216,321		
3							
4							
5							
6 NURSING ADMIN SALARY RECLASS	S		NURSING ADMINI STRATION	14	321,605		
7							
36 TOTAL RECLASSIFI CATIONS					830,750	3,253,828	

(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:
143025

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

PREPARED 12/23/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : ORTHOTICS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	305,489	PHYSICAL THERAPY	50	95,286	
2.00			0	OCCUPATIONAL THERAPY	51	39,956	
3.00			0	SPEECH PATHOLOGY	52	162,347	
4.00			0	CLINIC	60	7,900	
TOTAL RECLASSIFICATIONS FOR CODE A			305,489				305,489

RECLASS CODE: B
EXPLANATION : SPASTICITY PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	475,156	CLINIC	60	475,156	
TOTAL RECLASSIFICATIONS FOR CODE B			475,156				475,156

RECLASS CODE: C
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	158,862	ADMINISTRATIVE & GENERAL	6	9,164	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	27,975	OPERATION OF PLANT	8	4,243	
3.00			0	MEDICAL RECORDS & LIBRARY	17	27,975	
4.00			0	OCCUPATIONAL THERAPY	51	704	
5.00			0	CENTRAL SERVICES & SUPPLY	15	144,751	
TOTAL RECLASSIFICATIONS FOR CODE C			186,837				186,837

RECLASS CODE: D
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	43,060	ADMINISTRATIVE & GENERAL	6	57,622	
2.00	NEW CAP REL COSTS-BLDG & FIX	3.01	14,562			0	
TOTAL RECLASSIFICATIONS FOR CODE D			57,622				57,622

RECLASS CODE: E
EXPLANATION : WEISS FRINGE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WEISS PROGRAM	100.03	62,495	EMPLOYEE BENEFITS	5	62,495	
TOTAL RECLASSIFICATIONS FOR CODE E			62,495				62,495

RECLASS CODE: F
EXPLANATION : INTEREST ESPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	883,531	ADMINISTRATIVE & GENERAL	6	1,213,641	
2.00	NEW CAP REL COSTS-BLDG & FIX	3.01	330,110			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,213,641				1,213,641

RECLASS CODE: G
EXPLANATION : SINAI HEALTH SYSTEM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	47	EMPLOYEE BENEFITS	5	220,613	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,494	SOCIAL SERVICE	18	18,118	
3.00	EMPLOYEE BENEFITS	5	86,347	MARKETING	97.01	16,996	
4.00	EMPLOYEE BENEFITS	5	220,613	SOCIAL SERVICE	18	2,548	
5.00	ADMINISTRATIVE & GENERAL	6	420,657	MARKETING	97.01	795	
6.00	SOCIAL SERVICE	18	18,118	ADMINISTRATIVE & GENERAL	6	484,243	
7.00	MARKETING	97.01	16,996	ADMINISTRATIVE & GENERAL	6	83,005	
8.00	FUNDRAISING	100.01	49,046			0	
TOTAL RECLASSIFICATIONS FOR CODE G			826,318				826,318

RECLASS CODE: H
EXPLANATION : EXECUTIVE SALALRIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	38,959	ADMINISTRATIVE & GENERAL	6	4,846	

RECLASSIFICATIONS

PROVIDER NO:
143025

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

PREPARED 12/23/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : EXECUTIVE SALARIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	SOCIAL SERVICE	18	34,113	
TOTAL RECLASSIFICATIONS FOR CODE H			38,959				38,959

RECLASS CODE: I
EXPLANATION : PHYSICIANS TEACHING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	221,378	ADMINISTRATIVE & GENERAL	6	221,378	
TOTAL RECLASSIFICATIONS FOR CODE I			221,378				221,378

RECLASS CODE: K
EXPLANATION : TIME BETWEEN DISCIPLINES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	2,129	PHYSICAL THERAPY	50	4,952	
2.00	SPEECH PATHOLOGY	52	582			0	
3.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	2,241			0	
TOTAL RECLASSIFICATIONS FOR CODE K			4,952				4,952

RECLASS CODE: N
EXPLANATION : IKON EQUIPMENT RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	25,961	CENTRAL SERVICES & SUPPLY	15	25,961	
TOTAL RECLASSIFICATIONS FOR CODE N			25,961				25,961

RECLASS CODE: O
EXPLANATION : OTHER ANCILLARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	20,025	CLINIC	60	31,686	
2.00	OPERATING ROOM	37	3,633			0	
3.00	RADIOLOGY-DIAGNOSTIC	41	1,568			0	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,460			0	
TOTAL RECLASSIFICATIONS FOR CODE O			31,686				31,686

RECLASS CODE: P
EXPLANATION : FUNDRAISING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUNDRAISING	100.01	13,394	ADMINISTRATIVE & GENERAL	6	13,394	
TOTAL RECLASSIFICATIONS FOR CODE P			13,394				13,394

RECLASS CODE: Q
EXPLANATION : RESPIRATORY THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	82,764	RESPIRATORY THERAPY	49	82,764	
TOTAL RECLASSIFICATIONS FOR CODE Q			82,764				82,764

RECLASS CODE: R
EXPLANATION : SUB-ACUTE THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	34,459	SKILLED NURSING FACILITY	34	216,321	
2.00	OCCUPATIONAL THERAPY	51	136,001			0	
3.00	SPEECH PATHOLOGY	52	25,373			0	
4.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	20,488			0	
TOTAL RECLASSIFICATIONS FOR CODE R			216,321				216,321

RECLASS CODE: S
EXPLANATION : NURSING ADMIN SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	321,503	NURSING ADMINISTRATION	14	321,605	

RECLASSIFICATIONS

PROVIDER NO:
143025

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

PREPARED 12/23/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : NURSING ADMIN SALARY RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	SKILLED NURSING FACILITY	102			0
	TOTAL RECLASSIFICATIONS FOR CODE S	321,605			321,605

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	495,490					495,490	
2 LAND IMPROVEMENTS	95,259					95,259	
3 BUILDINGS & FIXTURE	26,705,214	495,560		495,560		27,200,774	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	5,969,485	218,416		218,416		6,187,901	
7 SUBTOTAL	33,265,448	713,976		713,976		33,979,424	
8 RECONCILING ITEMS							
9 TOTAL	33,265,448	713,976		713,976		33,979,424	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	480,273			43,060		27,975	551,308
3 01	NEW CAP REL COSTS-BL	374,967			14,562			389,529
4	NEW CAP REL COSTS-MV	403,416					199,364	602,780
5	TOTAL	1,258,656			57,622		227,339	1,543,617

