

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0018 | PERIOD FROM 7/ 1/2008 TO 6/30/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2009 TIME 11: 51

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: MOUNT SINAI HOSPITAL MEDICAL CENTER 14-0018 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 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

Table with 5 columns: TITLE V, A, B, XIX, and a final column. Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and TOTAL with corresponding numerical values.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 15TH STREET & CALIFORNIA AVE P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60608 COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-0018	2.01	7/1/1966	4	5	6
03.00 SUBPROVIDER	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-S018		7/1/1984	N	P	N
09.00 HOSPITAL-BASED HHA	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-7072		8/17/1966	N	P	N
16.00 RENAL DIALYSIS	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-2302		1/1/2004			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2008 TO: 6/30/2009
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16794

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,160	0	0
2 UNDUPLICATED CENSUS COUNT		174.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	3,160
2 UNDUPLICATED CENSUS COUNT	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	10.04		10.04
6 DIRECTING NURSING SERVICE	9.37		9.37
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.40		2.40
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.04		1.04
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.55		.55
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.52		1.52
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,998	0	74	92
22 SKILLED NURSING VISIT CHARGES	283,793	0	10,534	13,012
23 PHYSICAL THERAPY VISITS	866	0	8	74
24 PHYSICAL THERAPY VISIT CHARGES	122,998	0	1,084	9,295
25 OCCUPATIONAL THERAPY VISITS	315	0	0	9
26 OCCUPATIONAL THERAPY VISIT CHARGES	44,769	0	0	775
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	41	0	2	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,732	0	310	465
31 HOME HEALTH AIDE VISITS	307	0	0	3
32 HOME HEALTH AIDE VISIT CHARGES	43,529	0	0	465
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,527	0	84	181
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	500,821	0	11,928	24,012
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	244	0	35	19
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,144	0	1,580	310

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,164
22 SKILLED NURSING VISIT CHARGES	0	0	307,339
23 PHYSICAL THERAPY VISITS	0	0	948
24 PHYSICAL THERAPY VISIT CHARGES	0	0	133,377
25 OCCUPATIONAL THERAPY VISITS	0	0	324
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	45,544
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	46
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	6,507
31 HOME HEALTH AIDE VISITS	0	0	310
32 HOME HEALTH AIDE VISIT CHARGES	0	0	43,994
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,792
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	536,761
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	298
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	11,034

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0018
 SATELLITE NO:
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/2/2009
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	114					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	11					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	392,342					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	39,234					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .253636
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		4,582	4,582	265,042	269,624
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				1,697,316	1,697,316
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,560,918	3,560,918	4,336,402	7,897,320
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,752,727	4,752,727	-877	4,751,850
5	0500 EMPLOYEE BENEFITS	84,539	17,660,319	17,744,858	-753,241	16,991,617
6.01	0610 NONPATIENT TELEPHONE	237,768	510,978	748,746	-3,502	745,244
6.02	0620 DATA PROCESSING		2,423,055	2,423,055	-38,998	2,384,057
6.03	0630 PURCHASING RECEIVING AND STORES	370,753	91,531	462,284		462,284
6.04	0640 ADMITTING	1,928,200	333,010	2,261,210	-374,299	1,886,911
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	35,231	2,537,159	2,572,390		2,572,390
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	4,787,495	26,958,766	31,746,261	1,368,313	33,114,574
7	0700 MAINTENANCE & REPAIRS	106	2,873,476	2,873,582		2,873,582
8	0800 OPERATION OF PLANT	828,771	7,237,373	8,066,144	-34,182	8,031,962
9	0900 LAUNDRY & LINEN SERVICE		899,781	899,781		899,781
10	1000 HOUSEKEEPING	1,863,343	1,629,038	3,492,381		3,492,381
11	1100 DIETARY	1,711,828	3,531,808	5,243,636	-3,023,055	2,220,581
12	1200 CAFETERIA				3,023,055	3,023,055
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	3,365,708	674,076	4,039,784		4,039,784
15	1500 CENTRAL SERVICES & SUPPLY	355,537	1,253,391	1,608,928	-1,111,775	497,153
16	1600 PHARMACY		8,763,003	8,763,003	-4,926,988	3,836,015
17	1700 MEDICAL RECORDS & LIBRARY	1,501,704	732,020	2,233,724		2,233,724
18	1800 SOCIAL SERVICE	685,225	152,326	837,551	-791	836,760
19	1951 OTHER GENERAL SERVICE COST CENTERS					
19.01	1950 OUTPATIENT ACCOUNTING	43,060	2,495,161	2,538,221	159,182	2,697,403
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	6,068,527		6,068,527		6,068,527
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		700,590	700,590	2,163,866	2,864,456
24	2400 PARAMED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	19,561,551	4,654,580	24,216,131	-632,553	23,583,578
26	2600 INTENSIVE CARE UNIT	1,552,109	202,651	1,754,760	-2,496	1,752,264
26.01	2120 PREMATURE INTENSIVE CARE UNIT	3,621,533	324,589	3,946,122		3,946,122
27	2700 CORONARY CARE UNIT	3,442,623	463,152	3,905,775	546	3,906,321
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	2,316,744	59,833	2,376,577	-74,651	2,301,926
33	3300 NURSERY	1,261,263	56,126	1,317,389		1,317,389
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,135,448	6,964,169	14,099,617	-5,265,834	8,833,783
38	3800 RECOVERY ROOM	1,233,156	60,918	1,294,074	1,250	1,295,324
39	3900 DELIVERY ROOM & LABOR ROOM	5,461,049	1,157,792	6,618,841		6,618,841
40	4000 ANESTHESIOLOGY	446,345	3,432,453	3,878,798	-98,289	3,780,509
41	4100 RADIOLOGY-DIAGNOSTIC	4,677,589	2,973,963	7,651,552	-404,590	7,246,962
41.01	3430 MAGNETIC RESONANCE IMAGING (MRI)	409,896	272,962	682,858	-179,000	503,858
42	4200 RADIOLOGY-THERAPEUTIC	318,728	674,643	993,371	-253,479	739,892
43	4300 RADIOISOTOPE	261,122	447,222	708,344	-64,940	643,404
44	4400 LABORATORY	5,187,465	7,297,811	12,485,276	-725,384	11,759,892
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	679,559	1,558,098	2,237,657	-292	2,237,365
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,742,826	577,468	2,320,294	-183,358	2,136,936
50	5000 PHYSICAL THERAPY	378,799	59,685	438,484		438,484
51	5100 OCCUPATIONAL THERAPY	258,467	39,446	297,913		297,913
52	5200 SPEECH PATHOLOGY	134,568	7,358	141,926		141,926
53	5300 ELECTROCARDIOLOGY	1,385,844	1,152,852	2,538,696	217,028	2,755,724
54	5400 ELECTROENCEPHALOGRAPHY	212,102	41,929	254,031	-1,109	252,922
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,323,445	5,323,445
56	5600 DRUGS CHARGED TO PATIENTS				7,462,421	7,462,421
57	5700 RENAL DIALYSIS	1,242,818	752,051	1,994,869	53,024	2,047,893
58	5800 ASC (NON-DISTINCT PART)					
59	3560 PULMONARY FUNCTION TESTING OUTPAT SERVICE COST CNTRS		822	822	152,578	153,400
60	6000 CLINIC					
60.02	4950 O/P CHEMO THERAPY	397,232	2,795,911	3,193,143	-2,537,458	655,685
60.03	4951 O/P SUBSTANCE ABUSE					
60.04	4952 UNDER THE RAINBOW O/P	668,242	173,533	841,775		841,775
60.06	4953 EAR NOSE THROAT	282,417	68,842	351,259		351,259
61	6100 EMERGENCY	6,298,378	2,292,165	8,590,543	175,134	8,765,677
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1,701,831	239,755	1,941,586		1,941,586
88	8800 INTEREST EXPENSE		5,685,125	5,685,125	-5,685,125	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
95	SUBTOTALS	96,137,499	134,262,992	230,400,491	22,336	230,422,827
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0018
PERIOD: FROM 7/ 1/2008 TO 6/30/2009
PREPARED 12/ 2/2009
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	1,519	271,143
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,697,316
3	0300 NEW CAP REL COSTS-BLDG & FIXT	743,588	8,640,908
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,751,850
5	0500 EMPLOYEE BENEFITS	-165,209	16,826,408
6.01	0610 NONPATIENT TELEPHONE	-121,643	623,601
6.02	0620 DATA PROCESSING		2,384,057
6.03	0630 PURCHASING RECEIVING AND STORES		462,284
6.04	0640 ADMITTING		1,886,911
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		2,572,390
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,606,221	28,508,353
7	0700 MAINTENANCE & REPAIRS		2,873,582
8	0800 OPERATION OF PLANT	-2,230,631	5,801,331
9	0900 LAUNDRY & LINEN SERVICE		899,781
10	1000 HOUSEKEEPING		3,492,381
11	1100 DIETARY		2,220,581
12	1200 CAFETERIA	-1,478,982	1,544,073
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-1,000	4,038,784
15	1500 CENTRAL SERVICES & SUPPLY		497,153
16	1600 PHARMACY	-1,285,624	2,550,391
17	1700 MEDICAL RECORDS & LIBRARY	-24,765	2,208,959
18	1800 SOCIAL SERVICE		836,760
19	1951 OTHER GENERAL SERVICE COST CENTERS		
19.01	1950 OUTPATIENT ACCOUNTING		2,697,403
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		6,068,527
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-153,640	2,710,816
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-305,526	23,278,052
26	2600 INTENSIVE CARE UNIT		1,752,264
26.01	2120 PREMATURE INTENSIVE CARE UNIT		3,946,122
27	2700 CORONARY CARE UNIT		3,906,321
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-24,737	2,277,189
33	3300 NURSERY		1,317,389
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-588,703	8,245,080
38	3800 RECOVERY ROOM		1,295,324
39	3900 DELIVERY ROOM & LABOR ROOM		6,618,841
40	4000 ANESTHESIOLOGY	-1,518,270	2,262,239
41	4100 RADIOLOGY-DIAGNOSTIC	-163,128	7,083,834
41.01	3430 MAGNETIC RESONANCE IMAGING (MRI)	-1,713	502,145
42	4200 RADIOLOGY-THERAPEUTIC		739,892
43	4300 RADIOISOTOPE	-3,354	640,050
44	4400 LABORATORY	-637,106	11,122,786
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,237,365
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-754	2,136,182
50	5000 PHYSICAL THERAPY	-946	437,538
51	5100 OCCUPATIONAL THERAPY	2,334	300,247
52	5200 SPEECH PATHOLOGY	-26,908	115,018
53	5300 ELECTROCARDIOLOGY	-55,543	2,700,181
54	5400 ELECTROENCEPHALOGRAPHY		252,922
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-383,472	4,939,973
56	5600 DRUGS CHARGED TO PATIENTS		7,462,421
57	5700 RENAL DIALYSIS	-42,980	2,004,913
58	5800 ASC (NON-DISTINCT PART)		
59	3560 PULMONARY FUNCTION TESTING OUTPAT SERVICE COST CNTRS		153,400
60	6000 CLINIC		
60.02	4950 O/P CHEMO THERAPY		655,685
60.03	4951 O/P SUBSTANCE ABUSE		
60.04	4952 UNDER THE RAINBOW O/P	-30,086	811,689
60.06	4953 EAR NOSE THROAT		351,259
61	6100 EMERGENCY	-128,394	8,637,283
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		1,941,586
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
95	SUBTOTALS	-13,231,894	217,190,933
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONE	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1951	OTHER GENERAL SERVICE COST CENTERS
19.01	OUTPATIENT ACCOUNTING	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIALTY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PREMATURE INTENSIVE CARE UNIT	2120	PREMATURE INTENSIVE CARE UNIT
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	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
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	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.02	O/P CHEMO THERAPY	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	O/P SUBSTANCE ABUSE	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.04	UNDER THE RAINBOW O/P	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.06	EAR NOSE THROAT	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	KLING OFFICE BLDG	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	DAY PSYCH PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.03	FAMILY PLANNING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.04	PLAZA MEDICAL CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.05	DEVELOPMENT	7956	OTHER NONREIMBURSABLE COST CENTERS
100.06	DENTISTRY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GERIATRIC ASSMNT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BETHANY LAB	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TEACHING RECLASS	B	I & R SERVICES-OTHER PRGM COSTS APPRVD	23		2,163,866	
2						
3						
4						
5						
6						
7						
8						
9 PULMONARY RECLASS	C	PULMONARY FUNCTION TESTING	59		152,578	
10 INTEREST EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			4,352,532
11		OTHER ADMINISTRATIVE AND GENERAL	6.06			1,332,593
12 CENTRAL SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,323,445
13						
14 PHARMACY RECLASS	F	DRUGS CHARGED TO PATIENTS	56			7,462,421
15						
16 EQUIPMENT RENTAL RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2			1,663,158
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30 E/R REGISTRATION RECLASS	H	EMERGENCY	61		215,117	
31 INSURANCE RECLASS	I	OLD CAP REL COSTS-BLDG & FIXT	1			265,042
32 O/P REGISTRATION RECLASS	J	OUTPATIENT ACCOUNTING	19.01		159,182	
33 NURSING CONTINUITY RECLASS	K	ADULTS & PEDIATRICS	25		1,005,880	
34		CORONARY CARE UNIT	27		1,250	
35		ANESTHESIOLOGY	40		625	
1 NURSING CONTINUITY RECLASS	K	RECOVERY ROOM	38		1,250	
2 POB & FAMILY PLANNING DIRECT EXP DEP	L	PHYSICIANS' PRIVATE OFFICES	98			13,403
3		KLING OFFICE BLDG	100			1,910
4		FAMILY PLANNING	100.03			817
5 DIETARY / CAFETERIA RECLASS	M	CAFETERIA	12		806,204	
6		CAFETERIA	12			2,216,851
7 RECLASS SINAI HEALTH SYS EXPENSES	O	DATA PROCESSING	6.02		826,774	
8		OTHER ADMINISTRATIVE AND GENERAL	6.06		2,002,294	
9		EMPLOYEE BENEFITS	5		721,021	
10		NONPATIENT TELEPHONE	6.01		109,642	
11		DEVELOPMENT	100.05		441,750	
12		EMPLOYEE BENEFITS	5			326,478
13						
14						
15						
16						
17 CARDIOLOGY PHYSICIAN SALARY EXP	P	ELECTROCARDIOLOGY	53		217,028	
18 COMMONWEALTH EDISON METER RENTAL REC	R	OLD CAP REL COSTS-MVBLE EQUIP	2			34,182
19 RENAL DIALYSIS SALARIES RECLASS	S	RENAL DIALYSIS	57		57,417	
20 CAPITAL LEASE RECLASS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06			478,948
21						
22						
23						
24						
25						
26						
27 EQUIPM DEPR FOR NON REIMB COST CTRS	U	DAY PSYCH PROGRAM	100.01			24
28		DENTISTRY	100.06			65
29		KLING OFFICE BLDG	100			812
36 TOTAL RECLASSIFICATIONS					8,881,878	23,472,681

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 TEACHING RECLASS	B	ADULTS & PEDIATRICS	25		1,325,337		
2		SUBPROVIDER	31		74,651		
3		OPERATING ROOM	37		535,865		
4		RADIOLOGY-DIAGNOSTIC	41		40,695		
5		ANESTHESIOLOGY	40		98,914		
6		LABORATORY	44		44,132		
7		EMERGENCY	61		39,983		
8		DENTISTRY	100.06		4,289		
9 PULMONARY RECLASS	C	RESPIRATORY THERAPY	49		152,578		
10 INTEREST EXPENSE RECLASS	D	INTEREST EXPENSE	88			5,685,125	11
11							
12 CENTRAL SUPPLY RECLASS	E	CENTRAL SERVICES & SUPPLY	15			701,228	
13		OPERATING ROOM	37			4,622,217	
14 PHARMACY RECLASS	F	O/P CHEMO THERAPY	60.02			2,537,458	
15		PHARMACY	16			4,924,963	
16 EQUIPMENT RENTAL RECLASS	G	CENTRAL SERVICES & SUPPLY	15			410,547	14
17		PHARMACY	16			2,025	
18		SOCIAL SERVICE	18			791	
19		ADULTS & PEDIATRICS	25			23,083	
20		INTENSIVE CARE UNIT	26			2,496	
21		CORONARY CARE UNIT	27			704	
22		OPERATING ROOM	37			61,060	
23		RADIOLOGY-DIAGNOSTIC	41			306,896	
24		MAGNETIC RESONANCE IMAGING (MRI)	41.01			179,000	
25		LABORATORY	44			660,012	
26		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			292	
27		RESPIRATORY THERAPY	49			10,750	
28		ELECTROENCEPHALOGRAPHY	54			1,109	
29		RENAL DIALYSIS	57			4,393	
30 E/R REGISTRATION RECLASS	H	ADMINISTRATIVE	6.04		215,117		
31 INSURANCE RECLASS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06			265,042	12
32 O/P REGISTRATION RECLASS	J	ADMINISTRATIVE	6.04		159,182		
33 NURSING CONTINUITY RECLASS	K	EMPLOYEE BENEFITS	5			1,009,005	
34							
35							
1 NURSING CONTINUITY RECLASS	K						
2 POB & FAMILY PLANNING DIRECT EXP DEP	L	NEW CAP REL COSTS-BLDG & FIXT	3			16,130	14
3							
4							
5 DIETARY / CAFETERIA RECLASS	M	DIETARY	11		806,204		
6		DIETARY	11			2,216,851	
7 RECLASS SINAI HEALTH SYS EXPENSES	O	DATA PROCESSING	6.02			826,774	
8		OTHER ADMINISTRATIVE AND GENERAL	6.06			2,002,294	
9		EMPLOYEE BENEFITS	5			721,021	
10		NONPATIENT TELEPHONE	6.01			109,642	
11		DEVELOPMENT	100.05			441,750	
12		EMPLOYEE BENEFITS	5			70,714	
13		NONPATIENT TELEPHONE	6.01			3,502	
14		DATA PROCESSING	6.02			38,998	
15		OTHER ADMINISTRATIVE AND GENERAL	6.06			178,186	
16		DEVELOPMENT	100.05			35,078	
17 CARDIOLOGY PHYSICIAN SALARY EXP	P	ADULTS & PEDIATRICS	25		217,028		
18 COMMONWEALTH EDISON METER RENTAL REC	R	OPERATION OF PLANT	8			34,182	14
19 RENAL DIALYSIS SALARIES RECLASS	S	ADULTS & PEDIATRICS	25		57,417		
20 CAPITAL LEASE RECLASS	T	ADULTS & PEDIATRICS	25			15,568	
21		OPERATING ROOM	37			46,692	
22		RADIOLOGY-DIAGNOSTIC	41			56,999	
23		RADIOLOGY-THERAPEUTIC	42			253,479	
24		RADIOISOTOPE	43			64,940	
25		LABORATORY	44			21,240	
26		RESPIRATORY THERAPY	49			20,030	
27 EQUIPM DEPR FOR NON REIMB COST CTRS	U	OLD CAP REL COSTS-MVBLE EQUIP	2			24	9
28		NEW CAP REL COSTS-MVBLE EQUIP	4			877	9
29							
36 TOTAL RECLASSIFICATIONS					3,771,392	28,583,167	

