

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		14-3301		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/ 2/2008 TIME 11:16

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:
 LARABIDA CHILDREN'S HOSPITAL 14-3301
 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 HOSPITAL	1	2	0	3	4
	0		0		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.

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A		PART B		OUTPATIENT	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 - PREMIUMS: 0
 - PAID LOSSES: 0
 - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00	N	0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 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).
 - 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 - 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO:
 14-3301

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

PREPARED 12/ 2/2008
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
16 NURSING FACILITY	9	10	11	12	13	14	15	
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	6.42	386.35						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	21,089,070		21,089,070	803,634.00	26.24	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		297,258	297,258	9,156.00	32.47	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,378,008		3,378,008	130,437.00	25.90	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	845,336		845,336	14,510.00	58.26	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	278,592		278,592	1,883.00	147.95	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	247,669		247,669	1,758.00	140.88	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,851,274		3,851,274			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	734,549		734,549			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	404,097		404,097	11,492.00	35.16	
22 ADMINISTRATIVE & GENERAL	5,677,226	180,895	5,858,121	187,161.00	31.30	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	414,631		414,631	15,844.00	26.17	
25 LAUNDRY & LINEN SERVICE	35,894		35,894	2,780.00	12.91	
26 HOUSEKEEPING	593,964		593,964	40,993.00	14.49	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	730,287	-384,396	345,891	20,289.00	17.05	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		384,396	384,396	22,551.00	17.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	593,082		593,082	17,674.00	33.56	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	323,806	-1	323,805	17,674.00	18.32	
34 SOCIAL SERVICE	554,563	-96,619	457,944	23,713.00	19.31	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	21,089,070	-297,258	20,791,812	794,478.00	26.17	
2 EXCLUDED AREA SALARIES	3,378,008		3,378,008	130,437.00	25.90	
3 SUBTOTAL SALARIES	17,711,062	-297,258	17,413,804	664,041.00	26.22	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,371,597		1,371,597	18,151.00	75.57	
5 SUBTOTAL WAGE-RELATED COSTS	3,851,274		3,851,274		22.12	
6 TOTAL	22,933,933	-297,258	22,636,675	682,192.00	33.18	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,327,550	84,275	9,411,825	360,171.00	26.13	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301

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

PREPARED 12/2/2008 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				1,603,657	1,603,657
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				610,848	610,848
5	0500	EMPLOYEE BENEFITS	404,097	101,696	505,793		505,793
6	0600	ADMINISTRATIVE & GENERAL	5,677,226	8,609,668	14,286,894	-1,901,686	12,385,208
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	414,631	905,437	1,320,068		1,320,068
9	0900	LAUNDRY & LINEN SERVICE	35,894	79,952	115,846		115,846
10	1000	HOUSEKEEPING	593,964	319,880	913,844		913,844
11	1100	DIETARY	730,287	474,869	1,205,156	-634,351	570,805
12	1200	CAFETERIA				634,351	634,351
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	593,082	230,442	823,524		823,524
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	323,806	155,630	479,436	-2	479,434
18	1800	SOCIAL SERVICE	554,563	606,882	1,161,445	-120,774	1,040,671
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				297,258	297,258
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				217,755	217,755
24	2400	PARAMEDICAL PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	3,697,282	2,236,527	5,933,809		5,933,809
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	165,453	106,099	271,552		271,552
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	553,207	1,100,157	1,653,364		1,653,364
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	633,841	335,422	969,263		969,263
50	5000	PHYSICAL THERAPY	782,681	241,573	1,024,254		1,024,254
51	5100	OCCUPATIONAL THERAPY	310,561	96,878	407,439		407,439
52	5200	SPEECH PATHOLOGY	301,999	83,481	385,480		385,480
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	99,370	359,130	458,500		458,500
56	5600	DRUGS CHARGED TO PATIENTS	638,038	2,537,166	3,175,204		3,175,204
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				120,774	120,774
59.01	3950	STAFF		2,578,735	2,578,735	-827,830	1,750,905
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	721,069	230,554	951,623		951,623
61	6100	EMERGENCY	480,011	364,166	844,177		844,177
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	17,711,062	21,754,344	39,465,406	-0-	39,465,406
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS	3,378,008	2,237,345	5,615,353		5,615,353
101	TOTAL	21,089,070	23,991,689	45,080,759	-0-	45,080,759

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,603,657
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		610,848
5	0500 EMPLOYEE BENEFITS		505,793
6	0600 ADMINISTRATIVE & GENERAL	-22,560	12,362,648
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		1,320,068
9	0900 LAUNDRY & LINEN SERVICE		115,846
10	1000 HOUSEKEEPING		913,844
11	1100 DIETARY		570,805
12	1200 CAFETERIA	-145,720	488,631
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		823,524
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-10,644	468,790
18	1800 SOCIAL SERVICE	-10,958	1,029,713
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		297,258
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		217,755
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		5,933,809
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		271,552
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		1,653,364
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		969,263
50	5000 PHYSICAL THERAPY	-7,170	1,017,084
51	5100 OCCUPATIONAL THERAPY	-3,600	403,839
52	5200 SPEECH PATHOLOGY	-3,803	381,677
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		458,500
56	5600 DRUGS CHARGED TO PATIENTS		3,175,204
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		120,774
59.01	3950 STAFF	-1,390,751	360,154
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		951,623
61	6100 EMERGENCY		844,177
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-1,595,206	37,870,200
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		5,615,353
101	TOTAL	-1,595,206	43,485,553

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	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	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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	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-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	STAFF	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
143301