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	480,273						480,273
3 01	NEW CAP REL COSTS-BL	374,967						374,967
4	NEW CAP REL COSTS-MV	403,416						403,416
5	TOTAL	1,258,656						1,258,656

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			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					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,167,324			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			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		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 EXTENDED SVCS A8-1	B	-34	ADMINISTRATIVE & GENERAL	6	
38 MISC INCOME A8-1	B	-468	ADMINISTRATIVE & GENERAL	6	
39 OT MISC INCOME A8-1	B	-25	OCCUPATIONAL THERAPY	51	
40 CRITICAL PATHWAYS INC A8-1	B	-2,686	ADMINISTRATIVE & GENERAL	6	
41 ADMIN MISC INCOME A8-1	B	-1,822	ADMINISTRATIVE & GENERAL	6	
42 PREMIER INCOME A8-1	B	-48	ADMINISTRATIVE & GENERAL	6	
43 CASEM MGMT INCOME A8-1	B	-21	SOCIAL SERVICE	18	
44 AIDS CARE OFFSET A8-3	B	-14,074	OCCUPATIONAL THERAPY	51	
45 PHYSICIAN PT B OFFSET A8-5	A	-112,598	EMPLOYEE BENEFITS	5	
46 TELEPHONE OFFSET A8-6	A	-38,295	ADMINISTRATIVE & GENERAL	6	
47 DONATIONS OFFSET A8-7	A	-2,500	ADMINISTRATIVE & GENERAL	6	
48 INVESTMENT INCOME A8-8	A	-883,531	NEW CAP REL COSTS-BLDG &	3	
49 INVESTMENT INCOME A8-8	A	-330,110	NEW CAP REL COSTS-BLDG &	3.01	11
49.01 OUTREACH SVCS OFFSET A8-11	B	-11,575	STEPS CLINIC	99.01	
49.02 LAND LEASE OFFSET A8-12	B	-18,000	ADMINISTRATIVE & GENERAL	6	
49.03 GRANTS OFFSET A8-13	A	-268,629	GRANTS	100	
49.04 GRANTS OFFSET A8-13	B	-53,651	ADMINISTRATIVE & GENERAL	6	
49.05 SCHWAB AT ANIXTER A8-17	A	-4,560	CLINIC	60	
49.06 NEW FOCUS OFFSET A8-19	A	-1,263	PHYSICAL THERAPY	50	
49.07 NEW FOCUS OFFSET A8-19	A	-840	OCCUPATIONAL THERAPY	51	
49.08 NEW FOCUS OFFSET A8-19	A	-2,898	SPEECH PATHOLOGY	52	
49.09 SELF INSURANCE OFFSET A8-22	B	-9,255	ADMINISTRATIVE & GENERAL	6	
49.10 PHYSICIAN BILLING OFFSET A8-24	A	-75,000	ADMINISTRATIVE & GENERAL	6	
49.11 WEISS OFFSET A8-26	A	-387,956	WEISS PROGRAM	100.03	
49.12 LOBBYISTS EXPENSE A8-29	A	-65,000	ADMINISTRATIVE & GENERAL	6	
49.13 PSYCHOLOGY PTB SALARY OFFSET A8-31	A	-176,421	PSYCHIATRIC/PSYCHOLOGICAL	59	
49.14 PSYCHOLOGY PTB FRINGE OFFSET A8-31	A	-34,210	EMPLOYEE BENEFITS	5	
49.15 SELF INSURANCE OFFSET A8-33	A	-279,084	ADMINISTRATIVE & GENERAL	6	
49.16 TRANSPORTATION OFFSET A8-14	A	-188,663	ADMINISTRATIVE & GENERAL	6	
49.17 TRANSPORTATION OFFSET A8-14	A	-17,973	SOCIAL SERVICE	18	
49.18 LOBBYING EXPENSE OFFSET A8-25	A	9,038	ADMINISTRATIVE & GENERAL	6	
49.19					
49.20					
49.21					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,139,476			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	SINAI HEALTH SYSTEM	1,640,506	1,640,506	
2	6	ADMINISTRATIVE & GENERAL	SINAI MEDICAL GROUP	75,000	75,000	
3	6	ADMINISTRATIVE & GENERAL	MOUNT SINAI HOSPITAL	705,969	705,969	
4						
5		TOTALS		2,421,475	2,421,475	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	MT SINAI HOSPITAL		0.00	
2	E	SINAI HEALTH SYSTEM		0.00	
3	E	SINAI MEDICAL GROUP		0.00	
4				0.00	
5				0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
25		2,236,047	1,167,324	1,068,723	177,200	25,225	2,148,976	107,449
101	TOTAL	2,236,047	1,167,324	1,068,723		25,225	2,148,976	107,449

