

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		14-0304		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 10/ 7/2010 TIME 11: 58

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 BOLI NGBROOK HOSPITAL 14-0304 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		3	4	
1	HOSPITAL	0	468,021		87,261		0
100	TOTAL	0	468,021		87,261		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: 500 REMINGTON BLVD P.O. BOX:  
 1.01 CITY: BOLI NGBROOK STATE: IL ZIP CODE: 60440 COUNTY: WILL

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	14-0304	2.01	1/13/2008	V XVIII XIX 4 5 6 N P 0

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

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 42.105 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. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL. 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 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 PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION 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). / /







COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	126	45,990				5,818	3,110
2 HMO						512	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	126	45,990				5,818	3,110
6 INTENSIVE CARE UNIT	12	4,380				1,114	166
11 NURSERY							1,667
12 TOTAL	138	50,370				6,932	4,943
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
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	138						
26 OBSERVATION BED DAYS							664
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			14,837				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			14,837				
6 INTENSIVE CARE UNIT			2,179				
11 NURSERY			2,231				
12 TOTAL			19,247				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
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							
26 OBSERVATION BED DAYS		664	2,651		2,651		
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 XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,662	1,433	12,209
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		446.48			1,662	1,433	12,209
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
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		446.48					
26 OBSERVATION BED DAYS							
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	32,146,084	-194,285	31,951,799	1,037,966.00	30.78	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	194,285	-194,285				
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	793,700		793,700	8,206.00	96.72	T* Report
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,544,357		3,544,357	54,806.00	64.67	CORP SPREADSHEET
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,635,507		7,635,507			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	46,428		46,428			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	165,138	302,956	468,094	11,015.00	42.50	
22 ADMINISTRATIVE & GENERAL	4,967,720	-1,002,797	3,964,923	155,520.00	25.49	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,066,380	316,061	1,382,441	54,836.00	25.21	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	955,232	215,776	1,171,008	29,304.00	39.96	
31 CENTRAL SERVICE AND SUPPLY	290,724		290,724	20,468.00	14.20	
32 PHARMACY	1,032,903	12,837	1,045,740	23,924.00	43.71	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	573,863	64,479	638,342	29,321.00	21.77	
34 SOCIAL SERVICE	630,424		630,424	19,725.00	31.96	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	32,146,084	-194,285	31,951,799	1,037,966.00	30.78	
2 EXCLUDED AREA SALARIES	194,285	-194,285				
3 SUBTOTAL SALARIES	31,951,799		31,951,799	1,037,966.00	30.78	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,338,057		4,338,057	63,012.00	68.84	
5 SUBTOTAL WAGE-RELATED COSTS	7,635,507		7,635,507		23.90	
6 TOTAL	43,925,363		43,925,363	1,100,978.00	39.90	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,682,384	-90,688	9,591,696	344,113.00	27.87	

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      7,758,141
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      7,758,141
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)      .233416
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      70,588,087

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,476,389
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	30,891,910
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,210,666
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,476,389