(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:
140018

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : TEACHING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,163,866	ADULTS & PEDIATRICS	25	1,325,337	
2.00			0	SUBPROVIDER	31	74,651	
3.00			0	OPERATING ROOM	37	535,865	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	40,695	
5.00			0	ANESTHESIOLOGY	40	98,914	
6.00			0	LABORATORY	44	44,132	
7.00			0	EMERGENCY	61	39,983	
8.00			0	DENTISTRY	100.06	4,289	
TOTAL RECLASSIFICATIONS FOR CODE B			2,163,866				2,163,866

RECLASS CODE: C
EXPLANATION : PULMONARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY FUNCTION TESTING	59	152,578	RESPIRATORY THERAPY	49	152,578	
TOTAL RECLASSIFICATIONS FOR CODE C			152,578				152,578

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,352,532	INTEREST EXPENSE	88	5,685,125	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,332,593			0	
TOTAL RECLASSIFICATIONS FOR CODE D			5,685,125				5,685,125

RECLASS CODE: E
EXPLANATION : CENTRAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,323,445	CENTRAL SERVICES & SUPPLY	15	701,228	
2.00			0	OPERATING ROOM	37	4,622,217	
TOTAL RECLASSIFICATIONS FOR CODE E			5,323,445				5,323,445

RECLASS CODE: F
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,462,421	O/P CHEMO THERAPY	60.02	2,537,458	
2.00			0	PHARMACY	16	4,924,963	
TOTAL RECLASSIFICATIONS FOR CODE F			7,462,421				7,462,421

RECLASS CODE: G
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	1,663,158	CENTRAL SERVICES & SUPPLY	15	410,547	
2.00			0	PHARMACY	16	2,025	
3.00			0	SOCIAL SERVICE	18	791	
4.00			0	ADULTS & PEDIATRICS	25	23,083	
5.00			0	INTENSIVE CARE UNIT	26	2,496	
6.00			0	CORONARY CARE UNIT	27	704	
7.00			0	OPERATING ROOM	37	61,060	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	306,896	
9.00			0	MAGNETIC RESONANCE IMAGING (MR)	41.01	179,000	
10.00			0	LABORATORY	44	660,012	
11.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	292	
12.00			0	RESPIRATORY THERAPY	49	10,750	
13.00			0	ELECTROENCEPHALOGRAPHY	54	1,109	
14.00			0	RENAL DIALYSIS	57	4,393	
TOTAL RECLASSIFICATIONS FOR CODE G			1,663,158				1,663,158

RECLASS CODE: H
EXPLANATION : E/R REGISTRATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	215,117	ADMITTING	6.04	215,117	
TOTAL RECLASSIFICATIONS FOR CODE H			215,117				215,117

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	265,042
TOTAL RECLASSIFICATIONS FOR CODE I			265,042

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	265,042	
		265,042	

RECLASS CODE: J
EXPLANATION : O/P REGISTRATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTPATIENT ACCOUNTING	19.01	159,182
TOTAL RECLASSIFICATIONS FOR CODE J			159,182

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINING	6.04	159,182	
		159,182	

RECLASS CODE: K
EXPLANATION : NURSING CONTINUITY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,005,880
2.00	CORONARY CARE UNIT	27	1,250
3.00	ANESTHESIOLOGY	40	625
4.00	RECOVERY ROOM	38	1,250
TOTAL RECLASSIFICATIONS FOR CODE K			1,009,005

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,009,005	
		0	
		0	
		0	
		1,009,005	

RECLASS CODE: L
EXPLANATION : POB & FAMILY PLANNING DIRECT EXP DEP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,403
2.00	KLING OFFICE BLDG	100	1,910
3.00	FAMILY PLANNING	100.03	817
TOTAL RECLASSIFICATIONS FOR CODE L			16,130

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	16,130	
		0	
		0	
		16,130	

RECLASS CODE: M
EXPLANATION : DIETARY / CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	806,204
2.00	CAFETERIA	12	2,216,851
TOTAL RECLASSIFICATIONS FOR CODE M			3,023,055

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	806,204	
DIETARY	11	2,216,851	
		3,023,055	

RECLASS CODE: O
EXPLANATION : RECLASS SINAI HEALTH SYS EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DATA PROCESSING	6.02	826,774
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,002,294
3.00	EMPLOYEE BENEFITS	5	721,021
4.00	NONPATIENT TELEPHONE	6.01	109,642
5.00	DEVELOPMENT	100.05	441,750
6.00	EMPLOYEE BENEFITS	5	326,478
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			4,427,959

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	826,774	
OTHER ADMINISTRATIVE AND GENER	6.06	2,002,294	
EMPLOYEE BENEFITS	5	721,021	
NONPATIENT TELEPHONE	6.01	109,642	
DEVELOPMENT	100.05	441,750	
EMPLOYEE BENEFITS	5	70,714	
NONPATIENT TELEPHONE	6.01	3,502	
DATA PROCESSING	6.02	38,998	
OTHER ADMINISTRATIVE AND GENER	6.06	178,186	
DEVELOPMENT	100.05	35,078	
		4,427,959	

RECLASS CODE: P
EXPLANATION : CARDIOLOGY PHYSICIAN SALARY EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	217,028
TOTAL RECLASSIFICATIONS FOR CODE P			217,028

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	217,028	
		217,028	

RECLASS CODE: R
EXPLANATION : COMMONWEALTH EDISON METER RENTAL REC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	34,182
TOTAL RECLASSIFICATIONS FOR CODE R			34,182

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	34,182	
		34,182	

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2008
TO 6/30/2009

PREPARED 12/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: S
EXPLANATION : RENAL DIALYSIS SALARIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	57,417	ADULTS & PEDIATRICS	25	57,417	
TOTAL RECLASSIFICATIONS FOR CODE S			57,417				57,417

RECLASS CODE: T
EXPLANATION : CAPITAL LEASE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	478,948	ADULTS & PEDIATRICS	25	15,568	
2.00			0	OPERATING ROOM	37	46,692	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	56,999	
4.00			0	RADIOLOGY-THERAPEUTIC	42	253,479	
5.00			0	RADIOISOTOPE	43	64,940	
6.00			0	LABORATORY	44	21,240	
7.00			0	RESPIRATORY THERAPY	49	20,030	
TOTAL RECLASSIFICATIONS FOR CODE T			478,948				478,948

RECLASS CODE: U
EXPLANATION : EQUIPM DEPR FOR NON REIMB COST CTRS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DAY PSYCH PROGRAM	100.01	24	OLD CAP REL COSTS-MVBLE EQUIP	2	24	
2.00	DENTISTRY	100.06	65	NEW CAP REL COSTS-MVBLE EQUIP	4	877	
3.00	KLING OFFICE BLDG	100	812			0	
TOTAL RECLASSIFICATIONS FOR CODE U			901				901

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	1,717,125					1,717,125	
2	LAND IMPROVEMENTS	526,594					526,594	
3	BUILDINGS & FIXTURE	52,821,959					52,821,959	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	6,957,765				78,800	6,878,965	
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	62,023,443				78,800	61,944,643	
8	RECONCILING ITEMS							
9	TOTAL	62,023,443				78,800	61,944,643	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	57,526	4,016		4,016		61,542	
3	BUILDINGS & FIXTURE	81,295,116	3,474,477		3,474,477	19,060	84,750,533	
4	BUILDING IMPROVEMEN	18,124	178,300		178,300	196,424		
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	51,219,820	4,232,511		4,232,511		55,452,331	
7	SUBTOTAL	132,590,586	7,889,304		7,889,304	215,484	140,264,406	
8	RECONCILING ITEMS							
9	TOTAL	132,590,586	7,889,304		7,889,304	215,484	140,264,406	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		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								
4	NEW CAP REL COSTS-MV								
5	TOTAL				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	-11,339			265,042		17,440	271,143
2	OLD CAP REL COSTS-MV	-24					1,697,340	1,697,316
3	NEW CAP REL COSTS-BL	3,528,357		5,128,681			-16,130	8,640,908
4	NEW CAP REL COSTS-MV	4,751,850						4,751,850
5	TOTAL	8,268,844		5,128,681	265,042		1,698,650	15,361,217

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	4,582						4,582
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,560,918						3,560,918
4	NEW CAP REL COSTS-MV	4,752,727						4,752,727
5	TOTAL	8,318,227						8,318,227

* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
49.37 DAY PSYCH TRAILER OFFSET A8-22	A	-5,966	OLD CAP REL COSTS-BLDG &	1	9
49.38 PARKING FAC REVENUE OFFSET A8-24	A	-862	OLD CAP REL COSTS-BLDG &	1	9
49.39 PARKING FAC REVENUE OFFSET A8-24	A	-25,920	NEW CAP REL COSTS-BLDG &	3	9
49.40 PARKING FAC REVENUE OFFSET A8-24	A	-49,311	OPERATION OF PLANT	8	
49.41 DONATION OFFSET A8-25	B	-17,100	OTHER ADMINISTRATIVE AND	6.06	
49.42 NURSE ANESTHETISTS A8-27	A	-1,429,316	ANESTHESIOLOGY	40	
49.43 NURSE ANESTHETISTS A8-27	A	-232,433	EMPLOYEE BENEFITS	5	
49.44 MARKETING OFFSET A8-28	A	-1,062,554	OTHER ADMINISTRATIVE AND	6.06	
49.45 LOBBYING EXPENSE OFFSET A8-32	A	-50,827	OTHER ADMINISTRATIVE AND	6.06	
49.46 GOVERNMENTAL LOBBYISTS EXP A8-31	A	-340,000	OTHER ADMINISTRATIVE AND	6.06	
49.47					
49.48					
49.49					
49.50					
50 TOTAL (SUM OF LINES 1 THRU 49)		-19,258,963			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	SALARY AND OTHER	2,379,492	2,379,492	
2	6 1	NONPATIENT TELEPHONE	SALARY AND OTHER	645,505	645,505	
3	6 2	DATA PROCESSING	SALARY AND OTHER	3,315,970	3,315,970	
4	6 6	OTHER ADMINISTRATIVE AND	SALARY AND OTHER	2,106,177	2,106,177	
4.01	14	NURSING ADMINISTRATION	SALARY AND OTHER	52,555	52,555	
4.02	25	ADULTS & PEDIATRICS	SALARY AND OTHER	2,492,703	2,492,703	
4.03	37	OPERATING ROOM	SALARY AND OTHER	489,901	489,901	
4.04	40	ANESTHESIOLOGY	SALARY AND OTHER	2,802,581	2,802,581	
4.05	41	RADIOLOGY-DIAGNOSTIC	SALARY AND OTHER	826,302	826,302	
4.06	43	RADIOISOTOPE	SALARY AND OTHER	46,350	46,350	
4.07	44	LABORATORY	SALARY AND OTHER	238,190	238,190	
4.08	61	EMERGENCY	SALARY AND OTHER	791,497	791,497	
4.09	100 5	DEVELOPMENT	SALARY AND OTHER	1,046,025	1,046,025	
5		TOTALS		17,233,248	17,233,248	

* 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 XVII.

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	2,506,062		2,506,062	177,200	26,242	2,235,617	111,781
2 31	AGGREGATE	191,432		191,432	154,100	2,250	166,695	8,335
3 37	AGGREGATE	1,302,512		1,302,512	208,000	9,740	974,000	48,700
4 40	AGGREGATE	350,114		350,114	200,300	2,712	261,160	13,058
5 41	AGGREGATE	339,126		339,126	225,300	2,001	216,743	10,837
6 44	AGGREGATE	262,749		262,749	215,700	2,558	265,270	13,264
7 61	AGGREGATE	333,189		333,189	165,600	2,782	221,490	11,075
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,285,184		5,285,184		48,285	4,340,975	217,050

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	NONPATIENT TELEPHONE	4	PHONES	ENTERED
6.02	DATA PROCESSING	5	EDP TIME	ENTERED
6.03	PURCHASING RECEIVING AND STORES	6	SUP COST	ENTERED
6.04	ADMITTING	7	I/P CHARGE S	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GRS REV	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQ FT 2	ENTERED
8	OPERATION OF PLANT	10	SQ FT 2	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS	ENTERED
10	HOUSEKEEPING	12	SQ FT 1	ENTERED
11	DIETARY	13	MEALS	ENTERED
12	CAFETERIA	14	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	15	SQ FT 2	ENTERED
14	NURSING ADMINISTRATION	16	NUR HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	C/S REQ	ENTERED
16	PHARMACY	18	PHARM REQ	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GRS REV	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS	21	ASSIGNED TIME	NOT ENTERED
19.01	OUTPATIENT ACCOUNTING	22	O/P REV	ENTERED
20	NONPHYSICIAN ANESTHETISTS	23	BLANK	NOT ENTERED
21	NURSING SCHOOL	24	BLANK	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	25	I/R TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	I/R TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	BLANK	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	271,143	271,143					
003 OLD CAP REL COSTS-MVBLE E	1,697,316		1,697,316				
004 NEW CAP REL COSTS-BLDG &	8,640,908			8,640,908			
005 NEW CAP REL COSTS-MVBLE E	4,751,850				4,751,850		
006 EMPLOYEE BENEFITS	16,826,408	1,552	9,717	49,470	27,205	16,914,352	
006 01 NONPATIENT TELEPHONE	623,601	281	1,760	8,958	4,926	58,492	698,018
006 02 DATA PROCESSING	2,384,057	2,215	13,863	70,575	38,811	139,200	14,371
006 03 PURCHASING RECEIVING AND	462,284	3,917	24,522	124,840	68,653	62,422	10,265
006 04 ADMINITTING	1,886,911	706	4,417	22,484	12,365	261,623	4,619
006 05 CASHIERING/ACCOUNTS RECEI	2,572,390	1,112	6,963	35,446	19,492	5,932	17,450
006 06 OTHER ADMINISTRATIVE AND	28,508,353	19,607	122,739	624,857	343,624	1,143,163	66,722
007 MAINTENANCE & REPAIRS	2,873,582	10,201	63,858	325,096	178,778	18	10,778
008 OPERATION OF PLANT	5,801,331	4,376	27,392	139,453	76,688	139,536	12,318
009 LAUNDRY & LINEN SERVICE	899,781	7,639	47,818	243,437	133,872		513
010 HOUSEKEEPING	3,492,381	500	3,128	15,925	8,757	313,722	3,593
011 DIETARY	2,220,581	1,717	10,748	54,718	30,091	152,475	11,805
012 CAFETERIA	1,544,073	12,590	78,814	401,235	220,649	135,737	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,038,784	4,954	31,014	157,888	86,827	566,667	11,291
015 CENTRAL SERVICES & SUPPLY	497,153	14,696	91,997	468,348	257,556	59,860	513
016 PHARMACY	2,550,391	2,057	12,876	65,553	36,049		6,159
017 MEDICAL RECORDS & LIBRARY	2,208,959	2,550	15,964	81,274	44,695	252,834	10,265
018 SOCIAL SERVICE	836,760	1,503	9,406	47,887	26,334	115,368	6,672
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	2,697,403	3,100	19,404	98,782	54,323	34,050	16,937
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	6,068,527					1,021,728	
023 I&R SERVICES-OTHER PRGM C	2,710,816	2,616	16,378	83,378	45,851	364,319	
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,278,052	68,155	426,643	2,172,019	1,194,449	3,193,484	205,821
026 INTENSIVE CARE UNIT	1,752,264	3,933	24,620	125,338	68,926	261,321	8,725
026 01 PREMATURE INTENSIVE CARE	3,946,122	1,256	7,864	40,038	22,018	609,739	8,725
027 CORONARY CARE UNIT	3,906,321	4,538	28,410	144,633	79,537	579,828	10,778
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,277,189	7,735	48,418	246,491	135,551	377,490	14,371
033 NURSERY	1,317,389	992	6,207	31,600	17,378	212,353	3,593
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,245,080	18,196	113,902	579,865	318,882	1,111,139	44,139
038 RECOVERY ROOM	1,295,324	891	5,576	28,388	15,611	207,831	3,079
039 DELIVERY ROOM & LABOR ROO	6,618,841	4,212	26,366	134,227	73,815	919,450	9,238
040 ANESTHESIOLOGY	2,262,239	1,239	7,753	39,472	21,707	58,600	6,672
041 RADIOLOGY-DIAGNOSTIC	7,083,834	11,504	72,016	366,626	201,617	780,691	21,556
041 01 MAGNETIC RESONANCE IMAGIN	502,145	714	4,470	22,756	12,514	69,012	4,619
042 RADIOLOGY-THERAPEUTIC	739,892	2,533	15,853	80,708	44,384	53,663	3,593
043 RADIOISOTOPE	640,050	1,685	10,548	53,700	29,531	43,964	5,132
044 LABORATORY	11,122,786	16,640	104,162	530,282	291,615	865,957	40,033
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	2,237,365	569	3,559	18,119	9,964	114,414	1,026
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,136,182	1,625	10,171	51,777	28,474	267,742	3,079
050 PHYSICAL THERAPY	437,538	1,843	11,535	58,722	32,293	63,776	4,106
051 OCCUPATIONAL THERAPY	300,247	2,152	13,472	68,584	37,716	43,517	3,079
052 SPEECH PATHOLOGY	115,018	492	3,079	15,676	8,620	22,657	1,540
053 ELECTROCARDIOLOGY	2,700,181	4,108	25,713	130,902	71,986	269,868	11,291
054 ELECTROENCEPHALOGRAPHY	252,922	879	5,505	28,026	15,412	35,711	10,778
055 MEDICAL SUPPLIES CHARGED	4,939,973						
056 DRUGS CHARGED TO PATIENTS	7,462,421						
057 RENAL DIALYSIS	2,004,913	911	5,701	29,022	15,960	218,914	2,566
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	153,400	909	5,692	28,976	15,935	25,689	513
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	655,685					66,880	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	811,689	4,969	31,107	158,363	87,088	112,509	18,477
060 06 EAR NOSE THROAT	351,259					47,549	
061 EMERGENCY	8,637,283	4,436	27,770	141,375	77,746	1,089,913	16,424
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,941,586	3,329	20,839	106,088	58,340	286,529	13,344
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	217,190,933	268,334	1,679,729	8,551,377	4,702,615	16,837,336	680,568
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6. 01
097 NONREIMBURS COST CENTERS							
097 RESEARCH	1,384,699	1,743	10,913	55,555	30,551		9,752
098 PHYSICIANS' PRIVATE OFFICE	14,843						
099 NONPAID WORKERS							
100 KLING OFFICE BLDG	2,722						
100 01 DAY PSYCH PROGRAM	24						
100 02 OCCUPATIONAL HEALTH	50						4,106
100 03 FAMILY PLANNING	817						
100 04 PLAZA MEDICAL CENTER	50						
100 05 DEVELOPMENT	730,992	666	4,168	21,218	11,668	74,375	2,566
100 06 DENTISTRY	17,899	400	2,506	12,758	7,016	2,641	1,026
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	219,343,029	271,143	1,697,316	8,640,908	4,751,850	16,914,352	698,018