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

PREPARED 12/ 2/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-MVBLE EQUIP	4		596,047
2		NEW CAP REL COSTS-BLDG & FIXT	3		1,910,128
3 PSYCH TESTING	B	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	96,619	24,155
4 CREATE COST CENTER	C	CAFETERIA	12	384,396	249,955
5 MEDICAL STAFF COSTS	D	I&R SERVICES-SALARY & FRINGES APPRVD	22	297,258	
6		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	107,939	109,816
7		ADMINISTRATIVE & GENERAL	6	180,894	131,923
8 ADMITTING PERSONNEL	E	ADMINISTRATIVE & GENERAL	6	1	1
9 SPACE RENTALS	F	NEW CAP REL COSTS-BLDG & FIXT	3		215,699
10 INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		73,877
11		NEW CAP REL COSTS-MVBLE EQUIP	4		14,801
36 TOTAL RECLASSIFICATIONS				1,067,107	3,326,402

(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:
143301

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

PREPARED 12/ 2/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DISTRIBUTE CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		596,047	9
2		ADMINISTRATIVE & GENERAL	6		1,910,128	9
3 PSYCH TESTING	B	SOCIAL SERVICE	18	96,619	24,155	
4 CREATE COST CENTER	C	DIETARY	11	384,396	249,955	
5 MEDICAL STAFF COSTS	D	STAFF	59.01	586,091	241,739	
6						
7						
8 ADMITTING PERSONNEL	E	MEDICAL RECORDS & LIBRARY	17	1	1	
9 SPACE RENTALS	F	ADMINISTRATIVE & GENERAL	6		215,699	10
10 INSURANCE	G	ADMINISTRATIVE & GENERAL	6		88,678	12
11						12
36 TOTAL RECLASSIFICATIONS				1,067,107	3,326,402	

(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:
143301

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

PREPARED 12/2/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: DISTRIBUTE CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	596,047
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,910,128
TOTAL RECLASSIFICATIONS FOR CODE A			2,506,175

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	596,047	
ADMINISTRATIVE & GENERAL	6	1,910,128	
			2,506,175

RECLASS CODE: B
EXPLANATION: PSYCH TESTING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	120,774
TOTAL RECLASSIFICATIONS FOR CODE B			120,774

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	120,774	
			120,774

RECLASS CODE: C
EXPLANATION: CREATE COST CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	634,351
TOTAL RECLASSIFICATIONS FOR CODE C			634,351

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	634,351	
			634,351

RECLASS CODE: D
EXPLANATION: MEDICAL STAFF COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	297,258
2.00	I&R SERVICES-OTHER PRGM COSTS	23	217,755
3.00	ADMINISTRATIVE & GENERAL	6	312,817
TOTAL RECLASSIFICATIONS FOR CODE D			827,830

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
STAFF	59.01	827,830	
			0
			0
			827,830

RECLASS CODE: E
EXPLANATION: ADMITTING PERSONNEL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	2
TOTAL RECLASSIFICATIONS FOR CODE E			2

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	2	
			2

RECLASS CODE: F
EXPLANATION: SPACE RENTALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	215,699
TOTAL RECLASSIFICATIONS FOR CODE F			215,699

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	215,699	
			215,699

RECLASS CODE: G
EXPLANATION: INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	73,877
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,801
TOTAL RECLASSIFICATIONS FOR CODE G			88,678

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	88,678	
			0
			88,678

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	2,073,212					2,073,212	
3 BUILDINGS & FIXTURE	26,893,635	19,822		19,822		26,913,457	
4 BUILDING IMPROVEMEN	3,745,103					3,016,948	
5 FIXED EQUIPMENT	3,165,986	19,002		19,002	728,155	3,184,988	
6 MOVABLE EQUIPMENT	7,249,615				550,756	6,698,859	
7 SUBTOTAL	43,127,551	38,824		38,824	1,278,911	41,887,464	
8 RECONCILING ITEMS							
9 TOTAL	43,127,551	38,824		38,824	1,278,911	41,887,464	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	32,588,010		32,588,010	.757162				
4	NEW CAP REL COSTS-MV	10,451,694		10,451,694	.242838				
5	TOTAL	43,039,704		43,039,704	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,314,081	215,699		73,877			1,603,657
4	NEW CAP REL COSTS-MV	596,047			14,801			610,848
5	TOTAL	1,910,128	215,699		88,678			2,214,505

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

DESCR IPTION (1)	(2) BASIS /CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-4,085	ADMINISTRATIVE & GENERAL		6	
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	-1,390,751				
13 SALE OF SCRAP, WASTE, ETC.	B	-5,556	PHYSICAL THERAPY		50	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-145,720	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-3,600	OCCUPATIONAL THERAPY		51	
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,644	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		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 LOBBYING DUES	A	-7,750	ADMINISTRATIVE & GENERAL		6	
38 OTHER ADJUSTMENTS (SPECIFY)						
39 INFANT DEVELOPMENT REVENUE	B	-1,614	PHYSICAL THERAPY		50	
40 BEHAVIORAL SCIENCE INCOME	B	-10,958	SOCIAL SERVICE		18	
41						
42 PUBLIC RELATIONS INCOME	B	-2,292	ADMINISTRATIVE & GENERAL		6	
43 MISCELLANEOUS INCOME	B	-3,803	SPEECH PATHOLOGY		52	
44 MISCELLANEOUS INCOME	B	-8,433	ADMINISTRATIVE & GENERAL		6	
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,595,206				

(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	UNIVERSITY OF CHICAGO SER	292,554	292,554	
2	22	I&R SERVICES-SALARY & FRI	UNIVERSITY OF CHICAGO EDU	1	1	
3	41	RADIOLOGY-DIAGNOSTIC	UNIVERSITY OF CHICAGO XRA	1	1	
4	59 1	STAFF	UNIVERSITY OF CHICAGO MED	2,303,666	2,303,666	
5		TOTALS		2,596,222	2,596,222	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	UNIVERSITY OF CHICAGO	0.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-3301