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/23/2008
 I 14-3025 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	BLANK	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	BLANK	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQ FT 1 NE W BLDG	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIX	4	SQ FT 2 OLD BLDG	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	SQ FT TTL	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-7	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQ FT TTL	ENTERED
8	OPERATION OF PLANT	8	SQ FT TTL	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQ FT TTL	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	13	BLANK	NOT ENTERED
14	NURSING ADMINISTRATION	14	ASSIGNED TIME	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIREMENTS	ENTERED
16	PHARMACY	16	PHARMACY REVENUE	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	REVENUE	ENTERED
18	SOCIAL SERVICE	18	ASSIGNED TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	BLANK	NOT ENTERED
21	NURSING SCHOOL	21	BLANK	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	TIME SPENT	ENTERED
24	PARAMEDICAL PRGM-(SPECIFY)	23	BLANK	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	551,308			551,308			
004 NEW CAP REL COSTS-MVBLE E	389,529				389,529		
005 EMPLOYEE BENEFITS	602,780					602,780	
006 ADMINISTRATIVE & GENERAL	3,167,053				4,875	3,372	3,175,300
007 MAINTENANCE & REPAIRS	8,556,324			39,361	111,572	100,981	832,941
008 OPERATION OF PLANT	1,194,631			63,488		63,436	
009 LAUNDRY & LINEN SERVICE	174,186			13,269	1,801	9,268	
010 HOUSEKEEPING	734,638			11,094	2,790	8,637	82,194
011 DIETARY	678,128				33,202	22,969	10,222
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	251,542				1,908	1,320	40,200
015 CENTRAL SERVICES & SUPPLY	440,056			14,743	14,294	18,802	45,485
016 PHARMACY	1,229,167						
017 MEDICAL RECORDS & LIBRARY	245,672				12,324	8,526	26,748
018 SOCIAL SERVICE	495,982			7,525		4,549	84,650
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	663,674						113,778
023 I&R SERVICES-OTHER PRGM C	262,620				9,673	6,691	37,952
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,103,842			173,249	66,167	150,517	835,728
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	1,242,038				38,314	26,506	184,135
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,633						
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	10,334				2,391	1,654	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	491,199				2,123	1,469	6,087
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							728
051 PHYSICAL THERAPY	2,750,949			122,231	36,552	99,184	360,725
052 OCCUPATIONAL THERAPY	2,117,461			75,152	10,868	52,953	296,674
053 SPEECH PATHOLOGY	729,432			13,927		8,420	105,308
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	311,949						
057 DRUGS CHARGED TO PATIENTS	475,156						
058 RENAL DIALYSIS	220,636				2,384	1,649	
059 ASC (NON-DIAGNOSTIC PART)							
060 PSYCHIATRIC/PSYCHOLOGICAL	124,103			6,350		3,839	48,906
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	56,725						9,193
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
092 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
097 SUBTOTALS	32,274,747			540,389	387,452	594,742	3,121,654
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP					1,050	726	
100 RESEARCH							
101 01 MARKETING	3,238				1,027	711	3,456
102 PHYSICIANS' PRIVATE OFFIC							
103 NONPAID WORKERS							
100 01 STEPS CLINIC	115,528			10,919		6,601	20,222
100 GRANTS							
100 01 FUNDRAISING	62,440						8,408
100 02 AMBULATORY SERVICES	145,154						21,560
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	32,601,107			551,308	389,529	602,780	3,175,300

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
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							
007 ADMINSTRATIVE & GENERAL	9,641,179	9,641,179					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,357,769	570,145		1,927,914			
010 LAUNDRY & LINEN SERVICE	198,524	83,363		41,078	322,965		
011 HOUSEKEEPING	839,353	352,455		38,281		1,230,089	
012 DIETARY	744,521	312,634		101,802		67,742	1,226,699
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	294,970	123,862		5,851		3,894	
016 CENTRAL SERVICES & SUPPLY	533,380	223,973		83,331		55,451	
017 PHARMACY	1,229,167	516,143					
018 MEDICAL RECORDS & LIBRARY	293,270	123,148		37,788		25,145	
019 SOCIAL SERVICE	592,706	248,885		20,163		13,417	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	777,452	326,462					
023 I&R SERVICES-OTHER PRGM C	316,936	133,086		29,657		19,735	
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,329,503	2,237,935		667,097	230,493	443,906	980,262
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY	1,490,993	626,087		117,476	51,830	78,173	246,437
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM	3,633	1,526					
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC	14,379	6,038		7,332		4,879	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY	500,878	210,325		6,509		4,332	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY	728	306					
048 PHYSICAL THERAPY	3,369,641	1,414,956		439,590	20,333	292,518	
049 OCCUPATIONAL THERAPY	2,553,108	1,072,083		234,694	17,044	156,173	
050 SPEECH PATHOLOGY	857,087	359,902		37,318		24,833	
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED	311,949	130,991					
054 DRUGS CHARGED TO PATIENTS	475,156	199,524					
055 RENAL DIALYSIS	224,669	94,341		7,308		4,863	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL	183,198	76,927		17,014		11,322	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC	65,918	27,680					
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE					773		
069 SUBTOTALS	32,200,067	9,472,777		1,892,289	320,473	1,206,383	1,226,699
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP	1,776	746		3,219		2,142	
072 RESEARCH							
073 MARKETING	8,432	3,541		3,149		2,095	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC	153,270	64,360		29,257	2,492	19,469	
077 GRANTS							
078 FUNDRAISING	70,848	29,750					
079 AMBULATORY SERVICES	166,714	70,005					
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL	32,601,107	9,641,179		1,927,914	322,965	1,230,089	1,226,699

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION			428,577				
016 CENTRAL SERVICES & SUPPLY				896,135			
017 PHARMACY					1,745,310		
018 MEDICAL RECORDS & LIBRARY						479,351	
019 SOCIAL SERVICE							875,171
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							
026 ADULTS & PEDIATRICS			342,862	125,914		220,136	700,137
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY			85,715	38,914		11,015	175,034
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM							
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						2,297	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY				8,078		15,143	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY					237		76
048 PHYSICAL THERAPY					151,456		71,792
049 OCCUPATIONAL THERAPY					63,510		57,942
050 SPEECH PATHOLOGY					258,048		14,529
051 ELECTROCARDIOLOGY							82
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED				236,501		8,714	
054 DRUGS CHARGED TO PATIENTS					1,745,310	66,862	
055 RENAL DIALYSIS				81		5,019	
056 ASC (NON-DIAGNOSTIC PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						4,978	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC				12,557		766	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			428,577	895,296	1,745,310	479,351	875,171
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP							
072 RESEARCH							
073 MARKETING							
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC				839			
077 GRANTS							
078 FUNDRAISING							
079 AMBULATORY SERVICES							
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			428,577	896,135	1,745,310	479,351	875,171

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			1,103,914				
023 I&R SERVICES-OTHER PRGM C				499,414			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			1,103,914	499,414		12,881,573	-1,603,328
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY						2,921,674	
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM						5,159	
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						34,925	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY						745,265	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY						1,347	
048 PHYSICAL THERAPY						5,760,286	
049 OCCUPATIONAL THERAPY						4,154,554	
050 SPEECH PATHOLOGY						1,551,717	
051 ELECTROCARDIOLOGY						82	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED						688,155	
054 DRUGS CHARGED TO PATIENTS						2,486,852	
055 RENAL DIALYSIS						336,281	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						293,439	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC						106,921	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE						773	
069 SUBTOTALS			1,103,914	499,414		31,969,003	-1,603,328
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP						7,883	
072 RESEARCH							
073 01 MARKETING						17,217	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 01 STEPS CLINIC						269,687	
077 GRANTS							
078 01 FUNDRAISING						100,598	
079 02 AMBULATORY SERVICES						236,719	
080 03 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			1,103,914	499,414		32,601,107	-1,603,328