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	2,663,092						
006 03 PURCHASING RECEIVING AND	159,786	916,689					
006 04 ADMINISTRATIVE	133,155	3,716	2,329,996				
006 05 CASHIERING/ACCOUNTS RECEI	452,724	845		3,112,354			
006 06 OTHER ADMINISTRATIVE AND	213,047	14,915			31,057,027	31,057,027	
007 MAINTENANCE & REPAIRS		4,666			3,466,977	571,864	4,038,841
008 OPERATION OF PLANT		61,840			6,262,934	1,033,046	74,946
009 LAUNDRY & LINEN SERVICE		57,108			1,390,168	229,303	130,830
010 HOUSEKEEPING		45,808			3,883,814	640,620	8,558
011 DIETARY		1,777			2,483,912	409,711	29,407
012 CAFETERIA					2,393,098	394,732	215,634
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		5,141			4,902,566	808,659	84,853
015 CENTRAL SERVICES & SUPPLY		27,150			1,417,273	233,774	251,703
016 PHARMACY	106,524	5,427			2,785,036	459,381	35,230
017 MEDICAL RECORDS & LIBRARY	133,155	1,247			2,750,943	453,757	43,679
018 SOCIAL SERVICE		531			1,044,461	172,280	25,736
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	213,047				3,137,046	517,443	53,088
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					7,090,255	1,169,509	
023 I&R SERVICES-OTHER PRGM C		697			3,224,055	531,795	44,809
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	346,202	23,100	342,843	260,512	31,511,280	5,197,658	1,167,299
026 INTENSIVE CARE UNIT		2,063	40,869	31,032	2,319,091	382,525	67,360
026 01 PREMATURE INTENSIVE CARE		2,739	105,736	80,322	4,824,559	795,792	21,517
027 CORONARY CARE UNIT		3,282	66,887	50,812	4,875,026	804,116	77,729
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		747	40,694	30,912	3,179,598	524,462	132,471
033 NURSERY		1,125	60,615	46,046	1,697,298	279,963	16,983
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	159,786		146,837	231,843	10,969,669	1,809,403	311,635
038 RECOVERY ROOM		565	46,041	97,099	1,700,405	280,475	15,257
039 DELIVERY ROOM & LABOR ROO		22,851	99,213	151,828	8,060,041	1,329,472	72,137
040 ANESTHESIOLOGY		3,665	97,138	112,910	2,611,395	430,739	21,213
041 RADIOLOGY-DIAGNOSTIC	292,940	71,575	177,070	314,123	9,393,552	1,549,429	197,034
041 01 MAGNETIC RESONANCE IMAGIN		14,571	20,792	39,285	690,878	113,958	12,230
042 RADIOLOGY-THERAPEUTIC		11,415	1,389	23,977	977,407	161,219	43,375
043 RADIOISOTOPE		17,182	12,237	24,122	838,151	138,250	28,860
044 LABORATORY	346,202	137,663	188,472	511,250	14,155,062	2,334,821	284,988
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		15,542	25,213	25,799	2,451,570	404,377	9,737
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		24,145	101,820	80,487	2,705,502	446,262	27,826
050 PHYSICAL THERAPY		2,607	6,469	5,269	624,158	102,952	31,559
051 OCCUPATIONAL THERAPY		322	4,774	3,692	477,555	78,771	36,859
052 SPEECH PATHOLOGY		75	1,662	2,794	171,613	28,307	8,425
053 ELECTROCARDIOLOGY		63,654	112,089	131,800	3,521,592	580,873	70,350
054 ELECTROENCEPHALOGRAPHY		688	1,895	12,330	364,146	60,064	15,062
055 MEDICAL SUPPLIES CHARGED		241,323	102,133	96,185	5,379,614	887,346	
056 DRUGS CHARGED TO PATIENTS			305,559	322,035	8,090,015	1,334,416	
057 RENAL DIALYSIS		15,266	24,083	69,338	2,386,674	393,672	15,597
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			18,373	17,022	266,509	43,960	15,573
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY		1,110	166	13,197	737,038	121,571	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		422		12,960	1,237,584	204,135	85,108
060 06 EAR NOSE THROAT		1,502	16	9,409	409,735	67,584	
061 EMERGENCY			178,911	303,964	10,477,822	1,728,275	75,979
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	106,524	616			2,537,195	418,500	57,015
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	2,663,092	910,683	2,329,996	3,112,354	216,931,299	30,659,221	3,917,651
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
097 NONREIMBURS COST CENTERS							
097 RESEARCH		5,992			1,499,205	247,288	29,857
098 PHYSICIANS' PRIVATE OFFICE					14,843	2,448	
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					2,722	449	44,992
100 01 DAY PSYCH PROGRAM					24	4	
100 02 OCCUPATIONAL HEALTH					4,156	686	6,686
100 03 FAMILY PLANNING					817	135	21,396
100 04 PLAZA MEDICAL CENTER					50	8	
100 05 DEVELOPMENT					845,653	139,487	11,403
100 06 DENTISTRY		14			44,260	7,301	6,856
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,663,092	916,689	2,329,996	3,112,354	219,343,029	31,057,027	4,038,841

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	7,370,926						
009 LAUNDRY & LINEN SERVICE	243,280	1,993,581					
010 HOUSEKEEPING	15,914		4,548,906				
011 DIETARY	54,683		35,658	3,013,371			
012 CAFETERIA	400,975		261,473		3,665,912		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	157,786		102,891		105,563		6,162,318
015 CENTRAL SERVICES & SUPPLY	468,045		305,209		39,771		
016 PHARMACY	65,511		42,719				
017 MEDICAL RECORDS & LIBRARY	81,221		52,964		96,862		
018 SOCIAL SERVICE	47,856		31,206		35,113		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	98,718		64,373		13,945		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					371,466		
023 I&R SERVICES-OTHER PRGM C	83,324		54,335				
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,170,611	762,922	1,415,445	2,345,258	913,677		2,556,553
026 INTENSIVE CARE UNIT	125,257	122,624	81,679	94,378	60,716		196,365
026 01 PREMATURE INTENSIVE CARE	40,012	14,145	26,091		122,046		420,644
027 CORONARY CARE UNIT	144,539	146,840	94,253	218,949	122,772		413,382
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	246,331	93,857	160,631	354,786	97,141		309,147
033 NURSERY	31,580		20,593		55,278		189,041
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	579,490	94,615	377,881		240,077		711,165
038 RECOVERY ROOM	28,370	33,458	18,500		42,253		127,518
039 DELIVERY ROOM & LABOR ROO	134,141	114,299	87,472		219,243		618,351
040 ANESTHESIOLOGY	39,446		25,723		8,060		
041 RADIOLOGY-DIAGNOSTIC	366,389	79,308	238,920		183,349		
041 01 MAGNETIC RESONANCE IMAGIN	22,741	11,518	14,829		12,718		
042 RADIOLOGY-THERAPEUTIC	80,656	10,702	52,595		10,626		
043 RADIOISOTOPE	53,665	32,791	34,995		10,319		
044 LABORATORY	529,939		345,570		239,603		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	18,107		11,807		29,368		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	51,744		33,742		82,805		
050 PHYSICAL THERAPY	58,684		38,267				
051 OCCUPATIONAL THERAPY	68,540		44,694				
052 SPEECH PATHOLOGY	15,666		10,215				
053 ELECTROCARDIOLOGY	130,818	16,555	85,305		57,676		
054 ELECTROENCEPHALOGRAPHY	28,008	4,989	18,264		12,885		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	29,003	65,088	18,913		51,150		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	28,958		18,883				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					15,563		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	158,261		103,201		39,715		
060 06 EAR NOSE THROAT					22,284		
061 EMERGENCY	141,284	389,870	92,130		280,183		620,152
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	106,019		69,135		72,291		
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	7,145,572	1,993,581	4,490,561	3,013,371	3,664,518		6,162,318
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
097 RESEARCH	55,519		36,204				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLINING OFFICE BLDG	83,663						
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH	12,433						
100 03 FAMILY PLANNING	39,786						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	21,204		13,827				
100 06 DENTISTRY	12,749		8,314		1,394		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,370,926	1,993,581	4,548,906	3,013,371	3,665,912		6,162,318

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	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							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,715,775						
016 PHARMACY	47,640	3,435,517					
017 MEDICAL RECORDS & LIBRARY	2		3,479,428				
018 SOCIAL SERVICE		29,910		1,386,562			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						3,884,613	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	305,126	50,443	291,210	830,157			
026 INTENSIVE CARE UNIT	43,925	4,279	34,689	50,888			
026 01 PREMATURE INTENSIVE CARE	55,479	6,324	89,787	53,911			
027 CORONARY CARE UNIT	55,954	9,305	56,800	95,057			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,714	899	34,555	168,450			
033 NURSERY	13,246		51,473	2,855			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		22,334	259,164			348,063	
038 RECOVERY ROOM	12,426	3,166	108,541			179,742	
039 DELIVERY ROOM & LABOR ROO	166,809	20,895	169,719	7,222		221,227	
040 ANESTHESIOLOGY	121,424	94,535	126,216			113,187	
041 RADIOLOGY-DIAGNOSTIC	248,282	2,274	351,139			519,673	
041 01 MAGNETIC RESONANCE IMAGIN	3,252		43,914			67,963	
042 RADIOLOGY-THERAPEUTIC	819	2	26,803			66,318	
043 RADIOISOTOPE	2,371	859	26,964			42,895	
044 LABORATORY	96,837	97	571,805			1,065,802	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	3,531		28,839			19,230	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	45,799	697	89,972			9,089	
050 PHYSICAL THERAPY	658		5,890			1,026	
051 OCCUPATIONAL THERAPY	170		4,127			190	
052 SPEECH PATHOLOGY	145		3,123			4,433	
053 ELECTROCARDIOLOGY	77,569	26,576	147,332			134,982	
054 ELECTROENCEPHALOGRAPHY	4,987	36	13,783			31,509	
055 MEDICAL SUPPLIES CHARGED	1,350,011		107,520			53,821	
056 DRUGS CHARGED TO PATIENTS		3,087,248	359,984			260,170	
057 RENAL DIALYSIS	15,417		77,509	98,584		147,683	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			19,028			8,870	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	10,075		14,752			37,819	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		6,945	14,488			37,498	
060 06 EAR NOSE THROAT	3,343	1,100	10,518			27,188	
061 EMERGENCY		57,398	339,784	79,438		486,235	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	9,964	9,659					
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	2,698,975	3,434,981	3,479,428	1,386,562		3,884,613	
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
098 RESEARCH	16,798	536					
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 KLINING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	2						
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,715,775	3,435,517	3,479,428	1,386,562		3,884,613	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	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							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		8,631,230					
023 I&R SERVICES-OTHER PRGM C			3,938,318				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		5,419,611	2,472,898		57,410,148	-7,892,509	49,517,639
026 INTENSIVE CARE UNIT		301,089	137,383		4,022,248	-438,472	3,583,776
026 01 PREMATURE INTENSIVE CARE		200,726	91,589		6,762,622	-292,315	6,470,307
027 CORONARY CARE UNIT		100,363	45,794		7,260,879	-146,157	7,114,722
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		903,268	412,150		6,621,460	-1,315,418	5,306,042
033 NURSERY					2,358,310		2,358,310
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,003,631	457,944		17,185,071	-1,461,575	15,723,496
038 RECOVERY ROOM					2,550,111		2,550,111
039 DELIVERY ROOM & LABOR ROO					11,221,028		11,221,028
040 ANESTHESIOLOGY		100,363	45,794		3,738,095	-146,157	3,591,938
041 RADIOLOGY-DIAGNOSTIC					13,129,349		13,129,349
041 01 MAGNETIC RESONANCE IMAGIN					994,001		994,001
042 RADIOLOGY-THERAPEUTIC					1,430,522		1,430,522
043 RADIOISOTOPE					1,210,120		1,210,120
044 LABORATORY					19,624,524		19,624,524
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED					2,976,566		2,976,566
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					3,493,438		3,493,438
050 PHYSICAL THERAPY					863,194		863,194
051 OCCUPATIONAL THERAPY					710,906		710,906
052 SPEECH PATHOLOGY					241,927		241,927
053 ELECTROCARDIOLOGY		100,363	45,794		4,995,785	-146,157	4,849,628
054 ELECTROENCEPHALOGRAPHY		100,363	45,794		699,890	-146,157	553,733
055 MEDICAL SUPPLIES CHARGED					7,778,312		7,778,312
056 DRUGS CHARGED TO PATIENTS					13,131,833		13,131,833
057 RENAL DIALYSIS					3,299,290	-392,342	2,906,948
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN					401,781		401,781
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					936,818		936,818
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P					1,886,935		1,886,935
060 06 EAR NOSE THROAT					541,752		541,752
061 EMERGENCY		401,453	183,178		15,353,181	-584,631	14,768,550
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY					3,279,778		3,279,778
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		8,631,230	3,938,318		216,109,874	-12,961,890	203,147,984
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
097 NONREIMBURS COST CENTERS							
097 RESEARCH					1,885,407		1,885,407
098 PHYSICIANS' PRIVATE OFFICE					17,291		17,291
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					131,826		131,826
100 01 DAY PSYCH PROGRAM					28		28
100 02 OCCUPATIONAL HEALTH					23,961		23,961
100 03 FAMILY PLANNING					62,134		62,134
100 04 PLAZA MEDICAL CENTER					58		58
100 05 DEVELOPMENT					1,031,574		1,031,574
100 06 DENTISTRY					80,876		80,876
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		8,631,230	3,938,318		219,343,029	-12,961,890	206,381,139

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/2/2009
 WORKSHEET B PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	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	SUBTOTAL 4a	EMPLOYEE BENEFITS 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		1,552	9,717			11,269	11,269
006 01 NONPATIENT TELEPHONE		281	1,760			2,041	39
006 02 DATA PROCESSING		2,215	13,863			16,078	93
006 03 PURCHASING RECEIVING AND		3,917	24,522			28,439	42
006 04 ADMINITTING		706	4,417			5,123	174
006 05 CASHIERING/ACCOUNTS RECEI		1,112	6,963			8,075	4
006 06 OTHER ADMINISTRATIVE AND		19,607	122,739			142,346	760
007 MAINTENANCE & REPAIRS		10,201	63,858			74,059	
008 OPERATION OF PLANT		4,376	27,392			31,768	93
009 LAUNDRY & LINEN SERVICE		7,639	47,818			55,457	
010 HOUSEKEEPING		500	3,128			3,628	209
011 DIETARY		1,717	10,748			12,465	101
012 CAFETERIA		12,590	78,814			91,404	90
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,954	31,014			35,968	377
015 CENTRAL SERVICES & SUPPLY		14,696	91,997			106,693	40
016 PHARMACY		2,057	12,876			14,933	
017 MEDICAL RECORDS & LIBRARY		2,550	15,964			18,514	168
018 SOCIAL SERVICE		1,503	9,406			10,909	77
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING		3,100	19,404			22,504	23
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							680
023 I&R SERVICES-OTHER PRGM C		2,616	16,378			18,994	242
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRIS		68,155	426,643			494,798	2,140
026 INTENSIVE CARE UNIT		3,933	24,620			28,553	174
026 01 PREMATURE INTENSIVE CARE		1,256	7,864			9,120	406
027 CORONARY CARE UNIT		4,538	28,410			32,948	386
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		7,735	48,418			56,153	251
033 NURSERY		992	6,207			7,199	141
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		18,196	113,902			132,098	739
038 RECOVERY ROOM		891	5,576			6,467	138
039 DELIVERY ROOM & LABOR ROO		4,212	26,366			30,578	612
040 ANESTHESIOLOGY		1,239	7,753			8,992	39
041 RADIOLOGY-DIAGNOSTIC		11,504	72,016			83,520	519
041 01 MAGNETIC RESONANCE IMAGIN		714	4,470			5,184	46
042 RADIOLOGY-THERAPEUTIC		2,533	15,853			18,386	36
043 RADIOISOTOPE		1,685	10,548			12,233	29
044 LABORATORY		16,640	104,162			120,802	576
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		569	3,559			4,128	76
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,625	10,171			11,796	178
050 PHYSICAL THERAPY		1,843	11,535			13,378	42
051 OCCUPATIONAL THERAPY		2,152	13,472			15,624	29
052 SPEECH PATHOLOGY		492	3,079			3,571	15
053 ELECTROCARDIOLOGY		4,108	25,713			29,821	180
054 ELECTROENCEPHALOGRAPHY		879	5,505			6,384	24
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		911	5,701			6,612	146
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN		909	5,692			6,601	17
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							44
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		4,969	31,107			36,076	75
060 06 EAR NOSE THROAT							32
061 EMERGENCY		4,436	27,770			32,206	725
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		3,329	20,839			24,168	191
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		268,334	1,679,729			1,948,063	11,218
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	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	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
097 NONREIMBURS COST CENTERS							
097 RESEARCH		1,743	10,913			12,656	
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT		666	4,168			4,834	49
100 06 DENTISTRY		400	2,506			2,906	2
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		271,143	1,697,316			1,968,459	11,269