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

PREPARED 12/2/2008
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
59	1 STAFF	1,390,751	1,390,751					
101	TOTAL	1,390,751	1,390,751					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	2	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	2	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTES SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	FTES SERVED	NOT ENTERED
14	NURSING ADMINISTRATION	13	FTES SUPERVISED	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUI S.	NOT ENTERED
16	PHARMACY	15	COSTED REQUI S.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	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-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,603,657			1,603,657			
005 NEW CAP REL COSTS-MVBLE E	610,848				610,848		
006 EMPLOYEE BENEFITS	505,793			10,854	4,134	520,781	
007 ADMINISTRATIVE & GENERAL	12,362,648			197,305	75,155	143,426	12,778,534
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,320,068			241,645	92,045	10,151	1,663,909
010 LAUNDRY & LINEN SERVICE	115,846			3,713	1,414	879	121,852
011 HOUSEKEEPING	913,844			9,073	3,456	14,542	940,915
012 DIETARY	570,805			57,009	21,715	8,468	657,997
013 CAFETERIA	488,631					9,411	498,042
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	823,524			56,538	21,536	14,520	916,118
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	468,790			14,634	5,574	7,928	496,926
019 SOCIAL SERVICE	1,029,713			107,095	40,794	11,212	1,188,814
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	297,258			3,747	1,427	7,278	309,710
023 I&R SERVICES-OTHER PRGM C	217,755					2,643	220,398
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS	5,933,809			552,177	210,331	90,521	6,786,838
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	271,552			9,695	3,693	4,051	288,991
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,653,364			20,162	7,680	13,544	1,694,750
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	969,263			13,055	4,973	15,518	1,002,809
051 PHYSICAL THERAPY	1,017,084			107,700	41,024	19,162	1,184,970
052 OCCUPATIONAL THERAPY	403,839					7,603	411,442
053 SPEECH PATHOLOGY	381,677					7,394	389,071
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	458,500			18,516	7,053	2,433	486,502
057 DRUGS CHARGED TO PATIENTS	3,175,204			7,561	2,880	15,621	3,201,266
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 PSYCHIATRIC/PSYCHOLOGICAL	120,774			26,984	10,278	2,366	160,402
061 01 STAFF	360,154						360,154
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	951,623			86,211	32,838	17,654	1,088,326
064 EMERGENCY	844,177			59,983	22,848	11,752	938,760
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	37,870,200			1,603,657	610,848	438,077	37,787,496
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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	12,778,534						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	692,426		2,356,335				
010 LAUNDRY & LINEN SERVICE	50,708		7,583	180,143			
011 HOUSEKEEPING	391,556		18,528		1,350,999		
012 DIETARY	273,822		116,420	3,377	67,497	1,119,113	
013 CAFETERIA	207,257						705,299
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	381,237		115,460		66,940		75,914
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	206,793		29,886		17,327		23,424
020 SOCIAL SERVICE	494,718		218,704		126,799		31,295
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	128,884		7,652		4,436		
024 I&R SERVICES-OTHER PRGM C	91,717						
025 PARAMEDICAL PRGM							
026 INPAT ROUTINE SRVC CNTRS	2,824,294		1,127,627	149,332	653,767	1,119,113	197,302
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC	120,262		19,798	143	11,478		6,388
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY	705,260		41,174		23,872		28,404
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY	417,313		26,660		15,457		32,465
054 PHYSICAL THERAPY	493,118		219,939	2,961	127,515		35,469
055 OCCUPATIONAL THERAPY	171,219						12,836
056 SPEECH PATHOLOGY	161,910						12,135
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED	202,455		37,812	3,917	21,922		9,695
060 DRUGS CHARGED TO PATIENTS	1,332,188		15,440		8,952		22,549
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL	66,750		55,105		31,948		2,246
064 01 STAFF	149,876						
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC	452,900		176,054	4,907	102,071		35,986
067 EMERGENCY	390,659		122,493	15,506	71,018		16,170
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	10,407,322		2,356,335	180,143	1,350,999	1,119,113	542,278
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23		25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & 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							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		450,682					
024 I&R SERVICES-OTHER PRGM C			312,115				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		300,454	208,077		16,921,506	-508,531	16,412,975
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					464,574		464,574
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					2,572,272		2,572,272
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					1,678,598		1,678,598
054 PHYSICAL THERAPY					2,100,250		2,100,250
055 OCCUPATIONAL THERAPY					614,262		614,262
056 SPEECH PATHOLOGY					569,371		569,371
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					794,828		794,828
060 DRUGS CHARGED TO PATIENTS					4,635,438		4,635,438
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL					325,208		325,208
064 01 STAFF					510,030		510,030
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC		75,114	52,019		2,249,322	-127,133	2,122,189
067 EMERGENCY		75,114	52,019		1,817,604	-127,133	1,690,471
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS		450,682	312,115		35,253,263	-762,797	34,490,466
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				10,854	4,134	14,988	14,988
007 ADMINISTRATIVE & GENERAL				197,305	75,155	272,460	4,122
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				241,645	92,045	333,690	292
010 LAUNDRY & LINEN SERVICE				3,713	1,414	5,127	25
011 HOUSEKEEPING				9,073	3,456	12,529	419
012 DIETARY				57,009	21,715	78,724	244
013 CAFETERIA							271
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				56,538	21,536	78,074	418
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				14,634	5,574	20,208	228
020 SOCIAL SERVICE				107,095	40,794	147,889	323
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI				3,747	1,427	5,174	210
024 I&R SERVICES-OTHER PRGM C							76
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS				552,177	210,331	762,508	2,607
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC				9,695	3,693	13,388	117
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY				20,162	7,680	27,842	390
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY				13,055	4,973	18,028	447
054 PHYSICAL THERAPY				107,700	41,024	148,724	552
055 OCCUPATIONAL THERAPY							219
056 SPEECH PATHOLOGY							213
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED				18,516	7,053	25,569	70
060 DRUGS CHARGED TO PATIENTS				7,561	2,880	10,441	450
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL				26,984	10,278	37,262	68
064 01 STAFF							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC				86,211	32,838	119,049	508
067 EMERGENCY				59,983	22,848	82,831	338
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS				1,603,657	610,848	2,214,505	12,607
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
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													
023	I&R SERVICES-OTHER PRGM C													
024	PARAMEDICAL PRGM													
025	INPAT ROUTINE SRVC CNTRS													
026	ADULTS & PEDIATRICS													
027	INTENSIVE CARE UNIT													
028	CORONARY CARE UNIT													
029	BURN INTENSIVE CARE UNIT													
030	SURGICAL INTENSIVE CARE U													
031	SUBPROVIDER													
032	NURSERY													
033	SKILLED NURSING FACILITY													
034	NURSING FACILITY													
035	ICF/MR													
036	OTHER LONG TERM CARE													
037	ANCILLARY SRVC COST CNTRS													
038	OPERATING ROOM													
039	RECOVERY ROOM													
040	DELIVERY ROOM & LABOR ROO													
041	ANESTHESIOLOGY													
042	RADIOLOGY-DIAGNOSTIC													
043	RADIOLOGY-THERAPEUTIC													
044	RADIOISOTOPE													
045	LABORATORY													
046	PBP CLINICAL LAB SERVICES													
047	WHOLE BLOOD & PACKED RED													
048	BLOOD STORING, PROCESSING													
049	INTRAVENOUS THERAPY													
050	RESPIRATORY THERAPY													
051	PHYSICAL THERAPY													
052	OCCUPATIONAL THERAPY													
053	SPEECH PATHOLOGY													
054	ELECTROCARDIOLOGY													
055	ELECTROENCEPHALOGRAPHY													
056	MEDICAL SUPPLIES CHARGED													
057	DRUGS CHARGED TO PATIENTS													
058	RENAL DIALYSIS													
059	ASC (NON-DISTINCT PART)													
060	PSYCHIATRIC/PSYCHOLOGICAL													
061	STAFF													
062	OUTPAT SERVICE COST CNTRS													
063	CLINIC													
064	EMERGENCY													
065	OBSERVATION BEDS (NON-DIS													
066	OTHER REIMBURS COST CNTRS													
067	HOME PROGRAM DIALYSIS													
068	AMBULANCE SERVICES													
069	DURABLE MEDICAL EQUIP-REN													
070	DURABLE MEDICAL EQUIP-SOL													
071	CORF													
072	I&R SERVICES-NOT APPRVD P													
073	HOME HEALTH AGENCY													
074	LUNG ACQUISITION													
075	SPEC PURPOSE COST CENTERS													
076	KIDNEY ACQUISITION													
077	LIVER ACQUISITION													
078	OTHER ORGAN ACQUISITION													
079	AMBULATORY SURGICAL CENTE													
080	HOSPICE													
081	SUBTOTALS													
082	NONREIMBURS COST CENTERS													
083	GIFT, FLOWER, COFFEE SHOP													
084	RESEARCH													
085	PHYSICIANS' PRIVATE OFFIC													
086														
087														
088														
089														
090														
091														
092														
093														
094														
095														
096														
097														
098														
099														
100														

