

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		14-0122		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/ 7/2010 TIME 11: 55

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ADVENTIST HINSDALE HOSPITAL 14-0122
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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	1	3	4	
1	HOSPITAL	0	-102,052	17,797	0	0
2	SUBPROVIDER	0	1	0	0	0
2 .01	SUBPROVIDER II	0	15,683	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-86,368	17,797	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 120 NORTH OAK STREET P.O. BOX:
 1.01 CITY: HINSDALE STATE: IL ZIP CODE: 60521- COUNTY: DUPAGE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-0122	2.01	7/1/1966	N P 0
03.00	SUBPROVIDER	14-S122		1/1/1984	N P 0
03.01	SUBPROVIDER 2	14-T122		1/1/1987	N P 0
09.00	HOSPITAL-BASED HHA	14-7207		1/1/1994	N P N
12.00	HOSP-BASED HOSPIECE	14-1507		1/1/2004	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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.

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

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

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.

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)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

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 IME 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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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). 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

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). N / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	240	87,600			18,439		3,327
2 HMO					1,192		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	240	87,600			18,439		3,327
6 INTENSIVE CARE UNIT	31	13,315			4,036		2,172
11 NURSERY							583
12 TOTAL	271	100,915			22,475		6,082
13 RPCH VISITS							
14 SUBPROVIDER I	17	6,205			1,776		862
14 01 SUB II REHAB	26	9,490			1,937		41
18 HOME HEALTH AGENCY					47,782		1,184
21 HOSPICE					38,632		154
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	314						
26 OBSERVATION BED DAYS							315
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			40,143				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			40,143				
6 INTENSIVE CARE UNIT			12,274				
11 NURSERY			4,490				
12 TOTAL			56,907			24.85	
13 RPCH VISITS							
14 SUBPROVIDER I			5,584				
14 01 SUB II REHAB			2,832				
18 HOME HEALTH AGENCY			60,927				
21 HOSPICE			41,036				
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL						24.85	
26 OBSERVATION BED DAYS	38	277	3,591	703	2,888		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,777	1,111	22,716
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	24.85	1,464.25			4,777	1,111	22,716
13 RPCH VISITS							
14 SUBPROVIDER I		26.55			175	124	786
14 01 SUB II REHAB		13.58			158	2	237
18 HOME HEALTH AGENCY		84.36					
21 HOSPICE		38.94					

COMPONENT	I & R FTES			DISCHARGES			TOTAL ALL PATIENTS
	NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	
23 10 CMHC							15
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL	24.85	1,627.68					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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	101,538,297		101,538,297	3,443,443.00	29.49	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,619,750		1,619,750	25,400.00	63.77	DEPT 954 CFPC
5 PHYSICIAN - PART B						HFM/LEBEL/CARR
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	2,852,135		2,852,135	77,826.00	36.65	LINE 22 RES
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	11,602,563		11,602,563	351,743.00	32.99	FTE FROM T*
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,408,994		1,408,994	17,936.00	78.56	T*
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	435,509		435,509	16,561.00	26.30	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	12,987,616		12,987,616	192,191.00	67.58	CORPORATE SPREADSHEET
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	23,072,284		23,072,284			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,976,544		2,976,544			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	259,771	825,109	1,084,880	22,526.40	48.16	
22 ADMINISTRATIVE & GENERAL	11,957,254	-2,380,246	9,577,008	322,337.60	29.71	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,663,429	860,800	2,524,229	102,980.80	24.51	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,587,770		1,587,770	135,189.00	11.74	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,546,877	-510,316	1,036,561	62,764.00	16.52	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	284,877	510,316	795,193	54,586.00	14.57	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,588,512	236,774	1,825,286	54,436.80	33.53	
31 CENTRAL SERVICE AND SUPPLY	982,825		982,825	62,210.00	15.80	
32 PHARMACY	3,315,538	34,962	3,350,500	85,862.40	39.02	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,422,669	175,610	1,598,279	79,102.40	20.21	
34 SOCIAL SERVICE	1,293,352		1,293,352	38,411.00	33.67	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	97,066,412		97,066,412	3,340,217.00	29.06	
2 EXCLUDED AREA SALARIES	11,602,563		11,602,563	351,743.00	32.99	
3 SUBTOTAL SALARIES	85,463,849		85,463,849	2,988,474.00	28.60	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	14,832,119		14,832,119	226,688.00	65.43	
5 SUBTOTAL WAGE-RELATED COSTS	23,072,284		23,072,284		27.00	
6 TOTAL	123,368,252		123,368,252	3,215,162.00	38.37	
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	25,902,874	-246,991	25,655,883	1,020,406.00	25.14	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		2,227.00		
TOTAL 5				

1 HOME HEALTH AIDE HOURS	0			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	33.53		33.53
6 DIRECTING NURSING SERVICE	26.72		26.72
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	17.06		17.06
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.89		1.89
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.26		.26
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.93		1.93
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.74		2.74
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?	0	1	
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).		16974	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	22,410	573	785	503
22 SKILLED NURSING VISIT CHARGES	3,887,280	99,000	136,160	87,440
23 PHYSICAL THERAPY VISITS	16,729	40	190	429
24 PHYSICAL THERAPY VISIT CHARGES	2,899,975	6,855	32,800	74,595
25 OCCUPATIONAL THERAPY VISITS	2,258	0	7	28
26 OCCUPATIONAL THERAPY VISIT CHARGES	392,380	0	1,165	4,785
27 SPEECH PATHOLOGY VISITS	462	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	78,855	0	0	180
29 MEDICAL SOCIAL SERVICE VISITS	834	2	17	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	144,545	330	3,000	4,980
31 HOME HEALTH AIDE VISITS	2,414	42	5	24
32 HOME HEALTH AIDE VISIT CHARGES	234,236	4,050	505	2,275
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	45,107	657	1,004	1,014
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	7,637,271	110,235	173,630	174,255
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	2,630	0	371	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	12	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	157,113	9,577	12,772	3,393

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	24,271
22 SKILLED NURSING VISIT CHARGES	0	0	4,209,880
23 PHYSICAL THERAPY VISITS	0	0	17,388
24 PHYSICAL THERAPY VISIT CHARGES	0	0	3,014,225
25 OCCUPATIONAL THERAPY VISITS	0	0	2,293
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	398,330
27 SPEECH PATHOLOGY VISITS	0	0	463
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	79,035
29 MEDICAL SOCIAL SERVICE VISITS	0	0	882
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	152,855
31 HOME HEALTH AIDE VISITS	0	0	2,485
32 HOME HEALTH AIDE VISIT CHARGES	0	0	241,066
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	47,782
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	8,095,391
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	3,001
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	13
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	182,855

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1507		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	24,297	154		
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	24,297	154		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,999	26,450
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	1,999	26,450

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	816	11		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.78	14.00		
9 UNDUPLICATED CENSUS COUNT	791	11		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	74	901
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	27.01	29.36
9 UNDUPLICATED CENSUS COUNT	74	876

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 12,641,117
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 12,641,117
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) .249032
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 56,690,499

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	14,117,748
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,902,862
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,703,546
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	14,117,748

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122

PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 10/7/2010 WORKSHEET A

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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				27,471,338	27,471,338
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,938,472	8,938,472
5	0500 EMPLOYEE BENEFITS	259,771	5,374,545	5,634,316	10,762,981	16,397,297
6.05	1140 SHARED SERVICE	295,519	-84,023	211,496	-570	210,926
6.06	0660 OTHER A&G	11,661,735	59,000,683	70,662,418	-25,785,375	44,877,043
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,663,429	5,322,451	6,985,880	3,371,211	10,357,091
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,587,770	539,898	2,127,668	-4,091	2,123,577
11	1100 DIETARY	1,546,877	1,104,199	2,651,076	-1,017,609	1,633,467
12	1200 CAFETERIA	284,877	118,730	403,607	1,015,609	1,419,216
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,588,512	291,676	1,880,188	290,938	2,171,126
15	1500 CENTRAL SERVICES & SUPPLY	982,825	2,223,713	3,206,538	-1,712,619	1,493,919
16	1600 PHARMACY	3,315,538	11,159,858	14,475,396	-11,392,484	3,082,912
17	1700 MEDICAL RECORDS & LIBRARY	1,422,669	659,692	2,082,361	204,662	2,287,023
18	1800 SOCIAL SERVICE	1,293,352	471,390	1,764,742	-1,874	1,762,868
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,852,135	937,011	3,789,146	-4,817	3,784,329
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,686,022	3,004,222	16,690,244	-697,067	15,993,177
26	2600 INTENSIVE CARE UNIT	11,082,215	2,448,461	13,530,676	-28,494	13,502,182
31	3100 SUBPROVIDER I	1,947,324	539,389	2,486,713	-464	2,486,249
31.01	3101 SUB II REHAB	976,671	242,270	1,218,941	-294	1,218,647
33	3300 NURSERY		-14	-14	1,165,874	1,165,860
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,768,804	17,870,482	22,639,286	-176,065	22,463,221
37.01	3701 DAY SURGERY	579,924	108,853	688,777		688,777
37.02	3702 PRE-ADMIT TESTING	493,585	53,556	547,141	-120	547,021
38	3800 RECOVERY ROOM	807,552	101,870	909,422	-562	908,860
39	3900 DELIVERY ROOM & LABOR ROOM	2,664,243	1,281,766	3,946,009	-500,350	3,445,659
40	4000 ANESTHESIOLOGY	139,926	590,389	730,315	-4,538	725,777
41	4100 RADIOLOGY-DIAGNOSTIC	1,918,947	5,050,338	6,969,285	82,856	7,052,141
41.01	4101 CAT SCAN	467,620	310,883	778,503	-940	777,563
41.02	4102 ULTRASOUND	592,457	77,522	669,979	-492	669,487
41.03	4103 CARDIAC CATH	894,312	6,530,882	7,425,194	-1,786	7,423,408
41.04	4104 MRI	376,280	106,734	483,014	-420	482,594
41.05	4105 RADIOLOGY - WESTMONT					
41.06	4106 WESTMONT - MRI	364,959	126,607	491,566		491,566
41.07	4107 BMC RADIOLOGY					
41.08	4108 VASCULAR LAB	756,655	177,113	933,768	-228	933,540
41.09	4109 DUPAGE IMAGING	1,697,830	880,393	2,578,223	-408,823	2,169,400
41.10	4110 GRANT SQUARE IMAGING					
42	4200 RADIOLOGY-THERAPEUTIC	710,624	358,499	1,069,123	-224	1,068,899
43	4300 RADIO SOTOPE	340,443	415,311	755,754	-449	755,305
43.01	4301 LI THOTRI PSY		215,431	215,431		215,431
44	4400 LABORATORY	5,902,758	4,985,501	10,888,259	-476,216	10,412,043
44.01	4401 PATHOLOGY					
44.02	4402 BMC LAB					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	651,743	345,901	997,644	-1,148	996,496
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	465,659	1,174,854	1,640,513	-194	1,640,319
49	4900 RESPIRATORY THERAPY	1,861,257	563,082	2,424,339	-108,579	2,315,760
50	5000 PHYSICAL THERAPY	1,818,903	466,981	2,285,884	-211,752	2,074,132
50.01	5001 PAULSEN REHAB CENTER					
50.02	5002 BMC PHYSICAL THERAPY					
51	5100 OCCUPATIONAL THERAPY	538,632	113,905	652,537	-267	652,270
51.01	5101 BMC OCCUP THERAPY					
52	5200 SPEECH PATHOLOGY	201,090	54,384	255,474	-372	255,102
53	5300 ELECTROCARDIOLOGY	813,479	355,794	1,169,273	-1,051	1,168,222
53.01	5301 CARDIAC REHAB	479,441	262,059	741,500	-188,121	553,379
53.02	5302 BMC CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY	213,687	95,647	309,334	-84	309,250
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,470,035	1,470,035
56	5600 DRUGS CHARGED TO PATIENTS				11,110,036	11,110,036
57	5700 RENAL DIALYSIS		317,427	317,427		317,427
58	5800 ASC (NON-DI STINCT PART)					
59	3280 SLEEP LAB		395,316	395,316		395,316
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	366,366	65,580	431,946	-360	431,586
60.01	6001 PARTIAL HOSP - NEW DAY CENTER	978,053	465,329	1,443,382	-300,569	1,142,813
60.02	6002 O. P. T. I. O. N. S - OP PSYCH					
60.03	6003 PAIN MANAGEMENT CLINIC	192,411	117,739	310,150	2,191	312,341
60.04	6004 HEALTH & NUTRITION CENTER					
60.05	6005 CANCER CENTER	131,309	104,204	235,513		235,513
60.06	6006 MATERNAL FETAL MED CTR	1,368,452	196,654	1,565,106	-360	1,564,746
61	6100 EMERGENCY	2,855,087	1,635,697	4,490,784	-795	4,489,989
61.01	6101 BOLINGBROOK MED CENTER					
62	6200 OBSERVATION BEDS (NON-DI STINCT PART)					
63.50	6310 RHC					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122

PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 10/7/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
63.60 6320	FQHC					
	OTHER REIMBURS COST CNTRS					
69.10 6910	CMHC					
69.20 6920	OUTPATIENT PHYSICAL THERAPY					
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40 6940	OUTPATIENT SPEECH PATHOLOGY					
71 7100	HOME HEALTH AGENCY	5,830,345	1,697,331	7,527,676	-201,626	7,326,050
	SPEC PURPOSE COST CENTERS					
85.01 8510	PANCREAS ACQUISITION					
85.02 8520	INTESTINAL ACQUISITION					
85.03 8530	ISLET CELL ACQUISITION					
88 8800	INTEREST EXPENSE		28,257,982	28,257,982	-22,015,960	6,242,022
93 9300	HOSPICE	2,125,794	2,299,066	4,424,860	-551,793	3,873,067
95	SUBTOTALS	100,815,868	171,581,213	272,397,081	86,201	272,483,282
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		139,724	139,724		139,724
98 9800	PHYSICIANS' PRIVATE OFFICES	722,429	1,619,173	2,341,602	-86,201	2,255,401
98.01 9801	ST. THOMAS HOSPICE					
98.02 9802	DUPAGE IMAGING					
99.01 9901	LAGRANGE MEMORIAL					
99.02 9902	GLEN OAKS HOSPITAL					
99.03 9903	CHIPPEWA VALLEY					
100 7950	OFFICE BUILDINGS					
101	TOTAL	101,538,297	173,340,110	274,878,407	-0-	274,878,407

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 10/7/2010
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	-3,451,486	24,019,852
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-3,171,449	5,767,023
5 0500	EMPLOYEE BENEFITS	941,026	17,338,323
6.05 1140	SHARED SERVICE	-7,031	203,895
6.06 0660	OTHER A&G	-4,639,748	40,237,295
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-141,116	10,215,975
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		2,123,577
11 1100	DIETARY	-4,744	1,628,723
12 1200	CAFETERIA	-1,004,996	414,220
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-118,775	2,052,351
15 1500	CENTRAL SERVICES & SUPPLY	-2	1,493,917
16 1600	PHARMACY	-2,200,554	882,358
17 1700	MEDICAL RECORDS & LIBRARY	305,627	2,592,650
18 1800	SOCIAL SERVICE		1,762,868
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-137,224	3,647,105
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-57,781	15,935,396
26 2600	INTENSIVE CARE UNIT	-2,702	13,499,480
31 3100	SUBPROVIDER I		2,486,249
31.01 3101	SUB II REHAB		1,218,647
33 3300	NURSERY	-3,403	1,162,457
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		22,463,221
37.01 3701	DAY SURGERY		688,777
37.02 3702	PRE-ADMIT TESTING		547,021
38 3800	RECOVERY ROOM		908,860
39 3900	DELIVERY ROOM & LABOR ROOM		3,445,659
40 4000	ANESTHESIOLOGY		725,777
41 4100	RADIOLOGY-DIAGNOSTIC	-12,426	7,039,715
41.01 3230	CAT SCAN		777,563
41.02 3630	ULTRASOUND		669,487
41.03 3120	CARDIAC CATH	-750	7,422,658
41.04 3430	MRI		482,594
41.05 4101	RADIOLOGY - WESTMONT		
41.06 4102	WESTMONT - MRI		491,566
41.07 4103	BMC RADIOLOGY		
41.08 3650	VASCULAR LAB		933,540
41.09 4105	DUPAGE IMAGING	425	2,169,825
41.10 4104	GRANT SQUARE IMAGING		
42 4200	RADIOLOGY-THERAPEUTIC		1,068,899
43 4300	RADIOISOTOPE		755,305
43.01 3470	LITHOTRIPSY		215,431
44 4400	LABORATORY	-14,576	10,397,467
44.01 4401	PATHOLOGY		
44.02 4402	BMC LAB		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		996,496
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,640,319
49 4900	RESPIRATORY THERAPY		2,315,760
50 5000	PHYSICAL THERAPY	-7,210	2,066,922
50.01 5001	PAULSEN REHAB CENTER		
50.02 5002	BMC PHYSICAL THERAPY		
51 5100	OCCUPATIONAL THERAPY		652,270
51.01 5101	BMC OCCUP THERAPY		
52 5200	SPEECH PATHOLOGY		255,102
53 5300	ELECTROCARDIOLOGY	-72,693	1,095,529
53.01 3140	CARDIAC REHAB	-117,195	436,184
53.02 3141	BMC CARDIAC REHAB	-260	-260
54 5400	ELECTROENCEPHALOGRAPHY		309,250
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,470,035
56 5600	DRUGS CHARGED TO PATIENTS	-4,032,098	7,077,938
57 5700	RENAL DIALYSIS		317,427
58 5800	ASC (NON-DISTINCT PART)		
59 3280	SLEEP LAB		395,316
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-54,364	377,222
60.01 6001	PARTIAL HOSP - NEW DAY CENTER	-5,796	1,137,017
60.02 6002	O. P. T. I. O. N. S - OP PSYCH		
60.03 6003	PAIN MANAGEMENT CLINIC		312,341
60.04 6004	HEALTH & NUTRITION CENTER		
60.05 6005	CANCER CENTER		235,513
60.06 6006	MATERNAL FETAL MED CTR	-100,314	1,464,432
61 6100	EMERGENCY	-64,812	4,425,177
61.01 6101	BOLINGBROOK MED CENTER		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 10/7/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OUTPAT SERVICE COST CNTRS	6	7
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY	6,217	7,332,267
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE	-6,242,022	-0-
93 9300	HOSPICE	-41,097	3,831,970
95	SUBTOTALS	-24,453,329	248,029,953
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		139,724
98 9800	PHYSICIANS' PRIVATE OFFICES		2,255,401
98.01 9801	ST. THOMAS HOSPICE		
98.02 9802	DUPAGE IMAGING		
99.01 9901	LAGRANGE MEMORIAL		
99.02 9902	GLEN OAKS HOSPITAL		
99.03 9903	CHIPPewa VALLEY		
100 7950	OFFICE BUILDINGS		
101	TOTAL	-24,453,329	250,425,078

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 10/ 7/2010
 I 14-0122 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.05	SHARED SERVICE	1140	MANAGEMENT SERVICES
6.06	OTHER A&G	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
31.01	SUB I REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	DAY SURGERY	3701	OPERATING ROOM
37.02	PRE-ADMIT TESTING	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	ULTRASOUND	3630	ULTRASOUND
41.03	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
41.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.05	RADIOLOGY - WESTMONT	4101	RADIOLOGY-DIAGNOSTIC
41.06	WESTMONT - MRI	4102	RADIOLOGY-DIAGNOSTIC
41.07	BMC RADIOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.08	VASCULAR LAB	3650	VASCULAR LAB
41.09	DUPAGE IMAGING	4105	RADIOLOGY-DIAGNOSTIC
41.10	GRANT SQUARE IMAGING	4104	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	LITHOTRIpsy	3470	NUCLEAR MEDICINE-THERAPEUTIC
44	LABORATORY	4400	
44.01	PATHOLOGY	4401	LABORATORY
44.02	BMC LAB	4402	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	PAULSEN REHAB CENTER	5001	PHYSICAL THERAPY
50.02	BMC PHYSICAL THERAPY	5002	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
51.01	BMC OCCUP THERAPY	5101	OCCUPATIONAL THERAPY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
53.02	BMC CARDIAC REHAB	3141	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DI STINCT PART)	5800	
59	SLEEP LAB	3280	EKG AND EEG
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSP - NEW DAY CENTER	6001	CLINIC
60.02	O. P. T. I. O. N. S - OP PSYCH	6002	CLINIC
60.03	PAIN MANAGEMENT CLINIC	6003	CLINIC
60.04	HEALTH & NUTRITION CENTER	6004	CLINIC
60.05	CANCER CENTER	6005	CLINIC
60.06	MATERNAL FETAL MED CTR	6006	CLINIC
61	EMERGENCY	6100	
61.01	BOLINGBROOK MED CENTER	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DI STINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0122
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 10/7/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	ST. THOMAS HOSPICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	DUPAGE IMAGING	9802	PHYSICIANS' PRIVATE OFFICES
99.01	LAGRANGE MEMORIAL	9901	NONPAID WORKERS
99.02	GLEN OAKS HOSPITAL	9902	NONPAID WORKERS
99.03	CHIPPewa VALLEY	9903	NONPAID WORKERS
100	OFFICE BUILDINGS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140122