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/2/2009
 WORKSHEET B PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE	2,080						
006 02 DATA PROCESSING	43	16,214					
006 03 PURCHASING RECEIVING AND	31	973	29,485				
006 04 ADMINISTRATIVE	14	811	120	6,242			
006 05 CASHIERING/ACCOUNTS RECEI	52	2,754	27		10,912		
006 06 OTHER ADMINISTRATIVE AND	199	1,297	480			145,082	
007 MAINTENANCE & REPAIRS	32		150			2,673	76,914
008 OPERATION OF PLANT	37		1,989			4,829	1,427
009 LAUNDRY & LINEN SERVICE	2		1,837			1,072	2,491
010 HOUSEKEEPING	11		1,473			2,994	163
011 DIETARY	35		57			1,915	560
012 CAFETERIA						1,845	4,106
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	34		165			3,780	1,616
015 CENTRAL SERVICES & SUPPLY	2		873			1,093	4,793
016 PHARMACY	18	649	175			2,147	671
017 MEDICAL RECORDS & LIBRARY	31	811	40			2,121	832
018 SOCIAL SERVICE	20		17			805	490
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	50	1,297				2,419	1,011
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						5,467	
023 I&R SERVICES-OTHER PRGM C			22			2,486	853
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	609	2,108	743	909	920	24,210	22,229
026 INTENSIVE CARE UNIT	26		66	110	110	1,788	1,283
026 01 PREMATURE INTENSIVE CARE	26		88	284	284	3,720	410
027 CORONARY CARE UNIT	32		106	179	180	3,759	1,480
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	43		24	109	109	2,451	2,523
033 NURSERY	11		36	163	163	1,309	323
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	132	973		394	819	8,458	5,935
038 RECOVERY ROOM	9		18	124	343	1,311	291
039 DELIVERY ROOM & LABOR ROO	28		735	266	536	6,214	1,374
040 ANESTHESIOLOGY	20		118	261	399	2,013	404
041 RADIOLOGY-DIAGNOSTIC	64	1,784	2,302	475	1,110	7,242	3,752
041 01 MAGNETIC RESONANCE IMAGIN	14		469	56	139	533	233
042 RADIOLOGY-THERAPEUTIC	11		367	4	85	754	826
043 RADIOISOTOPE	15		553	33	85	646	550
044 LABORATORY	119	2,108	4,427	506	1,720	10,914	5,427
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	3		500	68	91	1,890	185
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	9		777	273	284	2,086	530
050 PHYSICAL THERAPY	12		84	17	19	481	601
051 OCCUPATIONAL THERAPY	9		10	13	13	368	702
052 SPEECH PATHOLOGY	5		2	4	10	132	160
053 ELECTROCARDIOLOGY	34		2,047	301	466	2,715	1,340
054 ELECTROENCEPHALOGRAPHY	32		22	5	44	281	287
055 MEDICAL SUPPLIES CHARGED			7,764	274	340	4,148	
056 DRUGS CHARGED TO PATIENTS				820	1,138	6,237	
057 RENAL DIALYSIS	8		491	65	245	1,840	297
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	2			49	60	205	297
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY			36		47	568	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	55		14		46	954	1,621
060 06 EAR NOSE THROAT			48		33	316	
061 EMERGENCY	49			480	1,074	8,078	1,447
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	40	649	20			1,956	1,086
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,028	16,214	29,292	6,242	10,912	143,223	74,606
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	29		193			1,156		569
099 PHYSICIANS' PRIVATE OFFICE						11		
100 NONPAID WORKERS								
100 KLING OFFICE BLDG						2		857
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	12						3	127
100 03 FAMILY PLANNING							1	407
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT							652	217
100 06 DENTISTRY							34	131
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	2,080	16,214	29,485	6,242	10,912	145,082		76,914

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	40,143						
009 LAUNDRY & LINEN SERVICE	1,325	62,184					
010 HOUSEKEEPING	87		8,565				
011 DIETARY	298			67	15,498		
012 CAFETERIA	2,184			492		100,121	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	859		194		2,883		45,876
015 CENTRAL SERVICES & SUPPLY	2,549		575		1,086		
016 PHARMACY	357		80				
017 MEDICAL RECORDS & LIBRARY	442		100		2,645		
018 SOCIAL SERVICE	261		59		959		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	538		121		381		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					10,145		
023 I&R SERVICES-OTHER PRGM C	454		102				
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,820	23,797	2,666	12,062	24,955		19,032
026 INTENSIVE CARE UNIT	682	3,825	154	485	1,658		1,462
026 01 PREMATURE INTENSIVE CARE	218	441	49		3,333		3,132
027 CORONARY CARE UNIT	787	4,580	177	1,126	3,353		3,078
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,342	2,928	302	1,825	2,653		2,302
033 NURSERY	172		39		1,510		1,407
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,156	2,951	711		6,557		5,294
038 RECOVERY ROOM	155	1,044	35		1,154		949
039 DELIVERY ROOM & LABOR ROO	731	3,565	165		5,988		4,603
040 ANESTHESIOLOGY	215		48		220		
041 RADIOLOGY-DIAGNOSTIC	1,995	2,474	450		5,007		
041 01 MAGNETIC RESONANCE IMAGIN	124	359	28		347		
042 RADIOLOGY-THERAPEUTIC	439	334	99		290		
043 RADIOISOTOPE	292	1,023	66		282		
044 LABORATORY	2,886		651		6,544		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	99		22		802		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	282		64		2,262		
050 PHYSICAL THERAPY	320		72				
051 OCCUPATIONAL THERAPY	373		84				
052 SPEECH PATHOLOGY	85		19				
053 ELECTROCARDIOLOGY	712	516	161		1,575		
054 ELECTROENCEPHALOGRAPHY	153	156	34		352		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	158	2,030	36		1,397		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	158		36				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					425		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	862		194		1,085		
060 06 EAR NOSE THROAT					609		
061 EMERGENCY	769	12,161	173		7,652		4,617
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	577		130		1,974		
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	38,916	62,184	8,455	15,498	100,083		45,876
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
098 RESEARCH	302			68			
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 01 KLING OFFICE BLDG	456						
100 02 DAY PSYCH PROGRAM							
100 03 OCCUPATIONAL HEALTH							
100 04 FAMILY PLANNING	68						
100 05 PLAZA MEDICAL CENTER	217						
100 06 DEVELOPMENT				26			
100 07 DENTISTRY	115			16			
100 08 GERIATRIC ASSMNT	69				38		
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	40,143	62,184	8,565	15,498	100,121		45,876

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT AC COUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	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							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	117,704						
016 PHARMACY	2,065	21,095					
017 MEDICAL RECORDS & LIBRARY			25,704				
018 SOCIAL SERVICE		184		13,781			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						28,344	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,224	310	2,169		8,250		
026 INTENSIVE CARE UNIT	1,904	26	258		506		
026 01 PREMATURE INTENSIVE CARE	2,404	39	669		536		
027 CORONARY CARE UNIT	2,425	57	423		945		
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	161	6	257		1,674		
033 NURSERY	574		383		28		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		137	1,931			2,550	
038 RECOVERY ROOM	539	19	809			1,317	
039 DELIVERY ROOM & LABOR ROO	7,230	128	1,264		72	1,621	
040 ANESTHESIOLOGY	5,263	581	940			829	
041 RADIOLOGY-DIAGNOSTIC	10,761	14	2,616			3,807	
041 01 MAGNETIC RESONANCE IMAGIN	141		327			498	
042 RADIOLOGY-THERAPEUTIC	36		200			486	
043 RADIOISOTOPE	103	5	201			314	
044 LABORATORY	4,197	1	4,044			7,693	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	153		215			141	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,985	4	670			67	
050 PHYSICAL THERAPY	29		44			8	
051 OCCUPATIONAL THERAPY	7		31			1	
052 SPEECH PATHOLOGY	6		23			32	
053 ELECTROCARDIOLOGY	3,362	163	1,098			989	
054 ELECTROENCEPHALOGRAPHY	216		103			231	
055 MEDICAL SUPPLIES CHARGED	58,509		801			394	
056 DRUGS CHARGED TO PATIENTS		18,957	2,682			1,906	
057 RENAL DIALYSIS	668		577		980	1,082	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			142			65	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	437		110			277	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		43	108			275	
060 06 EAR NOSE THROAT	145	7	78			199	
061 EMERGENCY		352	2,531		790	3,562	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	432	59					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	116,976	21,092	25,704	13,781		28,344	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	728		3				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY							
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	117,704	21,095	25,704	13,781		28,344	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 PREPARED 12/2/2009
 WORKSHEET B PART II

	21	22	23	24	25	26	27
	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONE						
006	02 DATA PROCESSING						
006	03 PURCHASING RECEIVING AND						
006	04 ADMITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019	OTHER GENERAL SERVICE COS						
019	01 OUTPATIENT ACCOUNTING						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	16,292					
023	I&R SERVICES-OTHER PRGM C		23,153				
024	PARAMED ED PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS				666,951		666,951
026	ADULTS & PEDIATRICS				43,070		43,070
026	01 INTENSIVE CARE UNIT				25,159		25,159
027	PREMATURE INTENSIVE CARE				56,021		56,021
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U				75,113		75,113
033	SUBPROVIDER				13,458		13,458
034	NURSERY						
035	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	ANCILLARY SRVC COST CNTRS						
038	01 OPERATING ROOM				172,835		172,835
039	RECOVERY ROOM				14,722		14,722
040	DELIVERY ROOM & LABOR ROO				65,710		65,710
041	ANESTHESIOLOGY				20,342		20,342
042	RADIOLOGY-DIAGNOSTIC				127,892		127,892
043	01 MAGNETIC RESONANCE IMAGIN				8,498		8,498
044	RADIOLOGY-THERAPEUTIC				22,353		22,353
045	RADIOISOTOPE				16,430		16,430
046	LABORATORY				172,615		172,615
047	PBP CLINICAL LAB SERVICES						
048	WHOLE BLOOD & PACKED RED				8,373		8,373
049	BLOOD STORING, PROCESSING						
050	INTRAVENOUS THERAPY						
051	RESPIRATORY THERAPY				21,267		21,267
052	PHYSICAL THERAPY				15,107		15,107
053	OCCUPATIONAL THERAPY				17,264		17,264
054	SPEECH PATHOLOGY				4,064		4,064
055	ELECTROCARDIOLOGY				45,480		45,480
056	ELECTROENCEPHALOGRAPHY				8,324		8,324
057	MEDICAL SUPPLIES CHARGED				72,230		72,230
058	DRUGS CHARGED TO PATIENTS				31,740		31,740
059	RENAL DIALYSIS				16,632		16,632
060	ASC (NON-DISTINCT PART)						
061	PULMONARY FUNCTION TESTIN				7,632		7,632
062	OUTPAT SERVICE COST CNTRS						
063	CLINIC						
064	02 O/P CHEMO THERAPY				1,944		1,944
065	03 O/P SUBSTANCE ABUSE						
066	04 UNDER THE RAINBOW O/P				41,408		41,408
067	06 EAR NOSE THROAT				1,467		1,467
068	EMERGENCY				76,666		76,666
069	OBSERVATION BEDS (NON-DIS						
070	OTHER REIMBURS COST CNTRS						
071	AMBULANCE SERVICES						
072	DURABLE MEDICAL EQUIP-REN						
073	DURABLE MEDICAL EQUIP-SOL						
074	I&R SERVICES-NOT APPRVD P						
075	HOME HEALTH AGENCY				31,282		31,282
076	SPEC PURPOSE COST CENTERS						
077	AMBULATORY SURGICAL CENTE						
078	SUBTOTALS				1,902,049		1,902,049
079	NONREIMBURS COST CENTERS						
080	GIFT, FLOWER, COFFEE SHOP						

	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
097	NONREIMBURS COST CENTERS						
097	RESEARCH				15,704		15,704
098	PHYSICIANS' PRIVATE OFFICE				11		11
099	NONPAID WORKERS						
100	KLING OFFICE BLDG				1,315		1,315
100 01	DAY PSYCH PROGRAM						
100 02	OCCUPATIONAL HEALTH				210		210
100 03	FAMILY PLANNING				625		625
100 04	PLAZA MEDICAL CENTER						
100 05	DEVELOPMENT				5,901		5,901
100 06	DENTISTRY				3,199		3,199
100 08	GERIATRIC ASSMNT						
100 09	BETHANY LAB						
101	CROSS FOOT ADJUSTMENTS	16,292	23,153		39,445		39,445
102	NEGATIVE COST CENTER						
103	TOTAL	16,292	23,153		1,968,459		1,968,459

COST CENTER
 DESCRIPTION

- NONREIMBURS COST CENTERS
- 097 RESEARCH
- 098 PHYSICIANS' PRIVATE OFFICE
- 099 NONPAID WORKERS
- 100 KLING OFFICE BLDG
- 100 01 DAY PSYCH PROGRAM
- 100 02 OCCUPATIONAL HEALTH
- 100 03 FAMILY PLANNING
- 100 04 PLAZA MEDICAL CENTER
- 100 05 DEVELOPMENT
- 100 06 DENTISTRY
- 100 08 GERIATRIC ASSMNT
- 100 09 BETHANY LAB
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				49,470	27,205	76,675	76,675
006 01 NONPATIENT TELEPHONE				8,958	4,926	13,884	265
006 02 DATA PROCESSING				70,575	38,811	109,386	631
006 03 PURCHASING RECEIVING AND				124,840	68,653	193,493	283
006 04 ADMITTING				22,484	12,365	34,849	1,186
006 05 CASHIERING/ACCOUNTS RECEI				35,446	19,492	54,938	27
006 06 OTHER ADMINISTRATIVE AND				624,857	343,624	968,481	5,181
007 MAINTENANCE & REPAIRS				325,096	178,778	503,874	
008 OPERATION OF PLANT				139,453	76,688	216,141	632
009 LAUNDRY & LINEN SERVICE				243,437	133,872	377,309	
010 HOUSEKEEPING				15,925	8,757	24,682	1,422
011 DIETARY				54,718	30,091	84,809	691
012 CAFETERIA				401,235	220,649	621,884	615
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				157,888	86,827	244,715	2,568
015 CENTRAL SERVICES & SUPPLY				468,348	257,556	725,904	271
016 PHARMACY				65,553	36,049	101,602	
017 MEDICAL RECORDS & LIBRARY				81,274	44,695	125,969	1,146
018 SOCIAL SERVICE				47,887	26,334	74,221	523
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING				98,782	54,323	153,105	154
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							4,630
023 I&R SERVICES-OTHER PRGM C				83,378	45,851	129,229	1,651
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				2,172,019	1,194,449	3,366,468	14,496
026 INTENSIVE CARE UNIT				125,338	68,926	194,264	1,184
026 01 PREMATURE INTENSIVE CARE				40,038	22,018	62,056	2,763
027 CORONARY CARE UNIT				144,633	79,537	224,170	2,628
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				246,491	135,551	382,042	1,711
033 NURSERY				31,600	17,378	48,978	962
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				579,865	318,882	898,747	5,035
038 RECOVERY ROOM				28,388	15,611	43,999	942
039 DELIVERY ROOM & LABOR ROO				134,227	73,815	208,042	4,167
040 ANESTHESIOLOGY				39,472	21,707	61,179	266
041 RADIOLOGY-DIAGNOSTIC				366,626	201,617	568,243	3,538
041 01 MAGNETIC RESONANCE IMAGIN				22,756	12,514	35,270	313
042 RADIOLOGY-THERAPEUTIC				80,708	44,384	125,092	243
043 RADIOISOTOPE				53,700	29,531	83,231	199
044 LABORATORY				530,282	291,615	821,897	3,924
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED				18,119	9,964	28,083	519
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				51,777	28,474	80,251	1,213
050 PHYSICAL THERAPY				58,722	32,293	91,015	289
051 OCCUPATIONAL THERAPY				68,584	37,716	106,300	197
052 SPEECH PATHOLOGY				15,676	8,620	24,296	103
053 ELECTROCARDIOLOGY				130,902	71,986	202,888	1,223
054 ELECTROENCEPHALOGRAPHY				28,026	15,412	43,438	162
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				29,022	15,960	44,982	992
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN				28,976	15,935	44,911	116
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							303
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P				158,363	87,088	245,451	510
060 06 EAR NOSE THROAT							215
061 EMERGENCY				141,375	77,746	219,121	4,939
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				106,088	58,340	164,428	1,298
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS				8,551,377	4,702,615	13,253,992	76,326
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
097 NONREIMBURS COST CENTERS							
097 RESEARCH				55,555	30,551	86,106	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT				21,218	11,668	32,886	337
100 06 DENTISTRY				12,758	7,016	19,774	12
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,640,908	4,751,850	13,392,758	76,675

