

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0059		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 19:34

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:
 JERSEY COMMUNITY HOSPITAL DIST 14-0059
 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

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-111,834	52,740	0	
3	SWING BED - SNF	0	0	0	0	
100	TOTAL	0	-111,834	52,740	0	

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, 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). N 0

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. N

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

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

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). / /

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	11,259,263		11,259,263	535,487.00	21.03	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,066,056		2,066,056	79,125.00	26.11	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,209,036		1,209,036	13,283.00	91.02	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	2,273,273		2,273,273			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	443,954		443,954			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	134,519		134,519	5,632.00	23.88	
22 ADMINISTRATIVE & GENERAL	1,333,068		1,333,068	63,826.00	20.89	
22.01 A & G UNDER CONTRACT	44,499		44,499	230.00	193.47	
23 MAINTENANCE & REPAIRS	184,692		184,692	7,212.00	25.61	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	64,198		64,198	5,554.00	11.56	
26 HOUSEKEEPING	236,704		236,704	22,925.00	10.33	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	282,242		282,242	24,610.00	11.47	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	557,213		557,213	19,395.00	28.73	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	332,708		332,708	12,459.00	26.70	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	306,470		306,470	21,561.00	14.21	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	11,303,762		11,303,762	535,717.00	21.10	
2 EXCLUDED AREA SALARIES	2,066,056		2,066,056	79,125.00	26.11	
3 SUBTOTAL SALARIES	9,237,706		9,237,706	456,592.00	20.23	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,209,036		1,209,036	13,283.00	91.02	
5 SUBTOTAL WAGE-RELATED COSTS	2,273,273		2,273,273		24.61	
6 TOTAL	12,720,015		12,720,015	469,875.00	27.07	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,476,313		3,476,313	183,404.00	18.95	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX			5	
12 .02	RML			16	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			7	
16	SE2			42	
17	SE1				
18	SSC				
19	SSB				
20	SSA			10	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1			2	
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			82	

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

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	3,723,451
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	3,723,451
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)	.407214
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	8,387,074
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,415,334
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,241,249
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	912,668
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,415,334

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		466,582	466,582	157,474	624,056
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		556,403	556,403	49,087	605,490
5	0500	EMPLOYEE BENEFITS	134,519	2,518,177	2,652,696	236,582	2,889,278
6	0600	ADMINISTRATIVE & GENERAL	1,333,068	3,662,014	4,995,082	-379,205	4,615,877
7	0700	MAINTENANCE & REPAIRS	184,692	319,745	504,437		504,437
8	0800	OPERATION OF PLANT		576,646	576,646	-26,267	550,379
9	0900	LAUNDRY & LINEN SERVICE	64,198	15,082	79,280		79,280
10	1000	HOUSEKEEPING	236,704	49,858	286,562		286,562
11	1100	DIETARY	282,242	226,701	508,943		508,943
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	557,213	16,923	574,136		574,136
15	1500	CENTRAL SERVICES & SUPPLY		24,017	24,017		24,017
16	1600	PHARMACY	332,708	1,482,721	1,815,429		1,815,429
17	1700	MEDICAL RECORDS & LIBRARY	306,470	46,528	352,998		352,998
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS		707,901	707,901		707,901
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,470,693	140,043	1,610,736	-40,465	1,570,271
26	2600	INTENSIVE CARE UNIT	439,789	12,441	452,230	-1,116	451,114
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY	40,391		40,391		40,391
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	429,775	830,722	1,260,497	-508,232	752,265
38	3800	RECOVERY ROOM	134,975	1,440	136,415	-110	136,305
39	3900	DELIVERY ROOM & LABOR ROOM	51,746		51,746		51,746
40	4000	ANESTHESIOLOGY		41,001	41,001	-8,915	32,086
41	4100	RADIOLOGY-DIAGNOSTIC	707,954	1,592,202	2,300,156	-11,589	2,288,567
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIO SOTOPE					
44	4400	LABORATORY	861,505	925,875	1,787,380	-232,932	1,554,448
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY		1,150,557	1,150,557	-1,508	1,149,049
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	313,852	143,205	457,057	-68,982	388,075
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				889,480	889,480
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	516,107	160,066	676,173	-61,954	614,219
60	6000	CLINIC					
61	6100	EMERGENCY	794,606	1,418,727	2,213,333	-24,229	2,189,104
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	700,163	63,813	763,976	-4,156	759,820
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		75,270	75,270	-75,270	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	9,893,370	17,224,660	27,118,030	-112,307	27,005,723
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES	1,053,256	203,537	1,256,793	112,307	1,369,100
98.01	9801	WELLNESS CENTER	312,637	111,484	424,121		424,121
99	9900	NONPAID WORKERS					
101		TOTAL	11,259,263	17,539,681	28,798,944	-0-	28,798,944