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
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	11,278,245
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	
034	SKILLED NURSING FACILITY	2,921,674
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	5,159
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	34,925
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	745,265
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	1,347
050	PHYSICAL THERAPY	5,760,286
051	OCCUPATIONAL THERAPY	4,154,554
052	SPEECH PATHOLOGY	1,551,717
053	ELECTROCARDIOLOGY	82
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	688,155
056	DRUGS CHARGED TO PATIENTS	2,486,852
057	RENAL DIALYSIS	336,281
058	ASC (NON-DIAGNOSTIC PART)	
059	PSYCHIATRIC/PSYCHOLOGICAL	293,439
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	106,921
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	773
095	SUBTOTALS	30,365,675
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	7,883
097	RESEARCH	
097	01 MARKETING	17,217
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
099	01 STEPS CLINIC	269,687
100	GRANTS	
100	01 FUNDRAISING	100,598
100	02 AMBULATORY SERVICES	236,719
100	03 WEISS PROGRAM	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	30,997,779

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
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	8,247						
007 ADMINSTRATIVE & GENERAL	2,162	254,076					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		15,025		178,163			
010 LAUNDRY & LINEN SERVICE		2,197		3,796	30,331		
011 HOUSEKEEPING	213	9,288		3,538		35,560	
012 DIETARY	27	8,239		9,408		1,958	75,803
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	104	3,264		541		113	
016 CENTRAL SERVICES & SUPPLY	118	5,902		7,701		1,603	
017 PHARMACY		13,602					
018 MEDICAL RECORDS & LIBRARY	69	3,245		3,492		727	
019 SOCIAL SERVICE	220	6,559		1,863		388	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	295	8,603					
023 I&R SERVICES-OTHER PRGM C	99	3,507		2,741		571	
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,175	58,980		61,645	21,645	12,831	60,575
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY	478	16,499		10,856	4,868	2,260	15,228
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM		40					
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC		159		678		141	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY	16	5,543		602		125	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY	2	8					
048 PHYSICAL THERAPY	936	37,288		40,624	1,910	8,456	
049 OCCUPATIONAL THERAPY	770	28,253		21,689	1,601	4,515	
050 SPEECH PATHOLOGY	273	9,485		3,449		718	
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED		3,452					
054 DRUGS CHARGED TO PATIENTS		5,258					
055 RENAL DIALYSIS		2,486		675		141	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL	127	2,027		1,572		327	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC	24	729					
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE					73		
069 SUBTOTALS	8,108	249,638		174,870	30,097	34,874	75,803
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP		20		298		62	
072 RESEARCH							
073 MARKETING	9	93		291		61	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC	52	1,696		2,704	234	563	
077 GRANTS							
078 FUNDRAISING	22	784					
079 AMBULATORY SERVICES	56	1,845					
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENTS							
082 NEGATIVE COST CENTER							
083 TOTAL	8,247	254,076		178,163	30,331	35,560	75,803

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
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							
007 ADMINI STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINI STRATION			7,250				
016 CENTRAL SERVI CES & SUPPLY				63,163			
017 PHARMACY					13,602		
018 MEDICAL RECORDS & LIBRARY						28,383	
019 SOCIAL SERVICE							21,104
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							
026 ADULTS & PEDIATRICS			5,800	8,875		13,045	16,883
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY			1,450	2,743		652	4,221
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM							
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						136	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY				569		896	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY				17		4	
048 PHYSICAL THERAPY				10,675		4,248	
049 OCCUPATIONAL THERAPY				4,476		3,428	
050 SPEECH PATHOLOGY				18,188		860	
051 ELECTROCARDIOLOGY						5	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED				16,670		516	
054 DRUGS CHARGED TO PATIENTS					13,602	3,956	
055 RENAL DIALYSIS				6		297	
056 ASC (NON-DISTINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						295	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC				885		45	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			7,250	63,104	13,602	28,383	21,104
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP							
072 RESEARCH							
073 01 MARKETING							
074 098 PHYSICIANS' PRIVATE OFFIC							
075 099 NONPAID WORKERS							
076 099 01 STEPS CLINIC				59			
077 100 GRANTS							
078 100 01 FUNDRAISING							
079 100 02 AMBULATORY SERVICES							
080 100 03 WEISS PROGRAM							
081 101 CROSS FOOT ADJUSTMENTS							
082 102 NEGATIVE COST CENTER							
083 103 TOTAL			7,250	63,163	13,602	28,383	21,104

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
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	652,387
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	
034	SKILLED NURSING FACILITY	124,075
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	40
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	5,159
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	11,343
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	31
050	PHYSICAL THERAPY	362,104
051	OCCUPATIONAL THERAPY	203,705
052	SPEECH PATHOLOGY	55,320
053	ELECTROCARDIOLOGY	5
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	20,638
056	DRUGS CHARGED TO PATIENTS	22,816
057	RENAL DIALYSIS	7,638
058	ASC (NON-DISTINCT PART)	
059	PSYCHIATRIC/PSYCHOLOGICAL	14,537
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,683
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	73
095	SUBTOTALS	1,481,554
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	2,156
097	RESEARCH	
097	01 MARKETING	2,192
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
099	01 STEPS CLINIC	22,828
100	GRANTS	
100	01 FUNDRAISING	806
100	02 AMBULATORY SERVICES	1,901
100	03 WEISS PROGRAM	
101	CROSS FOOT ADJUSTMENTS	32,180
102	NEGATIVE COST CENTER	
103	TOTAL	1,543,617