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0304

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				7,135,476	7,135,476
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,321,968	8,321,968
5	0500 EMPLOYEE BENEFITS	165,138	1,400,158	1,565,296	3,951,901	5,517,197
6	0600 ADMINISTRATIVE & GENERAL	4,967,720	25,777,732	30,745,452	-8,793,493	21,951,959
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,066,380	3,281,676	4,348,056	3,105,964	7,454,020
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING			2,162,745		2,162,745
11	1100 DIETARY		1,941,563	1,941,563	-1,598,237	343,326
12	1200 CAFETERIA		-153,725	-153,725	1,598,237	1,444,512
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	955,232	192,864	1,148,096	246,456	1,394,552
15	1500 CENTRAL SERVICES & SUPPLY	290,724	646,710	937,434	-521,147	416,287
16	1600 PHARMACY	1,032,903	2,889,309	3,922,212	-2,834,622	1,087,590
17	1700 MEDICAL RECORDS & LIBRARY	573,863	95,825	669,688	75,366	745,054
18	1800 SOCIAL SERVICE	630,424	158,213	788,637		788,637
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,035,796	1,719,500	8,755,296	-1,294,084	7,461,212
26	2600 INTENSIVE CARE UNIT	1,734,526	407,648	2,142,174		2,142,174
33	3300 NURSERY		14,365	14,365	967,372	981,737
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,552,335	5,353,050	6,905,385		6,905,385
37.01	3701 DAY SURGERY	529,445	87,473	616,918		616,918
38	3800 RECOVERY ROOM	472,873	52,274	525,147		525,147
39	3900 DELIVERY ROOM & LABOR ROOM	1,088,275	365,202	1,453,477	326,712	1,780,189
40	4000 ANESTHESIOLOGY	41,640	167,668	209,308		209,308
41	4100 RADIOLOGY-DIAGNOSTIC	750,747	1,174,685	1,925,432	114,070	2,039,502
41.01	4101 CAT SCAN	432,918	184,000	616,918		616,918
41.02	4102 ULTRASOUND	421,448	114,654	536,102		536,102
41.03	4103 CARDIAC CATH	534,824	941,131	1,475,955		1,475,955
41.04	4104 MRI	193,544	85,608	279,152		279,152
41.06	4106 WOMEN'S IMAGING CENTER	249,092	185,651	434,743		434,743
41.07	4108 PLAINFIELD IMAGING	224,519	193,169	417,688		417,688
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	222,882	222,440	445,322		445,322
44	4400 LABORATORY	1,448,241	2,186,303	3,634,544		3,634,544
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	736,510	211,820	948,330		948,330
50	5000 PHYSICAL THERAPY	851,199	72,837	924,036		924,036
51	5100 OCCUPATIONAL THERAPY	192,652	16,220	208,872		208,872
52	5200 SPEECH PATHOLOGY	83,309	9,574	92,883		92,883
53	5300 ELECTROCARDIOLOGY	349,177	234,736	583,913		583,913
53.01	5301 CARDIAC REHAB	60,918	28,008	88,926		88,926
54	5400 ELECTROENCEPHALOGRAPHY	29,883	46,300	76,183		76,183
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				521,147	521,147
56	5600 DRUGS CHARGED TO PATIENTS				2,849,100	2,849,100
57	5700 RENAL DIALYSIS		160,032	160,032		160,032
58	5800 ASC (NON-DISTINCT PART)					
59	3280 SLEEP LAB		224,892	224,892		224,892
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	487	101	588		588
60.03	6001 PAIN MANAGEMENT CENTER	142,555	244,206	386,761		386,761
60.06	6002 MATERNAL FETAL MEDICINE CLINIC	95,789	27,449	123,238		123,238
61	6100 EMERGENCY	2,793,831	883,425	3,677,256		3,677,256
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
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					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		16,262,743	16,262,743	-14,172,186	2,090,557
95	SUBTOTALS	31,951,799	70,270,234	102,222,033	-0-	102,222,033
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,149	39,149		39,149
98	9800 PHYSICIANS' PRIVATE OFFICES	194,285	4,559,437	4,753,722		4,753,722
100	7950 OFFICE BUILDINGS		541,192	541,192		541,192
101	TOTAL	32,146,084	75,410,012	107,556,096	-0-	107,556,096

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0304  
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	-151,402	6,984,074
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	618,673	8,940,641
5	0500 EMPLOYEE BENEFITS	185,386	5,702,583
6	0600 ADMINISTRATIVE & GENERAL	-16,121,863	5,830,096
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-216	7,453,804
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		2,162,745
11	1100 DIETARY	-2,483	340,843
12	1200 CAFETERIA	-140,921	1,303,591
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		1,394,552
15	1500 CENTRAL SERVICES & SUPPLY		416,287
16	1600 PHARMACY		1,087,590
17	1700 MEDICAL RECORDS & LIBRARY	8,239	753,293
18	1800 SOCIAL SERVICE		788,637
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-5,485	7,455,727
26	2600 INTENSIVE CARE UNIT		2,142,174
33	3300 NURSERY		981,737
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,905,385
37.01	3701 DAY SURGERY		616,918
38	3800 RECOVERY ROOM		525,147
39	3900 DELIVERY ROOM & LABOR ROOM		1,780,189
40	4000 ANESTHESIOLOGY		209,308
41	4100 RADIOLOGY-DIAGNOSTIC	-355	2,039,147
41.01	4101 CAT SCAN		616,918
41.02	4102 ULTRASOUND		536,102
41.03	4103 CARDIAC CATH		1,475,955
41.04	4104 MRI	-110	279,042
41.06	4106 WOMEN'S IMAGING CENTER		434,743
41.07	4108 PLAINFIELD IMAGING		417,688
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		445,322
44	4400 LABORATORY	-150	3,634,394
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		948,330
50	5000 PHYSICAL THERAPY		924,036
51	5100 OCCUPATIONAL THERAPY		208,872
52	5200 SPEECH PATHOLOGY		92,883
53	5300 ELECTROCARDIOLOGY		583,913
53.01	5301 CARDIAC REHAB	-6,321	82,605
54	5400 ELECTROENCEPHALOGRAPHY		76,183
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		521,147
56	5600 DRUGS CHARGED TO PATIENTS		2,849,100
57	5700 RENAL DIALYSIS		160,032
58	5800 ASC (NON-DISTINCT PART)		
59	3280 SLEEP LAB		224,892
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		588
60.03	6001 PAIN MANAGEMENT CENTER		386,761
60.06	6002 MATERNAL FETAL MEDICINE CLINIC		123,238
61	6100 EMERGENCY	-41,909	3,635,347
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
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		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
88	8800 INTEREST EXPENSE	-2,090,557	-0-
95	SUBTOTALS	-17,749,474	84,472,559
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,149
98	9800 PHYSICIANS' PRIVATE OFFICES		4,753,722
100	7950 OFFICE BUILDINGS		541,192
101	TOTAL	-17,749,474	89,806,622