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
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		105,551					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY				29,806			
020	SOCIAL SERVICE					193,789		
021	NONPHYSICIAN ANESTHETISTS							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY & FRI							
024	I&R SERVICES-OTHER PRGM C							
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CNTRS		83,483		10,160	193,789		
027	ADULTS & PEDIATRICS							
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER							
035	NURSERY							
036	SKILLED NURSING FACILITY							
037	NURSING FACILITY							
038	ICF/MR							
039	OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM							
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR ROO							
044	ANESTHESIOLOGY							
045	RADIOLOGY-DIAGNOSTIC				674			
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY				3,034			
049	PBP CLINICAL LAB SERVICES							
050	WHOLE BLOOD & PACKED RED							
051	BLOOD STORING, PROCESSING							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY				7,078			
054	PHYSICAL THERAPY				1,396			
055	OCCUPATIONAL THERAPY				722			
056	SPEECH PATHOLOGY				241			
057	ELECTROCARDIOLOGY							
058	ELECTROENCEPHALOGRAPHY							
059	MEDICAL SUPPLIES CHARGED				1,252			
060	DRUGS CHARGED TO PATIENTS				2,119			
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)							
063	PSYCHIATRIC/PSYCHOLOGICAL				337			
064	STAFF							
065	OUTPAT SERVICE COST CNTRS							
066	CLINIC		15,226		1,445			
067	EMERGENCY		6,842		1,348			
068	OBSERVATION BEDS (NON-DIS							
069	OTHER REIMBURS COST CNTRS							
070	HOME PROGRAM DIALYSIS							
071	AMBULANCE SERVICES							
072	DURABLE MEDICAL EQUIP-REN							
073	DURABLE MEDICAL EQUIP-SOL							
074	CORF							
075	I&R SERVICES-NOT APPRVD P							
076	HOME HEALTH AGENCY							
077	LUNG ACQUISITION							
078	SPEC PURPOSE COST CENTERS							
079	KIDNEY ACQUISITION							
080	LIVER ACQUISITION							
081	OTHER ORGAN ACQUISITION							
082	AMBULATORY SURGICAL CENTE							
083	HOSPICE							
084	SUBTOTALS		105,551		29,806	193,789		
085	NONREIMBURS COST CENTERS							
086	GIFT, FLOWER, COFFEE SHOP							
087	RESEARCH							
088	PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN 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 ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		9,386					
024 I&R SERVICES-OTHER PRGM C			2,061				
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS					1,403,300		1,403,300
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					19,968		19,968
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					53,248		53,248
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					39,028		39,028
054 PHYSICAL THERAPY					196,559		196,559
055 OCCUPATIONAL THERAPY					4,734		4,734
056 SPEECH PATHOLOGY					4,040		4,040
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					37,490		37,490
060 DRUGS CHARGED TO PATIENTS					44,443		44,443
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 PSYCHIATRIC/PSYCHOLOGICAL					47,859		47,859
064 01 STAFF					3,244		3,244
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC					174,374		174,374
067 EMERGENCY					119,969		119,969
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS					2,148,256		2,148,256
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB		95,445				
004 NEW CAP REL COSTS-BLD			95,445			
005 NEW CAP REL COSTS-MVB				95,445		
006 EMPLOYEE BENEFITS		646	646	646	21,271,064	
007 ADMINISTRATION & GENERAL MAINTENANCE & REPAIRS		11,743	11,743	11,743	5,858,121	-12,778,534
008 OPERATION OF PLANT		14,382	14,382	14,382	414,631	
009 LAUNDRY & LINEN SERVICE		221	221	221	35,894	
010 HOUSEKEEPING		540	540	540	593,964	
011 DIETARY		3,393	3,393	3,393	345,891	
012 CAFETERIA					384,396	
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION		3,365	3,365	3,365	593,082	
015 CENTRAL SERVICES & SUPPLIES						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY		871	871	871	323,805	
018 SOCIAL SERVICE		6,374	6,374	6,374	457,944	
020 NONPHYSICIAN ANESTHESIOLOGISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS		223	223	223	297,258	
023 I&R SERVICES-OTHER PERSONNEL					107,939	
024 PARAMEDICAL PROGRAM						
025 INPATIENT ROUTINE SERVICES - ADULTS & PEDIATRICS		32,864	32,864	32,864	3,697,282	
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE UNIT						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SERVICE COST CENTER						
039 OPERATING ROOM						
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC		577	577	577	165,453	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE LABORATORY		1,200	1,200	1,200	553,207	
046 PBP CLINICAL LAB SERVICE						
047 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY		777	777	777	633,841	
050 PHYSICAL THERAPY		6,410	6,410	6,410	782,681	
051 OCCUPATIONAL THERAPY					310,561	
052 SPEECH PATHOLOGY					301,999	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARITABLE		1,102	1,102	1,102	99,370	
056 DRUGS CHARGED TO PATIENTS		450	450	450	638,038	
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PARADISE)						
059 PSYCHIATRIC/PSYCHOLOGY		1,606	1,606	1,606	96,619	
059 01 STAFF						
060 OUTPAT SERVICE COST CENTER						
061 CLINIC		5,131	5,131	5,131	721,069	
062 EMERGENCY		3,570	3,570	3,570	480,011	
064 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIPMENT						
069 DURABLE MEDICAL EQUIPMENT CORP						
070 I&R SERVICES-NOT APPROPRIATE						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION SPECIFIC PURPOSE COST CENTER						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTER						
093 HOSPICE						
095 SUBTOTALS		95,445	95,445	95,445	17,893,056	-12,778,534