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (BLANK)	OLD CAP REL COSTS-MVBLE E (BLANK)	NEW CAP REL COSTS-BLDG & (SQ FT 1 NEW BLDG)	NEW CAP REL COSTS-BLDG & (SQ FT 2 OLD BLDG)	NEW CAP REL COSTS-MVBLE E (SQ FT TOTAL)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			62,861			
003 01 NEW CAP REL COSTS-BLD				50,823		
004 NEW CAP REL COSTS-MVB					113,684	
005 EMPLOYEE BENEFITS				636	636	18,521,623
006 ADMINISTRATIVE & GENERAL			4,488	14,557	19,045	4,858,584
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			7,239	4,725	11,964	
009 LAUNDRY & LINEN SERVICE			1,513	235	1,748	
010 HOUSEKEEPING			1,265	364	1,629	479,442
011 DIETARY				4,332	4,332	59,625
012 CAFETERIA						
013 MAINTENANCE OF PERSONNEL				249	249	234,488
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY			1,681	1,865	3,546	265,318
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY				1,608	1,608	156,021
018 SOCIAL SERVICE			858		858	493,768
020 NONPHYSICIAN ANESTHETIC						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						663,674
023 I&R SERVICES-OTHER PERSONNEL				1,262	1,262	221,378
024 PARAMEDICAL PRGM-(SPEC)						
025 INPAT ROUTINE SRVC CNTR			19,754	8,633	28,387	4,874,782
026 ADULTS & PEDIATRICS						
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
033 SURGICAL INTENSIVE CARE						
034 NURSERY						
034 SKILLED NURSING FACILITY				4,999	4,999	1,074,070
035 NURSING FACILITY						
037 ANCILLARY SRVC COST CENTER						
038 OPERATING ROOM						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC				312	312	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY				277	277	35,505
045 PBP CLINICAL LAB SERVICE						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						4,244
050 PHYSICAL THERAPY			13,937	4,769	18,706	2,104,125
051 OCCUPATIONAL THERAPY			8,569	1,418	9,987	1,730,515
052 SPEECH PATHOLOGY			1,588		1,588	614,268
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS				311	311	
058 ASC (NON-DISTINCT) PARAPROFESSORIAL						
059 PSYCHIATRIC/PSYCHOLOGICAL			724		724	285,272
060 OUTPAT SERVICE COST CENTER						
061 CLINIC						53,626
061 EMERGENCY						
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 OTHER REIMBURSABLE COST CENTER						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIPMENT						
067 DURABLE MEDICAL EQUIPMENT						
070 I&R SERVICES-NOT APPROPRIATE						
092 SPEC PURPOSE COST CENTER						
092 AMBULATORY SURGICAL CENTER						
095 SUBTOTALS			61,616	50,552	112,168	18,208,705
096 NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE				137	137	
097 RESEARCH						
097 01 MARKETING				134	134	20,160
098 PHYSICIANS' PRIVATE OFFICE						
099 NONPAID WORKERS						
099 01 STEPS CLINIC			1,245		1,245	117,954
100 GRANTS						
100 01 FUNDRAISING						49,046
100 02 AMBULATORY SERVICES						125,758
100 03 WEISS PROGRAM						
101 CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (BLANK)	OLD CAP REL C OSTS-MVBLE E (BLANK)	NEW CAP REL C OSTS-BLDG & (SQ FT 1 NE)W BLDG	NEW CAP REL C OSTS-BLDG & (SQ FT 2 OL)D BLDG	NEW CAP REL C OSTS-MVBLE E (SQ FT TTL)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	2	3	3.01	4	5
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			551,308	389,529	602,780	3,175,300
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			8.770271	7.664424	5.302241	.171437
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						8,247
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.000445

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING		DIETARY
		E & GENERAL (ACCUM. COST)	REPAIRS (SQ FT TTL)	PLANT (SQ FT TTL)	EN SERVICE (POUNDS OF LAUNDRY)	(SQ FT TTL)	(MEALS SERVED)
	6a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	-9,641,179	22,959,928					
007 MAINTENANCE & REPAIRS			94,003				
008 OPERATION OF PLANT		1,357,769	11,964	82,039			
009 LAUNDRY & LINEN SERVICE		198,524	1,748	1,748	336,987		
010 HOUSEKEEPING		839,353	1,629	1,629		78,662	
011 DIETARY		744,521	4,332	4,332		4,332	73,327
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		294,970	249	249		249	
015 CENTRAL SERVICES & SUPPLIES		533,380	3,546	3,546		3,546	
016 PHARMACY		1,229,167					
017 MEDICAL RECORDS & LIBRARY		293,270	1,608	1,608		1,608	
018 SOCIAL SERVICE		592,706	858	858		858	
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS		777,452					
023 I&R SERVICES-OTHER PERSONNEL		316,936	1,262	1,262		1,262	
024 PARAMEDICAL PROGRAM-(SPECIALTY)							
025 ADULTS & PEDIATRICS		5,329,503	28,387	28,387	240,500	28,387	58,596
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY							
034 SKILLED NURSING FACILITY		1,490,993	4,999	4,999	54,080	4,999	14,731
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM		3,633					
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		14,379	312	312		312	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY		500,878	277	277		277	
046 PBP CLINICAL LAB SERVICE							
047 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		728					
050 PHYSICAL THERAPY		3,369,641	18,706	18,706	21,216	18,706	
051 OCCUPATIONAL THERAPY		2,553,108	9,987	9,987	17,784	9,987	
052 SPEECH PATHOLOGY		857,087	1,588	1,588		1,588	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED		311,949					
056 DRUGS CHARGED TO PATIENTS		475,156					
057 RENAL DIALYSIS		224,669	311	311		311	
058 ASC (NON-DISTINCT) PARAPROFESSIONAL/PSYCHOTECHNICIAN							
059 PSYCHIATRIC/PSYCHOLOGIST		183,198	724	724		724	
060 OUTPAT SERVICE COST CENTER							
061 CLINIC		65,918					
062 EMERGENCY							
066 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE FOR SPECIAL PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER					807		
095 SUBTOTALS	-9,641,179	22,558,888	92,487	80,523	334,387	77,146	73,327
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		1,776	137	137		137	
097 RESEARCH							
097 01 MARKETING		8,432	134	134		134	
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
099 01 STEPS CLINIC		153,270	1,245	1,245	2,600	1,245	
100 GRANTS							
100 01 FUNDRAISING		70,848					
100 02 AMBULATORY SERVICES		166,714					
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(ACCUM. COST)	(SQ FT TTL)	(SQ FT TTL)	(POUNDS OF LAUNDRY)	(SQ FT TTL)	(MEALS SERVED)
NONREIMBURS COST CENT	6a.00	6	7	8	9	10	11
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		9,641,179		1,927,914	322,965	1,230,089	1,226,699
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.419913		23.499970	.958390	15.637652	16.729158
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		254,076		178,163	30,331	35,560	75,803
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.011066		2.171687	.090006	.452061	1.033767