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0304  
 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
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	CARDIAC CATH	4103	RADIOLOGY-DIAGNOSTIC
41.04	MRI	4104	RADIOLOGY-DIAGNOSTIC
41.06	WOMEN'S IMAGING CENTER	4106	RADIOLOGY-DIAGNOSTIC
41.07	PLAINFIELD IMAGING	4108	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	SLEEP LAB	3280	EKG AND EEG
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.03	PAIN MANAGEMENT CENTER	6001	CLINIC
60.06	MATERNAL FETAL MEDICINE CLINIC	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	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	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OFFICE BUILDINGS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140304

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

PREPARED 10/ 7/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 1	LINE NO 3	SALARY 4	OTHER 5
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6	304,128	
2		NEW CAP REL COSTS-BLDG & FIXT	3		3,059,034
3		EMPLOYEE BENEFITS	5	302,956	3,648,945
4		OPERATION OF PLANT	8	316,061	923,064
5		NURSING ADMINISTRATION	14	33,831	30,680
6		PHARMACY	16	12,837	1,641
7		MEDICAL RECORDS & LIBRARY	17	64,479	10,887
8		RADIOLOGY-DIAGNOSTIC	41	90,688	23,382
9 PROERTY TAXES	B	OPERATION OF PLANT	8		1,866,839
10 CNO	C	NURSING ADMINISTRATION	14	181,945	
11 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		2,065,454
12		NEW CAP REL COSTS-MVBLE EQUIP	4		7,703,203
13 INTEREST	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,010,988
14		NEW CAP REL COSTS-MVBLE EQUIP	4		618,765
15		ADMINISTRATIVE & GENERAL	6		464,074
16 NURSERY	F	NURSERY	33	765,787	201,585
17		DELIVERY ROOM & LABOR ROOM	39	252,856	73,856
18 CAFETERIA	G	CAFETERIA	12		1,598,237
19 PHYSUB EXPENSE	H	PHYSICIANS' PRIVATE OFFICES	98		194,285
20 BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		521,147
21 BILLABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		2,849,100
36 TOTAL RECLASSIFICATIONS				2,325,568	27,865,166

(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:  
140304

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

PREPARED 10/ 7/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6			304,128	
2		ADMINISTRATIVE & GENERAL	6		1,124,980	7,393,505	11
3							
4							
5							
6							
7							
8							
9 PROERTY TAXES	B	INTEREST EXPENSE	88			1,866,839	
10 CNO	C	ADMINISTRATIVE & GENERAL	6		181,945		
11 DEPRECIATION	D	ADMINISTRATIVE & GENERAL	6			557,137	10
12		INTEREST EXPENSE	88			9,211,520	10
13 INTEREST	E	INTEREST EXPENSE	88			3,093,827	11
14							11
15							
16 NURSERY	F	ADULTS & PEDIATRICS	25		1,018,643	275,441	
17							
18 CAFETERIA	G	DIETARY	11			1,598,237	
19 PHYSUB EXPENSE	H	PHYSICIANS' PRIVATE OFFICES	98		194,285		
20 BILLABLE SUPPLIES	I	CENTRAL SERVICES & SUPPLY	15			521,147	
21 BILLABLE DRUGS	J	PHARMACY	16			2,849,100	
36 TOTAL RECLASSIFICATIONS					2,519,853	27,670,881	