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT TELEPHONE	14,149						
02 DATA PROCESSING	291	110,308					
03 PURCHASING RECEIVING AND	208	6,618	200,602				
04 ADMINISTRATION	94	5,515	813	42,457			
05 CASHIERING/ACCOUNTS RECEI	354	18,754	185		74,258		
06 OTHER ADMINISTRATIVE AND	1,352	8,825	3,264			987,103	
07 MAINTENANCE & REPAIRS	218		1,021			18,177	523,290
08 OPERATION OF PLANT	250		13,533			32,837	9,710
09 LAUNDRY & LINEN SERVICE	10		12,497			7,289	16,951
10 HOUSEKEEPING	73		10,025			20,363	1,109
11 DIETARY	239		389			13,023	3,810
12 CAFETERIA						12,547	27,939
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	229		1,125			25,704	10,994
15 CENTRAL SERVICES & SUPPLY	10		5,941			7,431	32,612
16 PHARMACY	125	4,412	1,188			14,602	4,565
17 MEDICAL RECORDS & LIBRARY	208	5,515	273			14,423	5,659
18 SOCIAL SERVICE	135		116			5,476	3,334
19 OTHER GENERAL SERVICE COS							
01 OUTPATIENT ACCOUNTING	343	8,825				16,448	6,878
02 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						37,174	
023 I&R SERVICES-OTHER PRGM C				153		16,904	5,806
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	4,176	14,340	5,055	6,271	6,245	165,133	151,241
026 INTENSIVE CARE UNIT	177		451	744	744	12,159	8,727
01 PREMATURE INTENSIVE CARE	177		599	1,925	1,925	25,295	2,788
027 CORONARY CARE UNIT	218		718	1,218	1,218	25,560	10,071
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	291		163	741	741	16,671	17,163
033 NURSERY	73		246	1,104	1,104	8,899	2,200
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	895	6,618		2,674	5,558	57,514	40,377
038 RECOVERY ROOM	62		124	838	2,328	8,915	1,977
039 DELIVERY ROOM & LABOR ROO	187		5,001	1,807	3,640	42,259	9,346
040 ANESTHESIOLOGY	135		802	1,769	2,707	13,692	2,748
041 RADIOLOGY-DIAGNOSTIC	437	12,134	15,663	3,224	7,530	49,250	25,529
01 MAGNETIC RESONANCE IMAGIN	94		3,189	379	942	3,622	1,585
042 RADIOLOGY-THERAPEUTIC	73		2,498	25	575	5,125	5,620
043 RADIOISOTOPE	104		3,760	223	578	4,394	3,739
044 LABORATORY	811	14,340	30,126	3,432	11,903	74,215	36,924
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	21		3,401	459	618	12,854	1,262
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	62		5,284	1,854	1,929	14,185	3,605
050 PHYSICAL THERAPY	83		570	118	126	3,272	4,089
051 OCCUPATIONAL THERAPY	62		70	87	89	2,504	4,776
052 SPEECH PATHOLOGY	31		16	30	67	900	1,092
053 ELECTROCARDIOLOGY	229		13,930	2,041	3,159	18,464	9,115
054 ELECTROENCEPHALOGRAPHY	218		151	35	296	1,909	1,952
055 MEDICAL SUPPLIES CHARGED			52,808	1,860	2,306	28,205	
056 DRUGS CHARGED TO PATIENTS				5,564	7,720	42,416	
057 RENAL DIALYSIS	52		3,341	439	1,662	12,513	2,021
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	10			335	408	1,397	2,018
060 OUTPAT SERVICE COST CNTRS							
CLINIC							
02 O/P CHEMO THERAPY			243	3	316	3,864	
060 O/P SUBSTANCE ABUSE							
060 UNDER THE RAINBOW O/P	375		92		311	6,489	11,027
060 EAR NOSE THROAT			329		226	2,148	
061 EMERGENCY	333			3,258	7,287	54,935	9,844
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	270	4,412	135			13,303	7,387
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	13,795	110,308	199,288	42,457	74,258	974,459	507,590
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	198			1,311			7,860	3,868
099 PHYSICIANS' PRIVATE OFFICE							78	
100 NONPAID WORKERS								
100 KLING OFFICE BLDG							14	5,829
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	83						22	866
100 03 FAMILY PLANNING							4	2,772
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT							4,434	1,477
100 06 DENTISTRY	21			3			232	888
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	14,149	110,308	200,602	42,457	74,258	987,103	523,290	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	273,103						
009 LAUNDRY & LINEN SERVICE	9,014	423,070					
010 HOUSEKEEPING	590		58,264				
011 DIETARY	2,026		457	105,444			
012 CAFETERIA	14,857		3,349		681,191		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,846		1,318		19,616		312,115
015 CENTRAL SERVICES & SUPPLY	17,342		3,909		7,390		
016 PHARMACY	2,427		547				
017 MEDICAL RECORDS & LIBRARY	3,009		678		17,999		
018 SOCIAL SERVICE	1,773		400		6,525		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	3,658		825		2,591		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					69,025		
023 I&R SERVICES-OTHER PRGM C	3,087		696				
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICALS	80,425	161,903	18,131	82,066	169,777		129,486
026 INTENSIVE CARE UNIT	4,641	26,023	1,046	3,302	11,282		9,946
026 01 PREMATURE INTENSIVE CARE	1,482	3,002	334		22,678		21,305
027 CORONARY CARE UNIT	5,355	31,162	1,207	7,661	22,813		20,937
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,127	19,918	2,057	12,415	18,050		15,658
033 NURSERY	1,170		264		10,272		9,575
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	21,471	20,079	4,840		44,610		36,020
038 RECOVERY ROOM	1,051	7,100	237		7,851		6,459
039 DELIVERY ROOM & LABOR ROO	4,970	24,256	1,120		40,739		31,319
040 ANESTHESIOLOGY	1,462		329		1,498		
041 RADIOLOGY-DIAGNOSTIC	13,575	16,831	3,060		34,069		
041 01 MAGNETIC RESONANCE IMAGIN	843	2,444	190		2,363		
042 RADIOLOGY-THERAPEUTIC	2,988	2,271	674		1,975		
043 RADIOISOTOPE	1,988	6,959	448		1,918		
044 LABORATORY	19,635		4,426		44,522		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	671		151		5,457		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,917		432		15,387		
050 PHYSICAL THERAPY	2,174		490				
051 OCCUPATIONAL THERAPY	2,539		572				
052 SPEECH PATHOLOGY	580		131				
053 ELECTROCARDIOLOGY	4,847	3,513	1,093		10,717		
054 ELECTROENCEPHALOGRAPHY	1,038	1,059	234		2,394		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,075	13,813	242		9,505		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	1,073		242				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					2,892		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	5,864		1,322		7,380		
060 06 EAR NOSE THROAT					4,141		
061 EMERGENCY	5,235	82,737	1,180		52,063		31,410
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	3,928		886		13,433		
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	264,753	423,070	57,517	105,444	680,932		312,115
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
098 RESEARCH	2,057		464				
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 01 KLING OFFICE BLDG	3,100						
100 02 DAY PSYCH PROGRAM							
100 03 OCCUPATIONAL HEALTH							
100 04 FAMILY PLANNING	1,474						
100 05 PLAZA MEDICAL CENTER							
100 06 DEVELOPMENT	786			177			
100 07 DENTISTRY	472			106	259		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	273,103	423,070	58,264	105,444	681,191		312,115

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	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							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	800,810						
016 PHARMACY	14,048	143,516					
017 MEDICAL RECORDS & LIBRARY	1		174,880				
018 SOCIAL SERVICE		1,249		93,752			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						192,827	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	89,973	2,107	14,659	56,131			
026 INTENSIVE CARE UNIT	12,952	179	1,746	3,441			
026 01 PREMATURE INTENSIVE CARE	16,359	264	4,520	3,645			
027 CORONARY CARE UNIT	16,499	389	2,859	6,427			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,095	38	1,739	11,390			
033 NURSERY	3,906		2,591	193			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		933	13,046			17,273	
038 RECOVERY ROOM	3,664	132	5,464			8,920	
039 DELIVERY ROOM & LABOR ROO	49,187	873	8,543	488		10,978	
040 ANESTHESIOLOGY	35,805	3,949	6,354			5,617	
041 RADIOLOGY-DIAGNOSTIC	73,212	95	17,676			25,789	
041 01 MAGNETIC RESONANCE IMAGIN	959		2,211			3,373	
042 RADIOLOGY-THERAPEUTIC	242		1,349			3,291	
043 RADIOISOTOPE	699	36	1,357			2,129	
044 LABORATORY	28,554	4	28,516			52,943	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	1,041		1,452			954	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	13,505	29	4,529			451	
050 PHYSICAL THERAPY	194		296			51	
051 OCCUPATIONAL THERAPY	50		208			9	
052 SPEECH PATHOLOGY	43		157			220	
053 ELECTROCARDIOLOGY	22,873	1,110	7,416			6,698	
054 ELECTROENCEPHALOGRAPHY	1,471	1	694			1,564	
055 MEDICAL SUPPLIES CHARGED	398,083		5,412			2,671	
056 DRUGS CHARGED TO PATIENTS		128,968	18,121			12,911	
057 RENAL DIALYSIS	4,546		3,902	6,666		7,329	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			958			440	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	2,971		743			1,877	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		290	729			1,861	
060 06 EAR NOSE THROAT	986	46	529			1,349	
061 EMERGENCY		2,398	17,104	5,371		24,129	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	2,938	404					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	795,856	143,494	174,880	93,752		192,827	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	4,953		22				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	1						
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	800,810	143,516	174,880	93,752		192,827	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/2/2009
 WORKSHEET B PART III

	21	22	23	24	25	26	27
	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
001							
002							
003							
004							
005							
006							
006							
006							
006							
006							
007							
008							
009							
010							
011							
012							
013							
014							
015							
016							
017							
018							
019							
019							
020							
021							
022		110,829					
023			157,526				
024							
025					4,538,083		4,538,083
026					293,008		293,008
026					171,117		171,117
027					381,110		381,110
028							
029							
031					511,010		511,010
033					91,537		91,537
034							
035							
037					1,175,690		1,175,690
038					100,063		100,063
039					446,922		446,922
040					138,312		138,312
041					869,855		869,855
041					57,777		57,777
042					152,041		152,041
043					111,762		111,762
044					1,176,172		1,176,172
045							
046							
047					56,943		56,943
048							
049							
050					144,633		144,633
051					102,767		102,767
052					117,463		117,463
053					27,666		27,666
054					309,316		309,316
055					56,616		56,616
056					491,345		491,345
057					215,700		215,700
058					113,080		113,080
059							
060							
060					51,908		51,908
060							
060					13,212		13,212
060							
060					281,701		281,701
060					9,969		9,969
061					521,344		521,344
062							
065							
066							
067							
070							
071					212,822		212,822
092							
095					12,940,944		12,940,944
096							

	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
097 NONREIMBURS COST CENTERS							
097 RESEARCH					106,839		106,839
098 PHYSICIANS' PRIVATE OFFICE					78		78
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					8,943		8,943
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH					1,432		1,432
100 03 FAMILY PLANNING					4,250		4,250
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT					40,149		40,149
100 06 DENTISTRY					21,768		21,768
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS		110,829	157,526		268,355		268,355
102 NEGATIVE COST CENTER							
103 TOTAL		110,829	157,526		13,392,758		13,392,758

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	382,002					
002 OLD CAP REL COSTS-MVB		382,002				
003 NEW CAP REL COSTS-BLD			382,002			
004 NEW CAP REL COSTS-MVB				382,002		
005 EMPLOYEE BENEFITS	2,187	2,187	2,187	2,187	100,462,403	
006 01 NONPATIENT TELEPHONE	396	396	396	396	347,410	1,360
006 02 DATA PROCESSING	3,120	3,120	3,120	3,120	826,774	28
006 03 PURCHASING RECEIVING	5,519	5,519	5,519	5,519	370,753	20
006 04 ADMITTING	994	994	994	994	1,553,901	9
006 05 CASHIERING/ACCOUNTS R	1,567	1,567	1,567	1,567	35,231	34
006 06 OTHER ADMINISTRATIVE	27,624	27,624	27,624	27,624	6,789,789	130
007 MAINTENANCE & REPAIRS	14,372	14,372	14,372	14,372	106	21
008 OPERATION OF PLANT	6,165	6,165	6,165	6,165	828,771	24
009 LAUNDRY & LINEN SERVI	10,762	10,762	10,762	10,762		1
010 HOUSEKEEPING	704	704	704	704	1,863,343	7
011 DIETARY	2,419	2,419	2,419	2,419	905,624	23
012 CAFETERIA	17,738	17,738	17,738	17,738	806,204	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	6,980	6,980	6,980	6,980	3,365,708	22
015 CENTRAL SERVICES & SU	20,705	20,705	20,705	20,705	355,537	1
016 PHARMACY	2,898	2,898	2,898	2,898		12
017 MEDICAL RECORDS & LIB	3,593	3,593	3,593	3,593	1,501,704	20
018 SOCIAL SERVICE	2,117	2,117	2,117	2,117	685,225	13
019 OTHER GENERAL SERVICE						
019 01 OUTPATIENT ACCOUNTING	4,367	4,367	4,367	4,367	202,242	33
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					6,068,527	
023 I&R SERVICES-OTHER PR	3,686	3,686	3,686	3,686	2,163,866	
024 PARAMEDICAL PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	96,022	96,022	96,022	96,022	18,967,649	401
026 01 INTENSIVE CARE UNIT	5,541	5,541	5,541	5,541	1,552,109	17
026 01 PREMATURE INTENSIVE C	1,770	1,770	1,770	1,770	3,621,533	17
027 CORONARY CARE UNIT	6,394	6,394	6,394	6,394	3,443,873	21
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	10,897	10,897	10,897	10,897	2,242,093	28
033 NURSERY	1,397	1,397	1,397	1,397	1,261,263	7
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,635	25,635	25,635	25,635	6,599,583	86
038 RECOVERY ROOM	1,255	1,255	1,255	1,255	1,234,406	6
039 DELIVERY ROOM & LABOR	5,934	5,934	5,934	5,934	5,461,049	18
040 ANESTHESIOLOGY	1,745	1,745	1,745	1,745	348,056	13
041 RADIOLOGY-DIAGNOSTIC	16,208	16,208	16,208	16,208	4,636,894	42
041 01 MAGNETIC RESONANCE IM	1,006	1,006	1,006	1,006	409,896	9
042 RADIOLOGY-THERAPEUTIC	3,568	3,568	3,568	3,568	318,728	7
043 RADIOISOTOPE	2,374	2,374	2,374	2,374	261,122	10
044 LABORATORY	23,443	23,443	23,443	23,443	5,143,333	78
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED	801	801	801	801	679,559	2
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2,289	2,289	2,289	2,289	1,590,248	6
050 PHYSICAL THERAPY	2,596	2,596	2,596	2,596	378,799	8
051 OCCUPATIONAL THERAPY	3,032	3,032	3,032	3,032	258,467	6
052 SPEECH PATHOLOGY	693	693	693	693	134,568	3
053 ELECTROCARDIOLOGY	5,787	5,787	5,787	5,787	1,602,872	22
054 ELECTROENCEPHALOGRAPH	1,239	1,239	1,239	1,239	212,102	21
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,283	1,283	1,283	1,283	1,300,235	5
058 ASC (NON-DISTINCT PAR						
059 PULMONARY FUNCTION TE	1,281	1,281	1,281	1,281	152,578	1
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 02 O/P CHEMO THERAPY					397,232	
060 03 O/P SUBSTANCE ABUSE						
060 04 UNDER THE RAINBOW O/P	7,001	7,001	7,001	7,001	668,242	36
060 06 EAR NOSE THROAT					282,417	
061 EMERGENCY	6,250	6,250	6,250	6,250	6,473,512	32
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	4,690	4,690	4,690	4,690	1,701,831	26
092 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONE
	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	378,044	378,044	378,044	378,044	100,004,964	1,326
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH	2,456	2,456	2,456	2,456		19
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 KLING OFFICE BLDG						
100 01 DAY PSYCH PROGRAM						
100 02 OCCUPATIONAL HEALTH						8
100 03 FAMILY PLANNING						
100 04 PLAZA MEDICAL CENTER						
100 05 DEVELOPMENT	938	938	938	938	441,750	5
100 06 DENTISTRY	564	564	564	564	15,689	2
100 08 GERIATRIC ASSMNT						
100 09 BETHANY LAB						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	271,143	1,697,316	8,640,908	4,751,850	16,914,352	698,018
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.709795	4.443212	22.620060	12.439333	.168365	513.248529
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					11,269	2,080
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000112	1.529412
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					76,675	14,149
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000763	10.403676