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
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		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-75,931	548,125
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		605,490
5	0500 EMPLOYEE BENEFITS	-425,598	2,463,680
6	0600 ADMINISTRATIVE & GENERAL	-2,476,397	2,139,480
7	0700 MAINTENANCE & REPAIRS		504,437
8	0800 OPERATION OF PLANT		550,379
9	0900 LAUNDRY & LINEN SERVICE	-9,511	69,769
10	1000 HOUSEKEEPING		286,562
11	1100 DIETARY	-150,111	358,832
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		574,136
15	1500 CENTRAL SERVICES & SUPPLY		24,017
16	1600 PHARMACY	-276,046	1,539,383
17	1700 MEDICAL RECORDS & LIBRARY	-13,391	339,607
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS	-707,901	
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,570,271
26	2600 INTENSIVE CARE UNIT		451,114
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY	-598	39,793
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		752,265
38	3800 RECOVERY ROOM		136,305
39	3900 DELIVERY ROOM & LABOR ROOM		51,746
40	4000 ANESTHESIOLOGY		32,086
41	4100 RADIOLOGY-DIAGNOSTIC		2,288,567
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-4,320	1,550,128
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		1,149,049
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		388,075
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		889,480
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		614,219
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-1,360,053	829,051
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-7,544	752,276
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-5,507,401	21,498,322
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		1,369,100
98.01	9801 WELLNESS CENTER	-7,893	416,228
99	9900 NONPAID WORKERS		
101	TOTAL	-5,515,294	23,283,650

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WELLNESS CENTER	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140059

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

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS WORKERS COMPENSATION	A	EMPLOYEE BENEFITS	5		236,582
2 RECLASS PROPERTY INSURANCE	B	OTHER CAPITAL RELATED COSTS	90		49,879
3 RECLASS RENTAL EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3		135,140
4		NEW CAP REL COSTS-MVBLE EQUIP	4		32,312
5					
6					
7 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		889,480
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 RECLASS INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		75,270
20 RECLASS PHYSICIAN OFFICE EXPENSE	F	PHYSICIANS' PRIVATE OFFICES	98		112,307
21					
36 TOTAL RECLASSIFICATIONS					1,530,970

(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:
140059

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

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS WORKERS COMPENSATION	A	ADMINISTRATIVE & GENERAL	6		236,582	
2 RECLASS PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL	6		49,879	
3 RECLASS RENTAL EXPENSE	C	LABORATORY	44		7,100	10
4		ELECTROCARDIOLOGY	53		42,000	10
5		ADMINISTRATIVE & GENERAL	6		92,744	10
6		ADULTS & PEDIATRICS	25		25,608	10
7 RECLASS MEDICAL SUPPLIES	D	ADULTS & PEDIATRICS	25		14,857	
8		INTENSIVE CARE UNIT	26		1,116	
9		OPERATING ROOM	37		508,232	
10		RECOVERY ROOM	38		110	
11		ANESTHESIOLOGY	40		8,915	
12		RADIOLOGY-DIAGNOSTIC	41		11,589	
13		LABORATORY	44		225,832	
14		PHYSICAL THERAPY	50		1,508	
15		ELECTROCARDIOLOGY	53		26,982	
16		ASC (NON-DISTINCT PART)	58		61,954	
17		EMERGENCY	61		24,229	
18		AMBULANCE SERVICES	65		4,156	
19 RECLASS INTEREST EXPENSE	E	INTEREST EXPENSE	88		75,270	11
20 RECLASS PHYSICIAN OFFICE EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		86,040	10
21		OPERATION OF PLANT	8		26,267	10
36 TOTAL RECLASSIFICATIONS					1,530,970	

(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:
140059

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

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: RECLASS WORKERS COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	236,582	ADMINISTRATIVE & GENERAL	6	236,582	
TOTAL RECLASSIFICATIONS FOR CODE A			236,582				

RECLASS CODE: B
EXPLANATION: RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	49,879	ADMINISTRATIVE & GENERAL	6	49,879	
TOTAL RECLASSIFICATIONS FOR CODE B			49,879				

RECLASS CODE: C
EXPLANATION: RECLASS RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	135,140	LABORATORY	44	7,100	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	32,312	ELECTROCARDIOLOGY	53	42,000	
3.00			0	ADMINISTRATIVE & GENERAL	6	92,744	
4.00			0	ADULTS & PEDIATRICS	25	25,608	
TOTAL RECLASSIFICATIONS FOR CODE C			167,452	167,452			

RECLASS CODE: D
EXPLANATION: RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	889,480	ADULTS & PEDIATRICS	25	14,857	
2.00			0	INTENSIVE CARE UNIT	26	1,116	
3.00			0	OPERATING ROOM	37	508,232	
4.00			0	RECOVERY ROOM	38	110	
5.00			0	ANESTHESIOLOGY	40	8,915	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	11,589	
7.00			0	LABORATORY	44	225,832	
8.00			0	PHYSICAL THERAPY	50	1,508	
9.00			0	ELECTROCARDIOLOGY	53	26,982	
10.00			0	ASC (NON-DISTINCT PART)	58	61,954	
11.00			0	EMERGENCY	61	24,229	
12.00			0	AMBULANCE SERVICES	65	4,156	
TOTAL RECLASSIFICATIONS FOR CODE D			889,480	889,480			

RECLASS CODE: E
EXPLANATION: RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	75,270	INTEREST EXPENSE	88	75,270	
TOTAL RECLASSIFICATIONS FOR CODE E			75,270	75,270			