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
101 PHYSICIANS' PRIVATE O					3,378,008	
102 NONPAID WORKERS						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED			1,603,657	610,848	520,781	
(WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER			16.801896	6.400000	.024483	
(WRKSHT B, PT I)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
108 UNIT COST MULTIPLIER					14,988	
(WRKSHT B, PT II)						
109 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
110 UNIT COST MULTIPLIER					.000705	
(WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)
		6	7	8	9	10	11	12
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	30,707,019						
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	1,663,909		68,674				
009	LAUNDRY & LINEN SERVICE	121,852		221	529,805			
010	HOUSEKEEPING	940,915		540		67,913		
011	DIETARY	657,997		3,393	9,932	3,393	31,494	
012	CAFETERIA	498,042						534,414
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	916,118		3,365		3,365		57,521
015	CENTRAL SERVICES & SUPPLIES							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	496,926		871		871		17,749
018	SOCIAL SERVICE	1,188,814		6,374		6,374		23,713
020	NONPHYSICIAN ANESTHESIOLOGISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS	309,710		223		223		
023	I&R SERVICES-OTHER PERSONNEL	220,398						
024	PARAMEDICAL PROGRAM							
025	INPATIENT ROUTINE SERVICES	6,786,838		32,864	439,188	32,864	31,494	149,498
026	ADULTS & PEDIATRICS							
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE UNIT							
033	SUBPROVIDER							
034	NURSERY							
035	SKILLED NURSING FACILITY							
036	NURSING FACILITY							
037	ICF/MR							
038	OTHER LONG TERM CARE							
039	ANCILLARY SERVICE COST CENTER							
040	OPERATING ROOM							
041	RECOVERY ROOM							
042	DELIVERY ROOM & LABOR							
043	ANESTHESIOLOGY							
044	RADIOLOGY-DIAGNOSTIC	288,991		577	421	577		4,840
045	RADIOLOGY-THERAPEUTIC							
046	RADIOISOTOPE							
047	LABORATORY	1,694,750		1,200		1,200		21,522
048	PBP CLINICAL LAB SERVICES							
049	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
050	INTRAVENOUS THERAPY	1,002,809		777		777		24,599
051	RESPIRATORY THERAPY	1,184,970		6,410	8,707	6,410		26,875
052	PHYSICAL THERAPY	411,442						9,726
053	OCCUPATIONAL THERAPY	389,071						9,195
054	SPEECH PATHOLOGY							
055	ELECTROCARDIOLOGY							
056	ELECTROENCEPHALOGRAPHY	486,502		1,102	11,520	1,102		7,346
057	MEDICAL SUPPLIES CHARACTERIZED	3,201,266		450		450		17,086
058	DRUGS CHARGED TO PATIENTS							
059	RENAL DIALYSIS							
060	ASC (NON-DIAGNOSTIC) PARAPROFESSORIAL/PSYCHOLOGICAL	160,402		1,606		1,606		1,702
061	PSYCHIATRIC/PSYCHOLOGICAL	360,154						
062	STAFF							
063	OUTPATIENT SERVICE COST CENTER							
064	CLINIC	1,088,326		5,131	14,433	5,131		27,267
065	EMERGENCY	938,760		3,570	45,604	3,570		12,252
066	OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
067	HOME PROGRAM DIALYSIS							
068	AMBULANCE SERVICES							
069	DURABLE MEDICAL EQUIPMENT							
070	DURABLE MEDICAL EQUIPMENT							
071	CORF							
072	I&R SERVICES-NOT APPROPRIATE							
073	HOME HEALTH AGENCY							
074	LUNG ACQUISITION							
075	SPECIAL PURPOSE COST CENTER							
076	KIDNEY ACQUISITION							
077	LIVER ACQUISITION							
078	OTHER ORGAN ACQUISITION							
079	AMBULATORY SURGICAL CENTER							
080	HOSPICE							
081	SUBTOTALS	25,008,962		68,674	529,805	67,913	31,494	410,891