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 10/ 7/2010
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY RECLASS	A	ADULTS & PEDIATRICS	25		116,675
2		NURSERY	33	901,786	264,088
3					
4 BANK FEES	B	OTHER A&G	6.06		65,449
5 DRUGS BILLABLE RECLASS	C	DRUGS CHARGED TO PATIENTS	56		11,110,036
6 MED SUPPLIES BILLABLE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,470,035
7 CAFETERIA RECLASS	E	CAFETERIA	12	510,316	506,253
8 DEPRECIATION RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		13,677,553
9		NEW CAP REL COSTS-MVBLE EQUIP	4		7,622,081
10					
11					
12 SHARED SERVICE RECLASS	H	NEW CAP REL COSTS-BLDG & FIXT	3		8,331,354
13		OTHER A&G	6.06		237,251
14		EMPLOYEE BENEFITS	5	825,109	9,937,992
15		OPERATION OF PLANT	8	860,800	2,513,988
16		NURSING ADMINISTRATION	14	92,139	83,559
17		PHARMACY	16	34,962	4,469
18		MEDICAL RECORDS & LIBRARY	17	175,610	29,652
19		RADIOLOGY-DIAGNOSTIC	41	246,991	63,681
20 NURSING ADMIN	I	NURSING ADMINISTRATION	14	144,635	
21 INTEREST EXP	J				
22		NEW CAP REL COSTS-BLDG & FIXT	3		983,538
23		NEW CAP REL COSTS-MVBLE EQUIP	4		1,295,391
24		OTHER A&G	6.06		119,943
25 RECLASS PROP TAX	K	INTEREST EXPENSE	88		15,509
26 RECLASS STATE ASSE	L	OTHER A&G	6.06		55,135
27 RECLASS REM LINE 88	M	INTEREST EXPENSE	88		299
28 PROPRTY/AUTO INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		188,880
29		NEW CAP REL COSTS-MVBLE EQUIP	4		21,000
30 RENTS AND LEASES	O	NEW CAP REL COSTS-BLDG & FIXT	3		4,305,522
31		PAIN MANAGEMENT CLINIC	60.03		2,191
32					
33					
34					
35					

1 RENTS AND LEASES	0				
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					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
140122

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 10/ 7/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENTS AND LEASES	0	2	3	4	5
2					
3					
4					
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				3,792,348	63,021,524

(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:
140122

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 10/7/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 NURSERY RELCASS	A	ADULTS & PEDIATRICS	25	794,487		
2						
3		DELIVERY ROOM & LABOR ROOM	39	107,299	380,763	
4 BANK FEES	B	INTEREST EXPENSE	88		65,449	
5 DRUGS BILLABLE RECLASS	C	PHARMACY	16		11,110,036	
6 MED SUPPLIES BILLABLE	D	CENTRAL SERVICES & SUPPLY	15		1,470,035	
7 CAFETERIA RECLASS	E	DIETARY	11	510,316	506,253	
8 DEPRECIATION RECLASS	G					11
9						11
10		OTHER A&G	6.06		1,787,322	
11		INTEREST EXPENSE	88		19,512,312	
12 SHARED SERVICE RECLASS	H	OTHER A&G	6.06	2,235,611	20,964,695	9
13		OTHER A&G	6.06		237,251	
14						
15						
16						
17						
18						
19						
20 NURSING ADMIN	I	OTHER A&G	6.06	144,635		
21 INTEREST EXP	J	INTEREST EXPENSE	88		2,398,872	
22						11
23						11
24						
25 RECLASS PROP TAX	K	NEW CAP REL COSTS-BLDG & FIXT	3		15,509	13
26 RECLASS STATE ASSE	L	INTEREST EXPENSE	88		55,135	13
27 RECLASS REM LINE 88	M	OTHER A&G	6.06		299	
28 PROPRTY/AUTO INSURANCE	N	OTHER A&G	6.06		188,880	13
29		OTHER A&G	6.06		21,000	13
30 RENTS AND LEASES	O	EMPLOYEE BENEFITS	5		120	10
31		SHARED SERVICE	6.05		570	
32		OTHER A&G	6.06		683,460	
33		OPERATION OF PLANT	8		3,577	
34		HOUSEKEEPING	10		4,091	
35		DIETARY	11		1,040	
1 RENTS AND LEASES	O	CAFETERIA	12		960	
2		NURSING ADMINISTRATION	14		29,395	
3		PHARMACY	16		321,879	
4		MEDICAL RECORDS & LIBRARY	17		600	
5		SOCIAL SERVICE	18		1,874	
6		I&R SERVICES-SALARY & FRINGES APPRVD	22		4,817	
7		ADULTS & PEDIATRICS	25		19,255	
8		INTENSIVE CARE UNIT	26		28,494	
9		SUBPROVIDER I	31		464	
10		SUB II REHAB	31.01		294	
11		OPERATING ROOM	37		176,065	
12		PRE-ADMIT TESTING	37.02		120	
13		RECOVERY ROOM	38		562	
14		DELIVERY ROOM & LABOR ROOM	39		12,288	
15		ANESTHESIOLOGY	40		4,538	
16		RADIOLOGY-DIAGNOSTIC	41		227,816	
17		CAT SCAN	41.01		940	
18		ULTRASOUND	41.02		492	
19		CARDIAC CATH	41.03		1,786	
20		MRI	41.04		420	
21		VASCULAR LAB	41.08		228	
22		DUPAGE IMAGING	41.09		408,823	
23		RADIOLOGY-THERAPEUTIC	42		224	
24		RADIOISOTOPE	43		449	
25		LABORATORY	44		476,216	
26		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		1,148	
27		BLOOD STORING, PROCESSING & TRANS.	47		194	
28		RESPIRATORY THERAPY	49		108,579	
29		PHYSICAL THERAPY	50		211,752	
30		OCCUPATIONAL THERAPY	51		267	
31		SPEECH PATHOLOGY	52		372	
32		ELECTROCARDIOLOGY	53		1,051	
33		CARDIAC REHAB	53.01		188,121	
34		ELECTROENCEPHALOGRAPHY	54		84	
35		CLINIC	60		360	

RECLASSIFICATIONS

PROVIDER NO:
140122

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 10/7/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 RENTS AND LEASES	0	PARTIAL HOSP - NEW DAY CENTER	60.01		300,569
2		MATERNAL FETAL MED CTR	60.06		360
3		EMERGENCY	61		795
4		HOME HEALTH AGENCY	71		201,626
5		HOSPICE	93		551,793
6		PHYSICIANS' PRIVATE OFFICES	98		86,201
7		CENTRAL SERVICES & SUPPLY	15		242,584
36 TOTAL RECLASSIFICATIONS				3,792,348	63,021,524

(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:
140122

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 10/7/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: NURSERY RELCASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	116,675
2.00	NURSERY	33	1,165,874
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			1,282,549

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	794,487	
		0	
DELIVERY ROOM & LABOR ROOM	39	488,062	
			1,282,549

RECLASS CODE: B
EXPLANATION: BANK FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER A&G	6.06	65,449
TOTAL RECLASSIFICATIONS FOR CODE B			65,449

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	65,449	
			65,449

RECLASS CODE: C
EXPLANATION: DRUGS BILLABLE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	11,110,036
TOTAL RECLASSIFICATIONS FOR CODE C			11,110,036

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	11,110,036	
			11,110,036

RECLASS CODE: D
EXPLANATION: MED SUPPLIES BILLABLE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,470,035
TOTAL RECLASSIFICATIONS FOR CODE D			1,470,035

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	1,470,035	
			1,470,035

RECLASS CODE: E
EXPLANATION: CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,016,569
TOTAL RECLASSIFICATIONS FOR CODE E			1,016,569

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,016,569	
			1,016,569

RECLASS CODE: G
EXPLANATION: DEPRECIATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	13,677,553
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,622,081
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			21,299,634

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
OTHER A&G	6.06	1,787,322	
INTEREST EXPENSE	88	19,512,312	
			21,299,634

RECLASS CODE: H
EXPLANATION: SHARED SERVICE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	8,331,354
2.00	OTHER A&G	6.06	237,251
3.00	EMPLOYEE BENEFITS	5	10,763,101
4.00	OPERATION OF PLANT	8	3,374,788
5.00	NURSING ADMINISTRATION	14	175,698
6.00	PHARMACY	16	39,431
7.00	MEDICAL RECORDS & LIBRARY	17	205,262
8.00	RADIOLOGY-DIAGNOSTIC	41	310,672
TOTAL RECLASSIFICATIONS FOR CODE H			23,437,557

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER A&G	6.06	23,200,306	
OTHER A&G	6.06	237,251	
		0	
		0	
		0	
		0	
		0	
		0	
			23,437,557

RECLASS CODE: I
EXPLANATION: NURSING ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	144,635
TOTAL RECLASSIFICATIONS FOR CODE I			144,635

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER A&G	6.06	144,635	
			144,635

RECLASSIFICATIONS

PROVIDER NO:
140122

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 10/ 7/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : INTEREST EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00			0	INTEREST EXPENSE	88	2,398,872	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	983,538				0
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,295,391				0
4.00	OTHER A&G	6.06	119,943				0
TOTAL RECLASSIFICATIONS FOR CODE J			2,398,872			2,398,872	

RECLASS CODE: K
EXPLANATION : RECLASS PROP TAX

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTEREST EXPENSE	88	15,509	NEW CAP REL COSTS-BLDG & FIXT	3	15,509	
TOTAL RECLASSIFICATIONS FOR CODE K			15,509			15,509	

RECLASS CODE: L
EXPLANATION : RECLASS STATE ASSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER A&G	6.06	55,135	INTEREST EXPENSE	88	55,135	
TOTAL RECLASSIFICATIONS FOR CODE L			55,135			55,135	

RECLASS CODE: M
EXPLANATION : RECLASS REM LINE 88

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTEREST EXPENSE	88	299	OTHER A&G	6.06	299	
TOTAL RECLASSIFICATIONS FOR CODE M			299			299	

RECLASS CODE: N
EXPLANATION : PROPRTY/AUTO INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	188,880	OTHER A&G	6.06	188,880	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	21,000	OTHER A&G	6.06	21,000	
TOTAL RECLASSIFICATIONS FOR CODE N			209,880			209,880	

RECLASS CODE: O
EXPLANATION : RENTS AND LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,305,522	EMPLOYEE BENEFITS	5	120	
2.00	PAIN MANAGEMENT CLINIC	60.03	2,191	SHARED SERVICE	6.05	570	
3.00			0	OTHER A&G	6.06	683,460	
4.00			0	OPERATION OF PLANT	8	3,577	
5.00			0	HOUSEKEEPING	10	4,091	
6.00			0	DIETARY	11	1,040	
7.00			0	CAFETERIA	12	960	
8.00			0	NURSING ADMINISTRATION	14	29,395	
9.00			0	PHARMACY	16	321,879	
10.00			0	MEDICAL RECORDS & LIBRARY	17	600	
11.00			0	SOCIAL SERVICE	18	1,874	
12.00			0	I&R SERVICES-SALARY & FRINGES	22	4,817	
13.00			0	ADULTS & PEDIATRICS	25	19,255	
14.00			0	INTENSIVE CARE UNIT	26	28,494	
15.00			0	SUBPROVIDER I	31	464	
16.00			0	SUB II REHAB	31.01	294	
17.00			0	OPERATING ROOM	37	176,065	
18.00			0	PRE-ADMIT TESTING	37.02	120	
19.00			0	RECOVERY ROOM	38	562	
20.00			0	DELIVERY ROOM & LABOR ROOM	39	12,288	
21.00			0	ANESTHESIOLOGY	40	4,538	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	227,816	
23.00			0	CAT SCAN	41.01	940	
24.00			0	ULTRASOUND	41.02	492	
25.00			0	CARDIAC CATH	41.03	1,786	
26.00			0	MRI	41.04	420	

RECLASSIFICATIONS

PROVIDER NO:
140122

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 10/ 7/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : RENTS AND LEASES

----- INCREASE -----		----- DECREASE -----	
LINE	COST CENTER	LINE	AMOUNT
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
42.00			0
43.00			0
44.00			0
45.00			0
46.00			0
47.00			0
48.00			0
TOTAL RECLASSIFICATIONS FOR CODE 0			4,307,713

----- DECREASE -----	
COST CENTER	LINE
VASCULAR LAB	41.08
DUPAGE IMAGING	41.09
RADIOLOGY-THERAPEUTIC	42
RADIOISOTOPE	43
LABORATORY	44
WHOLE BLOOD & PACKED RED BLOOD	46
BLOOD STORING, PROCESSING & TR	47
RESPIRATORY THERAPY	49
PHYSICAL THERAPY	50
OCCUPATIONAL THERAPY	51
SPEECH PATHOLOGY	52
ELECTROCARDIOLOGY	53
CARDIAC REHAB	53.01
ELECTROENCEPHALOGRAPHY	54
CLINIC	60
PARTIAL HOSP - NEW DAY CENTER	60.01
MATERNAL FETAL MED CTR	60.06
EMERGENCY	61
HOME HEALTH AGENCY	71
HOSPICE	93
PHYSICIANS' PRIVATE OFFICES	98
CENTRAL SERVICES & SUPPLY	15

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	8,391,042					8,391,042	
2 LAND IMPROVEMENTS	574,140					574,140	
3 BUILDINGS & FIXTURE	215,367,846	6,884,364		6,884,364		222,252,210	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	29,372,307	398,491		398,491		29,770,798	
6 MOVABLE EQUIPMENT	64,560,393	3,815,390		3,815,390	1,010,212	67,365,571	
7 SUBTOTAL	318,265,728	11,098,245		11,098,245	1,010,212	328,353,761	
8 RECONCILING ITEMS							
9 TOTAL	318,265,728	11,098,245		11,098,245	1,010,212	328,353,761	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	252,023,008		252,023,008	.789080			
4	NEW CAP REL COSTS-MV	67,365,571		67,365,571	.210920			
5	TOTAL	319,388,579		319,388,579	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,879,868	4,305,522	14,661,091		173,371		24,019,852
4	NEW CAP REL COSTS-MV	-3,171,449		8,917,472		21,000		5,767,023
5	TOTAL	1,708,419	4,305,522	23,578,563		194,371		29,786,875

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (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	-3,631,072	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-4,782,387	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER	B	-442,814	OTHER A&G	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-424,934	OTHER A&G	6.06	
9 TELEPHONE SERVICES	A	-135,407	OTHER A&G	6.06	
10 TELEVISION AND RADIO SERVICE	A	-55,174	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-23,455			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	7,062,704			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,004,996	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-2	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-2,200,554	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-23,410	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,744	DIETARY	11	
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 UTILIZATI ON REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER OPERATING REVENUE	B	1,037	EMPLOYEE BENEFITS	5	
37.01 OTHER OPERATING REVENUE	B	-7,031	SHARED SERVICE	6.05	
37.02 OTHER OPERATING REVENUE	B	-555,476	OTHER A&G	6.06	
38 OTHER OPERATING REVENUE	B	-85,942	OPERATION OF PLANT	8	
38.01 OTHER OPERATING REVENUE	B	-118,775	NURSING ADMINISTRATION	14	
38.02 OTHER OPERATING REVENUE	B	-137,224	I&R SERVICES-SALARY & FRI	22	
38.03 OTHER OPERATING REVENUE	B	-38,726	ADULTS & PEDIATRICS	25	
38.04 OTHER OPERATING REVENUE	B	-2,702	INTENSIVE CARE UNIT	26	
38.05 OTHER OPERATING REVENUE	B	-3,403	NURSERY	33	
38.06 OTHER OPERATING REVENUE	B	-12,426	RADIOLOGY-DIAGNOSTIC	41	
38.07 OTHER OPERATING REVENUE	B	425	DUPAGE IMAGING	41.09	
38.08 OTHER OPERATING REVENUE	B	8,879	LABORATORY	44	
38.09 OTHER OPERATING REVENUE	B	-7,210	PHYSICAL THERAPY	50	
38.10 OTHER OPERATING REVENUE	B	-117,195	CARDIAC REHAB	53.01	
38.11 OTHER OPERATING REVENUE	B	-260	BMC CARDIAC REHAB	53.02	
38.12 OTHER OPERATING REVENUE	B	-54,364	CLINIC	60	
38.13 OTHER OPERATING REVENUE	B	-5,796	PARTIAL HOSP - NEW DAY CE	60.01	
38.14 OTHER OPERATING REVENUE	B	-3,777	MATERNAL FETAL MED CTR	60.06	
38.15 OTHER OPERATING REVENUE	B	-64,812	EMERGENCY	61	
38.16 OTHER OPERATING REVENUE	B	-25,166	HOME HEALTH AGENCY	71	
38.17 BAD DEBT	A	-5,779,718	OTHER A&G	6.06	
38.18 OTHER OPERATING REVENUE	B	-59,528	HOSPICE	93	
38.19 OFFSET NON ALLOW INTEREST	A	-5,747,280	INTEREST EXPENSE	88	
38.20 MARKETING DEPT	A	-1,260,258	OTHER A&G	6.06	
39 GOODWILL EXPENSE DEPT 897	A	-94,000	INTEREST EXPENSE	88	
40 OFFSET PROF COLL FEES	A	-19,055	ADULTS & PEDIATRICS	25	
41 OFFSET COLLECTION FEES	A	-72,693	ELECTROCARDIOLOGY	53	
42 OFFSET COLLECTION FEES	A	-96,537	MATERNAL FETAL MED CTR	60.06	
43 OP PHARMACY	A	-4,032,098	DRUGS CHARGED TO PATIENTS	56	
44 OTHER OPERATING REVENUE	B	-750	CARDIAC CATH	41.03	
45					
46					
47					
48					
49					
49.03 FEDERAL INCOME TAXES	A	5,519	OTHER A&G	6.06	
49.04 FEDERAL INCOME TAXES	A	-400,742	INTEREST EXPENSE	88	
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,453,329			

(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	3	NEW CAP REL COSTS-BLDG &	179,586		179,586	9
2	4	NEW CAP REL COSTS-MVBLE E	1,610,938		1,610,938	9
3	5	EMPLOYEE BENEFITS	939,989		939,989	
4	6	OTHER A&G	14,887,041	16,442,470	-1,555,429	
4.01	17	MEDICAL RECORDS & LIBRARY	329,037		329,037	
4.02	71	HOME HEALTH AGENCY	440,104	408,721	31,383	
4.03	93	HOSPICE	258,474	240,043	18,431	
4.04	6	OTHER A&G	40,976,349	35,467,580	5,508,769	
5		TOTALS	59,621,518	52,558,814	7,062,704	

* 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	A	ADVENTIST HEALTH SYS		0.00	MANAGEMENT COMPANY
2	B	AHS SUNBLET		0.00	MANAGEMENT COMP - HOME HL
3				0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0122
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 10/7/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	LABORATORY	23,455	23,455					
101	TOTAL	23,455	23,455					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:	I PERIOD:	I PREPARED 10/ 7/2010
I 14-0122	I FROM 1/ 1/2009	I WORKSHEET A-8-2
I	I TO 12/31/2009	I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LABORATORY							23,455
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							23,455