RECLASS CODE: F
EXPLANATION: RECLASS PHYSICIAN OFFICE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	112,307	NEW CAP REL COSTS-BLDG & FIXT	3	86,040	
2.00			0	OPERATION OF PLANT	8	26,267	
TOTAL RECLASSIFICATIONS FOR CODE F			112,307	112,307			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	55,000					55,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	12,130,281	376,186		376,186	29,476	12,476,991	
4 BUILDING IMPROVEMEN	3,346,543	1,215,535		1,215,535		4,562,078	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,037,188	719,096		719,096	78,864	8,677,420	
7 SUBTOTAL	23,569,012	2,310,817		2,310,817	108,340	25,771,489	
8 RECONCILING ITEMS							
9 TOTAL	23,569,012	2,310,817		2,310,817	108,340	25,771,489	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-75,270	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-47,089	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,715	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-661	NEW CAP REL COSTS-BLDG &	3	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,360,053			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-9,511	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-150,111	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-124,399	ADMINISTRATIVE & GENERAL	6	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-276,046	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-13,391	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-707,901	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS REVENUE	B	-9,957	ADMINISTRATIVE & GENERAL	6	
38 EDUCATION PROGRAM FEES	B	-7,544	AMBULANCE SERVICES	65	
39 FIRST PHOTO	B	-598	NURSERY	33	
40 PHYSICIAN RECRUITMENT	A	-69,709	ADMINISTRATIVE & GENERAL	6	
41 NON PATIENT LAB REVENUE	B	-4,320	LABORATORY	44	
42 LIFE LINE REVENUE	B	-37,301	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBTS	A	-2,009,861	ADMINISTRATIVE & GENERAL	6	
44 SELF INSURANCE	A	-420,441	EMPLOYEE BENEFITS	5	
45 ADVERTISING	A	-85,739	ADMINISTRATIVE & GENERAL	6	
46 MARKETING SALARIES	A	-20,866	ADMINISTRATIVE & GENERAL	6	
47 MARKETING BENEFITS	A	-5,157	EMPLOYEE BENEFITS	5	
48 LOBBYING EXPENSE	A	-16,185	ADMINISTRATIVE & GENERAL	6	
49					
49.01 PROPERTY TAXES	A	-14,347	ADMINISTRATIVE & GENERAL	6	
49.02					
49.03					
49.04 MISCELLANEOUS EXPENSE	A	-37,834	ADMINISTRATIVE & GENERAL	6	
49.05 WELLNESS CENTER ADVERTISING	A	-4,501	WELLNESS CENTER	98.01	
49.06 WELLNESS CENTER SALE TAX	A	-3,392	WELLNESS CENTER	98.01	
49.07 ELIMINATE LOSS ON DISPOSAL	A	-395	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,515,294			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED 11/24/2009
14-0059	FROM 7/ 1/2008	WORKSHEET A-8-2
	TO 6/30/2009	GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	61 EMERGENCY ROOM	1,360,053	1,360,053		171,400			
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,360,053	1,360,053					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0059
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TI ME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TI ME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSI GNED	TI ME	ENTERED
21	NURSING SCHOOL	19	ASSI GNED	TI ME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNED	TI ME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSI GNED	TI ME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSI GNED	TI ME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	548,125			548,125			
005 NEW CAP REL COSTS-MVBLE E	605,490				605,490		
006 EMPLOYEE BENEFITS	2,463,680			1,696	65	2,465,441	
007 ADMINISTRATIVE & GENERAL	2,139,480			24,354	143,231	295,432	2,602,497
008 MAINTENANCE & REPAIRS	504,437					40,931	545,368
009 OPERATION OF PLANT	550,379			17,731			568,110
010 LAUNDRY & LINEN SERVICE	69,769			4,917	1,035	14,227	89,948
011 HOUSEKEEPING	286,562			358	368	52,458	339,746
012 DIETARY	358,832			19,215	4,808	62,550	445,405
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	574,136			5,432		123,488	703,056
016 CENTRAL SERVICES & SUPPLY	24,017			26,889			50,906
017 PHARMACY	1,539,383			7,280	2,421	73,734	1,622,818
018 MEDICAL RECORDS & LIBRARY	339,607			10,476	7,680	67,919	425,682
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS	1,570,271			71,074	30,600	325,931	1,997,876
026 ADULTS & PEDIATRICS	451,114			6,851	7,229	97,465	562,659
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	39,793			5,468	810	8,951	55,022
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	752,265			23,738	74,072	95,246	945,321
039 RECOVERY ROOM	136,305			2,418	22	29,913	168,658
040 DELIVERY ROOM & LABOR ROO	51,746			10,395	119	11,468	73,728
041 ANESTHESIOLOGY	32,086			515	13,839		46,440
042 RADIOLOGY-DIAGNOSTIC	2,288,567			28,252	87,768	156,895	2,561,482
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,550,128			12,763	49,920	190,925	1,803,736
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY	1,149,049			18,321	5,657		1,173,027
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	388,075			21,068	60,416	69,555	539,114
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	889,480						889,480
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)	614,219			24,657	25,440	114,379	778,695
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	829,051			24,046	49,194	176,099	1,078,390
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES	752,276			12,420	5,998	155,169	925,863
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	21,498,322			380,334	570,692	2,162,735	20,993,027
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				1,227			1,227
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	1,369,100			37,834		233,420	1,640,354
100 01 WELLNESS CENTER	416,228			128,730	34,798	69,286	649,042
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	23,283,650			548,125	605,490	2,465,441	23,283,650