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-3301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/2/2008
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S SERVED)
		6	7	8	9	10	11	12
096	SPEC PURPOSE COST CEN							
097	NONREIMBURS COST CEN							
098	GIFT, FLOWER, COFFEE							
099	RESEARCH							
101	PHYSICIANS' PRIVATE O							
102	NONPAID WORKERS	5,698,057						123,523
103	CROSS FOOT ADJUSTMENT							
104	NEGATIVE COST CENTER							
105	COST TO BE ALLOCATED	12,778,534		2,356,335	180,143	1,350,999	1,119,113	705,299
106	(WRKSHT B, PART I)							
107	UNIT COST MULTIPLIER	.416144		34.311894	.340018	19.893084	35.534165	1.319761
108	(WRKSHT B, PT I)							
109	COST TO BE ALLOCATED							
110	(WRKSHT B, PART II)							
111	UNIT COST MULTIPLIER							
112	(WRKSHT B, PT II)							
113	COST TO BE ALLOCATED	276,582		348,969	7,373	24,167	103,482	4,757
114	(WRKSHT B, PART III)							
115	UNIT COST MULTIPLIER	.009007		5.081530	.013916	.355852	3.285769	.008901
116	(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (FTES SERVED)	NURSING ADMINISTRATION (FTES SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
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		189,017					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					619		
019 SOCIAL SERVICE							100
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PROGRAMS							
025 INPATIENT ROUTINE SERVICES							
026 ADULTS & PEDIATRICS		149,498			211		100
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						14	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE LABORATORY						63	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						147	
050 PHYSICAL THERAPY						29	
051 OCCUPATIONAL THERAPY						15	
052 SPEECH PATHOLOGY						5	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED						26	
056 DRUGS CHARGED TO PATIENTS						44	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PATIENTS)							
059 PSYCHIATRIC/PSYCHOLOGICAL						7	
059 01 STAFF							
060 OUTPAT SERVICE COST CENTER							
061 CLINIC						30	
062 EMERGENCY						28	
063 OBSERVATION BEDS (NON-PAYING)							
064 OTHER REIMBURSED COST CENTER							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIPMENT							
068 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPECIFIC PURPOSE COST CENTER							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTER							
078 HOSPICE							
079 SUBTOTALS			189,017		619		100

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(FTES SERVED)	(FTES SUPERVISED)	(COSTED) EQUI S.	R(COSTED) EQUI S.	R(TIME) SPENT	(TIME) SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
096 SPEC PURPOSE COST CENTER							
097 NONREIMBURS COST CENTER							
098 GIFT, FLOWER, COFFEE RESEARCH							
099 PHYSICIANS' PRIVATE NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		1,555,669			774,356	2,060,330	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		8.230313			1,250.978998	20,603.300000	
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)		105,551			29,806	193,789	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.558421			48.151858	1,937.890000	

COST CENTER DESCRIPTION	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 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 & SUPPORT				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETIC				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI		2,160		
023 I&R SERVICES-OTHER PRGM			2,160	
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		1,440	1,440	
027 INTENSIVE CARE UNIT				
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE				
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
01 IC/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CENTER				
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 SERVICE				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORAGE, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
059 PSYCHIATRIC/PSYCHOLOGICAL				
01 STAFF				
060 OUTPAT SERVICE COST CENTER				
060 CLINIC		360	360	
061 EMERGENCY		360	360	
062 OBSERVATION BEDS (NON-REIMBURS COST CENTER)				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIPMENT				
067 DURABLE MEDICAL EQUIPMENT				
069 CORP				
070 I&R SERVICES-NOT APPROPRIATE				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
SPEC PURPOSE COST CENTER				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
086 OTHER ORGAN ACQUISITION				
092 AMBULATORY SURGICAL CENTER				
093 HOSPICE				
095 SUBTOTALS		2,160	2,160	