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0122
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 10/7/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.05	SHARED SERVICE	-5	ACCUM.	COST	NOT ENTERED
6.06	OTHER A&G	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	PATIENT	DAYS	ENTERED
12	CAFETERIA	12	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	13	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	14	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUI S.	ENTERED
16	PHARMACY	16	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	18	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 6a.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 &	24,019,852			24,019,852			
005 NEW CAP REL COSTS-MVBLE E	5,767,023				5,767,023		
006 EMPLOYEE BENEFITS	17,338,323			674,369	161,912	18,174,604	
006 05 SHARED SERVICE	203,895					53,467	257,362
006 06 OTHER A&G	40,237,295			6,898,640	1,656,321	1,679,263	50,471,519
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,215,975					456,699	10,672,674
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,123,577			200,910	48,237	287,269	2,659,993
011 DIETARY	1,628,723			527,838	126,731	187,541	2,470,833
012 CAFETERIA	414,220			362,793	87,104	143,871	1,007,988
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,052,351			170,255	40,877	330,242	2,593,725
015 CENTRAL SERVICES & SUPPLY	1,493,917			937,009	224,970	177,819	2,833,715
016 PHARMACY	882,358			250,592	60,166	606,193	1,799,309
017 MEDICAL RECORDS & LIBRARY	2,592,650			545,328	130,930	289,170	3,558,078
018 SOCIAL SERVICE	1,762,868			97,687	23,454	234,001	2,118,010
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	3,647,105					516,025	4,163,130
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,935,396			4,010,721	962,950	2,332,381	23,241,448
026 INTENSIVE CARE UNIT	13,499,480			764,102	183,456	2,005,061	16,452,099
031 SUBPROVIDER I	2,486,249			467,876	112,334	352,322	3,418,781
031 01 SUB I REHAB	1,218,647			433,732	104,137	176,705	1,933,221
033 NURSERY	1,162,457			198,212	47,590	163,157	1,571,416
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	22,463,221			1,193,182	286,476	862,801	24,805,680
037 02 DAY SURGERY	688,777					104,923	793,700
037 02 PRE-ADMIT TESTING	547,021					89,302	636,323
038 RECOVERY ROOM	908,860			151,788	36,443	146,107	1,243,198
039 DELIVERY ROOM & LABOR ROO	3,445,659			494,857	118,812	462,618	4,521,946
040 ANESTHESIOLOGY	725,777			37,679	9,047	25,316	797,819
041 RADIOLOGY-DIAGNOSTIC	7,039,715			522,581	125,469	391,874	8,079,639
041 01 CAT SCAN	777,563			101,781	24,437	84,605	988,386
041 02 ULTRASOUND	669,487			104,665	25,129	107,191	906,472
041 03 CARDIAC CATH	7,422,658			234,403	56,279	161,804	7,875,144
041 04 MRI	482,594			300,552	72,161	68,079	923,386
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	491,566					66,031	557,597
041 07 BMC RADIOLOGY				91,082	21,868		112,950
041 08 VASCULAR LAB	933,540			28,562	6,858	136,899	1,105,859
041 09 DUPAGE IMAGING	2,169,825					307,182	2,477,007
041 10 GRANT SQUARE IMAGING				23,259	5,584		28,843
042 RADIOLOGY-THERAPEUTIC	1,068,899			374,794	89,986	128,570	1,662,249
043 RADIOISOTOPE	755,305			220,727	52,995	61,595	1,090,622
043 01 LI THOTRIPSY	215,431						215,431
044 LABORATORY	10,397,467			716,235	171,964	1,067,962	12,353,628
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	996,496					117,917	1,114,413
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	1,640,319					84,250	1,724,569
049 RESPIRATORY THERAPY	2,315,760			96,199	23,097	336,750	2,771,806
050 PHYSICAL THERAPY	2,066,922			408,706	98,128	329,087	2,902,843
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	652,270					97,453	749,723
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	255,102					36,382	291,484
053 ELECTROCARDIOLOGY	1,095,529			13,025	3,127	147,180	1,258,861
053 01 CARDIAC REHAB	436,184			4,373	1,050	86,743	528,350
053 02 BMC CARDIAC REHAB	-260						-260
054 ELECTROENCEPHALOGRAPHY	309,250			123,923	29,753	38,662	501,588
055 MEDICAL SUPPLIES CHARGED	1,470,035						1,470,035
056 DRUGS CHARGED TO PATIENTS	7,077,938						7,077,938
057 RENAL DIALYSIS	317,427						317,427
058 ASC (NON-DISTINCT PART)				197,422	47,400		244,822
059 SLEEP LAB	395,316						395,316
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	377,222			202,073	48,517	66,285	694,097
060 01 PARTIAL HOSP - NEW DAY CE	1,137,017			420,196	100,886	176,955	1,835,054
060 02 O.P.T.I.O.N.S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	312,341			201,655	48,416	34,812	597,224
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER	235,513			30,237	7,260	23,757	296,767
060 06 MATERNAL FETAL MED CTR	1,464,432					247,589	1,712,021
061 EMERGENCY	4,425,177			531,931	127,714	516,559	5,601,381
061 01 BOLINGBROOK MED CENTER				610,035	146,466		756,501
062 OBSERVATION BEDS (NON-DIS							

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	SUBTOTAL
		0	1	2	3	4	5	6a.00
OUTPAT SERVICE COST CNTRS								
063	50 RHC							
063	60 FOHC							
OTHER REIMBURS COST CNTRS								
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERA							
069	30 OUTPATIENT OCCUPATIONAL T							
069	40 OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY	7,332,267					1,054,861	8,387,128
SPEC PURPOSE COST CENTERS								
085	01 PANCREAS ACQUISITION							
085	02 INTTESTINAL ACQUISITION							
085	03 ISLET CELL ACQUISITION							
093	HOSPICE	3,831,970					384,611	4,216,581
095	SUBTOTALS	248,029,953			23,975,986	5,756,491	18,043,898	247,844,849
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP	139,724			43,866	10,532		194,122
098	PHYSICIANS' PRIVATE OFFIC	2,255,401					130,706	2,386,107
098	01 ST. THOMAS HOSPICE							
098	02 DUPAGE IMAGING							
099	01 LAGRANGE MEMORIAL							
099	02 GLEN OAKS HOSPITAL							
099	03 CHIPPEWA VALLEY							
100	OFFICE BUILDINGS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	250,425,078			24,019,852	5,767,023	18,174,604	250,425,078

COST CENTER DESCRIPTION	SHARED SERVICE	SUBTOTAL	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.05	6a.05	6.06	7	8	9	10
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 05 SHARED SERVICE	257,362						
006 06 OTHER A&G	51,876	50,523,395	50,523,395				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,982	10,683,656	2,700,198		13,383,854		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,737	2,662,730	672,981		163,494		3,499,205
011 DIETARY	2,542	2,473,375	625,123		429,536		113,691
012 CAFETERIA	1,037	1,009,025	255,022		295,022		78,142
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,669	2,596,394	656,215		138,548		36,671
015 CENTRAL SERVICES & SUPPLY	2,916	2,836,631	716,933		762,504		201,822
016 PHARMACY	1,851	1,801,160	455,227		203,922		53,975
017 MEDICAL RECORDS & LIBRARY	3,661	3,561,739	900,197		443,769		117,458
018 SOCIAL SERVICE	2,179	2,120,189	535,859		79,495		21,041
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,284	4,167,414	1,053,276				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,915	23,265,363	5,880,111		3,263,781		863,865
026 INTENSIVE CARE UNIT	16,929	16,469,028	4,162,399		621,799		164,580
031 SUBPROVIDER I	3,518	3,422,299	864,955		380,741		100,776
031 01 SUB I I REHAB	1,989	1,935,210	489,107		352,956		93,421
033 NURSERY	1,617	1,573,033	397,570		161,298		42,693
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	25,525	24,831,205	6,275,846		970,969		256,999
037 02 DAY SURGERY	817	794,517	200,807				
037 02 PRE-ADMIT TESTING	655	636,978	160,990				
038 RECOVERY ROOM	1,279	1,244,477	314,530		123,519		32,693
039 DELIVERY ROOM & LABOR ROO	4,653	4,526,599	1,144,057		402,697		106,587
040 ANESTHESIOLOGY	821	798,640	201,849		30,662		8,116
041 RADIOLOGY-DIAGNOSTIC	8,314	8,087,953	2,044,157		425,258		112,559
041 01 CAT SCAN	1,017	989,403	250,063		82,826		21,923
041 02 ULTRASOUND	933	907,405	229,338		85,173		22,544
041 03 CARDIAC CATH	8,104	7,883,248	1,992,420		190,749		50,488
041 04 MRI	950	924,336	233,618		244,578		64,736
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	574	558,171	141,073				
041 07 BMC RADIOLOGY	116	113,066	28,576		74,119		19,618
041 08 VASCULAR LAB	1,138	1,106,997	279,784		23,243		6,152
041 09 DUPAGE IMAGING	2,549	2,479,556	626,685				
041 10 GRANT SQUARE IMAGING	30	28,873	7,297		18,927		5,010
042 RADIOLOGY-THERAPEUTIC	1,710	1,663,959	420,551		304,994		80,727
043 RADIOISOTOPE	1,122	1,091,744	275,928		179,620		47,542
043 01 LI THOTRI PSY	222	215,653	54,504				
044 LABORATORY	12,712	12,366,340	3,125,481		582,846		154,270
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	1,147	1,115,560	281,948				
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	1,775	1,726,344	436,318				
049 RESPIRATORY THERAPY	2,852	2,774,658	701,270		78,283		20,720
050 PHYSICAL THERAPY	2,987	2,905,830	734,422		332,590		88,031
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	771	750,494	189,681				
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	300	291,784	73,746				
053 ELECTROCARDIOLOGY	1,295	1,260,156	318,493		10,599		2,805
053 01 CARDIAC REHAB	544	528,894	133,673		3,558		942
053 02 BMC CARDIAC REHAB		-260					
054 ELECTROENCEPHALOGRAPHY	516	502,104	126,902		100,845		26,692
055 MEDICAL SUPPLIES CHARGED	1,513	1,471,548	371,921				
056 DRUGS CHARGED TO PATIENTS	7,283	7,085,221	1,790,726				
057 RENAL DIALYSIS	327	317,754	80,309				
058 ASC (NON-DISTINCT PART)	252	245,074	61,940		160,655		42,523
059 SLEEP LAB	407	395,723	100,015				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	714	694,811	175,607		164,440		43,525
060 01 PARTIAL HOSP - NEW DAY CE	1,888	1,836,942	464,271		341,940		90,506
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	615	597,839	151,098		164,099		43,434
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER	305	297,072	75,082		24,605		6,513
060 06 MATERNAL FETAL MED CTR	1,762	1,713,783	433,143				
061 EMERGENCY	5,764	5,607,145	1,417,155		432,867		114,572
061 01 BOLINGBROOK MED CENTER	778	757,279	191,395		496,425		131,395
062 OBSERVATION BEDS (NON-DIS							

COST CENTER DESCRIPTION	SHARED SERVICE	SUBTOTAL	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.05	6a.05	6.06	7	8	9	10
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	8,630	8,395,758	2,121,952				
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE	4,339	4,220,920	1,066,800				
095 SUBTOTALS	254,707	247,842,194	49,870,594		13,348,157		3,489,757
096 GIFT, FLOWER, COFFEE SHOP	200	194,322	49,113		35,697		9,448
098 PHYSICIANS' PRIVATE OFFICE	2,455	2,388,562	603,688				
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPewa VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	257,362	250,425,078	50,523,395		13,383,854		3,499,205

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
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 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,641,725						
012 CAFETERIA		1,637,417					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		29,203		3,457,031			
015 CENTRAL SERVICES & SUPPLY		42,775		107,525	4,668,190		
016 PHARMACY		58,677		216,027	11,547	2,800,535	
017 MEDICAL RECORDS & LIBRARY		50,054					5,073,217
018 SOCIAL SERVICE		26,414				526	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		53,515					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,403,133	301,765		1,111,138	96,969	82	264,545
026 INTENSIVE CARE UNIT	734,774	215,331		792,882	93,109	643	213,094
031 SUBPROVIDER I	334,282	37,969		139,783	2,201	12	43,073
031 01 SUB I I REHAB	169,536	19,421		71,531	4,373	4	19,400
033 NURSERY							19,441
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		103,568		381,321	2,476,762	7,600	772,465
037 02 DAY SURGERY		12,042			8,271	9	
037 02 PRE-ADMIT TESTING		11,856			1,215		
038 RECOVERY ROOM		15,388		56,650	4,400		60,595
039 DELIVERY ROOM & LABOR ROO		53,000		195,152	45,490	566	56,787
040 ANESTHESIOLOGY		4,734		17,445	43,910	27,748	108,683
041 RADIOLOGY-DIAGNOSTIC		76,611			339,690	10,225	162,016
041 01 CAT SCAN		9,010			22,290	24,601	333,852
041 02 ULTRASOUND		10,454			1,229	118	75,296
041 03 CARDIAC CATH		14,644			961,809	9,023	383,276
041 04 MRI		5,949			963	14,212	129,368
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI					444	3,967	47,559
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB		13,100			4,587	11,296	73,406
041 09 DUPAGE IMAGING					6,301	2,949	102,849
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC		12,013			2,417	9	79,952
043 RADIOISOTOPE		5,649			2,732	1,830	53,580
043 01 LI THOTRIPSY							4,797
044 LABORATORY		184,112			153,114	116	890,857
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED		16,146			40,088	35	
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING		11,241			8,268	13	
049 RESPIRATORY THERAPY		40,501			8,091	36	128,937
050 PHYSICAL THERAPY		37,440			3,391	34	50,037
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY		9,653			124		15,029
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY		4,033			422		12,240
053 ELECTROCARDIOLOGY		18,949			3,813	389	112,610
053 01 CARDIAC REHAB		10,340			558		5,586
053 02 BMC CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY		5,663			3,496		26,258
055 MEDICAL SUPPLIES CHARGED					222,053		41,077
056 DRUGS CHARGED TO PATIENTS						2,582,782	377,078
057 RENAL DIALYSIS							4,914
058 ASC (NON-DISTINCT PART)							
059 SLEEP LAB					8		12,402
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		6,879			5,472	57	12,991
060 01 PARTIAL HOSP - NEW DAY CE		26,743		98,447	456	134	43,628
060 02 O.P.T.I.O.N.S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC		4,491		16,539	6,270	9,275	23,283
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER		1,359					
060 06 MATERNAL FETAL MED CTR		11,798		43,437	1,092	103	55,560
061 EMERGENCY		56,804		209,154	43,236	942	256,696
061 01 BOLINGBROOK MED CENTER							
062 OBSERVATION BEDS (NON-DIS							

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
		11	12	13	14	15	16	17
063	50 RHC							
063	60 FOHC							
	OTHER REIMBURS COST CNTRS							
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERA							
069	30 OUTPATIENT OCCUPATIONAL T							
069	40 OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY					27,650		687
	SPEC PURPOSE COST CENTERS							
085	01 PANCREAS ACQUISITION							
085	02 INTESTINAL ACQUISITION							
085	03 ISLET CELL ACQUISITION							
093	HOSPICE					4,983		79,477
095	SUBTOTALS	3,641,725	1,629,294		3,457,031	4,663,294	2,789,500	5,073,217
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFICE		8,123			4,896		11,035
098	01 ST. THOMAS HOSPICE							
098	02 DUPAGE IMAGING							
099	01 LAGRANGE MEMORIAL							
099	02 GLEN OAKS HOSPITAL							
099	03 CHI PPEVA VALLEY							
100	OFFICE BUILDINGS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,641,725	1,637,417		3,457,031	4,668,190	2,800,535	5,073,217

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
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 05 SHARED SERVICE							
006 06 OTHER A&G							
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	2,783,524						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				5,274,205			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,836,816			4,317,160			43,604,728
026 INTENSIVE CARE UNIT	561,619			320,920			24,350,178
031 SUBPROVIDER I	255,506						5,581,597
031 01 SUB I REHAB	129,583						3,284,542
033 NURSERY							2,194,035
037 ANCILLARY SRVC COST CNTRS							
037 01 DAY SURGERY				264,593			36,341,328
037 02 PRE-ADMIT TESTING							1,015,646
038 RECOVERY ROOM							811,039
039 DELIVERY ROOM & LABOR ROO							1,852,252
040 ANESTHESIOLOGY							6,530,935
041 RADIOLOGY-DIAGNOSTIC							1,241,787
041 01 CAT SCAN							11,258,469
041 02 ULTRASOUND							1,733,968
041 03 CARDIAC CATH							1,331,557
041 04 MRI							11,485,657
041 05 RADIOLOGY - WESTMONT							1,617,760
041 06 WESTMONT - MRI							751,214
041 07 BMC RADIOLOGY							235,379
041 08 VASCULAR LAB							1,518,565
041 09 DUPAGE IMAGING							3,218,340
041 10 GRANT SQUARE IMAGING							60,107
042 RADIOLOGY-THERAPEUTIC							2,564,622
043 RADIOISOTOPE							1,658,625
043 01 LI THOTRI PSY							274,954
044 LABORATORY							17,457,136
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED							1,453,777
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							2,182,184
049 RESPIRATORY THERAPY							3,752,496
050 PHYSICAL THERAPY							4,151,775
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							964,981
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY							382,225
053 ELECTROCARDIOLOGY							1,727,814
053 01 CARDIAC REHAB							683,551
053 02 BMC CARDIAC REHAB							-260
054 ELECTROENCEPHALOGRAPHY							791,960
055 MEDICAL SUPPLIES CHARGED							2,106,599
056 DRUGS CHARGED TO PATIENTS							11,835,807
057 RENAL DIALYSIS							402,977
058 ASC (NON-DISTINCT PART)							510,192
059 SLEEP LAB							508,148
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							1,103,782
060 01 PARTIAL HOSP - NEW DAY CE							2,903,067
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC							
060 04 HEALTH & NUTRITION CENTER							1,016,328
060 05 CANCER CENTER							
060 06 MATERNAL FETAL MED CTR							404,631
061 EMERGENCY				371,532			2,258,916
061 01 BOLINGBROOK MED CENTER							8,510,103
062 OBSERVATION BEDS (NON-DIS							1,576,494

COST CENTER DESCRIPTION		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL
		18	20	21	22	23	24	25
OUTPAT SERVICE COST CNTRS								
063	50 RHC							
063	60 FOHC							
OTHER REIMBURS COST CNTRS								
069	10 CMHC							
069	20 OUTPATIENT PHYSICAL THERA							
069	30 OUTPATIENT OCCUPATIONAL T							
069	40 OUTPATIENT SPEECH PATHOLO							
071	HOME HEALTH AGENCY							10,546,047
SPEC PURPOSE COST CENTERS								
085	01 PANCREAS ACQUISITION							
085	02 INTESTINAL ACQUISITION							
085	03 ISLET CELL ACQUISITION							
093	HOSPICE							5,372,180
095	SUBTOTALS	2,783,524			5,274,205			247,120,194
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP							288,580
098	PHYSICIANS' PRIVATE OFFICE							3,016,304
098	01 ST. THOMAS HOSPICE							
098	02 DUPAGE IMAGING							
099	01 LAGRANGE MEMORIAL							
099	02 GLEN OAKS HOSPITAL							
099	03 CHIPPWA VALLEY							
100	OFFICE BUILDINGS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,783,524			5,274,205			250,425,078