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINSTRATIVE & GENERAL	2,602,497													
008 MAINTENANCE & REPAIRS	68,629	613,997												
009 OPERATION OF PLANT	71,490	20,853	660,453											
010 LAUNDRY & LINEN SERVICE	11,319	5,783	6,439	113,489										
011 HOUSEKEEPING	42,753	422	469	3,654	387,044									
012 DIETARY	56,049	22,598	25,163		28,986	578,201								
013 CAFETERIA						409,564							409,564	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	88,472	6,389	7,114		3,167									
016 CENTRAL SERVICES & SUPPLY	6,406	31,623	35,212	327	1,949									
017 PHARMACY	204,214	8,562	9,533		3,410								19,826	
018 MEDICAL RECORDS & LIBRARY	53,567	12,320	13,718		3,897								27,431	
019 SOCIAL SERVICE														
020 NONPHYSICIAN ANESTHETISTS														
021 NURSING SCHOOL														
022 I&R SERVICES-SALARY & FRI														
023 I&R SERVICES-OTHER PRGM C														
024 PARAMED PRGM														
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	251,411	83,588	93,074	45,975	141,030	157,816							86,094	
027 INTENSIVE CARE UNIT	70,804	8,057	8,971	1,743	11,205	10,821							19,012	
028 CORONARY CARE UNIT														
029 BURN INTENSIVE CARE UNIT														
030 SURGICAL INTENSIVE CARE U														
031 SUBPROVIDER														
032 NURSERY	6,924	6,430	7,160	581	4,384									
033 SKILLED NURSING FACILITY														
034 NURSING FACILITY														
035 01 ICF/MR														
036 OTHER LONG TERM CARE														
037 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	118,958	27,918	31,086	8,882	39,947								19,012	
039 RECOVERY ROOM	21,224	2,844	3,167		4,141									
040 DELIVERY ROOM & LABOR ROO	9,278	12,225	13,613											
041 ANESTHESIOLOGY	5,844	606	674											
042 RADIOLOGY-DIAGNOSTIC	322,335	33,226	36,997	8,666	18,755								42,912	
043 RADIOLOGY-THERAPEUTIC														
044 RADIOISOTOPE														
045 LABORATORY	226,980	15,010	16,713		19,243								43,727	
046 PBP CLINICAL LAB SERVICES														
047 WHOLE BLOOD & PACKED RED														
048 BLOOD STORING, PROCESSING														
049 INTRAVENOUS THERAPY														
050 RESPIRATORY THERAPY														
051 PHYSICAL THERAPY	147,613	21,547	23,992	7,361	9,743									
052 OCCUPATIONAL THERAPY														
053 SPEECH PATHOLOGY	67,842	24,777	27,589	1,686	12,179								20,913	
054 ELECTROCARDIOLOGY														
055 ELECTROENCEPHALOGRAPHY														
056 MEDICAL SUPPLIES CHARGED	111,931													
057 DRUGS CHARGED TO PATIENTS														
058 RENAL DIALYSIS														
059 ASC (NON-DISTINCT PART)	97,990	28,999	32,289	11,484	23,383								46,714	
060 OUTPAT SERVICE COST CNTRS														
061 CLINIC														
062 EMERGENCY	135,704	28,280	31,489	16,385	43,113								57,035	
063 OBSERVATION BEDS (NON-DIS														
064 OTHER REIMBURS COST CNTRS														
065 HOME PROGRAM DIALYSIS														
066 AMBULANCE SERVICES	116,510	14,606	16,264										23,357	
067 DURABLE MEDICAL EQUIP-REN														
068 DURABLE MEDICAL EQUIP-SOL														
069 CORF														
070 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY														
072 SPEC PURPOSE COST CENTERS														
095 SUBTOTALS	2,314,247	416,663	440,726	106,744	368,532	578,201							406,033	
096 NONREIMBURS COST CENTERS														
097 GIFT, FLOWER, COFFEE SHOP	154	1,443	1,607											
098 RESEARCH														
099 PHYSICIANS' PRIVATE OFFIC	206,421	44,496	49,545		18,512									
100 01 WELLNESS CENTER	81,675	151,395	168,575	6,745									3,531	
101 NONPAID WORKERS														
102 CROSS FOOT ADJUSTMENT														
103 NEGATIVE COST CENTER														
TOTAL	2,602,497	613,997	660,453	113,489	387,044	578,201							409,564	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		808,198						
016 CENTRAL SERVICES & SUPPLY			126,423					
017 PHARMACY				1,868,363				
018 MEDICAL RECORDS & LIBRARY					536,615			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		295,422			147,433			
028 INTENSIVE CARE UNIT		68,549			30,758			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY		7,505						
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		53,861			39,719			
042 RECOVERY ROOM		17,138						
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY								
045 RADIOLOGY-DIAGNOSTIC					126,377			
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY					76,108			
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING								
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY								
054 PHYSICAL THERAPY								
055 OCCUPATIONAL THERAPY								
056 SPEECH PATHOLOGY								
057 ELECTROCARDIOLOGY					37,999			
058 ELECTROENCEPHALOGRAPHY								
059 MEDICAL SUPPLIES CHARGED			126,423					
060 DRUGS CHARGED TO PATIENTS				1,868,363				
061 RENAL DIALYSIS								
062 ASC (NON-DISTINCT PART)		73,060						
063 OUTPAT SERVICE COST CNTRS								
064 CLINIC								
065 EMERGENCY		131,050			11,589			
066 OBSERVATION BEDS (NON-DIS								
067 OTHER REIMBURS COST CNTRS								
068 HOME PROGRAM DIALYSIS								
069 AMBULANCE SERVICES		161,613			66,632			
070 DURABLE MEDICAL EQUIP-REN								
071 DURABLE MEDICAL EQUIP-SOL								
072 CORF								
073 I&R SERVICES-NOT APPRVD P								
074 HOME HEALTH AGENCY								
075 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS		808,198	126,423	1,868,363	536,615			
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFIC								
101 WELLNESS CENTER								
102 NONPAID WORKERS								
103 CROSS FOOT ADJUSTMENT								
104 NEGATIVE COST CENTER								
105 TOTAL		808,198	126,423	1,868,363	536,615			