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE PERSONNEL (BLANK)	NURSING ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY REQS)	MEDICAL RECORDS & LIBRARY (REVENUE)	SOCIAL SERVICES (ASSIGNED TIME)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	25,557						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	329		10,000				
015 CENTRAL SERVICES & SUPPLY	628			563,789			
016 PHARMACY					10,000		
017 MEDICAL RECORDS & LIBRARY	377					74,444,934	
018 SOCIAL SERVICE	1,091						10,000
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	1,051						
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC PURPOSE)							
025 ADULTS & PEDIATRICS	9,739		8,000	79,217		34,188,070	8,000
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY							
034 SKILLED NURSING FACILITY	2,018		2,000	24,482		1,710,660	2,000
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CENTER							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						356,807	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	100			5,082		2,351,689	
046 PBP CLINICAL LAB SERVICE							
047 WHOLE BLOOD & PACKED BLOOD							
048 STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY				149		11,787	
051 PHYSICAL THERAPY	4,860			95,286		11,149,583	
052 OCCUPATIONAL THERAPY	3,231			39,956		8,998,536	
053 SPEECH PATHOLOGY	1,120			162,347		2,256,429	
054 ELECTROCARDIOLOGY						12,675	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED TO PATIENTS				148,791		1,353,293	
057 DRUGS CHARGED TO PATIENTS					10,000	10,383,929	
058 RENAL DIALYSIS				51		779,525	
059 ASC (NON-DISTINCT PAR)	369					773,054	
060 PSYCHIATRIC/PSYCHOLOGICAL							
061 OUTPAT SERVICE COST CENTER	83			7,900		118,897	
062 EMERGENCY							
065 OBSERVATION BEDS (NON-REIMBURS)							
066 OTHER REIMBURS COST CENTER							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIPMENT							
069 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE							
092 SPEC PURPOSE COST CENTER							
095 AMBULATORY SURGICAL COST CENTER	24,996		10,000	563,261	10,000	74,444,934	10,000
096 SUBTOTALS							
097 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE	109						
099 RESEARCH							
097 01 MARKETING	2						
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 STEPS CLINIC	167			528			
100 GRANTS							
100 01 FUNDRAISING							
100 02 AMBULATORY SERVICES	283						
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (REVENUE)	SOCIAL SERVICE (ASSIGNED TIME)
	12	13	14	15	16	17	18
NONREIMBURS COST CENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			428,577	896,135	1,745,310	479,351	875,171
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			42.857700	1.589486	174.531000	.006439	87.517100
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			7,250	63,163	13,602	28,383	21,104
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.725000	.112033	1.360200	.000381	2.110400

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (BLANK)	I&R SERVICES-SALARY & FRI (TIME SPENT)	I&R SERVICES-OTHER PRGM C (TIME SPENT)	PARAMED ED PRGM-(SPECIFY) (BLANK)
	20	21	22	23	24
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
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 &			10,000		
023 I&R SERVICES-OTHER PR				10,000	
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS			10,000	10,000	
026 INTENSIVE CARE UNIT					
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
033 NURSERY					
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
037 ANCILLARY SRVC COST C					
038 OPERATING ROOM					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERV					
046 WHOLE BLOOD & PACKED					
047 BLOOD STORING, PROCES					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PAR					
059 PSYCHIATRIC/PSYCHOLOG					
060 OUTPAT SERVICE COST C					
061 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
065 OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP					
067 DURABLE MEDICAL EQUIP					
070 I&R SERVICES-NOT APPR					
092 SPEC PURPOSE COST CEN					
092 AMBULATORY SURGICAL C					
095 SUBTOTALS			10,000	10,000	
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
097 RESEARCH					
097 01 MARKETING					
098 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
099 01 STEPS CLINIC					
100 GRANTS					
100 01 FUNDRAISING					
100 02 AMBULATORY SERVICES					
100 03 WEISS PROGRAM					
101 CROSS FOOT ADJUSTMENT					

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (BLANK)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)	PARAMED ED PRGM-(SPECIFY) (BLANK)
	20	21	22	23	24
102 NONREIMBURS COST CENT					
103 NEGATIVE COST CENTER					
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)			1,103,914	499,414	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)			110.391400	49.941400	
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)			8,898	23,282	
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)			.889800	2.328200	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	11,278,245		11,278,245		11,278,245
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	2,921,674		2,921,674		2,921,674
35	NURSING FACILITY					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	5,159		5,159		5,159
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	34,925		34,925		34,925
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	745,265		745,265		745,265
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	1,347		1,347		1,347
51	PHYSICAL THERAPY	5,760,286		5,760,286		5,760,286
52	OCCUPATIONAL THERAPY	4,154,554		4,154,554		4,154,554
53	SPEECH PATHOLOGY	1,551,717		1,551,717		1,551,717
54	ELECTROCARDIOLOGY	82		82		82
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED	688,155		688,155		688,155
57	DRUGS CHARGED TO PATIENTS	2,486,852		2,486,852		2,486,852
58	RENAL DIALYSIS	336,281		336,281		336,281
59	ASC (NON-DISTINCT PART)					
60	PSYCHIATRIC/PSYCHOLOGICAL	293,439		293,439		293,439
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC	106,921		106,921		106,921
65	EMERGENCY					
66	OBSERVATION BEDS (NON-DIS					
67	OTHER REIMBURS COST CNTRS					
101	AMBULANCE SERVICES					
102	DURABLE MEDICAL EQUIP-REN					
103	DURABLE MEDICAL EQUIP-SOL					
	SUBTOTAL	30,364,902		30,364,902		30,364,902
	LESS OBSERVATION BEDS					
	TOTAL	30,364,902		30,364,902		30,364,902