(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:  
140304

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

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

RECLASS CODE: A  
EXPLANATION : SHARED SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	304,128	ADMINISTRATIVE & GENERAL	6	304,128	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,059,034	ADMINISTRATIVE & GENERAL	6	8,518,485	
3.00	EMPLOYEE BENEFITS	5	3,951,901			0	
4.00	OPERATION OF PLANT	8	1,239,125			0	
5.00	NURSING ADMINISTRATION	14	64,511			0	
6.00	PHARMACY	16	14,478			0	
7.00	MEDICAL RECORDS & LIBRARY	17	75,366			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	114,070			0	
TOTAL RECLASSIFICATIONS FOR CODE A			8,822,613				8,822,613

RECLASS CODE: B  
EXPLANATION : PROERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,866,839	INTEREST EXPENSE	88	1,866,839	
TOTAL RECLASSIFICATIONS FOR CODE B			1,866,839				1,866,839

RECLASS CODE: C  
EXPLANATION : CNO

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	181,945	ADMINISTRATIVE & GENERAL	6	181,945	
TOTAL RECLASSIFICATIONS FOR CODE C			181,945				181,945

RECLASS CODE: D  
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,065,454	ADMINISTRATIVE & GENERAL	6	557,137	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,703,203	INTEREST EXPENSE	88	9,211,520	
TOTAL RECLASSIFICATIONS FOR CODE D			9,768,657				9,768,657

RECLASS CODE: E  
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,010,988	INTEREST EXPENSE	88	3,093,827	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	618,765			0	
3.00	ADMINISTRATIVE & GENERAL	6	464,074			0	
TOTAL RECLASSIFICATIONS FOR CODE E			3,093,827				3,093,827

RECLASS CODE: F  
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	967,372	ADULTS & PEDIATRICS	25	1,294,084	
2.00	DELIVERY ROOM & LABOR ROOM	39	326,712			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,294,084				1,294,084

RECLASS CODE: G  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,598,237	DIETARY	11	1,598,237	
TOTAL RECLASSIFICATIONS FOR CODE G			1,598,237				1,598,237

RECLASS CODE: H  
EXPLANATION : PHYSUB EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	194,285	PHYSICIANS' PRIVATE OFFICES	98	194,285	
TOTAL RECLASSIFICATIONS FOR CODE H			194,285				194,285

RECLASSIFICATIONS

PROVIDER NO:  
140304

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

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

RECLASS CODE: I  
EXPLANATION: BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	521,147	CENTRAL SERVICES & SUPPLY	15	521,147	
TOTAL RECLASSIFICATIONS FOR CODE I			521,147				

RECLASS CODE: J  
EXPLANATION: BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,849,100	PHARMACY	16	2,849,100	
TOTAL RECLASSIFICATIONS FOR CODE J			2,849,100				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,440,226					5,440,226	
2 LAND IMPROVEMENTS	61,524					61,524	
3 BUILDINGS & FIXTURE	98,010,677	4,448,691		4,448,691		102,459,368	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	19,426,260	2,820,630		2,820,630		22,246,890	
6 MOVABLE EQUIPMENT	35,910,022	579,839		579,839	6,235,749	30,254,112	
7 SUBTOTAL	158,848,709	7,849,160		7,849,160	6,235,749	160,462,120	
8 RECONCILING ITEMS							
9 TOTAL	158,848,709	7,849,160		7,849,160	6,235,749	160,462,120	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	124,706,258		124,706,258	.804762				
4	NEW CAP REL COSTS-MV	30,254,113		30,254,113	.195238				
5	TOTAL	154,960,371		154,960,371	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	73,381	2,065,454	4,845,239				6,984,074
4	NEW CAP REL COSTS-MV	687,837	7,703,203	549,601				8,940,641
5	TOTAL	761,218	9,768,657	5,394,840				15,924,715

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

PROVIDER NO: 14-0304

PERIOD: FROM 1/1/2009 TO 12/31/2009  
 PREPARED 10/7/2010  
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-224,783	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-69,164	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-51,873	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,999,316			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-140,921	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,613	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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 REVENUE	B	-150	LABORATORY	44	
37.01 OTHER REVENUE	B	-83,920	ADMINISTRATIVE & GENERAL	6	
37.02 OTHER REVENUE	B	-216	OPERATION OF PLANT	8	
37.03 OTHER REVENUE	B	-2,483	DIETARY	11	
37.04 OTHER REVENUE	B	-5,485	ADULTS & PEDIATRICS	25	
37.05 OTHER REVENUE	B	-355	RADIOLOGY-DIAGNOSTIC	41	
37.06 OTHER REVENUE	B	-110	MRI	41.04	
37.07 OTHER REVENUE	B	-6,321	CARDIAC REHAB	53.01	
37.08 OFFSET BANK FEES	A	-27,705	INTEREST EXPENSE	88	
37.09 OTHER REVENUE	B	-41,909	EMERGENCY	61	
38 OFFSET BAD DEBT	A	-11,037,328	ADMINISTRATIVE & GENERAL	6	
39 OFFSET MARKETING DEPT 866	A	-986,018	ADMINISTRATIVE & GENERAL	6	
40 OFFSET FED INCOME TAX	A	-4,952	ADMINISTRATIVE & GENERAL	6	
41 NON ALLOWABLE INTEREST	A	-2,062,852	INTEREST EXPENSE	88	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,749,474			