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PR 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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS					3,299,719		3,299,719
027 ADULTS & PEDIATRICS					792,579		792,579
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY					88,006		88,006
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					1,284,704		1,284,704
041 RECOVERY ROOM					217,172		217,172
042 DELIVERY ROOM & LABOR ROO					108,844		108,844
043 ANESTHESIOLOGY					53,564		53,564
044 RADIOLOGY-DIAGNOSTIC					3,150,750		3,150,750
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY					2,201,517		2,201,517
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY					1,383,283		1,383,283
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY					732,099		732,099
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED					1,127,834		1,127,834
060 DRUGS CHARGED TO PATIENTS					1,868,363		1,868,363
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)					1,092,614		1,092,614
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY					1,533,035		1,533,035
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES					1,324,845		1,324,845
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS					20,258,928		20,258,928
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					4,431		4,431
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC					1,959,328		1,959,328
01 WELLNESS CENTER					1,060,963		1,060,963
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					23,283,650		23,283,650

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			1,696	65	1,761	1,761
007	ADMINISTRATIVE & GENERAL			24,354	143,231	167,585	211
008	MAINTENANCE & REPAIRS						29
009	OPERATION OF PLANT			17,731		17,731	
010	LAUNDRY & LINEN SERVICE			4,917	1,035	5,952	10
011	HOUSEKEEPING			358	368	726	37
012	DIETARY			19,215	4,808	24,023	45
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION			5,432		5,432	88
016	CENTRAL SERVICES & SUPPLY			26,889		26,889	
017	PHARMACY			7,280	2,421	9,701	53
018	MEDICAL RECORDS & LIBRARY			10,476	7,680	18,156	48
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMEDICAL PRGM						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			71,074	30,600	101,674	236
027	INTENSIVE CARE UNIT			6,851	7,229	14,080	69
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
032	NURSERY			5,468	810	6,278	6
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM			23,738	74,072	97,810	68
039	RECOVERY ROOM			2,418	22	2,440	21
040	DELIVERY ROOM & LABOR ROO			10,395	119	10,514	8
041	ANESTHESIOLOGY			515	13,839	14,354	
042	RADIOLOGY-DIAGNOSTIC			28,252	87,768	116,020	112
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY			12,763	49,920	62,683	136
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY						
051	PHYSICAL THERAPY			18,321	5,657	23,978	
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY			21,068	60,416	81,484	50
054	ELECTROCARDIOLOGY						
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED						
057	DRUGS CHARGED TO PATIENTS						
058	RENAL DIALYSIS			24,657	25,440	50,097	82
059	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
062	EMERGENCY			24,046	49,194	73,240	126
063	OBSERVATION BEDS (NON-DIS						
064	OTHER REIMBURS COST CNTRS						
065	HOME PROGRAM DIALYSIS						
066	AMBULANCE SERVICES			12,420	5,998	18,418	111
067	DURABLE MEDICAL EQUIP-REN						
068	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
072	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS			380,334	570,692	951,026	1,546
096	NONREIMBURS COST CENTERS						
097	GIFT, FLOWER, COFFEE SHOP			1,227		1,227	
098	RESEARCH						
099	PHYSICIANS' PRIVATE OFFIC			37,834		37,834	166
100	WELLNESS CENTER			128,730	34,798	163,528	49
101	NONPAID WORKERS						
102	CROSS FOOT ADJUSTMENTS						
103	NEGATIVE COST CENTER						
104	TOTAL			548,125	605,490	1,153,615	1,761

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		11,543						
016 CENTRAL SERVICES & SUPPLY			28,769					
017 PHARMACY				24,334				
018 MEDICAL RECORDS & LIBRARY					23,627			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		4,220			6,492			
028 INTENSIVE CARE UNIT		979			1,354			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY		107						
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		769			1,749			
042 RECOVERY ROOM		245						
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY								
045 RADIOLOGY-DIAGNOSTIC					5,564			
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY					3,351			
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING								
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY								
054 PHYSICAL THERAPY								
055 OCCUPATIONAL THERAPY								
056 SPEECH PATHOLOGY								
057 ELECTROCARDIOLOGY					1,673			
058 ELECTROENCEPHALOGRAPHY								
059 MEDICAL SUPPLIES CHARGED			28,769					
060 DRUGS CHARGED TO PATIENTS				24,334				
061 RENAL DIALYSIS								
062 ASC (NON-DISTINCT PART)		1,043						
063 OUTPAT SERVICE COST CNTRS								
064 CLINIC								
065 EMERGENCY		1,872			510			
066 OBSERVATION BEDS (NON-DIS								
067 OTHER REIMBURS COST CNTRS								
068 HOME PROGRAM DIALYSIS								
069 AMBULANCE SERVICES		2,308			2,934			
070 DURABLE MEDICAL EQUIP-REN								
071 DURABLE MEDICAL EQUIP-SOL								
072 CORF								
073 I&R SERVICES-NOT APPRVD P								
074 HOME HEALTH AGENCY								
075 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS		11,543	28,769	24,334	23,627			
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFIC								
101 WELLNESS CENTER								
102 NONPAID WORKERS								
103 CROSS FOOT ADJUSTMENTS								
104 NEGATIVE COST CENTER								
105 TOTAL		11,543	28,769	24,334	23,627			