COST CENTER DESCRIPTION	I & R COST POST STEP- DOWN ADJ 26	TOTAL 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 05 SHARED SERVICE		
006 06 OTHER A&G		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-4,317,160	39,287,568
026 INTENSIVE CARE UNIT	-320,920	24,029,258
031 SUBPROVIDER I		5,581,597
031 01 SUB I REHAB		3,284,542
033 NURSERY		2,194,035
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	-264,593	36,076,735
037 01 DAY SURGERY		1,015,646
037 02 PRE-ADMIT TESTING		811,039
038 RECOVERY ROOM		1,852,252
039 DELIVERY ROOM & LABOR ROO		6,530,935
040 ANESTHESIOLOGY		1,241,787
041 RADIOLOGY-DIAGNOSTIC		11,258,469
041 01 CAT SCAN		1,733,968
041 02 ULTRASOUND		1,331,557
041 03 CARDIAC CATH		11,485,657
041 04 MRI		1,617,760
041 05 RADIOLOGY - WESTMONT		
041 06 WESTMONT - MRI		751,214
041 07 BMC RADIOLOGY		235,379
041 08 VASCULAR LAB		1,518,565
041 09 DUPAGE IMAGING		3,218,340
041 10 GRANT SQUARE IMAGING		60,107
042 RADIOLOGY-THERAPEUTIC		2,564,622
043 RADIOISOTOPE		1,658,625
043 01 LI THOTRI PSY		274,954
044 LABORATORY		17,457,136
044 01 PATHOLOGY		
044 02 BMC LAB		
046 WHOLE BLOOD & PACKED RED		1,453,777
046 30 BLOOD CLOTTING FACTORS AD		
047 BLOOD STORING, PROCESSING		2,182,184
049 RESPIRATORY THERAPY		3,752,496
050 PHYSICAL THERAPY		4,151,775
050 01 PAULSEN REHAB CENTER		
050 02 BMC PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		964,981
051 01 BMC OCCUP THERAPY		
052 SPEECH PATHOLOGY		382,225
053 ELECTROCARDIOLOGY		1,727,814
053 01 CARDIAC REHAB		683,551
053 02 BMC CARDIAC REHAB		-260
054 ELECTROENCEPHALOGRAPHY		791,960
055 MEDICAL SUPPLIES CHARGED		2,106,599
056 DRUGS CHARGED TO PATIENTS		11,835,807
057 RENAL DIALYSIS		402,977
058 ASC (NON-DISTINCT PART)		510,192
059 SLEEP LAB		508,148
060 OUTPAT SERVICE COST CNTRS CLINIC		1,103,782
060 01 PARTIAL HOSP - NEW DAY CE		2,903,067
060 02 O. P. T. I. O. N. S - OP PSYCH		
060 03 PAIN MANAGEMENT CLINIC		1,016,328
060 04 HEALTH & NUTRITION CENTER		
060 05 CANCER CENTER		404,631
060 06 MATERNAL FETAL MED CTR		2,258,916
061 EMERGENCY	-371,532	8,138,571
061 01 BOLINGBROOK MED CENTER		1,576,494
062 OBSERVATION BEDS (NON-DIS		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I & R COST POST STEP- DOWN ADJ 26	TOTAL
063 50 RHC		
063 60 FOHC		
069 10 CMHC		
069 20 OUTPATIENT PHYSICAL THERA		
069 30 OUTPATIENT OCCUPATIONAL T		
069 40 OUTPATIENT SPEECH PATHOLO		
071 HOME HEALTH AGENCY		10,546,047
085 01 PANCREAS ACQUISITION		
085 02 INTTESTINAL ACQUISITION		
085 03 ISLET CELL ACQUISITION		
093 HOSPICE		5,372,180
095 SUBTOTALS	-5,274,205	241,845,989
096 GIFT, FLOWER, COFFEE SHOP		288,580
098 PHYSICIANS' PRIVATE OFFICE		3,016,304
098 01 ST. THOMAS HOSPICE		
098 02 DUPAGE IMAGING		
099 01 LAGRANGE MEMORIAL		
099 02 GLEN OAKS HOSPITAL		
099 03 CHIPPWA VALLEY		
100 OFFICE BUILDINGS		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-5,274,205	245,150,873

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0122
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 10/7/2010
 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					674,369	161,912	836,281
005 05 SHARED SERVICE							2,460
006 06 OTHER A&G					6,898,640	1,656,321	8,554,961
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							21,014
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING					200,910	48,237	249,147
011 DIETARY					527,838	126,731	654,569
012 CAFETERIA					362,793	87,104	449,897
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					170,255	40,877	211,132
015 CENTRAL SERVICES & SUPPLY					937,009	224,970	1,161,979
016 PHARMACY					250,592	60,166	310,758
017 MEDICAL RECORDS & LIBRARY					545,328	130,930	676,258
018 SOCIAL SERVICE					97,687	23,454	121,141
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							23,744
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					4,010,721	962,950	4,973,671
026 INTENSIVE CARE UNIT					764,102	183,456	947,558
031 SUBPROVIDER I					467,876	112,334	580,210
031 01 SUB I I REHAB					433,732	104,137	537,869
033 NURSERY					198,212	47,590	245,802
037 ANCILLARY SRVC COST CNTRS							
037 01 DAY SURGERY					1,193,182	286,476	1,479,658
037 02 PRE-ADMIT TESTING							39,700
038 RECOVERY ROOM					151,788	36,443	188,231
039 DELIVERY ROOM & LABOR ROO					494,857	118,812	613,669
040 ANESTHESIOLOGY					37,679	9,047	46,726
041 RADIOLOGY-DIAGNOSTIC					522,581	125,469	648,050
041 01 CAT SCAN					101,781	24,437	126,218
041 02 ULTRASOUND					104,665	25,129	129,794
041 03 CARDIAC CATH					234,403	56,279	290,682
041 04 MRI					300,552	72,161	372,713
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI							3,038
041 07 BMC RADIOLOGY					91,082	21,868	112,950
041 08 VASCULAR LAB					28,562	6,858	35,420
041 09 DUPAGE IMAGING							6,299
041 10 GRANT SQUARE IMAGING					23,259	5,584	28,843
042 RADIOLOGY-THERAPEUTIC					374,794	89,986	464,780
043 RADIOISOTOPE					220,727	52,995	273,722
043 01 LI THOTRIPSY							
044 LABORATORY					716,235	171,964	888,199
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED							5,426
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							3,877
049 RESPIRATORY THERAPY					96,199	23,097	119,296
050 PHYSICAL THERAPY					408,706	98,128	506,834
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							4,484
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY							1,674
053 ELECTROCARDIOLOGY					13,025	3,127	16,152
053 01 CARDIAC REHAB					4,373	1,050	5,423
053 02 BMC CARDIAC REHAB							3,991
054 ELECTROENCEPHALOGRAPHY					123,923	29,753	153,676
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)					197,422	47,400	244,822
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					202,073	48,517	250,590
060 01 PARTIAL HOSP - NEW DAY CE					420,196	100,886	521,082
060 02 O. P. T. I. O. N. S - OP PSYCH							8,142
060 03 PAIN MANAGEMENT CLINIC					201,655	48,416	250,071
060 04 HEALTH & NUTRITION CENTER							1,602
060 05 CANCER CENTER					30,237	7,260	37,497
060 06 MATERNAL FETAL MED CTR							1,093
061 EMERGENCY					531,931	127,714	659,645
061 01 BOLINGBROOK MED CENTER					610,035	146,466	756,501
062 OBSERVATION BEDS (NON-DIS							

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
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							48,538
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE							17,697
095 SUBTOTALS				23,975,986	5,756,491	29,732,477	830,267
096 GIFT, FLOWER, COFFEE SHOP				43,866	10,532	54,398	
098 PHYSICIANS' PRIVATE OFFICE							6,014
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPewa VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				24,019,852	5,767,023	29,786,875	836,281

COST CENTER DESCRIPTION	SHARED SERVICE	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6.06	7	8	9	10	11
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY	84	362,571					
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE	42	182,280					
095 SUBTOTALS	2,434	8,521,149		481,208		382,241	797,974
096 GIFT, FLOWER, COFFEE SHOP	2	8,392		1,287		1,035	
098 PHYSICIANS' PRIVATE OFFICE	24	103,150					
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,460	8,632,691		482,495		383,276	797,974

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	519,304						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	9,262		356,753				
015 CENTRAL SERVICES & SUPPLY	13,566		11,096	1,366,946			
016 PHARMACY	18,609		22,293	3,381	473,999		
017 MEDICAL RECORDS & LIBRARY	15,874					888,151	
018 SOCIAL SERVICE	8,377				89		237,126
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	16,972						
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	95,704		114,665	28,395	14	46,314	156,477
026 INTENSIVE CARE UNIT	68,292		81,823	27,265	109	37,307	47,844
031 SUBPROVIDER I	12,042		14,425	645	2	7,541	21,766
031 01 SUB I REHAB	6,159		7,382	1,281	1	3,396	11,039
033 NURSERY						3,403	
037 ANCILLARY SRVC COST CNTRS							
037 01 DAY SURGERY	32,847		39,351	725,240	1,286	135,237	
037 02 PRE-ADMIT TESTING	3,819			2,422	2		
038 RECOVERY ROOM	3,760			356			
039 DELIVERY ROOM & LABOR ROO	4,880		5,846	1,289		10,608	
040 ANESTHESIOLOGY	16,809		20,139	13,321	96	9,942	
041 RADIOLOGY-DIAGNOSTIC	1,501		1,800	12,858	4,696	19,027	
041 01 CAT SCAN	24,297			99,470	1,731	28,364	
041 02 ULTRASOUND	2,857			6,527	4,164	58,448	
041 03 CARDIAC CATH	3,315			360	20	13,182	
041 04 MRI	4,644			281,641	1,527	67,101	
041 05 RADIOLOGY - WESTMONT	1,887			282	2,405	22,649	
041 06 WESTMONT - MRI				130	671	8,326	
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB	4,155			1,343	1,912	12,851	
041 09 DUPAGE IMAGING				1,845	499	18,006	
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC	3,810			708	2	13,997	
043 RADIOISOTOPE	1,792			800	310	9,380	
043 01 LI THOTRIPSY						840	
044 LABORATORY	58,391			44,835	20	155,942	
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	5,121			11,739	6		
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	3,565			2,421	2		
049 RESPIRATORY THERAPY	12,845			2,369	6	22,573	
050 PHYSICAL THERAPY	11,874			993	6	8,760	
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	3,062			36		2,631	
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	1,279			123		2,143	
053 ELECTROCARDIOLOGY	6,010			1,117	66	19,715	
053 01 CARDIAC REHAB	3,279			163		978	
053 02 BMC CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPHY	1,796			1,024		4,597	
055 MEDICAL SUPPLIES CHARGED				65,023		7,191	
056 DRUGS CHARGED TO PATIENTS					437,142	66,016	
057 RENAL DIALYSIS						860	
058 ASC (NON-DISTINCT PART)							
059 SLEEP LAB				2		2,171	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,182			1,602	10	2,274	
060 01 PARTIAL HOSP - NEW DAY CE	8,482		10,159	134	23	7,638	
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	1,424		1,707	1,836	1,570	4,076	
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER	431						
060 06 MATERNAL FETAL MED CTR	3,742		4,483	320	17	9,727	
061 EMERGENCY	18,015		21,584	12,660	159	44,940	
061 01 BOLINGBROOK MED CENTER							
062 OBSERVATION BEDS (NON-DIS							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY				8,097	116		
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE				1,459	13,452		
095 SUBTOTALS	516,728		356,753	1,365,512	472,131	888,151	237,126
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	2,576			1,434	1,868		
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPWA VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	519,304		356,753	1,366,946	473,999	888,151	237,126

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY						419,406	
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE						214,930	
095 SUBTOTALS						29,385,967	
096 GIFT, FLOWER, COFFEE SHOP						65,114	
098 PHYSICIANS' PRIVATE OFFICE						115,066	
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENTS			220,728			220,728	
102 NEGATIVE COST CENTER							
103 TOTAL			220,728			29,786,875	

TOTAL

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	05 SHARED SERVICE	
006	06 OTHER A&G	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	7,266,376
026	INTENSIVE CARE UNIT	2,215,284
031	SUBPROVIDER I	898,680
031	01 SUB I REHAB	718,955
033	NURSERY	335,150
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	3,588,983
037	01 DAY SURGERY	45,390
037	02 PRE-ADMIT TESTING	35,739
038	RECOVERY ROOM	279,366
039	DELIVERY ROOM & LABOR ROO	916,981
040	ANESTHESIOLOGY	124,264
041	RADIOLOGY-DIAGNOSTIC	1,196,962
041	01 CAT SCAN	250,231
041	02 ULTRASOUND	196,338
041	03 CARDIAC CATH	1,005,964
041	04 MRI	458,903
041	05 RADIOLOGY - WESTMONT	
041	06 WESTMONT - MRI	36,276
041	07 BMC RADIOLOGY	122,655
041	08 VASCULAR LAB	111,309
041	09 DUPAGE IMAGING	141,589
041	10 GRANT SQUARE IMAGING	31,321
042	RADIOLOGY-THERAPEUTIC	580,925
043	RADIOISOTOPE	347,678
043	01 LI THOTRIPSY	10,155
044	LABORATORY	1,768,600
044	01 PATHOLOGY	
044	02 BMC LAB	
046	WHOLE BLOOD & PACKED RED	70,478
046	30 BLOOD CLOTTING FACTORS AD	
047	BLOOD STORING, PROCESSING	84,434
049	RESPIRATORY THERAPY	297,528
050	PHYSICAL THERAPY	690,758
050	01 PAULSEN REHAB CENTER	
050	02 BMC PHYSICAL THERAPY	
051	OCCUPATIONAL THERAPY	42,630
051	01 BMC OCCUP THERAPY	
052	SPEECH PATHOLOGY	17,823
053	ELECTROCARDIOLOGY	104,954
053	01 CARDIAC REHAB	36,910
053	02 BMC CARDIAC REHAB	
054	ELECTROENCEPHALOGRAPHY	191,119
055	MEDICAL SUPPLIES CHARGED	135,778
056	DRUGS CHARGED TO PATIENTS	809,204
057	RENAL DIALYSIS	14,585
058	ASC (NON-DISTINCT PART)	265,858
059	SLEEP LAB	19,266
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	300,415
060	01 PARTIAL HOSP - NEW DAY CE	657,246
060	02 O. P. T. I. O. N. S - OP PSYCH	
060	03 PAIN MANAGEMENT CLINIC	298,783
060	04 HEALTH & NUTRITION CENTER	
060	05 CANCER CENTER	53,453
060	06 MATERNAL FETAL MED CTR	103,708
061	EMERGENCY	1,051,127
061	01 BOLINGBROOK MED CENTER	821,500
062	OBSERVATION BEDS (NON-DIS	

TOTAL

		27
	OUTPAT SERVICE COST CNTRS	
063	50 RHC	
063	60 FOHC	
	OTHER REIMBURS COST CNTRS	
069	10 CMHC	
069	20 OUTPATIENT PHYSICAL THERA	
069	30 OUTPATIENT OCCUPATIONAL T	
069	40 OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	419,406
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
085	02 INTRESTINAL ACQUISITION	
085	03 ISLET CELL ACQUISITION	
093	HOSPICE	214,930
095	SUBTOTALS	29,385,967
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	65,114
098	PHYSICIANS' PRIVATE OFFIC	115,066
098	01 ST. THOMAS HOSPICE	
098	02 DUPAGE IMAGING	
099	01 LAGRANGE MEMORIAL	
099	02 GLEN OAKS HOSPITAL	
099	03 CHI PPEWA VALLEY	
100	OFFICE BUILDINGS	
101	CROSS FOOT ADJUSTMENTS	220,728
102	NEGATIVE COST CENTER	
103	TOTAL	29,786,875

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 05
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			516,358			
005 NEW CAP REL COSTS-MVB				516,358		
006 EMPLOYEE BENEFITS			14,497	14,497	100,453,417	
05 06 SHARED SERVICE					295,519	-257,362
006 06 OTHER A&G			148,301	148,301	9,281,489	
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT					2,524,229	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			4,319	4,319	1,587,770	
011 DIETARY			11,347	11,347	1,036,561	
012 CAFETERIA			7,799	7,799	795,193	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION			3,660	3,660	1,825,286	
015 CENTRAL SERVICES & SU			20,143	20,143	982,825	
016 PHARMACY			5,387	5,387	3,350,500	
017 MEDICAL RECORDS & LIB			11,723	11,723	1,598,279	
018 SOCIAL SERVICE			2,100	2,100	1,293,352	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					2,852,135	
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			86,219	86,219	12,891,535	
026 INTENSIVE CARE UNIT			16,426	16,426	11,082,215	
031 SUBPROVIDER I			10,058	10,058	1,947,324	
031 01 SUB I REHAB			9,324	9,324	976,671	
033 NURSERY			4,261	4,261	901,786	
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM			25,650	25,650	4,768,804	
037 02 DAY SURGERY					579,924	
037 02 PRE-ADMIT TESTING					493,585	
038 RECOVERY ROOM			3,263	3,263	807,552	
039 DELIVERY ROOM & LABOR			10,638	10,638	2,556,944	
040 ANESTHESIOLOGY			810	810	139,926	
041 RADIOLOGY-DIAGNOSTIC			11,234	11,234	2,165,938	
041 01 CAT SCAN			2,188	2,188	467,620	
041 02 ULTRASOUND			2,250	2,250	592,457	
041 03 CARDIAC CATH			5,039	5,039	894,312	
041 04 MRI			6,461	6,461	376,280	
041 05 RADIOLOGY - WESTMONT						
041 06 WESTMONT - MRI					364,959	
041 07 BMC RADIOLOGY			1,958	1,958		
041 08 VASCULAR LAB			614	614	756,655	
041 09 DUPAGE IMAGING					1,697,830	
041 10 GRANT SQUARE IMAGING			500	500		
042 RADIOLOGY-THERAPEUTIC			8,057	8,057	710,624	
043 RADIOISOTOPE			4,745	4,745	340,443	
043 01 LITHOTRIpsy						
044 LABORATORY			15,397	15,397	5,902,758	
044 01 PATHOLOGY						
044 02 BMC LAB						
046 WHOLE BLOOD & PACKED					651,743	
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES					465,659	
049 RESPIRATORY THERAPY			2,068	2,068	1,861,257	
050 PHYSICAL THERAPY			8,786	8,786	1,818,903	
050 01 PAULSEN REHAB CENTER						
050 02 BMC PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY					538,632	
051 01 BMC OCCUP THERAPY						
052 SPEECH PATHOLOGY					201,090	
053 ELECTROCARDIOLOGY			280	280	813,479	
053 01 CARDIAC REHAB			94	94	479,441	
053 02 BMC CARDIAC REHAB						260
054 ELECTROENCEPHALOGRAPH			2,664	2,664	213,687	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR			4,244	4,244		
059 SLEEP LAB						
060 OUTPAT SERVICE COST C						
060 01 CLINIC			4,344	4,344	366,366	
060 01 PARTIAL HOSP - NEW DA			9,033	9,033	978,053	
060 02 O.P.T.I.O.N.S - OP PS						
060 03 PAIN MANAGEMENT CLINI			4,335	4,335	192,411	
060 04 HEALTH & NUTRITION CE						
060 05 CANCER CENTER			650	650	131,309	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.05
060 06 OUTPAT SERVICE COST C						
061 06 MATERNAL FETAL MED CT					1,368,452	
061 01 EMERGENCY			11,435	11,435	2,855,087	
062 01 BOLINGBROOK MED CENTE			13,114	13,114		
062 50 OBSERVATION BEDS (NON						
063 60 RHC						
063 60 FOHC						
069 10 OTHER REIMBURS COST C						
069 20 CMHC						
069 30 OUTPATIENT PHYSICAL T						
069 40 OUTPATIENT OCCUPATION						
071 40 OUTPATIENT SPEECH PAT						
071 01 HOME HEALTH AGENCY					5,830,345	
085 01 SPEC PURPOSE COST CEN						
085 02 PANCREAS ACQUISITION						
085 03 INTestinal ACQUISITION						
093 03 ISLET CELL ACQUISITION					2,125,794	
093 01 HOSPICE						
095 01 SUBTOTALS			515,415	515,415	99,730,988	-257,102
096 01 NONREIMBURS COST CENT						
096 02 GIFT, FLOWER, COFFEE			943	943		
098 01 PHYSICIANS' PRIVATE O					722,429	
098 01 ST. THOMAS HOSPICE						
098 02 DUPAGE IMAGING						
099 01 LAGRANGE MEMORIAL						
099 02 GLEN OAKS HOSPITAL						
099 03 CHIPPEWA VALLEY						
100 01 OFFICE BUILDINGS						
101 01 CROSS FOOT ADJUSTMENT						
102 01 NEGATIVE COST CENTER						
103 01 COST TO BE ALLOCATED			24,019,852	5,767,023	18,174,604	
104 01 (WRKSHT B, PART I)						
104 01 UNIT COST MULTIPLIER			46.517827		.180926	
105 01 (WRKSHT B, PT I)				11.168652		
105 01 COST TO BE ALLOCATED						
106 01 (WRKSHT B, PART II)						
106 01 UNIT COST MULTIPLIER						
107 01 (WRKSHT B, PT II)						
107 01 COST TO BE ALLOCATED					836,281	
108 01 (WRKSHT B, PART III)						
108 01 UNIT COST MULTIPLIER					.008325	
108 01 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	SHARED SERVICE		OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)
	6.05	6a.06	6.06	7	8	9	10
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE	250,167,976						
006 06 OTHER A&G	50,471,519	-50,523,395	199,901,943				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,672,674		10,683,656		353,560		
009 LAUNDRY & LINEN SERVI						65,323	
010 HOUSEKEEPING	2,659,993		2,662,730		4,319		349,241
011 DIETARY	2,470,833		2,473,375		11,347		11,347
012 CAFETERIA	1,007,988		1,009,025		7,799		7,799
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	2,593,725		2,596,394		3,660		3,660
015 CENTRAL SERVICES & SU	2,833,715		2,836,631		20,143		20,143
016 PHARMACY	1,799,309		1,801,160		5,387		5,387
017 MEDICAL RECORDS & LIB	3,558,078		3,561,739		11,723		11,723
018 SOCIAL SERVICE	2,118,010		2,120,189		2,100		2,100
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &	4,163,130		4,167,414				
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	23,241,448		23,265,363		86,219	40,143	86,219
026 INTENSIVE CARE UNIT	16,452,099		16,469,028		16,426	12,274	16,426
031 SUBPROVIDER I	3,418,781		3,422,299		10,058	5,584	10,058
031 01 SUB I REHAB	1,933,221		1,935,210		9,324	2,832	9,324
033 NURSERY	1,571,416		1,573,033		4,261	4,490	4,261
037 ANCILLARY SRVC COST C							
OPERATING ROOM	24,805,680		24,831,205		25,650		25,650
037 01 DAY SURGERY	793,700		794,517				
037 02 PRE-ADMIT TESTING	636,323		636,978				
038 RECOVERY ROOM	1,243,198		1,244,477		3,263		3,263
039 DELIVERY ROOM & LABOR	4,521,946		4,526,599		10,638		10,638
040 ANESTHESIOLOGY	797,819		798,640		810		810
041 RADIOLOGY-DIAGNOSTIC	8,079,639		8,087,953		11,234		11,234
041 01 CAT SCAN	988,386		989,403		2,188		2,188
041 02 ULTRASOUND	906,472		907,405		2,250		2,250
041 03 CARDIAC CATH	7,875,144		7,883,248		5,039		5,039
041 04 MRI	923,386		924,336		6,461		6,461
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	557,597		558,171				
041 07 BMC RADIOLOGY	112,950		113,066		1,958		1,958
041 08 VASCULAR LAB	1,105,859		1,106,997		614		614
041 09 DUPAGE IMAGING	2,477,007		2,479,556				
041 10 GRANT SQUARE IMAGING	28,843		28,873		500		500
042 RADIOLOGY-THERAPEUTIC	1,662,249		1,663,959		8,057		8,057
043 RADIOISOTOPE	1,090,622		1,091,744		4,745		4,745
043 01 LI THOTRI PSY	215,431		215,653				
044 LABORATORY	12,353,628		12,366,340		15,397		15,397
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED	1,114,413		1,115,560				
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCES	1,724,569		1,726,344				
049 RESPIRATORY THERAPY	2,771,806		2,774,658		2,068		2,068
050 PHYSICAL THERAPY	2,902,843		2,905,830		8,786		8,786
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	749,723		750,494				
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	291,484		291,784				
053 ELECTROCARDIOLOGY	1,258,861		1,260,156		280		280
053 01 CARDIAC REHAB	528,350		528,894		94		94
053 02 BMC CARDIAC REHAB		260					
054 ELECTROENCEPHALOGRAPH	501,588		502,104		2,664		2,664
055 MEDICAL SUPPLIES CHAR	1,470,035		1,471,548				
056 DRUGS CHARGED TO PATI	7,077,938		7,085,221				
057 RENAL DIALYSIS	317,427		317,754				
058 ASC (NON-DI STINCT PAR	244,822		245,074		4,244		4,244
059 SLEEP LAB	395,316		395,723				
060 OUTPAT SERVICE COST C							
CLINIC	694,097		694,811		4,344		4,344
060 01 PARTIAL HOSP - NEW DA	1,835,054		1,836,942		9,033		9,033
060 02 O. P. T. I. O. N. S - OP PS							
060 03 PAIN MANAGEMENT CLINI	597,224		597,839		4,335		4,335
060 04 HEALTH & NUTRITION CE							
060 05 CANCER CENTER	296,767		297,072		650		650