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		21	22	23	24
096	SPEC PURPOSE COST CEN				
097	NONREIMBURS COST CEN				
098	GIFT, FLOWER, COFFEE				
099	RESEARCH				
101	PHYSICIANS' PRIVATE O				
102	NONPAID WORKERS				
103	CROSS FOOT ADJUSTMENT				
104	NEGATIVE COST CENTER				
105	COST TO BE ALLOCATED		450,682	312,115	
106	(PER WRKSHT B, PART				
107	UNIT COST MULTIPLIER		208.649074	144.497685	
108	(WRKSHT B, PT I)				
109	COST TO BE ALLOCATED				
110	(PER WRKSHT B, PART				
111	UNIT COST MULTIPLIER				
112	(WRKSHT B, PT II)				
113	COST TO BE ALLOCATED		9,386	2,061	
114	(PER WRKSHT B, PART				
115	UNIT COST MULTIPLIER		4.345370	.954167	
116	(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,412,975		16,412,975		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	464,574		464,574		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,572,272		2,572,272		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,678,598		1,678,598		
50	PHYSICAL THERAPY	2,100,250		2,100,250		
51	OCCUPATIONAL THERAPY	614,262		614,262		
52	SPEECH PATHOLOGY	569,371		569,371		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	794,828		794,828		
56	DRUGS CHARGED TO PATIENTS	4,635,438		4,635,438		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	325,208		325,208		
59	01 STAFF	510,030		510,030		
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	2,122,189		2,122,189		
61	EMERGENCY	1,690,471		1,690,471		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	34,490,466		34,490,466		
102	LESS OBSERVATION BEDS					
103	TOTAL	34,490,466		34,490,466		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,167,163		15,167,163			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	264,023	268,424	532,447	.872526	.872526	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,049,844	2,062,002	3,111,846	.826606	.826606	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,320,211	758,165	8,078,376	.207789	.207789	
50	PHYSICAL THERAPY	781,466	811,309	1,592,775	1.318611	1.318611	
51	OCCUPATIONAL THERAPY	403,889	381,118	785,007	.782492	.782492	
52	SPEECH PATHOLOGY	225,620	306,173	531,793	1.070663	1.070663	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	344,354	78,011	422,365	1.881851	1.881851	
56	DRUGS CHARGED TO PATIENTS	2,149,495	4,124,782	6,274,277	.738800	.738800	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	61,266	1,109,912	1,171,178	.277676	.277676	
01	STAFF	1,033,762		1,033,762	.493373	.493373	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	81,343	3,800,791	3,882,134	.546655	.546655	
61	EMERGENCY	141,271	2,867,691	3,008,962	.561812	.561812	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	29,023,707	16,568,378	45,592,085			
102	LESS OBSERVATION BEDS						
103	TOTAL	29,023,707	16,568,378	45,592,085			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,921,506		16,921,506		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	464,574		464,574		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,572,272		2,572,272		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,678,598		1,678,598		
50	PHYSICAL THERAPY	2,100,250		2,100,250		
51	OCCUPATIONAL THERAPY	614,262		614,262		
52	SPEECH PATHOLOGY	569,371		569,371		
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	794,828		794,828		
56	DRUGS CHARGED TO PATIENTS	4,635,438		4,635,438		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	325,208		325,208		
59	01 STAFF	510,030		510,030		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,249,322		2,249,322		
61	EMERGENCY	1,817,604		1,817,604		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	35,253,263		35,253,263		
102	LESS OBSERVATION BEDS					
103	TOTAL	35,253,263		35,253,263		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-3301

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

PREPARED 12/2/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,167,163		15,167,163			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	264,023	268,424	532,447	.872526	.872526	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,049,844	2,062,002	3,111,846	.826606	.826606	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,320,211	758,165	8,078,376	.207789	.207789	
50	PHYSICAL THERAPY	781,466	811,309	1,592,775	1.318611	1.318611	
51	OCCUPATIONAL THERAPY	403,889	381,118	785,007	.782492	.782492	
52	SPEECH PATHOLOGY	225,620	306,173	531,793	1.070663	1.070663	
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	344,354	78,011	422,365	1.881851	1.881851	
56	DRUGS CHARGED TO PATIENTS	2,149,495	4,124,782	6,274,277	.738800	.738800	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	61,266	1,109,912	1,171,178	.277676	.277676	
01	STAFF	1,033,762		1,033,762	.493373	.493373	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	81,343	3,800,791	3,882,134	.579403	.579403	
61	EMERGENCY	141,271	2,867,691	3,008,962	.604063	.604063	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	29,023,707	16,568,378	45,592,085			
102	LESS OBSERVATION BEDS						
103	TOTAL	29,023,707	16,568,378	45,592,085			

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						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	464,574	19,968	444,606			464,574
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,572,272	53,248	2,519,024			2,572,272
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,678,598	39,028	1,639,570			1,678,598
51	PHYSICAL THERAPY	2,100,250	196,559	1,903,691			2,100,250
52	OCCUPATIONAL THERAPY	614,262	4,734	609,528			614,262
53	SPEECH PATHOLOGY	569,371	4,040	565,331			569,371
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	794,828	37,490	757,338			794,828
57	DRUGS CHARGED TO PATIENTS	4,635,438	44,443	4,590,995			4,635,438
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
01	PSYCHIATRIC/PSYCHOLOGICAL	325,208	47,859	277,349			325,208
60	STAFF	510,030	3,244	506,786			510,030
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	2,122,189	174,374	1,947,815			2,122,189
63	EMERGENCY	1,690,471	119,969	1,570,502			1,690,471
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	18,077,491	744,956	17,332,535			18,077,491
	LESS OBSERVATION BEDS						
	TOTAL	18,077,491	744,956	17,332,535			18,077,491

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			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	532,447	.872526	.872526
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,111,846	.826606	.826606
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	8,078,376	.207789	.207789
51	PHYSICAL THERAPY	1,592,775	1.318611	1.318611
52	OCCUPATIONAL THERAPY	785,007	.782492	.782492
53	SPEECH PATHOLOGY	531,793	1.070663	1.070663
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	422,365	1.881851	1.881851
57	DRUGS CHARGED TO PATIENTS	6,274,277	.738800	.738800
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,171,178	.277676	.277676
60	STAFF	1,033,762	.493373	.493373
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	3,882,134	.546655	.546655
63	EMERGENCY	3,008,962	.561812	.561812
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	30,424,922		
	LESS OBSERVATION BEDS			
	TOTAL	30,424,922		