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE)S	CASHIERING/ACCOUNTS RECEI (GRS REV)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	100						
006 03 PURCHASING RECEIVING	6	16,048,428					
006 04 ADMINISTRATION	5	65,064	446,594,167				
006 05 CASHIERING/ACCOUNTS R	17	14,790		785,429,179			
006 06 OTHER ADMINISTRATIVE	8	261,116			-31,057,027	188,286,002	
007 MAINTENANCE & REPAIRS		81,696				3,466,977	332,234
008 OPERATION OF PLANT		1,082,636				6,262,934	6,165
009 LAUNDRY & LINEN SERVI		999,787				1,390,168	10,762
010 HOUSEKEEPING		801,967				3,883,814	704
011 DIETARY		31,107				2,483,912	2,419
012 CAFETERIA						2,393,098	17,738
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		90,007				4,902,566	6,980
015 CENTRAL SERVICES & SU		475,310				1,417,273	20,705
016 PHARMACY	4	95,016				2,785,036	2,898
017 MEDICAL RECORDS & LIB	5	21,823				2,750,943	3,593
018 SOCIAL SERVICE		9,302				1,044,461	2,117
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	8					3,137,046	4,367
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						7,090,255	
023 I&R SERVICES-OTHER PR		12,202				3,224,055	3,686
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13	404,405	65,694,534	65,735,963		31,511,280	96,022
026 INTENSIVE CARE UNIT		36,118	7,833,871	7,830,502		2,319,091	5,541
026 01 PREMATURE INTENSIVE C		47,949	20,267,639	20,267,906		4,824,559	1,770
027 CORONARY CARE UNIT		57,456	12,821,022	12,821,571		4,875,026	6,394
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		13,073	7,800,258	7,800,258		3,179,598	10,897
033 NURSERY		19,698	11,618,807	11,619,093		1,697,298	1,397
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	6		28,145,882	58,501,980		10,969,669	25,635
038 RECOVERY ROOM		9,886	8,825,157	24,501,272		1,700,405	1,255
039 DELIVERY ROOM & LABOR		400,055	19,017,158	38,311,303		8,060,041	5,934
040 ANESTHESIOLOGY		64,170	18,619,560	28,491,107		2,611,395	1,745
041 RADIOLOGY-DIAGNOSTIC		1,253,070	33,940,981	79,263,978		9,393,552	16,208
041 01 MAGNETIC RESONANCE IM		255,093	3,985,485	9,912,844		690,878	1,006
042 RADIOLOGY-THERAPEUTIC		199,851	266,326	6,050,226		977,407	3,568
043 RADIOISOTOPE		300,802	2,345,649	6,086,719		838,151	2,374
044 LABORATORY	13	2,410,063	36,126,582	129,081,476		14,155,062	23,443
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED		272,091	4,832,798	6,509,893		2,451,570	801
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		422,713	19,516,953	20,309,642		2,705,502	2,289
050 PHYSICAL THERAPY		45,635	1,239,952	1,329,470		624,158	2,596
051 OCCUPATIONAL THERAPY		5,638	915,000	931,614		477,555	3,032
052 SPEECH PATHOLOGY		1,316	318,482	705,071		171,613	693
053 ELECTROCARDIOLOGY		1,114,392	21,485,347	33,257,716		3,521,592	5,787
054 ELECTROENCEPHALOGRAPH		12,041	363,239	3,111,281		364,146	1,239
055 MEDICAL SUPPLIES CHAR		4,224,796	19,576,913	24,270,853		5,379,614	
056 DRUGS CHARGED TO PATI			58,569,856	81,260,406		8,090,015	
057 RENAL DIALYSIS		267,255	4,616,305	17,496,398		2,386,674	1,283
058 ASC (NON-DISTINCT PAR							
059 PULMONARY FUNCTION TE			3,521,713	4,295,338		266,509	1,281
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 02 O/P CHEMO THERAPY		19,434	31,773	3,330,096		737,038	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		7,391		3,270,354		1,237,584	7,001
060 06 EAR NOSE THROAT		26,298	3,053	2,374,269		409,735	
061 EMERGENCY			34,293,872	76,700,580		10,477,822	6,250
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	4	10,776				2,537,195	4,690
092 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	RE ADMITTING (I/P CHARGE) (S)	CASHIERING/AC COUNTS RECEI (GRS REV)	RECONCILIATION (6a.06)	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)
095 SPEC PURPOSE COST CEN SUBTOTALS	6.02	6.03	6.04	6.05	6a.06	6.06	7
096 NONREIMBURS COST CEN GIFT, FLOWER, COFFEE	100	15,943,288	446,594,167	785,429,179	-31,057,027	185,874,272	322,265
097 RESEARCH		104,903				1,499,205	2,456
098 PHYSICIANS' PRIVATE O NONPAID WORKERS						14,843	
100 KLING OFFICE BLDG						2,722	3,701
100 01 DAY PSYCH PROGRAM						24	
100 02 OCCUPATIONAL HEALTH						4,156	550
100 03 FAMILY PLANNING						817	1,760
100 04 PLAZA MEDICAL CENTER						50	
100 05 DEVELOPMENT						845,653	938
100 06 DENTISTRY		237				44,260	564
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,663,092	916,689	2,329,996	3,112,354		31,057,027	4,038,841
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.057120		.003963		.164946	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	26,630.920000 16,214	29,485	.005217 6,242	10,912		145,082	12.156616 76,914
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.001837		.000014		.000771	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	162.140000 110,308	200,602	.000014 42,457	74,258		987,103	.231506 523,290
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,103.080000	.012500	.000095	.000095		.005243	1.575065

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	326,069						
009 LAUNDRY & LINEN SERVICE	10,762	1,362,707					
010 HOUSEKEEPING	704		308,592				
011 DIETARY	2,419			188,827			
012 CAFETERIA	17,738		17,738		131,442		
013 MAINTENANCE OF PERSONNEL						294,466	
014 NURSING ADMINISTRATION	6,980		6,980		3,785	6,980	1,395,870
015 CENTRAL SERVICES & SUPPLIES	20,705		20,705		1,426	20,705	
016 PHARMACY	2,898		2,898			2,898	
017 MEDICAL RECORDS & LIBRARY	3,593		3,593		3,473	3,593	
018 SOCIAL SERVICE	2,117		2,117		1,259	2,117	
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	4,367		4,367		500	4,367	
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS					13,319		
023 I&R SERVICES-OTHER PERSONNEL	3,686		3,686			3,686	
024 PARAMEDICAL PROGRAM (SPECIAL PATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	96,022	521,493	96,022	146,961	32,760	96,022	579,103
026 INTENSIVE CARE UNIT	5,541	83,819	5,541	5,914	2,177	5,541	44,480
026 01 PREMATURE INTENSIVE CARE	1,770	9,669	1,770		4,376	1,770	95,283
027 CORONARY CARE UNIT	6,394	100,372	6,394	13,720	4,402	6,394	93,638
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	10,897	64,156	10,897	22,232	3,483	10,897	70,027
033 NURSERY	1,397		1,397		1,982	1,397	42,821
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	25,635	64,674	25,635		8,608	25,635	161,091
038 RECOVERY ROOM	1,255	22,870	1,255		1,515	1,255	28,885
039 DELIVERY ROOM & LABOR	5,934	78,129	5,934		7,861	5,934	140,067
040 ANESTHESIOLOGY	1,745		1,745		289	1,745	
041 RADIOLOGY-DIAGNOSTIC	16,208	54,211	16,208		6,574	16,208	
041 01 MAGNETIC RESONANCE IMAGING	1,006	7,873	1,006		456	1,006	
042 RADIOLOGY-THERAPEUTIC	3,568	7,315	3,568		381	3,568	
043 RADIOISOTOPE	2,374	22,414	2,374		370	2,374	
044 LABORATORY	23,443		23,443		8,591	23,443	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	801		801		1,053	801	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,289		2,289		2,969	2,289	
050 PHYSICAL THERAPY	2,596		2,596			2,596	
051 OCCUPATIONAL THERAPY	3,032		3,032			3,032	
052 SPEECH PATHOLOGY	693		693			693	
053 ELECTROCARDIOLOGY	5,787	11,316	5,787		2,068	5,787	
054 ELECTROENCEPHALOGRAPHY	1,239	3,410	1,239		462	1,239	
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS							
056 RENAL DIALYSIS	1,283	44,491	1,283		1,834	1,283	
058 ASC (NON-DISTINCT PULMONARY FUNCTION TEST)							
059 OUTPAT SERVICE COST CENTER	1,281		1,281			1,281	
060 CLINIC							
060 02 O/P CHEMO THERAPY					558		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	7,001		7,001		1,424	7,001	
060 06 EAR NOSE THROAT					799		
061 EMERGENCY	6,250	266,495	6,250		10,046	6,250	140,475
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	4,690		4,690		2,592	4,690	
092 SPEC PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
		8	9	10	11	12	13	14
095	SPEC PURPOSE COST CEN SUBTOTALS	316,100	1,362,707	304,634	188,827	131,392	284,477	1,395,870
096	NONREIMBURS COST CEN							
097	GIFT, FLOWER, COFFEE RESEARCH	2,456		2,456			2,456	
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	KLING OFFICE BLDG	3,701					3,701	
100	01 DAY PSYCH PROGRAM							
100	02 OCCUPATIONAL HEALTH	550					550	
100	03 FAMILY PLANNING	1,760					1,780	
100	04 PLAZA MEDICAL CENTER							
100	05 DEVELOPMENT	938		938			938	
100	06 DENTISTRY	564		564		50	564	
100	08 GERIATRIC ASSMNT							
100	09 BETHANY LAB							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	7,370,926	1,993,581	4,548,906	3,013,371	3,665,912		6,162,318
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	22.605418	1.462956	14.740842	15.958369	27.889959		4.414679
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	40,143	62,184	8,565	15,498	100,121		45,876
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.123112	.045633	.027755	.082075	.761712		.032866
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	273,103	423,070	58,264	105,444	681,191		312,115
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.837562	.310463	.188806	.558416	5.182445		.223599

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE COSTS (ASSIGNED TIME)	OUTPATIENT ACCOUNTING (O/P REV)	NONPHYSICIAN ANESTHETISTS (BLANK)
	15	16	17	18	19	19.01	20
001							
002							
003							
004							
005							
006							
006 01							
006 02							
006 03							
006 04							
006 05							
006 06							
007							
008							
009							
010							
011							
012							
013							
014							
015	6,740,067						
016	118,233	9,081,488					
017	6		785,429,179				
018		79,064		8,256			
019							
019 01						338,795,852	
020							
021							
022							
023							
024							
025	757,268	133,342	65,735,963	4,943			
026	109,015	11,310	7,830,502	303			
026 01	137,689	16,716	20,267,906	321			
027	138,868	24,597	12,821,571	566			
028							
029							
031	9,218	2,377	7,800,258	1,003			
033	32,873		11,619,093	17			
034							
035							
037		59,037	58,501,980			30,356,098	
038	30,839	8,368	24,501,272			15,676,116	
039	413,990	55,233	38,311,303	43		19,294,145	
040	301,353	249,894	28,491,107			9,871,547	
041	616,191	6,012	79,263,978			45,322,997	
041 01	8,071		9,912,844			5,927,359	
042	2,033	6	6,050,226			5,783,900	
043	5,885	2,270	6,086,719			3,741,070	
044	240,331	257	129,081,476			92,954,895	
045							
046	8,763		6,509,893			1,677,095	
047							
048							
049	113,666	1,843	20,309,642			792,689	
050	1,634		1,329,470			89,518	
051	422		931,614			16,614	
052	359		705,071			386,589	
053	192,513	70,251	33,257,716			11,772,370	
054	12,378	94	3,111,281			2,748,042	
055	3,350,482		24,270,853			4,693,939	
056		8,160,871	81,260,406			22,690,550	
057	38,263		17,496,398	587		12,880,093	
058							
059			4,295,338			773,625	
060							
060 02	25,004		3,330,096			3,298,323	
060 03							
060 04		18,359	3,270,354			3,270,354	
060 06	8,297	2,909	2,374,269			2,371,216	
061		151,726	76,700,580	473		42,406,708	
062							
065							
066							
067							
070							
071	24,728	25,534					
092							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE COSTS (ASSIGNED TIME)	OUTPATIENT ACCOUNTING (O/P REV)	NONPHYSICIAN ANESTHETISTS (BLANK)
	15	16	17	18	19	19.01	20
095 SPEC PURPOSE COST CENTER SUBTOTALS	6,698,372	9,080,070	785,429,179	8,256		338,795,852	
096 NONREIMBURS COST CENTER							
097 GIFT, FLOWER, COFFEE RESEARCH	41,690	1,418					
098 PHYSICIANS' PRIVATE NONPAID WORKERS							
100 KLINING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	5						
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,715,775	3,435,517	3,479,428	1,386,562		3,884,613	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.378299		167.945979		.011466	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.402930		.004430				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	117,704	21,095	25,704	13,781		28,344	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.017463		.000033				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	800,810	143,516	174,880	93,752		192,827	
	.118813	.015803	.000223	11.355620		.000569	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(BLANK)	(I/R TIME)	(I/R TIME)	(BLANK)
095 SPEC PURPOSE COST CEN	21	22	23	24
095 SUBTOTALS		8,600	8,600	
096 NONREIMBURS COST CEN				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 KLINING OFFICE BLDG				
100 01 DAY PSYCH PROGRAM				
100 02 OCCUPATIONAL HEALTH				
100 03 FAMILY PLANNING				
100 04 PLAZA MEDICAL CENTER				
100 05 DEVELOPMENT				
100 06 DENTISTRY				
100 08 GERIATRIC ASSMNT				
100 09 BETHANY LAB				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED		8,631,230	3,938,318	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		1,003.631395	457.943953	
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED		16,292	23,153	
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		1.894419	2.692209	
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED		110,829	157,526	
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		12.887093	18.316977	
(WRKSHT B, PT III)				

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	49,517,639		49,517,639	270,445	49,788,084
26	INTENSIVE CARE UNIT	3,583,776		3,583,776		3,583,776
26	01 PREMATURE INTENSIVE CARE	6,470,307		6,470,307		6,470,307
27	CORONARY CARE UNIT	7,114,722		7,114,722		7,114,722
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	5,306,042		5,306,042	24,737	5,330,779
33	NURSERY	2,358,310		2,358,310		2,358,310
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,723,496		15,723,496	328,512	16,052,008
38	RECOVERY ROOM	2,550,111		2,550,111		2,550,111
39	DELIVERY ROOM & LABOR ROO	11,221,028		11,221,028		11,221,028
40	ANESTHESIOLOGY	3,591,938		3,591,938	88,954	3,680,892
41	RADIOLOGY-DIAGNOSTIC	13,129,349		13,129,349	122,383	13,251,732
41	01 MAGNETIC RESONANCE IMAGIN	994,001		994,001		994,001
42	RADIOLOGY-THERAPEUTIC	1,430,522		1,430,522		1,430,522
43	RADIOISOTOPE	1,210,120		1,210,120		1,210,120
44	LABORATORY	19,624,524		19,624,524		19,624,524
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	2,976,566		2,976,566		2,976,566
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,493,438		3,493,438		3,493,438
50	PHYSICAL THERAPY	863,194		863,194		863,194
51	OCCUPATIONAL THERAPY	710,906		710,906		710,906
52	SPEECH PATHOLOGY	241,927		241,927		241,927
53	ELECTROCARDIOLOGY	4,849,628		4,849,628		4,849,628
54	ELECTROENCEPHALOGRAPHY	553,733		553,733		553,733
55	MEDICAL SUPPLIES CHARGED	7,778,312		7,778,312		7,778,312
56	DRUGS CHARGED TO PATIENTS	13,131,833		13,131,833		13,131,833
57	RENAL DIALYSIS	2,906,948		2,906,948		2,906,948
58	ASC (NON-DISTINCT PART)					
59	PULMONARY FUNCTION TESTIN	401,781		401,781		401,781
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	02 O/P CHEMO THERAPY	936,818		936,818		936,818
60	03 O/P SUBSTANCE ABUSE					
60	04 UNDER THE RAINBOW O/P	1,886,935		1,886,935		1,886,935
60	06 EAR NOSE THROAT	541,752		541,752		541,752
61	EMERGENCY	14,768,550		14,768,550	111,699	14,880,249
62	OBSERVATION BEDS (NON-DIS	2,909,274		2,909,274		2,909,274
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	202,777,480		202,777,480	946,730	203,724,210
102	LESS OBSERVATION BEDS	2,909,274		2,909,274		2,909,274
103	TOTAL	199,868,206		199,868,206	946,730	200,814,936

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	15,723,496	1,348,525	14,374,971			15,723,496
38	RECOVERY ROOM	2,550,111	114,785	2,435,326			2,550,111
39	DELIVERY ROOM & LABOR ROO	11,221,028	512,632	10,708,396			11,221,028
40	ANESTHESIOLOGY	3,591,938	158,654	3,433,284			3,591,938
41	RADIOLOGY-DIAGNOSTIC	13,129,349	997,747	12,131,602			13,129,349
41	01 MAGNETIC RESONANCE IMAGIN	994,001	66,275	927,726			994,001
42	RADIOLOGY-THERAPEUTIC	1,430,522	174,394	1,256,128			1,430,522
43	RADIOISOTOPE	1,210,120	128,192	1,081,928			1,210,120
44	LABORATORY	19,624,524	1,348,787	18,275,737			19,624,524
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,976,566	65,316	2,911,250			2,976,566
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,493,438	165,900	3,327,538			3,493,438
50	PHYSICAL THERAPY	863,194	117,874	745,320			863,194
51	OCCUPATIONAL THERAPY	710,906	134,727	576,179			710,906
52	SPEECH PATHOLOGY	241,927	31,730	210,197			241,927
53	ELECTROCARDIOLOGY	4,849,628	354,796	4,494,832			4,849,628
54	ELECTROENCEPHALOGRAPHY	553,733	64,940	488,793			553,733
55	MEDICAL SUPPLIES CHARGED	7,778,312	563,575	7,214,737			7,778,312
56	DRUGS CHARGED TO PATIENTS	13,131,833	247,440	12,884,393			13,131,833
57	RENAL DIALYSIS	2,906,948	129,712	2,777,236			2,906,948
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	401,781	59,540	342,241			401,781
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	02 O/P CHEMO THERAPY	936,818	15,156	921,662			936,818
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	1,886,935	323,109	1,563,826			1,886,935
60	06 EAR NOSE THROAT	541,752	11,436	530,316			541,752
61	EMERGENCY	14,768,550	598,010	14,170,540			14,768,550
62	OBSERVATION BEDS (NON-DIS	2,909,274	304,148	2,605,126			2,909,274
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	128,426,684	8,037,400	120,389,284			128,426,684
102	LESS OBSERVATION BEDS	2,909,274	304,148	2,605,126			2,909,274
103	TOTAL	125,517,410	7,733,252	117,784,158			125,517,410

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	58,501,980	.268769	.268769
38	RECOVERY ROOM	24,501,273	.104081	.104081
39	DELIVERY ROOM & LABOR ROO	38,311,303	.292891	.292891
40	ANESTHESIOLOGY	28,491,107	.126072	.126072
41	RADIOLOGY-DIAGNOSTIC	79,263,978	.165641	.165641
41 01	MAGNETIC RESONANCE IMAGIN	9,912,844	.100274	.100274
42	RADIOLOGY-THERAPEUTIC	6,050,226	.236441	.236441
43	RADIOISOTOPE	6,086,719	.198813	.198813
44	LABORATORY	129,081,477	.152032	.152032
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	6,509,893	.457237	.457237
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	20,309,642	.172009	.172009
50	PHYSICAL THERAPY	1,329,470	.649277	.649277
51	OCCUPATIONAL THERAPY	931,614	.763091	.763091
52	SPEECH PATHOLOGY	705,071	.343124	.343124
53	ELECTROCARDIOLOGY	33,257,717	.145820	.145820
54	ELECTROENCEPHALOGRAPHY	3,111,281	.177976	.177976
55	MEDICAL SUPPLIES CHARGED	24,270,852	.320480	.320480
56	DRUGS CHARGED TO PATIENTS	81,260,406	.161602	.161602
57	RENAL DIALYSIS	17,496,398	.166146	.166146
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	4,295,338	.093539	.093539
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 02	O/P CHEMO THERAPY	3,330,096	.281319	.281319
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	3,270,354	.576982	.576982
60 06	EAR NOSE THROAT	2,374,269	.228176	.228176
61	EMERGENCY	76,700,580	.192548	.192548
62	OBSERVATION BEDS (NON-DIS	2,621,781	1.109656	1.109656
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	661,975,669		
102	LESS OBSERVATION BEDS	2,621,781		
103	TOTAL	659,353,888		