COST CENTER DESCRIPTION	SHARED SERVICE		OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)
OUTPAT SERVICE COST C	6.05	6a.06	6.06	7	8	9	10
060 06 MATERNAL FETAL MED CT	1,712,021		1,713,783				
061 EMERGENCY	5,601,381		5,607,145		11,435		11,435
061 01 BOLLINGBROOK MED CENTE	756,501		757,279		13,114		13,114
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY	8,387,128		8,395,758				
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
093 HOSPICE	4,216,581		4,220,920				
095 SUBTOTALS	247,587,747	-50,523,135	197,319,059		352,617	65,323	348,298
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	194,122		194,322		943		943
098 PHYSICIANS' PRIVATE O	2,386,107		2,388,562				
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPEWA VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	257,362		50,523,395		13,383,854		3,499,205
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.001029		.252741		37.854548		10.019456
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,460		8,632,691		482,495		383,276
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000010		.043185		1.364676		1.097454
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	11	12	13	14	15	16	17
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 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	60,833						
012 CAFETERIA		114,496					
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		2,042		1,365,547			
015 CENTRAL SERVICES & SU		2,991		42,473	30,904,337		
016 PHARMACY		4,103		85,332	76,444	12,046,719	
017 MEDICAL RECORDS & LIB		3,500					907,225,909
018 SOCIAL SERVICE		1,847				2,261	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		3,742					
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	40,143	21,101		438,906	641,955	353	47,307,820
026 INTENSIVE CARE UNIT	12,274	15,057		313,193	616,398	2,764	38,107,009
031 SUBPROVIDER I	5,584	2,655		55,215	14,574	51	7,702,695
031 01 SUB I REHAB	2,832	1,358		28,255	28,950	17	3,469,200
033 NURSERY							3,476,496
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		7,242		150,624	16,396,649	32,690	138,137,535
037 02 DAY SURGERY		842			54,758	39	
037 02 PRE-ADMIT TESTING		829			8,041		
038 RECOVERY ROOM		1,076		22,377	29,131	2	10,835,996
039 DELIVERY ROOM & LABOR		3,706		77,086	301,151	2,433	10,155,089
040 ANESTHESIOLOGY		331		6,891	290,692	119,360	19,435,371
041 RADIOLOGY-DIAGNOSTIC		5,357			2,248,815	43,985	28,972,871
041 01 CAT SCAN		630			147,566	105,825	59,701,732
041 02 ULTRASOUND		731			8,138	509	13,464,888
041 03 CARDIAC CATH		1,024			6,367,363	38,811	68,539,972
041 04 MRI		416			6,378	61,135	23,134,554
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI					2,938	17,065	8,504,893
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB		916			30,370	48,592	13,126,937
041 09 DUPAGE IMAGING					41,712	12,685	18,392,216
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC		840			16,004	39	14,297,504
043 RADIOISOTOPE		395			18,085	7,870	9,581,537
043 01 LI THOTRI PSY							857,845
044 LABORATORY		12,874			1,013,643	499	159,307,057
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED		1,129			265,391	149	
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCES		786			54,736	58	
049 RESPIRATORY THERAPY		2,832			53,563	157	23,057,348
050 PHYSICAL THERAPY		2,618			22,452	147	8,948,040
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY		675			823		2,687,659
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY		282			2,792		2,188,859
053 ELECTROCARDIOLOGY		1,325			25,244	1,675	20,137,728
053 01 CARDIAC REHAB		723			3,694		998,908
053 02 BMC CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPH		396			23,144		4,695,610
055 MEDICAL SUPPLIES CHAR					1,470,035		7,345,760
056 DRUGS CHARGED TO PATI						11,110,036	67,431,734
057 RENAL DIALYSIS							878,817
058 ASC (NON-DISTINCT PAR							
059 SLEEP LAB					54		2,217,782
060 OUTPAT SERVICE COST C							
060 01 CLINIC		481			36,223	244	2,323,194
060 01 PARTIAL HOSP - NEW DA		1,870		38,887	3,020	576	7,801,877
060 02 O. P. T. I. O. N. S - OP PS							
060 03 PAIN MANAGEMENT CLINI		314		6,533	41,507	39,897	4,163,607
060 04 HEALTH & NUTRITION CE							
060 05 CANCER CENTER		95					

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(PATIENT DAYS)	(FTES)	(NUMBER)HOUSED	(DIRECT)NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS) CHARGES
	11	12	13	14	15	16	17
060 06 OUTPAT SERVICE COST C							
061 06 MATERNAL FETAL MED CT		825		17,158	7,226	443	9,935,583
062 061 EMERGENCY		3,972		82,617	286,229	4,053	45,904,186
063 062 BOLLINGBROOK MED CENTE							
063 063 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST C							
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL T							
069 40 OUTPATIENT OCCUPATION							
071 071 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY					183,047	2,956	
071 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
093 093 HOSPICE					32,987	341,877	
095 095 SUBTOTALS	60,833	113,928		1,365,547	30,871,922	11,999,253	907,225,909
096 096 NONREIMBURS COST CENT							
098 098 GIFT, FLOWER, COFFEE							
098 098 PHYSICIANS' PRIVATE O		568			32,415	47,466	
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPEWA VALLEY							
100 100 OFFICE BUILDINGS							
101 101 CROSS FOOT ADJUSTMENT							
102 102 NEGATIVE COST CENTER							
103 103 COST TO BE ALLOCATED	3,641,725	1,637,417		3,457,031	4,668,190	2,800,535	5,073,217
104 104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		14.301085		2.531609		.232473	.005592
105 105 (WRKSHT B, PT I)	59.864301				.151053		
105 COST TO BE ALLOCATED							
106 106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 107 (WRKSHT B, PT II)	797,974	519,304		356,753	1,366,946	473,999	888,151
107 COST TO BE ALLOCATED							
108 108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		4.535565		.261253		.039347	.000979
108 (WRKSHT B, PT III)	13.117453				.044232		

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	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 05 SHARED SERVICE						
006 06 OTHER A&G						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	60,833					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &				51,687		
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	40,143			42,308		
026 INTENSIVE CARE UNIT	12,274			3,145		
031 SUBPROVIDER I	5,584					
031 01 SUB I REHAB	2,832					
033 NURSERY						
037 ANCILLARY SRVC COST C						
OPERATING ROOM				2,593		
037 01 DAY SURGERY						
037 02 PRE-ADMIT TESTING						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC						
041 01 CAT SCAN						
041 02 ULTRASOUND						
041 03 CARDIAC CATH						
041 04 MRI						
041 05 RADIOLOGY - WESTMONT						
041 06 WESTMONT - MRI						
041 07 BMC RADIOLOGY						
041 08 VASCULAR LAB						
041 09 DUPAGE IMAGING						
041 10 GRANT SQUARE IMAGING						
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
043 01 LITHOTRIpsy						
044 LABORATORY						
044 01 PATHOLOGY						
044 02 BMC LAB						
046 WHOLE BLOOD & PACKED						
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
050 01 PAULSEN REHAB CENTER						
050 02 BMC PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
051 01 BMC OCCUP THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIAC REHAB						
053 02 BMC CARDIAC REHAB						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 SLEEP LAB						
OUTPAT SERVICE COST C						
CLINIC						
060 01 PARTIAL HOSP - NEW DA						
060 02 O. P. T. I. O. N. S - OP PS						
060 03 PAIN MANAGEMENT CLINI						
060 04 HEALTH & NUTRITION CE						
060 05 CANCER CENTER						

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
OUTPAT SERVICE COST C	18	20	21	22	23	24
060 06 MATERNAL FETAL MED CT						
061 EMERGENCY				3,641		
061 01 BOLINGBROOK MED CENTE						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
093 HOSPICE						
095 SUBTOTALS	60,833			51,687		
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 ST. THOMAS HOSPICE						
098 02 DUPAGE IMAGING						
099 01 LAGRANGE MEMORIAL						
099 02 GLEN OAKS HOSPITAL						
099 03 CHIPPEWA VALLEY						
100 OFFICE BUILDINGS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,783,524			5,274,205		
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER				102.041229		
(WRKSHT B, PT I)	45.756810					
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	237,126			220,728		
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER				4.270474		
(WRKSHT B, PT III)	3.897983					

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	39,287,568		39,287,568		39,287,568
26	INTENSIVE CARE UNIT	24,029,258		24,029,258		24,029,258
31	SUBPROVIDER I	5,581,597		5,581,597		5,581,597
31	01 SUB II REHAB	3,284,542		3,284,542		3,284,542
33	NURSERY	2,194,035		2,194,035		2,194,035
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	36,076,735		36,076,735		36,076,735
37	01 DAY SURGERY	1,015,646		1,015,646		1,015,646
37	02 PRE-ADMIT TESTING	811,039		811,039		811,039
38	RECOVERY ROOM	1,852,252		1,852,252		1,852,252
39	DELIVERY ROOM & LABOR ROO	6,530,935		6,530,935		6,530,935
40	ANESTHESIOLOGY	1,241,787		1,241,787		1,241,787
41	RADIOLOGY-DIAGNOSTIC	11,258,469		11,258,469		11,258,469
41	01 CAT SCAN	1,733,968		1,733,968		1,733,968
41	02 ULTRASOUND	1,331,557		1,331,557		1,331,557
41	03 CARDIAC CATH	11,485,657		11,485,657		11,485,657
41	04 MRI	1,617,760		1,617,760		1,617,760
41	05 RADIOLOGY - WESTMONT					
41	06 WESTMONT - MRI	751,214		751,214		751,214
41	07 BMC RADIOLOGY	235,379		235,379		235,379
41	08 VASCULAR LAB	1,518,565		1,518,565		1,518,565
41	09 DUPAGE IMAGING	3,218,340		3,218,340		3,218,340
41	10 GRANT SQUARE IMAGING	60,107		60,107		60,107
42	RADIOLOGY-THERAPEUTIC	2,564,622		2,564,622		2,564,622
43	RADIO SOTOPE	1,658,625		1,658,625		1,658,625
43	01 LI THOTRI PSY	274,954		274,954		274,954
44	LABORATORY	17,457,136		17,457,136		17,457,136
44	01 PATHOLOGY					
44	02 BMC LAB					
46	WHOLE BLOOD & PACKED RED	1,453,777		1,453,777		1,453,777
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	2,182,184		2,182,184		2,182,184
49	RESPIRATORY THERAPY	3,752,496		3,752,496		3,752,496
50	PHYSICAL THERAPY	4,151,775		4,151,775		4,151,775
50	01 PAULSEN REHAB CENTER					
50	02 BMC PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY	964,981		964,981		964,981
51	01 BMC OCCUP THERAPY					
52	SPEECH PATHOLOGY	382,225		382,225		382,225
53	ELECTROCARDIOLOGY	1,727,814		1,727,814		1,727,814
53	01 CARDIAC REHAB	683,551		683,551		683,551
53	02 BMC CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	791,960		791,960		791,960
55	MEDICAL SUPPLIES CHARGED	2,106,599		2,106,599		2,106,599
56	DRUGS CHARGED TO PATIENTS	11,835,807		11,835,807		11,835,807
57	RENAL DIALYSIS	402,977		402,977		402,977
58	ASC (NON-DISTINCT PART)	510,192		510,192		510,192
59	SLEEP LAB	508,148		508,148		508,148
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,103,782		1,103,782		1,103,782
60	01 PARTIAL HOSP - NEW DAY CE	2,903,067		2,903,067		2,903,067
60	02 O. P. T. I. O. N. S - OP PSYCH					
60	03 PAIN MANAGEMENT CLINIC	1,016,328		1,016,328		1,016,328
60	04 HEALTH & NUTRITION CENTER					
60	05 CANCER CENTER	404,631		404,631		404,631
60	06 MATERNAL FETAL MED CTR	2,258,916		2,258,916		2,258,916
61	EMERGENCY	8,138,571		8,138,571		8,138,571
61	01 BOLINGBROOK MED CENTER	1,576,494		1,576,494		1,576,494
62	OBSERVATION BEDS (NON-DIS	3,225,903		3,225,903		3,225,903
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	229,153,925		229,153,925		229,153,925
102	LESS OBSERVATION BEDS	3,225,903		3,225,903		3,225,903
103	TOTAL	225,928,022		225,928,022		225,928,022

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	40,756,851		40,756,851			
26	INTENSIVE CARE UNIT	38,107,009		38,107,009			
31	SUBPROVIDER I	7,702,695		7,702,695			
31	01 SUB I I REHAB	3,469,200		3,469,200			
33	NURSERY	3,476,496		3,476,496			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	88,649,619	49,487,916	138,137,535	.261165	.261165	.261165
37	01 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM	5,856,306	4,979,690	10,835,996	.170935	.170935	.170935
39	DELIVERY ROOM & LABOR ROO	9,208,332	946,757	10,155,089	.643119	.643119	.643119
40	ANESTHESIOLOGY	12,113,836	7,321,535	19,435,371	.063893	.063893	.063893
41	RADIOLOGY-DIAGNOSTIC	11,770,828	17,202,043	28,972,871	.388587	.388587	.388587
41	01 CAT SCAN	21,222,291	38,479,441	59,701,732	.029044	.029044	.029044
41	02 ULTRASOUND	4,496,141	8,968,747	13,464,888	.098891	.098891	.098891
41	03 CARDIAC CATH	44,579,386	23,960,586	68,539,972	.167576	.167576	.167576
41	04 MRI	7,842,592	15,291,962	23,134,554	.069928	.069928	.069928
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	29,699	8,475,194	8,504,893	.088327	.088327	.088327
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB	7,182,434	5,944,503	13,126,937	.115683	.115683	.115683
41	09 DUPAGE IMAGING	41,368	18,350,848	18,392,216	.174984	.174984	.174984
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC	1,271,597	13,025,907	14,297,504	.179376	.179376	.179376
43	RADIOIOTOPE	3,389,192	6,192,345	9,581,537	.173106	.173106	.173106
43	01 LI THOTRI PSY	8,540	849,305	857,845	.320517	.320517	.320517
44	LABORATORY	57,336,551	101,970,506	159,307,057	.109582	.109582	.109582
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	21,751,491	1,305,857	23,057,348	.162746	.162746	.162746
50	PHYSICAL THERAPY	5,353,954	3,594,086	8,948,040	.463987	.463987	.463987
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	2,655,698	31,961	2,687,659	.359041	.359041	.359041
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	1,929,330	259,529	2,188,859	.174623	.174623	.174623
53	ELECTROCARDIOLOGY	10,686,609	9,451,119	20,137,728	.085800	.085800	.085800
53	01 CARDIAC REHAB	114,370	884,538	998,908	.684298	.684298	.684298
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	2,202,649	2,492,961	4,695,610	.168660	.168660	.168660
55	MEDICAL SUPPLIES CHARGED	4,896,254	2,449,506	7,345,760	.286778	.286778	.286778
56	DRUGS CHARGED TO PATIENTS	51,669,052	15,762,682	67,431,734	.175523	.175523	.175523
57	RENAL DIALYSIS	867,639	11,178	878,817	.458545	.458545	.458545
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB		2,217,782	2,217,782	.229124	.229124	.229124
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	10,435	2,312,759	2,323,194	.475114	.475114	.475114
60	01 PARTIAL HOSP - NEW DAY CE	1,904	7,799,973	7,801,877	.372099	.372099	.372099
60	02 O.P.T.I.O.N.S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	60,845	4,102,762	4,163,607	.244098	.244098	.244098
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR	2,730,600	7,204,983	9,935,583	.227356	.227356	.227356
61	EMERGENCY	16,530,934	29,373,252	45,904,186	.177295	.177295	.177295
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS		6,550,969	6,550,969	.492431	.492431	.492431
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	489,972,727	417,253,182	907,225,909			
102	LESS OBSERVATION BEDS						
103	TOTAL	489,972,727	417,253,182	907,225,909			