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS				149,022		149,022
027	ADULTS & PEDIATRICS				23,122		23,122
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
033	SURGICAL INTENSIVE CARE U						
034	SUBPROVIDER						
035	NURSERY				7,207		7,207
036	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM				111,212		111,212
042	RECOVERY ROOM				4,243		4,243
043	DELIVERY ROOM & LABOR ROO				11,673		11,673
044	ANESTHESIOLOGY				14,758		14,758
045	RADIOLOGY-DIAGNOSTIC				146,850		146,850
046	RADIOLOGY-THERAPEUTIC						
047	RADIOISOTOPE						
048	LABORATORY				83,861		83,861
049	PBP CLINICAL LAB SERVICES						
050	WHOLE BLOOD & PACKED RED						
051	BLOOD STORING, PROCESSING						
052	INTRAVENOUS THERAPY						
053	RESPIRATORY THERAPY						
054	PHYSICAL THERAPY				35,014		35,014
055	OCCUPATIONAL THERAPY						
056	SPEECH PATHOLOGY						
057	ELECTROCARDIOLOGY				89,970		89,970
058	ELECTROENCEPHALOGRAPHY						
059	MEDICAL SUPPLIES CHARGED				35,985		35,985
060	DRUGS CHARGED TO PATIENTS				24,334		24,334
061	RENAL DIALYSIS						
062	ASC (NON-DISTINCT PART)				62,123		62,123
063	OUTPAT SERVICE COST CNTRS						
064	CLINIC						
065	EMERGENCY				90,056		90,056
066	OBSERVATION BEDS (NON-DIS						
067	OTHER REIMBURS COST CNTRS						
068	HOME PROGRAM DIALYSIS						
069	AMBULANCE SERVICES				33,114		33,114
070	DURABLE MEDICAL EQUIP-REN						
071	DURABLE MEDICAL EQUIP-SOL						
072	CORF						
073	I&R SERVICES-NOT APPRVD P						
074	HOME HEALTH AGENCY						
075	SPEC PURPOSE COST CENTERS						
076	SUBTOTALS				922,544		922,544
077	NONREIMBURS COST CENTERS						
078	GIFT, FLOWER, COFFEE SHOP				1,302		1,302
079	RESEARCH						
080	PHYSICIANS' PRIVATE OFFIC				53,498		53,498
081	WELLNESS CENTER				176,271		176,271
082	NONPAID WORKERS						
083	CROSS FOOT ADJUSTMENTS						
084	NEGATIVE COST CENTER						
085	TOTAL				1,153,615		1,153,615

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS)ERVED	S(MEALS)ERVED
		6	7	8	9	10	11	12
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)	2,602,497	613,997	660,453	113,489	387,044	578,201	409,564
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.125839	5.937501	6.611273	3.174251	243.577093	11.225242	271.594164
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	167,796	4,454	22,491	6,953	3,762	28,985	20,532
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008113	.043071	.225140	.194473	2.367527	.562717	13.615385

	COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVI C	NONPHYSICI AN
		F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
		(NUMBER HOUSED)	(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT	(TIME)SPENT	(ASSIGNED) TIME)
		13	14	15	16	17	18	20
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (WRKSHT B, PART I)		808,198	126,423	1,868,363	536,615		
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		3.746844	1,264.230000	18,683.630000	5.531942		
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		11,543	28,769	24,334	23,627		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.053514	287.690000	243.340000	.243570		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPORT				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETIC				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CNTR				
026 ADULTS & PEDIATRICS				
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
031 SURGICAL INTENSIVE CARE				
033 SUBPROVIDER				
034 NURSERY				
035 SKILLED NURSING FACILITY				
036 NURSING FACILITY				
01 ICF/MR				
037 OTHER LONG TERM CARE				
038 ANCILLARY SRVC COST CENTER				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
044 RADIOLOGY-THERAPEUTIC				
045 RADIOISOTOPE				
046 LABORATORY				
047 PBP CLINICAL LAB SERVICE				
048 WHOLE BLOOD & PACKED				
049 BLOOD STORAGE, PROCESS				
050 INTRAVENOUS THERAPY				
051 RESPIRATORY THERAPY				
052 PHYSICAL THERAPY				
053 OCCUPATIONAL THERAPY				
054 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
056 ELECTROENCEPHALOGRAPH				
057 MEDICAL SUPPLIES CHAR				
058 DRUGS CHARGED TO PATIENT				
059 RENAL DIALYSIS				
060 ASC (NON-DISTINCT PAR				
061 OUTPAT SERVICE COST CENTER				
062 CLINIC				
063 EMERGENCY				
064 OBSERVATION BEDS (NON				
065 OTHER REIMBURS COST CENTER				
066 HOME PROGRAM DIALYSIS				
067 AMBULANCE SERVICES				
068 DURABLE MEDICAL EQUIP				
069 DURABLE MEDICAL EQUIP				
070 CORF				
071 I&R SERVICES-NOT APPR				
072 HOME HEALTH AGENCY				
073 SPEC PURPOSE COST CENTER				
095 SUBTOTALS				
096 NONREIMBURS COST CENTER				
097 GIFT, FLOWER, COFFEE				
098 RESEARCH				
099 PHYSICIANS' PRIVATE OFF				
01 WELLNESS CENTER				
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				

	COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
		L	SALARY & FRI	OTHER PRGM C	GM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		21	22	23	24
103	NONREIMBURS COST CENT COST TO BE ALLOCATED (PER WRKSHT B, PART				
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)				
105	COST TO BE ALLOCATED (PER WRKSHT B, PART				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107	COST TO BE ALLOCATED (PER WRKSHT B, PART				
108	UNIT COST MULTIPLIER (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	3,299,719		3,299,719		3,299,719
26	INTENSIVE CARE UNIT	792,579		792,579		792,579
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	88,006		88,006		88,006
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,284,704		1,284,704		1,284,704
38	RECOVERY ROOM	217,172		217,172		217,172
39	DELIVERY ROOM & LABOR ROO	108,844		108,844		108,844
40	ANESTHESIOLOGY	53,564		53,564		53,564
41	RADIOLOGY-DIAGNOSTIC	3,150,750		3,150,750		3,150,750
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,201,517		2,201,517		2,201,517
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1,383,283		1,383,283		1,383,283
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	732,099		732,099		732,099
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,127,834		1,127,834		1,127,834
56	DRUGS CHARGED TO PATIENTS	1,868,363		1,868,363		1,868,363
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)	1,092,614		1,092,614		1,092,614
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	1,533,035		1,533,035		1,533,035
62	OBSERVATION BEDS (NON-DIS	166,995		166,995		166,995
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	1,324,845		1,324,845		1,324,845
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,425,923		20,425,923		20,425,923
102	LESS OBSERVATION BEDS	166,995		166,995		166,995
103	TOTAL	20,258,928		20,258,928		20,258,928

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,047,911		2,047,911			
26	INTENSIVE CARE UNIT	324,842		324,842			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	99,094		99,094			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,034,825	2,471,231	3,506,056	.366424	.366424	.366424
38	RECOVERY ROOM	42,236	131,913	174,149	1.247047	1.247047	1.247047
39	DELIVERY ROOM & LABOR ROO	216,778	116,876	333,654	.326218	.326218	.326218
40	ANESTHESIOLOGY	307,892	1,172,484	1,480,376	.036183	.036183	.036183
41	RADIOLOGY-DIAGNOSTIC	1,637,681	11,713,719	13,351,400	.235986	.235986	.235986
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,015,616	7,438,235	10,453,851	.210594	.210594	.210594
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	271,023	2,975,229	3,246,252	.426117	.426117	.426117
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	767,973	1,489,406	2,257,379	.324314	.324314	.324314
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	459,623	414,528	874,151	1.290205	1.290205	1.290205
56	DRUGS CHARGED TO PATIENTS	1,750,215	2,191,718	3,941,933	.473971	.473971	.473971
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	137,811	2,514,193	2,652,004	.411996	.411996	.411996
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	533,755	2,850,259	3,384,014	.453023	.453023	.453023
62	OBSERVATION BEDS (NON-DIS	5,114	250,604	255,718	.653044	.653044	.653044
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	241	1,367,084	1,367,325	.968932	.968932	.968932
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	12,652,630	37,097,479	49,750,109			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,652,630	37,097,479	49,750,109			

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	1,284,704	111,212	1,173,492			1,284,704
38	RECOVERY ROOM	217,172	4,243	212,929			217,172
39	DELIVERY ROOM & LABOR ROO	108,844	11,673	97,171			108,844
40	ANESTHESIOLOGY	53,564	14,758	38,806			53,564
41	RADIOLOGY-DIAGNOSTIC	3,150,750	146,850	3,003,900			3,150,750
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,201,517	83,861	2,117,656			2,201,517
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,383,283	35,014	1,348,269			1,383,283
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	732,099	89,970	642,129			732,099
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,127,834	35,985	1,091,849			1,127,834
56	DRUGS CHARGED TO PATIENTS	1,868,363	24,334	1,844,029			1,868,363
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	1,092,614	62,123	1,030,491			1,092,614
60	CLINIC						
61	EMERGENCY	1,533,035	90,056	1,442,979			1,533,035
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	166,995	7,579	159,416			166,995
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,324,845	33,114	1,291,731			1,324,845
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,245,619	750,772	15,494,847			16,245,619
102	LESS OBSERVATION BEDS	166,995	7,579	159,416			166,995
103	TOTAL	16,078,624	743,193	15,335,431			16,078,624