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	50,605	11,794	13.18	155,445	89.68	1,057,686
26	INTENSIVE CARE UNIT	4,184	681	10.29	7,007	70.03	47,690
26	01 PREMATURE INTENSIVE CARE	7,206		3.49		23.75	
27	CORONARY CARE UNIT	4,900	1,382	11.43	15,796	77.78	107,492
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	7,940	2,123	9.46	20,084	64.36	136,636
33	NURSERY	7,384		1.82		12.40	
101	TOTAL	82,219	15,980		198,332		1,349,504

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WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.020097	131,576
38	RECOVERY ROOM	.004084	6,637
39	DELIVERY ROOM & LABOR ROO	.011666	615
40	ANESTHESIOLOGY	.004855	7,885
41	RADIOLOGY-DIAGNOSTIC	.010974	71,068
41 01	MAGNETIC RESONANCE IMAGIN	.005828	5,805
42	RADIOLOGY-THERAPEUTIC	.025130	1,710
43	RADIOISOTOPE	.018362	11,466
44	LABORATORY	.009112	90,479
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.008747	3,778
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.007121	18,182
50	PHYSICAL THERAPY	.077299	23,077
51	OCCUPATIONAL THERAPY	.126085	28,663
52	SPEECH PATHOLOGY	.039239	4,885
53	ELECTROCARDIOLOGY	.009301	43,997
54	ELECTROENCEPHALOGRAPHY	.018197	1,187
55	MEDICAL SUPPLIES CHARGED	.020244	160,635
56	DRUGS CHARGED TO PATIENTS	.002654	43,561
57	RENAL DIALYSIS	.006463	4,031
58	ASC (NON-DISTINCT PART)		
59	PULMONARY FUNCTION TESTIN	.012085	3,119
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 02	O/P CHEMO THERAPY	.003967	
60 03	O/P SUBSTANCE ABUSE		
60 04	UNDER THE RAINBOW O/P	.086138	
60 06	EAR NOSE THROAT	.004199	
61	EMERGENCY	.006797	23,286
62	OBSERVATION BEDS (NON-DIS	.101143	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		685,642

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					50,605	
26	INTENSIVE CARE UNIT					4,184	
26	01 PREMATURE INTENSIVE CARE					7,206	
27	CORONARY CARE UNIT					4,900	
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					7,940	
33	NURSERY					7,384	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					82,219	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	11,794	
26	INTENSIVE CARE UNIT	681	
26 01	PREMATURE INTENSIVE CARE		
27	CORONARY CARE UNIT	1,382	
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	2,123	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	15,980	

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			58,501,980			6,547,065	
38	OPERATING ROOM			24,501,273			1,625,100	
39	RECOVERY ROOM			38,311,303			52,706	
40	DELIVERY ROOM & LABOR ROO			28,491,107			1,624,114	
41	ANESTHESIOLOGY			79,263,978			6,476,018	
41	01 RADIOLOGY-DIAGNOSTIC			9,912,844			996,017	
42	MAGNETIC RESONANCE IMAGIN			6,050,226			68,061	
43	RADIOLOGY-THERAPEUTIC			6,086,719			624,447	
44	RADIOISOTOPE			129,081,477			9,929,608	
45	LABORATORY							
46	PBP CLINICAL LAB SERVICES			6,509,893			431,873	
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			20,309,642			2,553,268	
51	PHYSICAL THERAPY			1,329,470			298,540	
52	OCCUPATIONAL THERAPY			931,614			227,333	
53	SPEECH PATHOLOGY			705,071			124,489	
54	ELECTROCARDIOLOGY			33,257,717			4,730,369	
55	ELECTROENCEPHALOGRAPHY			3,111,281			65,215	
56	MEDICAL SUPPLIES CHARGED			24,270,852			7,934,938	
57	DRUGS CHARGED TO PATIENTS			81,260,406			16,413,370	
58	RENAL DIALYSIS			17,496,398			623,634	
59	ASC (NON-DISTINCT PART)							
60	PULMONARY FUNCTION TESTIN			4,295,338			258,094	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	02 O/P CHEMO THERAPY			3,330,096				
60	03 O/P SUBSTANCE ABUSE							
60	04 UNDER THE RAINBOW O/P			3,270,354				
60	06 EAR NOSE THROAT			2,374,269				
61	EMERGENCY			76,700,580			3,425,920	
62	OBSERVATION BEDS (NON-DIS			2,621,781				
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			661,975,669			65,030,179	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,289,642					
38	RECOVERY ROOM	1,416,982					
39	DELIVERY ROOM & LABOR ROO	164,966					
40	ANESTHESIOLOGY	647,216					
41	RADIOLOGY-DIAGNOSTIC	4,038,834					
41 01	MAGNETIC RESONANCE IMAGIN	583,710					
42	RADIOLOGY-THERAPEUTIC	1,707,389					
43	RADIOISOTOPE	850,649					
44	LABORATORY	762,793					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	78,298					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	126,141					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	29,356					
53	ELECTROCARDIOLOGY	1,773,689					
54	ELECTROENCEPHALOGRAPHY	314,974					
55	MEDICAL SUPPLIES CHARGED	1,128,804					
56	DRUGS CHARGED TO PATIENTS	3,554,285					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	54,620					
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 02	O/P CHEMO THERAPY	482,110					
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT	417,382					
61	EMERGENCY	1,921,011					
62	OBSERVATION BEDS (NON-DIS	446,591					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	23,789,442					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			58,501,980			5,335	
38	OPERATING ROOM			24,501,273			18,508	
39	RECOVERY ROOM			38,311,303				
40	DELIVERY ROOM & LABOR ROO			28,491,107			2,778	
41	ANESTHESIOLOGY			79,263,978			64,850	
41	01 RADIOLOGY-DIAGNOSTIC			9,912,844			3,041	
42	MAGNETIC RESONANCE IMAGIN			6,050,226				
43	RADIOLOGY-THERAPEUTIC			6,086,719				
44	RADIOISOTOPE			129,081,477			345,582	
45	LABORATORY							
46	PBP CLINICAL LAB SERVICES			6,509,893				
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			20,309,642			1,289	
50	RESPIRATORY THERAPY			1,329,470			329	
51	PHYSICAL THERAPY			931,614			26,254	
52	OCCUPATIONAL THERAPY			705,071				
53	SPEECH PATHOLOGY			33,257,717			6,409	
54	ELECTROCARDIOLOGY			3,111,281			624	
55	ELECTROENCEPHALOGRAPHY			24,270,852			12,350	
56	MEDICAL SUPPLIES CHARGED			81,260,406			535,404	
57	DRUGS CHARGED TO PATIENTS			17,496,398			558	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)			4,295,338			1,996	
60	PULMONARY FUNCTION TESTIN							
60	02 OUTPAT SERVICE COST CNTRS							
60	03 CLINIC			3,330,096				
60	04 O/P CHEMO THERAPY							
60	05 O/P SUBSTANCE ABUSE			3,270,354				
60	06 UNDER THE RAINBOW O/P			2,374,269				
61	EAR NOSE THROAT			76,700,580			426,510	
62	EMERGENCY			2,621,781				
65	OBSERVATION BEDS (NON-DIS							
66	OTHER REIMBURS COST CNTRS							
67	AMBULANCE SERVICES							
101	DURABLE MEDICAL EQUIP-REN			661,975,669			1,451,817	
101	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.268769	.268769			
38 RECOVERY ROOM	.104081	.104081			
39 DELIVERY ROOM & LABOR ROOM	.292891	.292891			
40 ANESTHESIOLOGY	.126072	.126072			
41 RADIOLOGY-DIAGNOSTIC	.165641	.165641			
41 01 MAGNETIC RESONANCE IMAGING (MRI)	.100274	.100274			
42 RADIOLOGY-THERAPEUTIC	.236441	.236441			
43 RADIOISOTOPE	.198813	.198813			
44 LABORATORY	.152032	.152032			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.457237	.457237			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.172009	.172009			
50 PHYSICAL THERAPY	.649277	.649277			
51 OCCUPATIONAL THERAPY	.763091	.763091			
52 SPEECH PATHOLOGY	.343124	.343124			
53 ELECTROCARDIOLOGY	.145820	.145820			
54 ELECTROENCEPHALOGRAPHY	.177976	.177976			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.320480	.320480			
56 DRUGS CHARGED TO PATIENTS	.161602	.161602			
57 RENAL DIALYSIS	.166146	.166146			
58 ASC (NON-DISTINCT PART)					
59 PULMONARY FUNCTION TESTING	.093539	.093539			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 02 O/P CHEMO THERAPY	.281319	.281319			
60 03 O/P SUBSTANCE ABUSE					
60 04 UNDER THE RAINBOW O/P	.576982	.576982			
60 06 EAR NOSE THROAT	.228176	.228176			
61 EMERGENCY	.192548	.192548			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.109656	1.109656			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,957
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	983.86
85	OBSERVATION BED COST	2,909,274

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	666,951	.013396	2,909,274	38,973
87	NEW CAPITAL-RELATED COST	4,538,083	.091148	2,909,274	265,175
88	NON PHYSICIAN ANESTHETIST			2,909,274	
89	MEDICAL EDUCATION			2,909,274	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	671.38
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	75,113	5,330,779	.014090	
87	NEW CAPITAL-RELATED COST	511,010	5,330,779	.095860	
88	NON PHYSICIAN ANESTHETIST		5,330,779		
89	MEDICAL EDUCATION		5,330,779		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,508,184	
26	INTENSIVE CARE UNIT		1,723,360	
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		3,263,634	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274384	6,547,065	1,796,410
38	RECOVERY ROOM	.104081	1,625,100	169,142
39	DELIVERY ROOM & LABOR ROOM	.292891	52,706	15,437
40	ANESTHESIOLOGY	.129194	1,624,114	209,826
41	RADIOLOGY-DIAGNOSTIC	.167185	6,476,018	1,082,693
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.100274	996,017	99,875
42	RADIOLOGY-THERAPEUTIC	.236441	68,061	16,092
43	RADIOISOTOPE	.198813	624,447	124,148
44	LABORATORY	.152032	9,929,608	1,509,618
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.457237	431,873	197,468
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.172009	2,553,268	439,185
50	PHYSICAL THERAPY	.649277	298,540	193,835
51	OCCUPATIONAL THERAPY	.763091	227,333	173,476
52	SPEECH PATHOLOGY	.343124	124,489	42,715
53	ELECTROCARDIOLOGY	.145820	4,730,369	689,782
54	ELECTROENCEPHALOGRAPHY	.177976	65,215	11,607
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320480	7,934,938	2,542,989
56	DRUGS CHARGED TO PATIENTS	.161602	16,413,370	2,652,433
57	RENAL DIALYSIS	.166146	623,634	103,614
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.093539	258,094	24,142
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	02 O/P CHEMO THERAPY	.281319		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.576982		
60	06 EAR NOSE THROAT	.228176		
61	EMERGENCY	.194004	3,425,920	664,642
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.109656		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		65,030,179	12,759,129
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		65,030,179	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,194,209	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.274384	5,335	1,464
38	RECOVERY ROOM	.104081	18,508	1,926
39	DELIVERY ROOM & LABOR ROOM	.292891		
40	ANESTHESIOLOGY	.129194	2,778	359
41	RADIOLOGY-DIAGNOSTIC	.167185	64,850	10,842
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.100274	3,041	305
42	RADIOLOGY-THERAPEUTIC	.236441		
43	RADIOISOTOPE	.198813		
44	LABORATORY	.152032	345,582	52,540
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.457237		
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.172009	1,289	222
50	PHYSICAL THERAPY	.649277	329	214
51	OCCUPATIONAL THERAPY	.763091	26,254	20,034
52	SPEECH PATHOLOGY	.343124		
53	ELECTROCARDIOLOGY	.145820	6,409	935
54	ELECTROENCEPHALOGRAPHY	.177976	624	111
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.320480	12,350	3,958
56	DRUGS CHARGED TO PATIENTS	.161602	535,404	86,522
57	RENAL DIALYSIS	.166146	558	93
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.093539	1,996	187
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	02 O/P CHEMO THERAPY	.281319		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.576982		
60	06 EAR NOSE THROAT	.228176		
61	EMERGENCY	.194004	426,510	82,745
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.109656		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,451,817	262,457
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,451,817	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,954,669	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	4,305,562	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,877,873	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	682,988	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	808,082	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	1,819,071	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	289,936	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	257.50	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	81.96	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	33.00	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	112.36	112.36
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		122.21
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		4.00
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		116.36
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		117.36
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		113.92
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		115.88
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.450019
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.455007
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		.450019
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		1,016,774
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		1,121,131
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		2,345,230
	SUM OF LINES 3.21 - 3.23	
	4,483,135	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		4,483,135
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		13.56
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		61.98
4.02 SUM OF LINES 4 AND 4.01		75.54
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		51.54
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		8,832,979
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		35,286,849		4,341,352
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/ 6/2009	1,866,111	2/12/2009	318,723
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/12/2009	382,335	2/12/2009	43,700
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,483,776		275,023
4 TOTAL INTERIM PAYMENTS		36,770,625		4,616,375
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		2,742,527		55,966
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		34,028,098		4,672,341

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,670,922		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,670,922		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		85,899		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		1,756,821		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,756,821
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,670,922
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	85,899
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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		91.66
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)		33.00
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)	122.28	122.28
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		131.22
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		122.28
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.		90.65
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.		32.58
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		123.23
3.10	SEE INSTRUCTIONS		114.83
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.		3.50
3.12	SEE INSTRUCTIONS		33.86
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		38.98
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		37.61
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	36.82
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)		36.82
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		87,631.85
3.18	SEE INSTRUCTIONS		3,226,605
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		83.09
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		81.34
3.21	SEE INSTRUCTIONS	RES INIT YEARS	82.97
3.22	SEE INSTRUCTIONS		82.97
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		92,544.87
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,678,448
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		10,905,053

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,980
5	TOTAL INPATIENT DAYS		71,878
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.222321
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,424,422	2,424,422
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,186
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		71,878
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.		284,792
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		17,496,398
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	28,640,511
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	16,453
16	TOTAL PART A REASONABLE COST	28,624,058

PART B REASONABLE COST

17	REASONABLE COST	4,997,691
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	4,997,691
20	TOTAL REASONABLE COST	33,621,749
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.851355
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.148645

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)	2,709,214
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,306,503
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	402,711

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	122.28	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	124.66	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	122.28	

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	112.36
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	114.96
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	112.36

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	4,826,000			
2	TEMPORARY INVESTMENTS	2,118,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	49,830,000			
5	OTHER RECEIVABLES	2,901,000			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-17,282,000			
7	INVENTORY	2,755,000			
8	PREPAID EXPENSES	1,967,000			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	-9,655,000	632,000	1,508,000	
11	TOTAL CURRENT ASSETS	37,460,000	632,000	1,508,000	
FIXED ASSETS					
12	LAND	1,717,125			
12.01	LAND IMPROVEMENTS	588,136			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	137,572,930			
14.01	LESS ACCUMULATED DEPRECIATION	-79,415,849			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	69,188			
17.01	LESS ACCUMULATED DEPRECIATION	-102,275			
18	MAJOR MOVABLE EQUIPMENT	62,261,523			
18.01	LESS ACCUMULATED DEPRECIATION	-44,805,778			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	77,885,000			
OTHER ASSETS					
22	INVESTMENTS	17,875,000			
23	DEPOSITS ON LEASES	20,653,000			
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	881,000			
26	TOTAL OTHER ASSETS	39,409,000			
27	TOTAL ASSETS	154,754,000	632,000	1,508,000	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	26,876,000			
29 SALARIES, WAGES & FEES PAYABLE	11,772,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,500,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	4,306,000			
35 OTHER CURRENT LIABILITIES	13,419,000			
36 TOTAL CURRENT LIABILITIES	59,873,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	108,670,000			
42 TOTAL LONG-TERM LIABILITIES	108,670,000			
43 TOTAL LIABILITIES	168,543,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-13,789,000			
45 SPECIFIC PURPOSE FUND		632,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED			1,508,000	
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-13,789,000	632,000	1,508,000	
52 TOTAL LIABILITIES AND FUND BALANCES	154,754,000	632,000	1,508,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-9,569,000		878,000
2 NET INCOME (LOSS)		-4,446,000		
3 TOTAL		-14,015,000		878,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONOR CONTRIBUTIONS			1,027,000	
7 OTHER INCREASES IN NET AS	226,000			
8				
9				
10 TOTAL ADDITIONS		226,000		1,027,000
11 SUBTOTAL		-13,789,000		1,905,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 INCREASE IN TEMP RESTRICT			363,000	
15 RELEASED FROM RESTRICTION			910,000	
16 RELEASED FROM RESTRICTED				
17				
18 TOTAL DEDUCTIONS				1,273,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-13,789,000		632,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		1,962,000		
2 NET INCOME (LOSS)				
3 TOTAL		1,962,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONOR CONTRIBUTIONS				
7 OTHER INCREASES IN NET AS				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		1,962,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 INCREASE IN TEMP RESTRICT	454,000			
15 RELEASED FROM RESTRICTION				
16 RELEASED FROM RESTRICTED				
17				
18 TOTAL DEDUCTIONS		454,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,508,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	74,324,933		74,324,933
2 00 SUBPROVIDER	7,800,258		7,800,258
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	82,125,191		82,125,191
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,807,381		5,807,381
10 01 PREMATURE INTENSIVE CARE UNIT	133,103		133,103
11 00 CORONARY CARE UNIT	11,972,325		11,972,325
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	17,912,809		17,912,809
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	100,038,000		100,038,000
17 00 ANCILLARY SERVICES	346,567,000		346,567,000
18 00 OUTPATIENT SERVICES		342,606,773	342,606,773
19 00 HOME HEALTH AGENCY		2,396,227	2,396,227
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	446,605,000	345,003,000	791,608,000

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	238,601,992
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	238,601,992

DESCRIPTION

1	TOTAL PATIENT REVENUES	791,608,000
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	503,995,008
3	NET PATIENT REVENUES	287,612,992
4	LESS: TOTAL OPERATING EXPENSES	238,601,992
5	NET INCOME FROM SERVICE TO PATIENTS	49,011,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	65,000
7	INCOME FROM INVESTMENTS	1,325,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	41,702
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	547,996
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,478,982
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	129,322
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	24,765
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	1,527,443
23	GOVERNMENTAL APPROPRIATIONS	
24	TRAUMA FUNDING	1,369,844
24.01	OTHER OPERATING SRH	1,796,186
24.02	OTHER OPER PREMIER PURCH	639,120
24.03	OTHER INCOME	5,853,640
24.04		
25	TOTAL OTHER INCOME	14,799,000
26	TOTAL	63,810,000
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	PROVISION FOR BAD DEBTS	68,256,000
29		
30	TOTAL OTHER EXPENSES	68,256,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,446,000