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						
37	01 OPERATING ROOM	36,076,735	3,588,983	32,487,752			36,076,735
37	02 DAY SURGERY	1,015,646	45,390	970,256			1,015,646
37	02 PRE-ADMIT TESTING	811,039	35,739	775,300			811,039
38	RECOVERY ROOM	1,852,252	279,366	1,572,886			1,852,252
39	DELIVERY ROOM & LABOR ROO	6,530,935	916,981	5,613,954			6,530,935
40	ANESTHESIOLOGY	1,241,787	124,264	1,117,523			1,241,787
41	RADIOLOGY-DIAGNOSTIC	11,258,469	1,196,962	10,061,507			11,258,469
41	01 CAT SCAN	1,733,968	250,231	1,483,737			1,733,968
41	02 ULTRASOUND	1,331,557	196,338	1,135,219			1,331,557
41	03 CARDIAC CATH	11,485,657	1,005,964	10,479,693			11,485,657
41	04 MRI	1,617,760	458,903	1,158,857			1,617,760
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	751,214	36,276	714,938			751,214
41	07 BMC RADIOLOGY	235,379	122,655	112,724			235,379
41	08 VASCULAR LAB	1,518,565	111,309	1,407,256			1,518,565
41	09 DUPAGE IMAGING	3,218,340	141,589	3,076,751			3,218,340
41	10 GRANT SQUARE IMAGING	60,107	31,321	28,786			60,107
42	RADIOLOGY-THERAPEUTIC	2,564,622	580,925	1,983,697			2,564,622
43	RADIOISOTOPE	1,658,625	347,678	1,310,947			1,658,625
43	01 LI THOTRI PSY	274,954	10,155	264,799			274,954
44	LABORATORY	17,457,136	1,768,600	15,688,536			17,457,136
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED	1,453,777	70,478	1,383,299			1,453,777
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	2,182,184	84,434	2,097,750			2,182,184
49	RESPIRATORY THERAPY	3,752,496	297,528	3,454,968			3,752,496
50	PHYSICAL THERAPY	4,151,775	690,758	3,461,017			4,151,775
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	964,981	42,630	922,351			964,981
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	382,225	17,823	364,402			382,225
53	ELECTROCARDIOLOGY	1,727,814	104,954	1,622,860			1,727,814
53	01 CARDIAC REHAB	683,551	36,910	646,641			683,551
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	791,960	191,119	600,841			791,960
55	MEDICAL SUPPLIES CHARGED	2,106,599	135,778	1,970,821			2,106,599
56	DRUGS CHARGED TO PATIENTS	11,835,807	809,204	11,026,603			11,835,807
57	RENAL DIALYSIS	402,977	14,585	388,392			402,977
58	ASC (NON-DISTINCT PART)	510,192	265,858	244,334			510,192
59	SLEEP LAB	508,148	19,266	488,882			508,148
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,103,782	300,415	803,367			1,103,782
60	01 PARTIAL HOSP - NEW DAY CE	2,903,067	657,246	2,245,821			2,903,067
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	1,016,328	298,783	717,545			1,016,328
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER	404,631	53,453	351,178			404,631
60	06 MATERNAL FETAL MED CTR	2,258,916	103,708	2,155,208			2,258,916
61	EMERGENCY	8,138,571	1,051,127	7,087,444			8,138,571
61	01 BOLINGBROOK MED CENTER	1,576,494	821,500	754,994			1,576,494
62	OBSERVATION BEDS (NON-DIS	3,225,903	596,644	2,629,259			3,225,903
63	RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	154,776,925	17,913,830	136,863,095			154,776,925
102	LESS OBSERVATION BEDS	3,225,903	596,644	2,629,259			3,225,903
103	TOTAL	151,551,022	17,317,186	134,233,836			151,551,022

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	138,137,535	.261165	.261165
37 01	DAY SURGERY			
37 02	PRE-ADMIT TESTING			
38	RECOVERY ROOM	10,835,996	.170935	.170935
39	DELIVERY ROOM & LABOR ROO	10,155,089	.643119	.643119
40	ANESTHESIOLOGY	19,435,371	.063893	.063893
41	RADIOLOGY-DIAGNOSTIC	28,972,871	.388587	.388587
41 01	CAT SCAN	59,701,732	.029044	.029044
41 02	ULTRASOUND	13,464,888	.098891	.098891
41 03	CARDIAC CATH	68,539,972	.167576	.167576
41 04	MRI	23,134,554	.069928	.069928
41 05	RADIOLOGY - WESTMONT			
41 06	WESTMONT - MRI	8,504,893	.088327	.088327
41 07	BMC RADIOLOGY			
41 08	VASCULAR LAB	13,126,937	.115683	.115683
41 09	DUPAGE IMAGING	18,392,216	.174984	.174984
41 10	GRANT SQUARE IMAGING			
42	RADIOLOGY-THERAPEUTIC	14,297,504	.179376	.179376
43	RADIOISOTOPE	9,581,537	.173106	.173106
43 01	LITHOTRIPSY	857,845	.320517	.320517
44	LABORATORY	159,307,057	.109582	.109582
44 01	PATHOLOGY			
44 02	BMC LAB			
46	WHOLE BLOOD & PACKED RED			
46 30	BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	23,057,348	.162746	.162746
50	PHYSICAL THERAPY	8,948,040	.463987	.463987
50 01	PAULSEN REHAB CENTER			
50 02	BMC PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY	2,687,659	.359041	.359041
51 01	BMC OCCUP THERAPY			
52	SPEECH PATHOLOGY	2,188,859	.174623	.174623
53	ELECTROCARDIOLOGY	20,137,728	.085800	.085800
53 01	CARDIAC REHAB	998,908	.684298	.684298
53 02	BMC CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY	4,695,610	.168660	.168660
55	MEDICAL SUPPLIES CHARGED	7,345,760	.286778	.286778
56	DRUGS CHARGED TO PATIENTS	67,431,734	.175523	.175523
57	RENAL DIALYSIS	878,817	.458545	.458545
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	2,217,782	.229124	.229124
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,323,194	.475114	.475114
60 01	PARTIAL HOSP - NEW DAY CE	7,801,877	.372099	.372099
60 02	O.P.T.I.O.N.S - OP PSYCH			
60 03	PAIN MANAGEMENT CLINIC	4,163,607	.244098	.244098
60 04	HEALTH & NUTRITION CENTER			
60 05	CANCER CENTER			
60 06	MATERNAL FETAL MED CTR	9,935,583	.227356	.227356
61	EMERGENCY	45,904,186	.177295	.177295
61 01	BOLINGBROOK MED CENTER			
62	OBSERVATION BEDS (NON-DIS	6,550,969	.492431	.492431
63	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	813,713,658		
102	LESS OBSERVATION BEDS	6,550,969		
103	TOTAL	807,162,689		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	36,341,328	3,588,983	32,752,345			36,341,328
37	02 DAY SURGERY	1,015,646	45,390	970,256			1,015,646
37	02 PRE-ADMIT TESTING	811,039	35,739	775,300			811,039
38	RECOVERY ROOM	1,852,252	279,366	1,572,886			1,852,252
39	DELIVERY ROOM & LABOR ROO	6,530,935	916,981	5,613,954			6,530,935
40	ANESTHESIOLOGY	1,241,787	124,264	1,117,523			1,241,787
41	RADIOLOGY-DIAGNOSTIC	11,258,469	1,196,962	10,061,507			11,258,469
41	01 CAT SCAN	1,733,968	250,231	1,483,737			1,733,968
41	02 ULTRASOUND	1,331,557	196,338	1,135,219			1,331,557
41	03 CARDIAC CATH	11,485,657	1,005,964	10,479,693			11,485,657
41	04 MRI	1,617,760	458,903	1,158,857			1,617,760
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	751,214	36,276	714,938			751,214
41	07 BMC RADIOLOGY	235,379	122,655	112,724			235,379
41	08 VASCULAR LAB	1,518,565	111,309	1,407,256			1,518,565
41	09 DUPAGE IMAGING	3,218,340	141,589	3,076,751			3,218,340
41	10 GRANT SQUARE IMAGING	60,107	31,321	28,786			60,107
42	RADIOLOGY-THERAPEUTIC	2,564,622	580,925	1,983,697			2,564,622
43	RADIOISOTOPE	1,658,625	347,678	1,310,947			1,658,625
43	01 LI THOTRI PSY	274,954	10,155	264,799			274,954
44	LABORATORY	17,457,136	1,768,600	15,688,536			17,457,136
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED	1,453,777	70,478	1,383,299			1,453,777
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	2,182,184	84,434	2,097,750			2,182,184
49	RESPIRATORY THERAPY	3,752,496	297,528	3,454,968			3,752,496
50	PHYSICAL THERAPY	4,151,775	690,758	3,461,017			4,151,775
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	964,981	42,630	922,351			964,981
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	382,225	17,823	364,402			382,225
53	ELECTROCARDIOLOGY	1,727,814	104,954	1,622,860			1,727,814
53	01 CARDIAC REHAB	683,551	36,910	646,641			683,551
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	791,960	191,119	600,841			791,960
55	MEDICAL SUPPLIES CHARGED	2,106,599	135,778	1,970,821			2,106,599
56	DRUGS CHARGED TO PATIENTS	11,835,807	809,204	11,026,603			11,835,807
57	RENAL DIALYSIS	402,977	14,585	388,392			402,977
58	ASC (NON-DI STINCT PART)	510,192	265,858	244,334			510,192
59	SLEEP LAB	508,148	19,266	488,882			508,148
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC	1,103,782	300,415	803,367			1,103,782
60	01 PARTIAL HOSP - NEW DAY CE	2,903,067	657,246	2,245,821			2,903,067
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	1,016,328	298,783	717,545			1,016,328
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER	404,631	53,453	351,178			404,631
60	06 MATERNAL FETAL MED CTR	2,258,916	103,708	2,155,208			2,258,916
61	EMERGENCY	8,510,103	1,051,127	7,458,976			8,510,103
61	01 BOLINGBROOK MED CENTER	1,576,494	821,500	754,994			1,576,494
62	OBSERVATION BEDS (NON-DIS	3,225,903	596,644	2,629,259			3,225,903
63	RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	155,413,050	17,913,830	137,499,220			155,413,050
102	LESS OBSERVATION BEDS	3,225,903	596,644	2,629,259			3,225,903
103	TOTAL	152,187,147	17,317,186	134,869,961			152,187,147

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	138,137,535	.263081	.263081
37 01	DAY SURGERY			
37 02	PRE-ADMIT TESTING			
38	RECOVERY ROOM	10,835,996	.170935	.170935
39	DELIVERY ROOM & LABOR ROO	10,155,089	.643119	.643119
40	ANESTHESIOLOGY	19,435,371	.063893	.063893
41	RADIOLOGY-DIAGNOSTIC	28,972,871	.388587	.388587
41 01	CAT SCAN	59,701,732	.029044	.029044
41 02	ULTRASOUND	13,464,888	.098891	.098891
41 03	CARDIAC CATH	68,539,972	.167576	.167576
41 04	MRI	23,134,554	.069928	.069928
41 05	RADIOLOGY - WESTMONT			
41 06	WESTMONT - MRI	8,504,893	.088327	.088327
41 07	BMC RADIOLOGY			
41 08	VASCULAR LAB	13,126,937	.115683	.115683
41 09	DUPAGE IMAGING	18,392,216	.174984	.174984
41 10	GRANT SQUARE IMAGING			
42	RADIOLOGY-THERAPEUTIC	14,297,504	.179376	.179376
43	RADIOISOTOPE	9,581,537	.173106	.173106
43 01	LI THOTRI PSY	857,845	.320517	.320517
44	LABORATORY	159,307,057	.109582	.109582
44 01	PATHOLOGY			
44 02	BMC LAB			
46	WHOLE BLOOD & PACKED RED			
46 30	BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	23,057,348	.162746	.162746
50	PHYSICAL THERAPY	8,948,040	.463987	.463987
50 01	PAULSEN REHAB CENTER			
50 02	BMC PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY	2,687,659	.359041	.359041
51 01	BMC OCCUP THERAPY			
52	SPEECH PATHOLOGY	2,188,859	.174623	.174623
53	ELECTROCARDIOLOGY	20,137,728	.085800	.085800
53 01	CARDIAC REHAB	998,908	.684298	.684298
53 02	BMC CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY	4,695,610	.168660	.168660
55	MEDICAL SUPPLIES CHARGED	7,345,760	.286778	.286778
56	DRUGS CHARGED TO PATIENTS	67,431,734	.175523	.175523
57	RENAL DIALYSIS	878,817	.458545	.458545
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	2,217,782	.229124	.229124
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,323,194	.475114	.475114
60 01	PARTIAL HOSP - NEW DAY CE	7,801,877	.372099	.372099
60 02	O.P.T.I.O.N.S - OP PSYCH			
60 03	PAIN MANAGEMENT CLINIC	4,163,607	.244098	.244098
60 04	HEALTH & NUTRITION CENTER			
60 05	CANCER CENTER			
60 06	MATERNAL FETAL MED CTR	9,935,583	.227356	.227356
61	EMERGENCY	45,904,186	.185388	.185388
61 01	BOLINGBROOK MED CENTER			
62	OBSERVATION BEDS (NON-DIS	6,550,969	.492431	.492431
63	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	813,713,658		
102	LESS OBSERVATION BEDS	6,550,969		
103	TOTAL	807,162,689		

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,734	18,439			166.15	3,063,640
26	INTENSIVE CARE UNIT	12,274	4,036			180.49	728,458
31	SUBPROVIDER I	5,584	1,776			160.94	285,829
31 01	SUB I.I REHAB	2,832	1,937			253.87	491,746
33	NURSERY	4,490				74.64	
101	TOTAL	68,914	26,188				4,569,673

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,588,983	138,137,535	29,838,302		
37 01	DAY SURGERY		45,390				
37 02	PRE-ADMIT TESTING		35,739				
38	RECOVERY ROOM		279,366	10,835,996	2,121,823		
39	DELIVERY ROOM & LABOR ROO		916,981	10,155,089	6,687		
40	ANESTHESIOLOGY		124,264	19,435,371	3,848,928		
41	RADIOLOGY-DIAGNOSTIC		1,196,962	28,972,871	6,000,435		
41 01	CAT SCAN		250,231	59,701,732	11,712,584		
41 02	ULTRASOUND		196,338	13,464,888	2,499,572		
41 03	CARDIAC CATH		1,005,964	68,539,972	35,249,350		
41 04	MRI		458,903	23,134,554	4,242,577		
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI		36,276	8,504,893			
41 07	BMC RADIOLOGY		122,655				
41 08	VASCULAR LAB		111,309	13,126,937	4,140,138		
41 09	DUPAGE IMAGING		141,589	18,392,216	970		
41 10	GRANT SQUARE IMAGING		31,321				
42	RADIOLOGY-THERAPEUTIC		580,925	14,297,504	621,503		
43	RADIOISOTOPE		347,678	9,581,537	2,100,632		
43 01	LITHOTRIpsy		10,155	857,845	8,540		
44	LABORATORY		1,768,600	159,307,057	29,253,448		
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED		70,478				
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING		84,434				
49	RESPIRATORY THERAPY		297,528	23,057,348	11,689,386		
50	PHYSICAL THERAPY		690,758	8,948,040	2,402,076		
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY		42,630	2,687,659	960,536		
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY		17,823	2,188,859	661,276		
53	ELECTROCARDIOLOGY		104,954	20,137,728	2,103,189		
53 01	CARDIAC REHAB		36,910	998,908	76,866		
53 02	BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY		191,119	4,695,610	500,181		
55	MEDICAL SUPPLIES CHARGED		135,778	7,345,760	2,733,966		
56	DRUGS CHARGED TO PATIENTS		809,204	67,431,734	24,966,873		
57	RENAL DIALYSIS		14,585	878,817	289,215		
58	ASC (NON-DISTINCT PART)		265,858				
59	SLEEP LAB		19,266	2,217,782			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		300,415	2,323,194	932		
60 01	PARTIAL HOSP - NEW DAY CE		657,246	7,801,877			
60 02	O.P.T.I.O.N.S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC		298,783	4,163,607			
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER		53,453				
60 06	MATERNAL FETAL MED CTR		103,708	9,935,583			
61	EMERGENCY		1,051,127	45,904,186	8,975,754		
61 01	BOLINGBROOK MED CENTER		821,500				
62	OBSERVATION BEDS (NON-DIS		596,644	6,550,969			
63	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		17,913,830	813,713,658	187,005,739		

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					43,734	
26	INTENSIVE CARE UNIT					12,274	
31	SUBPROVIDER I					5,584	
31 01	SUB I I REHAB					2,832	
33	NURSERY					4,490	
101	TOTAL					68,914	

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

PROVIDER NO:	PERIOD:	PREPARED 10/ 7/2010
14-0122	FROM 1/ 1/2009	WORKSHEET D
	TO 12/31/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	18,439	
26	INTENSIVE CARE UNIT	4,036	
31	SUBPROVIDER I	1,776	
31 01	SUB II REHAB	1,937	
33	NURSERY		
101	TOTAL	26,188	

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						
37 01	DAY SURGERY						
37 02	PRE-ADMIT TESTING						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	ULTRASOUND						
41 03	CARDIAC CATH						
41 04	MRI						
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI						
41 07	BMC RADIOLOGY						
41 08	VASCULAR LAB						
41 09	DUPAGE IMAGING						
41 10	GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	LITHOTRIPSY						
44	LABORATORY						
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
53 02	BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSP - NEW DAY CE						
60 02	O.P.T.I.O.N.S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC						
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER						
60 06	MATERNAL FETAL MED CTR						
61	EMERGENCY						
61 01	BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
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							
37	01 OPERATING ROOM			138,137,535			29,838,302	
37	02 DAY SURGERY							
37	02 PRE-ADMIT TESTING							
38	RECOVERY ROOM			10,835,996			2,121,823	
39	DELIVERY ROOM & LABOR ROO			10,155,089			6,687	
40	ANESTHESIOLOGY			19,435,371			3,848,928	
41	RADIOLOGY-DIAGNOSTIC			28,972,871			6,000,435	
41	01 CAT SCAN			59,701,732			11,712,584	
41	02 ULTRASOUND			13,464,888			2,499,572	
41	03 CARDIAC CATH			68,539,972			35,249,350	
41	04 MRI			23,134,554			4,242,577	
41	05 RADIOLOGY - WESTMONT							
41	06 WESTMONT - MRI			8,504,893				
41	07 BMC RADIOLOGY							
41	08 VASCULAR LAB			13,126,937			4,140,138	
41	09 DUPAGE IMAGING			18,392,216			970	
41	10 GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			14,297,504			621,503	
43	RADIOISOTOPE			9,581,537			2,100,632	
43	01 LI THOTRI PSY			857,845			8,540	
44	LABORATORY			159,307,057			29,253,448	
44	01 PATHOLOGY							
44	02 BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			23,057,348			11,689,386	
50	PHYSICAL THERAPY			8,948,040			2,402,076	
50	01 PAULSEN REHAB CENTER							
50	02 BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			2,687,659			960,536	
51	01 BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,188,859			661,276	
53	ELECTROCARDIOLOGY			20,137,728			2,103,189	
53	01 CARDIAC REHAB			998,908			76,866	
53	02 BMC CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY			4,695,610			500,181	
55	MEDICAL SUPPLIES CHARGED			7,345,760			2,733,966	
56	DRUGS CHARGED TO PATIENTS			67,431,734			24,966,873	
57	RENAL DIALYSIS			878,817			289,215	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			2,217,782				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,323,194			932	
60	01 PARTIAL HOSP - NEW DAY CE			7,801,877				
60	02 O.P.T.I.O.N.S - OP PSYCH							
60	03 PAIN MANAGEMENT CLINIC			4,163,607				
60	04 HEALTH & NUTRITION CENTER							
60	05 CANCER CENTER							
60	06 MATERNAL FETAL MED CTR			9,935,583				
61	EMERGENCY			45,904,186			8,975,754	
61	01 BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,550,969				
63	50 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			813,713,658			187,005,739	

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						
37	01 OPERATING ROOM	12,762,553					
37	02 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM	853,042					
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,835,944					
41	01 CAT SCAN	10,927,879					
41	02 ULTRASOUND	1,496,254					
41	03 CARDIAC CATH	7,088,652					
41	04 MRI	3,054,122					
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	2,361,043					
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB	415,916					
41	09 DUPAGE IMAGING	7,294,830					
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC	6,485,294					
43	RADIOISOTOPE	2,126,679					
43	01 LI THOTRI PSY	703,442					
44	LABORATORY	3,326,911					
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	403,959					
50	PHYSICAL THERAPY						
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	49,958					
53	ELECTROCARDIOLOGY	2,760,014					
53	01 CARDIAC REHAB	421,748					
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	830,048					
55	MEDICAL SUPPLIES CHARGED	2,303,633					
56	DRUGS CHARGED TO PATIENTS	6,004,496					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB	395,316					
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,256,367					
60	01 PARTIAL HOSP - NEW DAY CE	253,243					
60	02 O.P.T.I.O.N.S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	3,903,182					
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR						
61	EMERGENCY	5,900,398					
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS	1,561,261					
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL	89,776,184					