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	3,506,056	.366424	.366424
38	RECOVERY ROOM	174,149	1.247047	1.247047
39	DELIVERY ROOM & LABOR ROO	333,654	.326218	.326218
40	ANESTHESIOLOGY	1,480,376	.036183	.036183
41	RADIOLOGY-DIAGNOSTIC	13,351,400	.235986	.235986
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,453,851	.210594	.210594
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,246,252	.426117	.426117
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,257,379	.324314	.324314
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	874,151	1.290205	1.290205
56	DRUGS CHARGED TO PATIENTS	3,941,933	.473971	.473971
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	2,652,004	.411996	.411996
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	EMERGENCY	3,384,014	.453023	.453023
62	OBSERVATION BEDS (NON-DIS	255,718	.653044	.653044
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,367,325	.968932	.968932
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	47,278,262		
102	LESS OBSERVATION BEDS	255,718		
103	TOTAL	47,022,544		

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	1,284,704	111,212	1,173,492			1,284,704
38	RECOVERY ROOM	217,172	4,243	212,929			217,172
39	DELIVERY ROOM & LABOR ROO	108,844	11,673	97,171			108,844
40	ANESTHESIOLOGY	53,564	14,758	38,806			53,564
41	RADIOLOGY-DIAGNOSTIC	3,150,750	146,850	3,003,900			3,150,750
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,201,517	83,861	2,117,656			2,201,517
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,383,283	35,014	1,348,269			1,383,283
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	732,099	89,970	642,129			732,099
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,127,834	35,985	1,091,849			1,127,834
56	DRUGS CHARGED TO PATIENTS	1,868,363	24,334	1,844,029			1,868,363
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	1,092,614	62,123	1,030,491			1,092,614
60	CLINIC						
61	EMERGENCY	1,533,035	90,056	1,442,979			1,533,035
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	166,995	7,579	159,416			166,995
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,324,845	33,114	1,291,731			1,324,845
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,245,619	750,772	15,494,847			16,245,619
102	LESS OBSERVATION BEDS	166,995	7,579	159,416			166,995
103	TOTAL	16,078,624	743,193	15,335,431			16,078,624

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,506,056	.366424	.366424
38	RECOVERY ROOM	174,149	1.247047	1.247047
39	DELIVERY ROOM & LABOR ROO	333,654	.326218	.326218
40	ANESTHESIOLOGY	1,480,376	.036183	.036183
41	RADIOLOGY-DIAGNOSTIC	13,351,400	.235986	.235986
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,453,851	.210594	.210594
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,246,252	.426117	.426117
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	2,257,379	.324314	.324314
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	874,151	1.290205	1.290205
56	DRUGS CHARGED TO PATIENTS	3,941,933	.473971	.473971
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)	2,652,004	.411996	.411996
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	EMERGENCY	3,384,014	.453023	.453023
62	OBSERVATION BEDS (NON-DIS	255,718	.653044	.653044
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,367,325	.968932	.968932
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	47,278,262		
102	LESS OBSERVATION BEDS	255,718		
103	TOTAL	47,022,544		

TITLE XVIII, PART A

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	5,525	3,156			26.84	84,707
26	INTENSIVE CARE UNIT	222	194			104.15	20,205
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	240				30.03	
101	TOTAL	5,987	3,350				104,912

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

PROVIDER NO: 14-0059
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET D
PART III

PPS

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					5,525	
26	INTENSIVE CARE UNIT					222	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					240	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					5,987	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		3,156
26	INTENSIVE CARE UNIT		194
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		3,350

TITLE XVIII, PART A HOSPITAL PPS

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

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			3,506,056			398,056	
38	RECOVERY ROOM			174,149			16,945	
39	DELIVERY ROOM & LABOR ROO			333,654			1,351	
40	ANESTHESIOLOGY			1,480,376			120,154	
41	RADIOLOGY-DIAGNOSTIC			13,351,400			1,501,684	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			10,453,851			2,060,625	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			3,246,252			216,525	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			2,257,379			583,437	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			874,151			312,017	
56	DRUGS CHARGED TO PATIENTS			3,941,933			1,246,730	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)			2,652,004			78,818	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			3,384,014			401,879	
62	OBSERVATION BEDS (NON-DIS			255,718			1,277	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			45,910,937			6,939,498	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,041,159					
38	RECOVERY ROOM	131,913					
39	DELIVERY ROOM & LABOR ROO	1,292					
40	ANESTHESIOLOGY	488,230					
41	RADIOLOGY-DIAGNOSTIC	3,913,020					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	273,655					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	9,875					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	396,682					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	262,136					
56	DRUGS CHARGED TO PATIENTS	1,699,490					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)	1,075,260					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	724,542					
62	OBSERVATION BEDS (NON-DIS	109,013					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	10,126,267					

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		5,095,246		2,286,137
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		5,095,246		2,286,137
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			52,740
SETTLEMENT TO PROGRAM	.02	111,834		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,983,412		2,338,877

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 I SWING BED SNF

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		24,244		
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
			24,244	
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)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			24,244	

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.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		16,167,393		
2	NET INCOME (LOSS)		55,829		
3	TOTAL		16,223,222		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		16,223,222		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		16,223,222		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,065,792		2,065,792
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,065,792		2,065,792
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	324,842		324,842
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	324,842		324,842
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,390,634		2,390,634
17 00 ANCILLARY SERVICES	9,879,010	40,087,231	49,966,241
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES		1,369,908	1,369,908
21 00 CORF			
24 00 NURSERY	99,094		99,094
25 00 TOTAL PATIENT REVENUES	12,368,738	41,457,139	53,825,877

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		28,798,944	
ADD (SPECIFY)			
27 00 IMMATERIAL VARIANCE	434		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		434	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		28,799,378	