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	515,920				190,049	705,969
HHA REIMBURSABLE SERVICES						
6	763,427				49,277	812,704
7	240,336					240,336
8	102,382					102,382
9				430		430
10	34,785					34,785
11	44,980					44,980
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,701,830			430	239,326	1,941,586

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		705,969		705,969
HHA REIMBURSABLE SERVICES				
6		812,704		812,704
7		240,336		240,336
8		102,382		102,382
9		430		430
10		34,785		34,785
11		44,980		44,980
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,941,586		1,941,586

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATI O N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		705,969				705,969	705,969
HHA REIMBURSABLE SERVICES							
6		812,704				812,704	464,338
7		240,336				240,336	137,316
8		102,382				102,382	58,496
9		430				430	246
10		34,785				34,785	19,874
11		44,980				44,980	25,699
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		1,941,586				1,941,586	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		1,277,042					
6		377,652					
7		160,878					
8		676					
9		54,659					
10		70,679					
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		1,941,586					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL					
	HHA REIMBURSABLE SERVICES				-705,969	1,235,617
6	SKILLED NURSING CARE					812,704
7	PHYSICAL THERAPY					240,336
8	OCCUPATIONAL THERAPY					102,382
9	SPEECH PATHOLOGY					430
10	MEDICAL SOCIAL SERVICES					34,785
11	HOME HEALTH AIDE					44,980
12	SUPPLIES					
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-705,969	1,235,617
25	COST TO BE ALLOCATED					705,969
26	UNIT COST MULTIPLIER					.571349

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		2,520	15,773	80,301	44,159	86,863
2 SKILLED NURSING CARE	1,277,042	292	1,831	9,319	5,125	128,534
3 PHYSICAL THERAPY	377,652	60	378	1,923	1,057	40,464
4 OCCUPATIONAL THERAPY	160,878					17,238
5 SPEECH PATHOLOGY	676					
6 MEDICAL SOCIAL SERVICES	54,659	273	1,706	8,686	4,777	5,857
7 HOME HEALTH AIDE	70,679	184	1,151	5,859	3,222	7,573
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,941,586	3,329	20,839	106,088	58,340	286,529
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NONPATIENT TELEPHONE 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND 6.03	ADMINISTRATIVE 6.04	CASHIERING/A Ccounts RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	4,106	106,524				340,246
2 SKILLED NURSING CARE	6,672		616			1,429,431
3 PHYSICAL THERAPY	513					422,047
4 OCCUPATIONAL THERAPY						178,116
5 SPEECH PATHOLOGY						676
6 MEDICAL SOCIAL SERVICES	513					76,471
7 HOME HEALTH AIDE	1,540					90,208
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	13,344	106,524	616			2,537,195
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.06	7	8	9	10	11
1 ADMIN & GENERAL	56,122	43,156	80,250		52,330	
2 SKILLED NURSING CARE	235,778	5,009	9,313		6,073	
3 PHYSICAL THERAPY	69,615	1,033	1,921		1,253	
4 OCCUPATIONAL THERAPY	29,380					
5 SPEECH PATHOLOGY	112					
6 MEDICAL SOCIAL SERVICES	12,614	4,668	8,680		5,661	
7 HOME HEALTH AIDE	14,879	3,149	5,855		3,818	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	418,500	57,015	106,019		69,135	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	12	13	14	15	16	17
1 ADMIN & GENERAL	30,790					
2 SKILLED NURSING CARE	26,133			9,964	9,659	
3 PHYSICAL THERAPY	6,694					
4 OCCUPATIONAL THERAPY	2,901					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,534					
7 HOME HEALTH AIDE	4,239					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	72,291			9,964	9,659	
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	SOCIAL SERVICE 18	OTHER GENERAL SERVICE 19	OUTPATIENT ACCOUNTING 19.01	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	I&R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1	ADMIN & GENERAL		602,894		602,894	
2	SKILLED NURSING CARE		1,731,360		1,731,360	389,942
3	PHYSICAL THERAPY		502,563		502,563	113,188
4	OCCUPATIONAL THERAPY		210,397		210,397	47,386
5	SPEECH PATHOLOGY		788		788	177
6	MEDICAL SOCIAL SERVICES		109,628		109,628	24,691
7	HOME HEALTH AIDE		122,148		122,148	27,510
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)		3,279,778		3,279,778	602,894
21	UNIT COST MULTIPLIER					0.225222

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	2,121,302
3 PHYSICAL THERAPY	615,751
4 OCCUPATIONAL THERAPY	257,783
5 SPEECH PATHOLOGY	965
6 MEDICAL SOCIAL SERVICES	134,319
7 HOME HEALTH AIDE	149,658
8 SUPPLIES	
9 DRUGS	
9.20 COST ADMINISTERING DRUGS	
10 DME	
11 HOME DIALYSIS AIDE SVCS	
12 RESPIRATORY THERAPY	
13 PRIVATE DUTY NURSING	
14 CLINIC	
15 HEALTH PROM ACTIVITIES	
16 DAY CARE PROGRAM	
17 HOME DEL MEALS PROGRAM	
18 HOMEMAKER SERVICE	
19 ALL OTHER	
19.50 TELEMEDICINE	
20 TOTAL (SUM OF 1-19) (2)	3,279,778
21 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	3,550	3,550	3,550	3,550	515,920	8
2 SKILLED NURSING CARE	412	412	412	412	763,427	13
3 PHYSICAL THERAPY	85	85	85	85	240,337	1
4 OCCUPATIONAL THERAPY					102,382	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384	384	384	34,785	1
7 HOME HEALTH AIDE	259	259	259	259	44,980	3
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690	4,690	4,690	1,701,831	26
21 COST TO BE ALLOCATED	3,329	20,839	106,088	58,340	286,529	13,344
22 UNIT COST MULTIPLIER	0.709808	4.443284	22.620043	12.439232	0.168365	513.230769

HHA COST CENTER	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE) S	CASHIERING/ACCOUNTS RECEIVABLE (GRS REV)	RECONCILIATION	OTHER ADMINISTRATIVE AND STRATEGIC AND ACCUM. COST ()
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	4					340,246
2 SKILLED NURSING CARE		10,776				1,429,431
3 PHYSICAL THERAPY						422,047
4 OCCUPATIONAL THERAPY						178,116
5 SPEECH PATHOLOGY						676
6 MEDICAL SOCIAL SERVICES						76,471
7 HOME HEALTH AIDE						90,208
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4	10,776				2,537,195
21 COST TO BE ALLOCATED	106,524	616				418,500
22 UNIT COST MULTIPLIER	6631.000000	0.057164				0.164946

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQ FT 2)	OPERATION OF PLANT (SQ FT 2)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQ FT 1)	DIETARY (MEALS)	CAFETERIA (FTES)
	7	8	9	10	11	12
1 ADMIN & GENERAL	3,550	3,550		3,550		1,104
2 SKILLED NURSING CARE	412	412		412		937
3 PHYSICAL THERAPY	85	85		85		240
4 OCCUPATIONAL THERAPY						104
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384		384		55
7 HOME HEALTH AIDE	259	259		259		152
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690		4,690		2,592
21 COST TO BE ALLOCATED	57,015	106,019		69,135		72,291
22 UNIT COST MULTIPLIER	12.156716	22.605330		14.740938		27.890046

HHA COST CENTER	MAINTENANCE OF PERSONNEL (SQ FT 2)	NURSING ADMINISTRATION (NUR HRS)	CENTRAL SERVICES & SUPPLIES (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)
	13	14	15	16	17	18
1 ADMIN & GENERAL	3,550					
2 SKILLED NURSING CARE	412		24,728	25,534		
3 PHYSICAL THERAPY	85					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384					
7 HOME HEALTH AIDE	259					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690		24,728	25,534		
21 COST TO BE ALLOCATED			9,964	9,659		
22 UNIT COST MULTIPLIER			0.402944	0.378280		

HHA 1

HHA COST CENTER	OTHER GENERAL SERVICE COST ASSIGNED TIME 19	OUTPATIENT ACCOUNTING (O/P REV) 19.01	NONPHYSICIAN ANESTHETIST (BLANK) 20	NURSING SCHOOL (BLANK) 21	I&R SERVICES -SALARY & FR (I/R TIME) 22	I&R SERVICES -OTHER PRGM (I/R TIME) 23
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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HHA COST CENTER	24
1	ADMIN & GENERAL
2	SKILLED NURSING CARE
3	PHYSICAL THERAPY
4	OCCUPATIONAL THERAPY
5	SPEECH PATHOLOGY
6	MEDICAL SOCIAL SERVICES
7	HOME HEALTH AIDE
8	SUPPLIES
9	DRUGS
9.20	COST ADMINISTERING DRUGS
10	DME
11	HOME DIALYSIS AIDE SVCS
12	RESPIRATORY THERAPY
13	PRIVATE DUTY NURSING
14	CLINIC
15	HEALTH PROM ACTIVITIES
16	DAY CARE PROGRAM
17	HOME DEL MEALS PROGRAM
18	HOMEMAKER SERVICE
19	ALL OTHER
19.50	TELEMEDICINE
20	TOTAL (SUM OF 1-19)
21	COST TO BE ALLOCATED
22	UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,121,302	2	2,121,302	10,376	204.44	1,039
2 PHYSICAL THERAPY	3	615,751		615,751	3,794	162.30	482
3 OCCUPATIONAL THERAPY	4	257,783		257,783	1,227	210.09	195
4 SPEECH PATHOLOGY	5	965		965	2	482.50	
5 MEDICAL SOCIAL SERVICES	6	134,319		134,319	142	945.91	31
6 HOME HEALTH AIDE SERVICE	7	149,658		149,658	590	253.66	123
7 TOTAL		3,279,778		3,279,778	16,131		1,870

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	1,125	9	212,413	442,408
2 PHYSICAL THERAPY		466	10	229,995	153,861
3 OCCUPATIONAL THERAPY		129	11	75,632	68,070
4 SPEECH PATHOLOGY				27,102	
5 MEDICAL SOCIAL SERVICES		15		14,189	43,512
6 HOME HEALTH AIDE SERVICES		187		31,200	78,634
7 TOTAL		1,922		392,133	786,485

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS					PROGRAM VISITS
	1	2	3	4	5	PART A
PATIENT SERVICES						
8 SKILLED NURSING	1600					6
9 PHYSICAL THERAPY	1600					
10 OCCUPATIONAL THERAPY	1600					
11 SPEECH PATHOLOGY	1600					
12 MEDICAL SOCIAL SERVICES	1600					
13 HOME HEALTH AIDE SERVICE	1600					
14 TOTAL						

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7		9		12
9 PHYSICAL THERAPY			10		
10 OCCUPATIONAL THERAPY			11		
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				11,034		3,403
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES		7,631		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.649277			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.763091			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.343124			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.320480			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.161602			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY	2	162.30	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	210.09					
3 SPEECH PATHOLOGY	4	482.50					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		339,591		376,797
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		339,591		376,797
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		339,591		376,797

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	936,248	HOURS OF SERVICE	22,730.00	10.93
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	259,675	HOURS OF SERVICE	12,165.00	5.85
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	57,417	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	46,895	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,300,235			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	12,507	PERCENTAGE OF TIME		
14 SUPPLIES	236,596	REQUISITIONS		
15 DRUGS	405,605	REQUISITIONS		
16 OTHER	49,970	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,004,913			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU	911	SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.	5,701	PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	29,022	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	15,960	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	218,914	SALARY		
23 ADMINISTRATIVE AND GENERAL	504,925	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	63,513	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	15,417	REQUISITIONS		
27 PHARMACY	-392,342	REQUISITIONS		
28 OTHER ALLOCATED COST	440,014	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	2,906,948			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	2,906,948			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	93,446	34,168	936,248	259,675	218,914
2	HEMODIALYSIS	80,719	29,514	808,731	224,307	189,098
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	12,727	4,654	127,517	35,368	29,816
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	93,446	34,168	936,248	259,675	218,914
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,263	252,013		1,807,727	1,099,221
2	HEMODIALYSIS	11,457	217,689		1,561,515	949,507
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	1,806	34,324		246,212	149,714
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	13,263	252,013		1,807,727	1,099,221
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10) 11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,906,948
2	HEMODIALYSIS	2,511,022
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	395,926
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	2,906,948
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,906,948

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		BUILDING (SQUARE FEET)	EQUIPMENT (% OF TIME)	RNs (HOURS)	OTHER (HOURS)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	93,446	34,168	936,248	259,675	218,914
2	HEMODIALYSIS	8,638	8,638.00	8,638.00	8,638.00	8,638
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1482	1,362	1,362.00	1,362.00	1,362
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,000	10,000.00	10,000.00	10,000.00	10,000
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	9.344600	3.416800	93.624800	25.967500	21.891400

		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,263	252,013		1,807,727	1,099,221
2	HEMODIALYSIS	8,638	8,638	8,638		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1482	1,362	1,362	1,362	
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,000	10,000	10,000		1,807,727
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.326300	25.201300			.608068

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 2/2009
14-0018	FROM 7/ 1/2008	
SATELLITE NO:	TO 6/30/2009	WORKSHEET I-5

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,611,500
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	995,308
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,385
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	188,909
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	45,835
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	144,459
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	795,138
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	55,711
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	45,835

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	17,185,071	1,348,525	15,836,546	134,853	918,520	16,131,698
38	RECOVERY ROOM	2,550,111	114,785	2,435,326	11,479	141,249	2,397,383
39	DELIVERY ROOM & LABOR ROO	11,221,028	512,632	10,708,396	51,263	621,087	10,548,678
40	ANESTHESIOLOGY	3,738,095	158,654	3,579,441	15,865	207,608	3,514,622
41	RADIOLOGY-DIAGNOSTIC	13,129,349	997,747	12,131,602	99,775	703,633	12,325,941
41	01 MAGNETIC RESONANCE IMAGIN	994,001	66,275	927,726	6,628	53,808	933,565
42	RADIOLOGY-THERAPEUTIC	1,430,522	174,394	1,256,128	17,439	72,855	1,340,228
43	RADIOISOTOPE	1,210,120	128,192	1,081,928	12,819	62,752	1,134,549
44	LABORATORY	19,624,524	1,348,787	18,275,737	134,879	1,059,993	18,429,652
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	2,976,566	65,316	2,911,250	6,532	168,853	2,801,181
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,493,438	165,900	3,327,538	16,590	192,997	3,283,851
50	PHYSICAL THERAPY	863,194	117,874	745,320	11,787	43,229	808,178
51	OCCUPATIONAL THERAPY	710,906	134,727	576,179	13,473	33,418	664,015
52	SPEECH PATHOLOGY	241,927	31,730	210,197	3,173	12,191	226,563
53	ELECTROCARDIOLOGY	4,995,785	354,796	4,640,989	35,480	269,177	4,691,128
54	ELECTROENCEPHALOGRAPHY	699,890	64,940	634,950	6,494	36,827	656,569
55	MEDICAL SUPPLIES CHARGED	7,778,312	563,575	7,214,737	56,358	418,455	7,303,499
56	DRUGS CHARGED TO PATIENTS	13,131,833	247,440	12,884,393	24,744	747,295	12,359,794
57	RENAL DIALYSIS	2,906,948	129,712	2,777,236	12,971	161,080	2,732,897
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	401,781	59,540	342,241	5,954	19,850	375,977
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	02 O/P CHEMO THERAPY	936,818	15,156	921,662	1,516	53,456	881,846
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	1,886,935	323,109	1,563,826	32,311	90,702	1,763,922
60	06 EAR NOSE THROAT	541,752	11,436	530,316	1,144	30,758	509,850
61	EMERGENCY	15,353,181	598,010	14,755,171	59,801	855,800	14,437,580
62	OBSERVATION BEDS (NON-DIS	2,909,274	304,148	2,605,126	30,415	151,097	2,727,762
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	130,911,361	8,037,400	122,873,961	803,743	7,126,690	122,980,928
102	LESS OBSERVATION BEDS	2,909,274	304,148	2,605,126	30,415	151,097	2,727,762
103	TOTAL	128,002,087	7,733,252	120,268,835	773,328	6,975,593	120,253,166

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	58,501,980	.275746	.291447
38	RECOVERY ROOM	24,501,273	.097847	.103612
39	DELIVERY ROOM & LABOR ROO	38,311,303	.275341	.291553
40	ANESTHESIOLOGY	28,491,107	.123359	.130645
41	RADIOLOGY-DIAGNOSTIC	79,263,978	.155505	.164382
41 01	MAGNETIC RESONANCE IMAGIN	9,912,844	.094177	.099605
42	RADIOLOGY-THERAPEUTIC	6,050,226	.221517	.233559
43	RADIOISOTOPE	6,086,719	.186397	.196707
44	LABORATORY	129,081,477	.142775	.150987
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	6,509,893	.430296	.456234
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	20,309,642	.161689	.171192
50	PHYSICAL THERAPY	1,329,470	.607895	.640411
51	OCCUPATIONAL THERAPY	931,614	.712758	.748629
52	SPEECH PATHOLOGY	705,071	.321334	.338624
53	ELECTROCARDIOLOGY	33,257,717	.141054	.149147
54	ELECTROENCEPHALOGRAPHY	3,111,281	.211029	.222865
55	MEDICAL SUPPLIES CHARGED	24,270,852	.300916	.318158
56	DRUGS CHARGED TO PATIENTS	81,260,406	.152101	.161297
57	RENAL DIALYSIS	17,496,398	.156198	.165404
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	4,295,338	.087531	.092153
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 02	O/P CHEMO THERAPY	3,330,096	.264811	.280863
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	3,270,354	.539367	.567102
60 06	EAR NOSE THROAT	2,374,269	.214740	.227695
61	EMERGENCY	76,700,580	.188233	.199391
62	OBSERVATION BEDS (NON-DIS	2,621,781	1.040423	1.098055
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	661,975,669		
102	LESS OBSERVATION BEDS	2,621,781		
103	TOTAL	659,353,888		