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	.261165	.261165			
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM	.170935	.170935			
39 DELIVERY ROOM & LABOR ROOM	.643119	.643119			
40 ANESTHESIOLOGY	.063893	.063893			
41 RADIOLOGY-DIAGNOSTIC	.388587	.388587			
41 01 CAT SCAN	.029044	.029044			
41 02 ULTRASOUND	.098891	.098891			
41 03 CARDIAC CATH	.167576	.167576			
41 04 MRI	.069928	.069928			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI	.088327	.088327			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB	.115683	.115683			
41 09 DUPAGE IMAGING	.174984	.174984			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC	.179376	.179376			
43 RADIOISOTOPE	.173106	.173106			
43 01 LI THOTRIPSY	.320517	.320517			
44 LABORATORY	.109582	.109582			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY	.162746	.162746			
50 PHYSICAL THERAPY	.463987	.463987			
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY	.359041	.359041			
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY	.174623	.174623			
53 ELECTROCARDIOLOGY	.085800	.085800			
53 01 CARDIAC REHAB	.684298	.684298			
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY	.168660	.168660			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.286778	.286778			
56 DRUGS CHARGED TO PATIENTS	.175523	.175523			
57 RENAL DIALYSIS	.458545	.458545			
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB	.229124	.229124			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.475114	.475114			
60 01 PARTIAL HOSP - NEW DAY CENTER	.372099	.372099			
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC	.244098	.244098			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR	.227356	.227356			
61 EMERGENCY	.177295	.177295			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.492431	.492431			
63 50 RHC					
63 60 FOHC					
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 B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		12,762,553	1,175		
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM		853,042			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,835,944	107		
41 01 CAT SCAN		10,927,879	214		
41 02 ULTRASOUND		1,496,254			
41 03 CARDIAC CATH		7,088,652			
41 04 MRI		3,054,122			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI		2,361,043			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB		415,916			
41 09 DUPAGE IMAGING		7,294,830			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC		6,485,294			
43 RADIOISOTOPE		2,126,679			
43 01 LI THOTRI PSY		703,442			
44 LABORATORY		3,326,911			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		403,959			
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY		49,958			
53 ELECTROCARDIOLOGY		2,760,014			
53 01 CARDIAC REHAB		421,748			
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY		830,048			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,303,633	641		
56 DRUGS CHARGED TO PATIENTS		6,004,496			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB		395,316			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		2,256,367			
60 01 PARTIAL HOSP - NEW DAY CENTER		253,243			
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC		3,903,182			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY		5,900,398			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,561,261			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		89,776,184	2,137		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		89,776,184	2,137		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,333,132	307
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM				145,815	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				1,490,598	42
41 01 CAT SCAN				317,389	6
41 02 ULTRASOUND				147,966	
41 03 CARDIAC CATH				1,187,888	
41 04 MRI				213,569	
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI				208,544	
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB				48,114	
41 09 DUPAGE IMAGING				1,276,479	
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC				1,163,306	
43 RADIOISOTOPE				368,141	
43 01 LI THOTRI PSY				225,465	
44 LABORATORY				364,570	
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				65,743	
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY				8,724	
53 ELECTROCARDIOLOGY				236,809	
53 01 CARDIAC REHAB				288,601	
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY				139,996	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				660,631	184
56 DRUGS CHARGED TO PATIENTS				1,053,927	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB				90,576	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,072,032	
60 01 PARTIAL HOSP - NEW DAY CENTER				94,231	
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC				952,759	
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY				1,046,111	
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)				768,813	
63 RHC					
63 60 FOHC					
101 SUBTOTAL				16,969,929	539
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				16,969,929	539

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

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM		3,588,983	138,137,535	1,155		
37	02 DAY SURGERY		45,390				
38	02 PRE-ADMIT TESTING		35,739				
38	RECOVERY ROOM		279,366	10,835,996	75,234		
39	DELIVERY ROOM & LABOR ROO		916,981	10,155,089			
40	ANESTHESIOLOGY		124,264	19,435,371	75,052		
41	RADIOLOGY-DIAGNOSTIC		1,196,962	28,972,871	19,711		
41	01 CAT SCAN		250,231	59,701,732	97,681		
41	02 ULTRASOUND		196,338	13,464,888	15,748		
41	03 CARDIAC CATH		1,005,964	68,539,972	7,159		
41	04 MRI		458,903	23,134,554	29,347		
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI		36,276	8,504,893			
41	07 BMC RADIOLOGY		122,655				
41	08 VASCULAR LAB		111,309	13,126,937	5,573		
41	09 DUPAGE IMAGING		141,589	18,392,216	378		
41	10 GRANT SQUARE IMAGING		31,321				
42	RADIOLOGY-THERAPEUTIC		580,925	14,297,504			
43	RADIOISOTOPE		347,678	9,581,537	5,567		
43	01 LI THOTRI PSY		10,155	857,845			
44	LABORATORY		1,768,600	159,307,057	350,765		
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED		70,478				
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING		84,434				
49	RESPIRATORY THERAPY		297,528	23,057,348	120,487		
50	PHYSICAL THERAPY		690,758	8,948,040	45,616		
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY		42,630	2,687,659	11,613		
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY		17,823	2,188,859	4,014		
53	ELECTROCARDIOLOGY		104,954	20,137,728	18,725		
53	01 CARDIAC REHAB		36,910	998,908			
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY		191,119	4,695,610	5,781		
55	MEDICAL SUPPLIES CHARGED		135,778	7,345,760	2,591		
56	DRUGS CHARGED TO PATIENTS		809,204	67,431,734	436,609		
57	RENAL DIALYSIS		14,585	878,817			
58	ASC (NON-DISTINCT PART)		265,858				
59	SLEEP LAB		19,266	2,217,782			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		300,415	2,323,194			
60	01 PARTIAL HOSP - NEW DAY CE		657,246	7,801,877			
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC		298,783	4,163,607			
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER		53,453				
60	06 MATERNAL FETAL MED CTR		103,708	9,935,583			
61	EMERGENCY		1,051,127	45,904,186	133,694		
61	01 BOLINGBROOK MED CENTER		821,500				
62	OBSERVATION BEDS (NON-DIS		596,644	6,550,969			
63	RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL		17,913,830	813,713,658	1,462,500		

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
37	01 OPERATING ROOM	.025981	30
37	02 DAY SURGERY		
37	02 PRE-ADMIT TESTING		
38	RECOVERY ROOM	.025781	1,940
39	DELIVERY ROOM & LABOR ROO	.090298	
40	ANESTHESIOLOGY	.006394	480
41	RADIOLOGY-DIAGNOSTIC	.041313	814
41	01 CAT SCAN	.004191	409
41	02 ULTRASOUND	.014581	230
41	03 CARDIAC CATH	.014677	105
41	04 MRI	.019836	582
41	05 RADIOLOGY - WESTMONT		
41	06 WESTMONT - MRI	.004265	
41	07 BMC RADIOLOGY		
41	08 VASCULAR LAB	.008479	47
41	09 DUPAGE IMAGING	.007698	3
41	10 GRANT SQUARE IMAGING		
42	RADIOLOGY-THERAPEUTIC	.040631	
43	RADIOISOTOPE	.036286	202
43	01 LI THOTRI PSY	.011838	
44	LABORATORY	.011102	3,894
44	01 PATHOLOGY		
44	02 BMC LAB		
46	WHOLE BLOOD & PACKED RED		
46	30 BLOOD CLOTTING FACTORS AD		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY	.012904	1,555
50	PHYSICAL THERAPY	.077197	3,521
50	01 PAULSEN REHAB CENTER		
50	02 BMC PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY	.015861	184
51	01 BMC OCCUP THERAPY		
52	SPEECH PATHOLOGY	.008143	33
53	ELECTROCARDIOLOGY	.005212	98
53	01 CARDIAC REHAB	.036950	
53	02 BMC CARDIAC REHAB		
54	ELECTROENCEPHALOGRAPHY	.040702	235
55	MEDICAL SUPPLIES CHARGED	.018484	48
56	DRUGS CHARGED TO PATIENTS	.012000	5,239
57	RENAL DIALYSIS	.016596	
58	ASC (NON-DISTINCT PART)		
59	SLEEP LAB	.008687	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.129311	
60	01 PARTIAL HOSP - NEW DAY CE	.084242	
60	02 O.P.T.I.O.N.S - OP PSYCH		
60	03 PAIN MANAGEMENT CLINIC	.071761	
60	04 HEALTH & NUTRITION CENTER		
60	05 CANCER CENTER		
60	06 MATERNAL FETAL MED CTR	.010438	
61	EMERGENCY	.022898	3,061
61	01 BOLINGBROOK MED CENTER		
62	OBSERVATION BEDS (NON-DIS	.091077	
63	50 RHC		
63	60 FOHC		
101	OTHER REIMBURS COST CNTRS		
	TOTAL		22,710

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 DAY SURGERY										
37	02 PRE-ADMIT TESTING										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 ULTRASOUND										
41	03 CARDIAC CATH										
41	04 MRI										
41	05 RADIOLOGY - WESTMONT										
41	06 WESTMONT - MRI										
41	07 BMC RADIOLOGY										
41	08 VASCULAR LAB										
41	09 DUPAGE IMAGING										
41	10 GRANT SQUARE IMAGING										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 LI THOTRI PSY										
44	LABORATORY										
44	01 PATHOLOGY										
44	02 BMC LAB										
46	WHOLE BLOOD & PACKED RED										
46	30 BLOOD CLOTTING FACTORS AD										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 PAULSEN REHAB CENTER										
50	02 BMC PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
51	01 BMC OCCUP THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC REHAB										
53	02 BMC CARDIAC REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 PARTIAL HOSP - NEW DAY CE										
60	02 O. P. T. I. O. N. S - OP PSYCH										
60	03 PAIN MANAGEMENT CLINIC										
60	04 HEALTH & NUTRITION CENTER										
60	05 CANCER CENTER										
60	06 MATERNAL FETAL MED CTR										
61	EMERGENCY										
61	01 BOLINGBROOK MED CENTER										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
	OTHER REIMBURS COST CNTRS										
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							
37	OPERATING ROOM			138,137,535			1,155	
37	01 DAY SURGERY							
37	02 PRE-ADMIT TESTING							
38	RECOVERY ROOM			10,835,996			75,234	
39	DELIVERY ROOM & LABOR ROO			10,155,089				
40	ANESTHESIOLOGY			19,435,371			75,052	
41	RADIOLOGY-DIAGNOSTIC			28,972,871			19,711	
41	01 CAT SCAN			59,701,732			97,681	
41	02 ULTRASOUND			13,464,888			15,748	
41	03 CARDIAC CATH			68,539,972			7,159	
41	04 MRI			23,134,554			29,347	
41	05 RADIOLOGY - WESTMONT							
41	06 WESTMONT - MRI			8,504,893				
41	07 BMC RADIOLOGY							
41	08 VASCULAR LAB			13,126,937			5,573	
41	09 DUPAGE IMAGING			18,392,216			378	
41	10 GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			14,297,504				
43	RADIOISOTOPE			9,581,537			5,567	
43	01 LI THOTRI PSY			857,845				
44	LABORATORY			159,307,057			350,765	
44	01 PATHOLOGY							
44	02 BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			23,057,348			120,487	
50	PHYSICAL THERAPY			8,948,040			45,616	
50	01 PAULSEN REHAB CENTER							
50	02 BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			2,687,659			11,613	
51	01 BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,188,859			4,014	
53	ELECTROCARDIOLOGY			20,137,728			18,725	
53	01 CARDIAC REHAB			998,908				
53	02 BMC CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY			4,695,610			5,781	
55	MEDICAL SUPPLIES CHARGED			7,345,760			2,591	
56	DRUGS CHARGED TO PATIENTS			67,431,734			436,609	
57	RENAL DIALYSIS			878,817				
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			2,217,782				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,323,194				
60	01 PARTIAL HOSP - NEW DAY CE			7,801,877				
60	02 O.P.T.I.O.N.S - OP PSYCH							
60	03 PAIN MANAGEMENT CLINIC			4,163,607				
60	04 HEALTH & NUTRITION CENTER							
60	05 CANCER CENTER							
60	06 MATERNAL FETAL MED CTR			9,935,583				
61	EMERGENCY			45,904,186			133,694	
61	01 BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,550,969				
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			813,713,658			1,462,500	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 ULTRASOUND						
41	03 CARDIAC CATH						
41	04 MRI						
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI						
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB						
41	09 DUPAGE IMAGING						
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 LITHOTRIpsy						
44	LABORATORY						
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PARTIAL HOSP - NEW DAY CE						
60	02 O.P.T.I.O.N.S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC						
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR						
61	EMERGENCY						
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.261165	.261165			
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM	.170935	.170935			
39 DELIVERY ROOM & LABOR ROOM	.643119	.643119			
40 ANESTHESIOLOGY	.063893	.063893			
41 RADIOLOGY-DIAGNOSTIC	.388587	.388587			
41 01 CAT SCAN	.029044	.029044			
41 02 ULTRASOUND	.098891	.098891			
41 03 CARDIAC CATH	.167576	.167576			
41 04 MRI	.069928	.069928			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI	.088327	.088327			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB	.115683	.115683			
41 09 DUPAGE IMAGING	.174984	.174984			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC	.179376	.179376			
43 RADIOISOTOPE	.173106	.173106			
43 01 LI THOTRI PSY	.320517	.320517			
44 LABORATORY	.109582	.109582			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY	.162746	.162746			
50 PHYSICAL THERAPY	.463987	.463987			
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY	.359041	.359041			
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY	.174623	.174623			
53 ELECTROCARDIOLOGY	.085800	.085800			
53 01 CARDIAC REHAB	.684298	.684298			
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY	.168660	.168660			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.286778	.286778			
56 DRUGS CHARGED TO PATIENTS	.175523	.175523			
57 RENAL DIALYSIS	.458545	.458545			
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB	.229124	.229124			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.475114	.475114			
60 01 PARTIAL HOSP - NEW DAY CENTER	.372099	.372099			
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC	.244098	.244098			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR	.227356	.227356			
61 EMERGENCY	.177295	.177295			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.492431	.492431			
63 50 RHC					
63 60 FOHC					
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 B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 ULTRASOUND					
41 03 CARDIAC CATH					
41 04 MRI					
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI					
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB					
41 09 DUPAGE IMAGING					
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 LI THOTRI PSY					
44 LABORATORY					
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC REHAB					
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSP - NEW DAY CENTER					
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC					
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY					
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
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 B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 ULTRASOUND					
41 03 CARDIAC CATH					
41 04 MRI					
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI					
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB					
41 09 DUPAGE IMAGING					
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 LI THOTRI PSY					
44 LABORATORY					
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC REHAB					
53 02 BMC CARDIAC REHAB					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSP - NEW DAY CENTER					
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC					
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY					
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
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)

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		3,588,983	138,137,535	34,020		
37	01 DAY SURGERY		45,390				
37	02 PRE-ADMIT TESTING		35,739				
38	RECOVERY ROOM		279,366	10,835,996	3,076		
39	DELIVERY ROOM & LABOR ROO		916,981	10,155,089			
40	ANESTHESIOLOGY		124,264	19,435,371	2,767		
41	RADIOLOGY-DIAGNOSTIC		1,196,962	28,972,871	34,720		
41	01 CAT SCAN		250,231	59,701,732	79,917		
41	02 ULTRASOUND		196,338	13,464,888	32,202		
41	03 CARDIAC CATH		1,005,964	68,539,972	24,468		
41	04 MRI		458,903	23,134,554	46,870		
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI		36,276	8,504,893			
41	07 BMC RADIOLOGY		122,655				
41	08 VASCULAR LAB		111,309	13,126,937	16,616		
41	09 DUPAGE IMAGING		141,589	18,392,216			
41	10 GRANT SQUARE IMAGING		31,321				
42	RADIOLOGY-THERAPEUTIC		580,925	14,297,504	51,312		
43	RADIOISOTOPE		347,678	9,581,537	23,367		
43	01 LI THOTRI PSY		10,155	857,845			
44	LABORATORY		1,768,600	159,307,057	516,766		
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED		70,478				
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING		84,434				
49	RESPIRATORY THERAPY		297,528	23,057,348	244,682		
50	PHYSICAL THERAPY		690,758	8,948,040	883,030		
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY		42,630	2,687,659	850,169		
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY		17,823	2,188,859	502,832		
53	ELECTROCARDIOLOGY		104,954	20,137,728	11,283		
53	01 CARDIAC REHAB		36,910	998,908			
53	02 BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY		191,119	4,695,610	19,628		
55	MEDICAL SUPPLIES CHARGED		135,778	7,345,760	49,188		
56	DRUGS CHARGED TO PATIENTS		809,204	67,431,734	731,492		
57	RENAL DIALYSIS		14,585	878,817	11,201		
58	ASC (NON-DISTINCT PART)		265,858				
59	SLEEP LAB		19,266	2,217,782			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		300,415	2,323,194			
60	01 PARTIAL HOSP - NEW DAY CE		657,246	7,801,877			
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC		298,783	4,163,607			
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER		53,453				
60	06 MATERNAL FETAL MED CTR		103,708	9,935,583			
61	EMERGENCY		1,051,127	45,904,186	3,013		
61	01 BOLINGBROOK MED CENTER		821,500				
62	OBSERVATION BEDS (NON-DIS		596,644	6,550,969			
63	RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL		17,913,830	813,713,658	4,172,619		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
37	01 DAY SURGERY											
37	02 PRE-ADMIT TESTING											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 CAT SCAN											
41	02 ULTRASOUND											
41	03 CARDIAC CATH											
41	04 MRI											
41	05 RADIOLOGY - WESTMONT											
41	06 WESTMONT - MRI											
41	07 BMC RADIOLOGY											
41	08 VASCULAR LAB											
41	09 DUPAGE IMAGING											
41	10 GRANT SQUARE IMAGING											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 LI THOTRI PSY											
44	LABORATORY											
44	01 PATHOLOGY											
44	02 BMC LAB											
46	WHOLE BLOOD & PACKED RED											
46	30 BLOOD CLOTTING FACTORS AD											
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
50	01 PAULSEN REHAB CENTER											
50	02 BMC PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
51	01 BMC OCCUP THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
53	01 CARDIAC REHAB											
53	02 BMC CARDIAC REHAB											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	SLEEP LAB											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 PARTIAL HOSP - NEW DAY CE											
60	02 O.P.T.I.O.N.S - OP PSYCH											
60	03 PAIN MANAGEMENT CLINIC											
60	04 HEALTH & NUTRITION CENTER											
60	05 CANCER CENTER											
60	06 MATERNAL FETAL MED CTR											
61	EMERGENCY											
61	01 BOLINGBROOK MED CENTER											
62	OBSERVATION BEDS (NON-DIS											
63	50 RHC											
63	60 FOHC											
	OTHER REIMBURS COST CNTRS											
101	TOTAL											

TITLE XVIII, PART A

SUBPROVIDER 2

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							
37	OPERATING ROOM			138,137,535			34,020	
37	01 DAY SURGERY							
37	02 PRE-ADMIT TESTING							
38	RECOVERY ROOM			10,835,996			3,076	
39	DELIVERY ROOM & LABOR ROO			10,155,089				
40	ANESTHESIOLOGY			19,435,371			2,767	
41	RADIOLOGY-DIAGNOSTIC			28,972,871			34,720	
41	01 CAT SCAN			59,701,732			79,917	
41	02 ULTRASOUND			13,464,888			32,202	
41	03 CARDIAC CATH			68,539,972			24,468	
41	04 MRI			23,134,554			46,870	
41	05 RADIOLOGY - WESTMONT							
41	06 WESTMONT - MRI			8,504,893				
41	07 BMC RADIOLOGY							
41	08 VASCULAR LAB			13,126,937			16,616	
41	09 DUPAGE IMAGING			18,392,216				
41	10 GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			14,297,504			51,312	
43	RADIOISOTOPE			9,581,537			23,367	
43	01 LI THOTRI PSY			857,845				
44	LABORATORY			159,307,057			516,766	
44	01 PATHOLOGY							
44	02 BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			23,057,348			244,682	
50	PHYSICAL THERAPY			8,948,040			883,030	
50	01 PAULSEN REHAB CENTER							
50	02 BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			2,687,659			850,169	
51	01 BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,188,859			502,832	
53	ELECTROCARDIOLOGY			20,137,728			11,283	
53	01 CARDIAC REHAB			998,908				
53	02 BMC CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY			4,695,610			19,628	
55	MEDICAL SUPPLIES CHARGED			7,345,760			49,188	
56	DRUGS CHARGED TO PATIENTS			67,431,734			731,492	
57	RENAL DIALYSIS			878,817			11,201	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			2,217,782				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,323,194				
60	01 PARTIAL HOSP - NEW DAY CE			7,801,877				
60	02 O.P.T.I.O.N.S - OP PSYCH							
60	03 PAIN MANAGEMENT CLINIC			4,163,607				
60	04 HEALTH & NUTRITION CENTER							
60	05 CANCER CENTER							
60	06 MATERNAL FETAL MED CTR			9,935,583				
61	EMERGENCY			45,904,186			3,013	
61	01 BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,550,969				
63	50 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			813,713,658			4,172,619	