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						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	464,574	19,968	444,606	1,997	25,787	436,790
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,572,272	53,248	2,519,024	5,325	146,103	2,420,844
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,678,598	39,028	1,639,570	3,903	95,095	1,579,600
51	PHYSICAL THERAPY	2,100,250	196,559	1,903,691	19,656	110,414	1,970,180
52	OCCUPATIONAL THERAPY	614,262	4,734	609,528	473	35,353	578,436
53	SPEECH PATHOLOGY	569,371	4,040	565,331	404	32,789	536,178
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	794,828	37,490	757,338	3,749	43,926	747,153
57	DRUGS CHARGED TO PATIENTS	4,635,438	44,443	4,590,995	4,444	266,278	4,364,716
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
01	PSYCHIATRIC/PSYCHOLOGICAL	325,208	47,859	277,349	4,786	16,086	304,336
60	STAFF	510,030	3,244	506,786	324	29,394	480,312
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	2,249,322	174,374	2,074,948	17,437	120,347	2,111,538
63	EMERGENCY	1,817,604	119,969	1,697,635	11,997	98,463	1,707,144
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	18,331,757	744,956	17,586,801	74,495	1,020,035	17,237,227
	LESS OBSERVATION BEDS						
	TOTAL	18,331,757	744,956	17,586,801	74,495	1,020,035	17,237,227

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			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	532,447	.820345	.868776
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	3,111,846	.777945	.824895
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	8,078,376	.195534	.207306
51	PHYSICAL THERAPY	1,592,775	1.236948	1.306270
52	OCCUPATIONAL THERAPY	785,007	.736855	.781890
53	SPEECH PATHOLOGY	531,793	1.008246	1.069903
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	422,365	1.768975	1.872975
57	DRUGS CHARGED TO PATIENTS	6,274,277	.695652	.738092
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	1,171,178	.259855	.273589
60	STAFF	1,033,762	.464625	.493059
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	3,882,134	.543912	.574912
63	EMERGENCY	3,008,962	.567353	.600076
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	30,424,922		
	LESS OBSERVATION BEDS			
	TOTAL	30,424,922		

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						
26	ADULTS & PEDIATRICS				1,403,300		1,403,300
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				1,403,300		1,403,300

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	10,498				133.67	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	10,498					

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 14-3301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/2/2008
WORKSHEET D
PART III
TEFRA

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					10,498	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					10,498	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2008
14-3301	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		272			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		224			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		15			
56 DRUGS CHARGED TO PATIENTS		24			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 STAFF					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		535			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		535			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				237	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				47	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				28	
56 DRUGS CHARGED TO PATIENTS				18	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 STAFF					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				330	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				330	

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	5.99
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)	5.99
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	7.92
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	5.99
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.	6.21
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.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	6.21
3.10	SEE INSTRUCTIONS	4.70
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	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
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)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	96,167.32
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	5.98
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	5.80
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	5.49
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	100,607.80
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	552,337
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	552,337

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	
5	TOTAL INPATIENT DAYS	10,498
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11	
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	10,498
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.	
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

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST 330
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 330
- 20 TOTAL REASONABLE COST 330
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST 1.000000

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,692,786			
2	TEMPORARY INVESTMENTS	2,359,435			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,482,907			
5	OTHER RECEIVABLES	1,583,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES	643,926			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	13,762,054			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	2,073,212			
13	LESS ACCUMULATED DEPRECIATION	-1,630,522			
13.01	BUILDINGS	26,913,457			
14	LESS ACCUMULATED DEPRECIATION	-12,479,961			
14.01	LEASEHOLD IMPROVEMENTS	3,016,946			
15	LESS ACCUMULATED DEPRECIATION	-2,307,269			
15.01	FIXED EQUIPMENT	3,184,988			
16	LESS ACCUMULATED DEPRECIATION	-2,504,266			
16.01	AUTOMOBILES AND TRUCKS	87,847			
17	LESS ACCUMULATED DEPRECIATION	-77,734			
17.01	MAJOR MOVABLE EQUIPMENT	6,611,012			
18	LESS ACCUMULATED DEPRECIATION	-4,354,987			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	837,447			
20	TOTAL FIXED ASSETS	19,370,170			
21	OTHER ASSETS				
22	INVESTMENTS	48,186,780			
23	DEPOSITS ON LEASES	3,941,656			
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	30,540,491			
26	TOTAL OTHER ASSETS	82,668,927			
27	TOTAL ASSETS	115,801,151			

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	15,167,163		15,167,163
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	15,167,163		15,167,163
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	15,167,163		15,167,163
17 00 ANCILLARY SERVICES	12,822,783		12,822,783
18 00 OUTPATIENT SERVICES		16,568,377	16,568,377
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 PROF FEES & OTHER	1,073,430	47,155	1,120,585
25 00 TOTAL PATIENT REVENUES	29,063,376	16,615,532	45,678,908

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		45,080,759	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 RECONCILIATION	143,686		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		143,686	
40 00 TOTAL OPERATING EXPENSES		44,937,073	

DESCRIPTION

1	TOTAL PATIENT REVENUES	45,678,908
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT' S ACCTS	6,294,832
3	NET PATIENT REVENUES	39,384,076
4	LESS: TOTAL OPERATING EXPENSES	44,937,073
5	NET INCOME FROM SERVICE TO PATIENTS	-5,552,997
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	711,672
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNI FORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GRANT INCOME	1,280,467
24.01	OTHER REVENUE	4,759,118
25	TOTAL OTHER INCOME	6,751,257
26	TOTAL	1,198,260
	OTHER EXPENSES	
27	LOSS ON FIXED ASSETS DISPOSALS	17,826
28	NET INVESTMENT INCOME	1,701,591
29		
30	TOTAL OTHER EXPENSES	1,719,417
31	NET INCOME (OR LOSS) FOR THE PERIOD	-521,157