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	17,094,035		17,094,035			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	1,710,660		1,710,660			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,313		7,313	.705456	.705456	.705456
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	336,302	20,748	357,050	.097815	.097815	.097815
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,215,119	136,570	2,351,689	.316906	.316906	.316906
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	80	11,707	11,787	.114278	.114278	.114278
50	PHYSICAL THERAPY	6,265,084	4,594,246	10,859,330	.530446	.530446	.530446
51	OCCUPATIONAL THERAPY	6,581,566	2,299,109	8,880,675	.467820	.467820	.467820
52	SPEECH PATHOLOGY	1,461,992	794,437	2,256,429	.687687	.687687	.687687
53	ELECTROCARDIOLOGY	12,675		12,675	.006469	.006469	.006469
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,623,642	138,558	1,762,200	.390509	.390509	.390509
56	DRUGS CHARGED TO PATIENTS	10,282,658	101,271	10,383,929	.239490	.239490	.239490
57	RENAL DIALYSIS	778,628	897	779,525	.431392	.431392	.431392
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	771,478	1,576	773,054	.379584	.379584	.379584
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		118,897	118,897	.899274	.899274	.899274
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	49,141,232	8,218,016	57,359,248			
102	LESS OBSERVATION BEDS						
103	TOTAL	49,141,232	8,218,016	57,359,248			

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						
38	OPERATING ROOM	5,159	40	5,119			5,159
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	34,925	5,159	29,766			34,925
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	745,265	11,343	733,922			745,265
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,347	31	1,316			1,347
51	PHYSICAL THERAPY	5,760,286	362,104	5,398,182			5,760,286
52	OCCUPATIONAL THERAPY	4,154,554	203,705	3,950,849			4,154,554
53	SPEECH PATHOLOGY	1,551,717	55,320	1,496,397			1,551,717
54	ELECTROCARDIOLOGY	82	5	77			82
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	688,155	20,638	667,517			688,155
57	DRUGS CHARGED TO PATIENTS	2,486,852	22,816	2,464,036			2,486,852
58	RENAL DIALYSIS	336,281	7,638	328,643			336,281
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	293,439	14,537	278,902			293,439
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	106,921	1,683	105,238			106,921
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,164,983	705,019	15,459,964			16,164,983
102	LESS OBSERVATION BEDS						
103	TOTAL	16,164,983	705,019	15,459,964			16,164,983

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	7,313	.705456	.705456
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	357,050	.097815	.097815
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,351,689	.316906	.316906
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	11,787	.114278	.114278
51	PHYSICAL THERAPY	10,859,330	.530446	.530446
52	OCCUPATIONAL THERAPY	8,880,675	.467820	.467820
53	SPEECH PATHOLOGY	2,256,429	.687687	.687687
54	ELECTROCARDIOLOGY	12,675	.006469	.006469
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	1,762,200	.390509	.390509
57	DRUGS CHARGED TO PATIENTS	10,383,929	.239490	.239490
58	RENAL DIALYSIS	779,525	.431392	.431392
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	773,054	.379584	.379584
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	118,897	.899274	.899274
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	38,554,553		
102	LESS OBSERVATION BEDS			
103	TOTAL	38,554,553		

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						
38	OPERATING ROOM	5,159	40	5,119	4	297	4,858
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	34,925	5,159	29,766	516	1,726	32,683
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	745,265	11,343	733,922	1,134	42,567	701,564
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,347	31	1,316	3	76	1,268
51	PHYSICAL THERAPY	5,760,286	362,104	5,398,182	36,210	313,095	5,410,981
52	OCCUPATIONAL THERAPY	4,154,554	203,705	3,950,849	20,371	229,149	3,905,034
53	SPEECH PATHOLOGY	1,551,717	55,320	1,496,397	5,532	86,791	1,459,394
54	ELECTROCARDIOLOGY	82	5	77	1	4	77
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	688,155	20,638	667,517	2,064	38,716	647,375
57	DRUGS CHARGED TO PATIENTS	2,486,852	22,816	2,464,036	2,282	142,914	2,341,656
58	RENAL DIALYSIS	336,281	7,638	328,643	764	19,061	316,456
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	293,439	14,537	278,902	1,454	16,176	275,809
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	106,921	1,683	105,238	168	6,104	100,649
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
102	SUBTOTAL	16,164,983	705,019	15,459,964	70,503	896,676	15,197,804
103	LESS OBSERVATION BEDS						
104	TOTAL	16,164,983	705,019	15,459,964	70,503	896,676	15,197,804

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			
38	OPERATING ROOM	7,313	.664296	.704909
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	357,050	.091536	.096370
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,351,689	.298323	.316424
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY	11,787	.107576	.114024
50	RESPIRATORY THERAPY	10,859,330	.498279	.527111
51	PHYSICAL THERAPY	8,880,675	.439723	.465526
52	OCCUPATIONAL THERAPY	2,256,429	.646772	.685235
53	SPEECH PATHOLOGY	12,675	.006075	.006391
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	1,762,200	.367367	.389338
57	DRUGS CHARGED TO PATIENTS	10,383,929	.225508	.239271
58	RENAL DIALYSIS	779,525	.405960	.430412
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	773,054	.356778	.377703
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	118,897	.846523	.897861
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	38,554,553		
102	LESS OBSERVATION BEDS			
103	TOTAL	38,554,553		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				652,387		652,387
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				652,387		652,387

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,002	7,520			31.06	233,571
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	21,002	7,520				233,571

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					21,002	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY					5,280	
35	NURSING FACILITY						
101	TOTAL					26,282	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		7,520
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY		3,998
35	NURSING FACILITY		
101	TOTAL		11,518