TITLE XVIII, PART A

SUBPROVIDER 2

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						
37 01	DAY SURGERY						
37 02	PRE-ADMIT TESTING						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	ULTRASOUND						
41 03	CARDIAC CATH						
41 04	MRI						
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI						
41 07	BMC RADIOLOGY						
41 08	VASCULAR LAB						
41 09	DUPAGE IMAGING						
41 10	GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	LITHOTRIpsy						
44	LABORATORY						
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHAB						
53 02	BMC CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PARTIAL HOSP - NEW DAY CE						
60 02	O. P. T. I. O. N. S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC						
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER						
60 06	MATERNAL FETAL MED CTR						
61	EMERGENCY						
61 01	BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,591
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	898.33
85	OBSERVATION BED COST	3,225,903

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	39,287,568		3,225,903	
87	NEW CAPITAL-RELATED COST	7,266,376	.184954	3,225,903	596,644
88	NON PHYSICIAN ANESTHETIST	39,287,568		3,225,903	
89	MEDICAL EDUCATION	39,287,568		3,225,903	
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	999.57
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	5,581,597			
87	NEW CAPITAL-RELATED COST	898,680	.161008		
88	NON PHYSICIAN ANESTHETIST	5,581,597			
89	MEDICAL EDUCATION	5,581,597			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II 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	1,159.80
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	3,284,542			
87	NEW CAPITAL-RELATED COST	718,955	.218890		
88	NON PHYSICIAN ANESTHETIST	3,284,542			
89	MEDICAL EDUCATION	3,284,542			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	29,365,831	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,924,739	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	1,268,438	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	470,196	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
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)	3,284,462	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	268.57	
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.	25.75	
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)		
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
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	25.56	E-3 PT 6 LN 15 PLUS LN 3.06
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	24.85	
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.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	24.85	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	24.39	
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	25.56	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	24.93	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.092825	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.086938	
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)	.086938	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	1,420,143	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	481,888	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,902,031	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	1.48	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
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)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	44,477,063	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	44,477,063	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	4,416,725	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,160,966	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	135	
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	50,054,889	
17 PRIMARY PAYER PAYMENTS	29,676	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	50,025,213	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,380,684	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	169,190	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	245,227	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	171,659	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	187,969	
22 SUBTOTAL	46,646,998	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	46,646,998	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	46,749,050	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-102,052	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (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		46,781,284		11,405,441
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	9/15/2009	206,129	9/15/2009	74,332
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/21/2009	238,363	12/21/2009	57,038
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-32,234		17,294
4 TOTAL INTERIM PAYMENTS		46,749,050		11,422,735
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)		102,052		17,797
7 TOTAL MEDICARE PROGRAM LIABILITY		46,646,998		11,440,532

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		1,425,858		
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		1,425,858		
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	1	NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		1,425,859		

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 2

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		2,981,476		
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		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,981,476		
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)		15,683		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,997,159		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,398,911
1.09	NET IPF PPS OUTLIER PAYMENTS	106,065
1.10	NET IPF PPS ECT PAYMENTS	14,468
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.298630
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,519,444
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,519,444
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,519,444
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,519,444
7	DEDUCTIBLES	79,968
8	SUBTOTAL	1,439,476
9	COINSURANCE	13,617
10	SUBTOTAL	1,425,859
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,425,859
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

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		25.75
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	24.54	24.54
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		24.85
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		24.54
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.		24.85
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		24.85
3.10	SEE INSTRUCTIONS		24.54
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		24.39
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		24.54
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		24.49
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		134,917.17
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,304,121
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,304,121

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		26,188
5	TOTAL INPATIENT DAYS		60,833
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.430490
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,422,391	1,422,391
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,192
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		60,833
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.		55,596
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		878,817
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)	62,189,334
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	29,676
16	TOTAL PART A REASONABLE COST	62,159,658

PART B REASONABLE COST

17	REASONABLE COST	16,974,961
18	PRIMARY PAYER PAYMENTS	1,259
19	TOTAL PART B REASONABLE COST	16,973,702
20	TOTAL REASONABLE COST	79,133,360
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.785505
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.214495

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)	1,477,987
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,160,966
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	317,021

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)	24.54	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	25.75	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	24.54	

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)	25.56
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	25.75
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	25.56

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		136,800,137		
2	NET INCOME (LOSS)		6,188,119		
3	TOTAL		142,988,256		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	DONOR RESTRICTED	11,048,772			
7	CR YR	3,762,908			
8					
9					
10	TOTAL ADDITIONS		14,811,680		
11	SUBTOTAL		157,799,936		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CR YR	14,158,675			
15					
16					
17					
18	TOTAL DEDUCTIONS		14,158,675		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		143,641,261		

		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	DONOR RESTRICTED				
7	CR YR				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CR YR				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	930,554,565
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	655,616,781
3	NET PATIENT REVENUES	274,937,784
4	LESS: TOTAL OPERATING EXPENSES	274,878,407
5	NET INCOME FROM SERVICE TO PATIENTS	59,377
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,004,996
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	2,200,554
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	5,122
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	493,107
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	
24.01	GIFT SHOP	220,808
24.02	CARDIAC REHAB	117,195
24.03	ADMIN AND GENERAL	649,407
24.04	INTEREST EXPENSE	886,759
24.05	ALL OTHER NON PATIENT REVENUE	550,794
25	TOTAL OTHER INCOME	6,128,742
26	TOTAL	6,188,119
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	6,188,119

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	2,112,422				1,115,909	3,228,331
HHA REIMBURSABLE SERVICES						
6	1,989,655				325,108	2,314,763
7	1,363,234				189,219	1,552,453
8	164,533				24,358	188,891
9	31,620				4,066	35,686
10	93,314				14,659	107,973
11	75,567				24,012	99,579
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	5,830,345				1,697,331	7,527,676

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-201,626	3,026,705	6,217	3,032,922
HHA REIMBURSABLE SERVICES				
6		2,314,763		2,314,763
7		1,552,453		1,552,453
8		188,891		188,891
9		35,686		35,686
10		107,973		107,973
11		99,579		99,579
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-201,626	7,326,050	6,217	7,332,267

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	3,032,922					3,032,922	3,032,922
HHA REIMBURSABLE SERVICES							
6	2,314,763					2,314,763	1,632,923
7	1,552,453					1,552,453	1,095,159
8	188,891					188,891	133,251
9	35,686					35,686	25,174
10	107,973					107,973	76,168
11	99,579					99,579	70,247
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	7,332,267					7,332,267	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	3,947,686						
7	2,647,612						
8	322,142						
9	60,860						
10	184,141						
11	169,826						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	7,332,267						
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				-3,032,922	4,299,345
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					2,314,763
7	PHYSICAL THERAPY					1,552,453
8	OCCUPATIONAL THERAPY					188,891
9	SPEECH PATHOLOGY					35,686
10	MEDICAL SOCIAL SERVICES					107,973
11	HOME HEALTH AIDE					99,579
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)				-3,032,922	4,299,345
25	COST TO BE ALLOCATED					3,032,922
26	UNIT COST MULTIPLIER					.705438

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL						1,054,861
2 SKILLED NURSING CARE	3,947,686					
3 PHYSICAL THERAPY	2,647,612					
4 OCCUPATIONAL THERAPY	322,142					
5 SPEECH PATHOLOGY	60,860					
6 MEDICAL SOCIAL SERVICES	184,141					
7 HOME HEALTH AIDE	169,826					
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)	7,332,267					1,054,861
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	SUBTOTAL 5A	SHARED SERVICE 6.05	SUBTOTAL 6A.05	OTHER A&G 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	1,054,861	1,085	1,055,946	266,881		
2 SKILLED NURSING CARE	3,947,686	4,063	3,951,749	998,768		
3 PHYSICAL THERAPY	2,647,612	2,724	2,650,336	669,849		
4 OCCUPATIONAL THERAPY	322,142	331	322,473	81,502		
5 SPEECH PATHOLOGY	60,860	63	60,923	15,398		
6 MEDICAL SOCIAL SERVICES	184,141	189	184,330	46,588		
7 HOME HEALTH AIDE	169,826	175	170,001	42,966		
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)	8,387,128	8,630	8,395,758	2,121,952		
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	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMI NISTRATION 14
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	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHO OL 21
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	27,650				
9	DRUGS		687			
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)	27,650	687			
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	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				1,322,827		1,322,827
2 SKILLED NURSING CARE				4,950,517		4,950,517
3 PHYSICAL THERAPY				3,320,185		3,320,185
4 OCCUPATIONAL THERAPY				403,975		403,975
5 SPEECH PATHOLOGY				76,321		76,321
6 MEDICAL SOCIAL SERVICES				230,918		230,918
7 HOME HEALTH AIDE				212,967		212,967
8 SUPPLIES				27,650		27,650
9 DRUGS				687		687
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)				10,546,047		10,546,047
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	710,018	5,660,535
3 PHYSICAL THERAPY	476,194	3,796,379
4 OCCUPATIONAL THERAPY	57,940	461,915
5 SPEECH PATHOLOGY	10,946	87,267
6 MEDICAL SOCIAL SERVICES	33,119	264,037
7 HOME HEALTH AIDE	30,545	243,512
8 SUPPLIES	3,966	31,616
9 DRUGS	99	786
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)	1,322,827	10,546,047
21 UNIT COST MULTIPLIER	0.143424	

(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 & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (SQUARE FEET	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A.05
1 ADMIN & GENERAL					5,830,345	
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)					5,830,345	
21 COST TO BE ALLOCATED					1,054,861	
22 UNIT COST MULTIPLIER					0.180926	

HHA COST CENTER	SHARED SERVICE (ACCUM. COST	RECONCILIATION	OTHER A&G (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (PATIENT DAYS
	6.05	6A.06	6.06	7	8	9
1 ADMIN & GENERAL	1,054,861		1,055,946			
2 SKILLED NURSING CARE	3,947,686		3,951,749			
3 PHYSICAL THERAPY	2,647,612		2,650,336			
4 OCCUPATIONAL THERAPY	322,142		322,473			
5 SPEECH PATHOLOGY	60,860		60,923			
6 MEDICAL SOCIAL SERVICES	184,141		184,330			
7 HOME HEALTH AIDE	169,826		170,001			
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)	8,387,128		8,395,758			
21 COST TO BE ALLOCATED	8,630		2,121,952			
22 UNIT COST MULTIPLIER	0.001029		0.252741			

HHA 1

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	10	11	12	13	14	15
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						183,047
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)						183,047
21 COST TO BE ALLOCATED						27,650
22 UNIT COST MULTIPLIER						0.151054

HHA COST CENTER	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)
	16	17	18	20	21	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	2,956					
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)	2,956					
21 COST TO BE ALLOCATED	687					
22 UNIT COST MULTIPLIER	0.232409					

HHA 1

I & R SERVICES	PARAMED ED P
-OTHER PRGM	RGM- (SPECIFY
(ASSIGNED	(ASSIGNED
TIME	TIME)
23	24

HHA COST CENTER

- 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 ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	5,660,535		5,660,535	31,780	178.12	16,622
2 PHYSICAL THERAPY	3	3,796,379		3,796,379	22,080	171.94	12,399
3 OCCUPATIONAL THERAPY	4	461,915		461,915	2,711	170.39	1,609
4 SPEECH PATHOLOGY	5	87,267		87,267	529	164.97	367
5 MEDICAL SOCIAL SERVICES	6	264,037		264,037	965	273.61	575
6 HOME HEALTH AIDE SERVICE	7	243,512		243,512	2,862	85.08	1,411
7 TOTAL		10,513,645		10,513,645	60,927		32,983

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					12
1 SKILLED NURSING	7,649	2,960,711	1,362,440		4,323,151
2 PHYSICAL THERAPY	4,989	2,131,884	857,809		2,989,693
3 OCCUPATIONAL THERAPY	684	274,158	116,547		390,705
4 SPEECH PATHOLOGY	96	60,544	15,837		76,381
5 MEDICAL SOCIAL SERVICES	307	157,326	83,998		241,324
6 HOME HEALTH AIDE SERVICES	1,074	120,048	91,376		211,424
7 TOTAL	14,799	5,704,671	2,528,007		8,232,678

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

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					12
8 SKILLED NURSING	7,649	2,960,711	1,362,440		4,323,151
9 PHYSICAL THERAPY	4,989	2,131,884	857,809		2,989,693
10 OCCUPATIONAL THERAPY	684	274,158	116,547		390,705
11 SPEECH PATHOLOGY	96	60,544	15,837		76,381
12 MEDICAL SOCIAL SERVICES	307	157,326	83,998		241,324
13 HOME HEALTH AIDE SERVICE	1,074	120,048	91,376		211,424
14 TOTAL	14,799	5,704,671	2,528,007		8,232,678

[] 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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	31,616		31,616	273,102	.115766	93,754
16 COST OF DRUGS	9.00	786		786			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		89,102	10,854	10,315
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.463987			COL 2, LN 2
1.01 PAULSEN REHAB CENTER	50.01				
1.02 BMC PHYSICAL THERAPY	50.02				
2 OCCUPATIONAL THERAPY	51	.359041			COL 2, LN 3
2.01 BMC OCCUP THERAPY	51.01				
3 SPEECH PATHOLOGY	52	.174623			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.286778			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.175523			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 4	PRIOR 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY	2	171.94	2.01	3	3.01	4	22,080
2 OCCUPATIONAL THERAPY	3	170.39					2,711
3 SPEECH PATHOLOGY	4	164.97					529
4 TOTAL (SUM OF LINES 1-3)							25,320

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6, 111, 910		2, 839, 884
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			
ADJUSTMENTS TO PROGRAM	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		6, 111, 910		2, 839, 884
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		6, 111, 910		2, 839, 884

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 10/ 7/2010
14-0122	FROM 1/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 12/31/2009	
14-1507		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	55,868			
6 ADMINISTRATIVE AND GENERAL	674,591			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,163,168			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	122,211			
15 SPIRITUAL COUNSELING	75,344			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	103,883			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,195,065			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 10/ 7/2010
14-0122	FROM 1/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 12/31/2009	
14-1507		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		55,868		55,868
6 ADMINISTRATIVE AND GENERAL	2,229,795	2,904,386	-551,793	2,352,593
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		1,163,168		1,163,168
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		122,211		122,211
15 SPIRITUAL COUNSELING		75,344		75,344
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		103,883		103,883
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,229,795	4,424,860	-551,793	3,873,067

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 10/ 7/2010
14-0122	FROM 1/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 12/31/2009	
14-1507		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		55,868
6 ADMINISTRATIVE AND GENERAL	-41,097	2,311,496
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		1,163,168
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		122,211
15 SPIRITUAL COUNSELING		75,344
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		103,883
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-41,097	3,831,970

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1507		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		101,007		70,285
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			122,211	
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		101,007	122,211	70,285

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0122	PERIOD:	FROM 1/1/2009	TO 12/31/2009	PREPARED 10/7/2010
HOSPICE NO:	14-1507				WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				55,868
6 ADMINISTRATIVE AND GENERAL				503,299
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	924,355		238,813	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				75,344
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				103,883
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	924,355		238,813	738,394

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 10/ 7/2010
14-0122	FROM 1/ 1/2009	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2009	
14-1507		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	55,868
6	ADMINISTRATIVE AND GENERAL	674,591
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,163,168
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	122,211
15	SPIRITUAL COUNSELING	75,344
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	103,883
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	2,195,065

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1507		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	55,868			
6 ADMINISTRATIVE AND GENERAL	2,311,496			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,163,168			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	122,211			
15 SPIRITUAL COUNSELING	75,344			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	103,883			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	3,831,970			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1507		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION		55,868		
7 ADMINISTRATIVE AND GENERAL		55,868	2,367,364	2,367,364
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			1,163,168	1,880,124
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			122,211	197,540
19 SPIRITUAL COUNSELING			75,344	121,785
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			103,883	167,915
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		55,868	1,464,606	2,367,364

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1507		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	3,043,292
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	319,751
19	SPIRITUAL COUNSELING	197,129
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	271,798
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	3,831,970

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1507		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2009	10/ 7/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1507		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	55,868		
7 ADMINISTRATIVE AND GENERAL	55,868	-2,367,364	1,464,606
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			1,163,168
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			122,211
19 SPIRITUAL COUNSELING			75,344
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			103,883
39			
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)	55,868		2,367,364
43 UNIT COST MULTIPLIER	1.000000		1.616383

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	3,043,292			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	319,751			
10.00 SPIRITUAL COUNSELING	15	197,129			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOME MAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	271,798			
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		3,831,970			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	SHARED SERVICE
	4	5	5A	6.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		384,611	384,611	396
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			3,043,292	3,131
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			319,751	329
10.00 SPIRITUAL COUNSELING			197,129	203
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			271,798	280
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		384,611	4,216,581	4,339
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	SUBTOTAL	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT
HOSPICE COST CENTER	6A.05	6.06	7	8
1.00 ADMINISTRATIVE AND GENERAL	385,007	97,307		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,046,423	769,957		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	320,080	80,897		
10.00 SPIRITUAL COUNSELING	197,332	49,874		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	272,078	68,765		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,220,920	1,066,800		
30.00 UNIT COST MULTIPLIER				

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

	9	10	11	12
HOSPICE COST CENTER				
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				79,477
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			4,983	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			4,983	79,477
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	17	18	20	21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	PARAMED PRGM-(SPECIFY) 24	SUBTOTAL 25
1.00 ADMINISTRATIVE AND GENERAL				482,314
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				3,816,380
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				400,977
10.00 SPIRITUAL COUNSELING				247,206
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				79,477
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				4,983
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				340,843
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				5,372,180
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		482,314		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		3,816,380	376,432	4,192,812
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		400,977	39,550	440,527
10.00 SPIRITUAL COUNSELING		247,206	24,383	271,589
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		79,477	7,839	87,316
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		4,983	491	5,474
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		340,843	33,619	374,462
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,372,180	.098635	5,372,180
30.00 UNIT COST MULTIPLIER				

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.05	SHARED SERVICE (ACCUMULATED COST) 6.05	RECONCILIATION 6A.06
1.00 ADMINISTRATIVE AND GENERAL	395,425		384,611	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			3,043,292	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			319,751	
10.00 SPIRITUAL COUNSELING			197,129	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			271,798	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	SHARED SERVICE	RECONCILIATION
	5	6A.05	6.05	6A.06
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	395,425		4,216,581	
30.00 TOTAL COST TO BE ALLOCATED	384,611		4,339	
31.00 UNIT COST MULTIPLIER	.972652		.001029	

HOSPICE COST CENTER	OTHER A&G (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)
	6.06	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	385,007			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,046,423			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	320,080			
10.00 SPIRITUAL COUNSELING	197,332			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	272,078			
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,220,920			
30.00 TOTAL COST TO BE ALLOCATED	1,066,800			
31.00 UNIT COST MULTIPLIER	.252741	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
	10	11	12	13
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			160,047	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		5,312		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		5,312	160,047	
30.00 TOTAL COST TO BE ALLOCATED		4,983	79,477	
31.00 UNIT COST MULTIPLIER	.000000	.938065	.496585	.000000

HOSPICE COST CENTER	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)
	18	20	21	22
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				5,372,180
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				26,450
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				203.11
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	24,297			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,934,964			
6 UNDUPLICATED MEDICAID DAYS		154		
7 AGGREGATE MEDICAID COST		31,279		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,999	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			406,017	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,243,379
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	930,092
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	143.61
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	24.93
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	162,818
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.48
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	10.62
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	12.10
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.48
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	80,436
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,416,725
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	