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			7,313			2,047	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			357,050			126,369	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,351,689			593,667	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			11,787				
50	RESPIRATORY THERAPY			10,859,330			1,951,749	
51	PHYSICAL THERAPY			8,880,675			1,690,339	
52	OCCUPATIONAL THERAPY			2,256,429			458,633	
53	SPEECH PATHOLOGY			12,675			3,301	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			1,762,200			404,479	
57	DRUGS CHARGED TO PATIENTS			10,383,929			2,867,504	
58	RENAL DIALYSIS			779,525			329,633	
59	ASC (NON-DISTINCT PART)							
60	PSYCHIATRIC/PSYCHOLOGICAL			773,054			263,167	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			118,897				
63	EMERGENCY							
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			38,554,553			8,690,888	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	15,650					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	8,437					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY	5,421					
53	SPEECH PATHOLOGY	7,640					
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	643					
57	DRUGS CHARGED TO PATIENTS	98,478					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	81,067					
65	EMERGENCY						
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL	217,336					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
42	RADIOLOGY-DIAGNOSTIC											
43	RADIOLOGY-THERAPEUTIC											
44	RADIOISOTOPE											
45	LABORATORY											
46	PBP CLINICAL LAB SERVICES											
47	WHOLE BLOOD & PACKED RED											
48	BLOOD STORING, PROCESSING											
49	INTRAVENOUS THERAPY											
50	RESPIRATORY THERAPY											
51	PHYSICAL THERAPY											
52	OCCUPATIONAL THERAPY											
53	SPEECH PATHOLOGY											
54	ELECTROCARDIOLOGY											
55	ELECTROENCEPHALOGRAPHY											
56	MEDICAL SUPPLIES CHARGED											
57	DRUGS CHARGED TO PATIENTS											
58	RENAL DIALYSIS											
59	ASC (NON-DISTINCT PART)											
60	PSYCHIATRIC/PSYCHOLOGICAL											
61	OUTPAT SERVICE COST CNTRS											
62	CLINIC											
63	EMERGENCY											
64	OBSERVATION BEDS (NON-DIS											
65	OTHER REIMBURS COST CNTRS											
66	AMBULANCE SERVICES											
67	DURABLE MEDICAL EQUIP-REN											
101	DURABLE MEDICAL EQUIP-SOL											
	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			7,313			3,438	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			357,050			43,188	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,351,689			328,922	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			11,787				
50	RESPIRATORY THERAPY			10,859,330			603,342	
51	PHYSICAL THERAPY			8,880,675			779,732	
52	OCCUPATIONAL THERAPY			2,256,429			110,285	
53	SPEECH PATHOLOGY			12,675			2,848	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			1,762,200			198,801	
57	DRUGS CHARGED TO PATIENTS			10,383,929			1,592,156	
58	RENAL DIALYSIS			779,525				
59	ASC (NON-DISTINCT PART)							
60	PSYCHIATRIC/PSYCHOLOGICAL			773,054			1,612	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			118,897				
63	EMERGENCY							
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
101	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			38,554,553			3,664,324	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	537.01
85	OBSERVATION BED COST	

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	11,278,245			
87	NEW CAPITAL-RELATED COST	652,387	.057845		
88	NON PHYSICIAN ANESTHETIST	11,278,245			
89	MEDICAL EDUCATION	11,278,245			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,921,674
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	553.35
68	PROGRAM ROUTINE SERVICE COST	2,212,293
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,212,293
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	124,075
72	PER DIEM CAPITAL-RELATED COSTS	23.50
73	PROGRAM CAPITAL-RELATED COSTS	93,953
74	INPATIENT ROUTINE SERVICE COST	2,118,340
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,118,340
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,212,293
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,331,111
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,543,404

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

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				

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		107,021
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		121,706
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		121,706

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		28,428
19	SUBTOTAL (SEE INSTRUCTIONS)		93,278
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		5,091
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		98,369
24	PRIMARY PAYER PAYMENTS		
25	SUBTOTAL		98,369
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		7,888
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		5,522
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL		103,891
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		103,891
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		93,278
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		10,613
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		13,058,855		93,278
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	6/12/2008	500,000		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		500,000		NONE
4 TOTAL INTERIM PAYMENTS		13,558,855		93,278
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		8,362,620
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.1882
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		3,071,774
1.05	OUTLIER PAYMENTS		1,185
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		12,647,757
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		9.49
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		9.30
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9.30
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		57.382514
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		.144952
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		1,212,178
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		12,647,757
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		12,647,757
7	DEDUCTIBLES		36,947
8	SUBTOTAL		12,610,810
9	COINSURANCE		126,483
10	SUBTOTAL		12,484,327
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		72,774
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		50,942
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		12,535,269
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		460,555
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	12,995,824
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	13,558,855
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-563,031
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	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)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			1,551,701
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			1,551,701
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,551,701
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			48,914
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			1,502,787
38	COINSURANCE			
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	SUBTOTAL (SEE INSTRUCTIONS)			1,502,787
45	INPATIENT ROUTINE SERVICE COST			
46	MEDICARE INPATIENT ROUTINE CHARGES			
47	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
48	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
49	RATIO OF LINE 43 TO 44			
50	TOTAL CUSTOMARY CHARGES			
51	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
52	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
53	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
54	OTHER ADJUSTMENTS (SPECIFY)			
55	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
56	SUBTOTAL			1,502,787
57	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
58	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
59	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,502,787
60	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
61	INTERIM PAYMENTS			1,502,787
62	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
63	BALANCE DUE PROVIDER/PROGRAM			
64	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		11.59
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	10.73	10.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		9.30
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		9.30
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.46
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		8.48
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		8.94
3.10	SEE INSTRUCTIONS		8.94
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		8.48
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		9.62
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		8.88
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	8.99
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		8.99
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		119,082.00
3.18	SEE INSTRUCTIONS		1,070,547
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.46
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.31
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.41
3.22	SEE INSTRUCTIONS		.41
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		125,758.45
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		51,561
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,122,108

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		7,520
5	TOTAL INPATIENT DAYS		21,002
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.358061
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	401,783	401,783
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,392
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		21,002
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		63,863
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		779,525
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	9,680,825
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	9,680,825

PART B REASONABLE COST

17	REASONABLE COST	107,021
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	107,021
20	TOTAL REASONABLE COST	9,787,846
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.989066
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.010934

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	465,646
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	460,555
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	5,091

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	10.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	11.59	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	10.73	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		38,893,000		187,000
2 NET INCOME (LOSS)		5,035,000		
3 TOTAL		43,928,000		187,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) DONOR BEQUESTS, GRANTS &			478,000	
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				478,000
11 SUBTOTAL		43,928,000		665,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) UNREALIZED LOSSES 303,000				
13 RESTRICTED FUNDS USED IN			286,000	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		303,000		286,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		43,625,000		379,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				248,000
2 NET INCOME (LOSS)				
3 TOTAL				248,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) DONOR BEQUESTS, GRANTS &				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				248,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) UNREALIZED LOSSES				
13 RESTRICTED FUNDS USED IN				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				248,000

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,094,035		17,094,035
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,710,660		1,710,660
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	18,804,695		18,804,695
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	18,804,695		18,804,695
17 00 ANCILLARY SERVICES	30,343,340	9,729,000	40,072,340
18 00 OUTPATIENT SERVICES		5,636,000	5,636,000
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	49,148,035	15,365,000	64,513,035

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		36,740,583	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		36,740,583	