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

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	SHARED SERVICES	13,022,676	12,758,802	263,874	
2	3	NEW CAP REL COSTS-BLDG &	CAPITAL	73,381		73,381	9
3	4	NEW CAP REL COSTS-MVBLE E	CAPITAL	687,837		687,837	9
4	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	185,386		185,386	
4.01	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	469,799	4,691,445	-4,221,646	
4.02	17	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	11,852		11,852	
4.03							
5		TOTALS		14,450,931	17,450,247	-2,999,316	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	AHS CORPORATE	100.00	AHS CORPORATE	0.00	MANAGEMENT SERVICES
2	B	SHARED SERVICES	0.00	SHARED SERVICES	0.00	FINANCIAL SERVICES
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0304

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
1								
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							

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0304

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	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
	11	12	13	14	15	16	17	18
1								
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							

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0304  
 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	DOLLAR	VALUE	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	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	TOTAL HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	TOTAL HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	22	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	6,984,074			6,984,074			
005 NEW CAP REL COSTS-MVBLE E	8,940,641				8,940,641		
006 EMPLOYEE BENEFITS	5,702,583			2,959	3,788	5,709,330	
007 ADMINISTRATIVE & GENERAL	5,830,096			306,748	392,682	719,007	7,248,533
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	7,453,804			519,203	664,656	250,695	8,888,358
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	2,162,745			46,836	59,958		2,269,539
012 DIETARY	340,843			254,078	325,257		920,178
013 CAFETERIA	1,303,591			91,898	117,642		1,513,131
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,394,552			167,873	214,902	212,353	1,989,680
016 CENTRAL SERVICES & SUPPLY	416,287			312,863	400,511	52,720	1,182,381
017 PHARMACY	1,087,590			69,099	88,457	189,637	1,434,783
018 MEDICAL RECORDS & LIBRARY	753,293			95,843	122,693	115,758	1,087,587
020 SOCIAL SERVICE	788,637			20,318	26,010	114,322	949,287
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS	7,455,727			2,076,586	2,658,336	1,091,175	13,281,824
033 ADULTS & PEDIATRICS	2,142,174			333,182	426,521	314,542	3,216,419
037 NURSERY	981,737			93,138	119,230	138,869	1,332,974
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	6,905,385			417,470	534,423	281,504	8,138,782
038 DAY SURGERY	616,918					96,011	712,929
039 RECOVERY ROOM	525,147			100,211	128,285	85,752	839,395
040 DELIVERY ROOM & LABOR ROO	1,780,189			236,324	302,530	243,203	2,562,246
041 ANESTHESIOLOGY	209,308			17,557	22,475	7,551	256,891
041 01 RADIOLOGY-DIAGNOSTIC	2,039,147			60,814	77,851	152,588	2,330,400
041 02 CAT SCAN	616,918			33,197	42,497	78,506	771,118
041 03 ULTRASOUND	536,102			38,889	49,784	76,426	701,201
041 04 CARDIAC CATH	1,475,955			63,407	81,170	96,986	1,717,518
041 06 MRI	279,042			19,952	25,541	35,098	359,633
041 07 WOMEN'S IMAGING CENTER	434,743			140,989	180,486	45,171	801,389
042 PLAINFIELD IMAGING	417,688					40,715	458,403
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE	445,322			205,833	263,496	40,418	955,069
046 LABORATORY	3,634,394			111,793	143,112	262,627	4,151,926
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY	948,330			15,218	19,481	133,560	1,116,589
051 PHYSICAL THERAPY	924,036			179,709	230,054	154,358	1,488,157
052 OCCUPATIONAL THERAPY	208,872			26,884	34,416	34,936	305,108
053 SPEECH PATHOLOGY	92,883			2,367	3,030	15,107	113,387
053 01 ELECTROCARDIOLOGY	583,913			16,542	21,176	63,320	684,951
054 CARDIAC REHAB	82,605			42,553	54,474	11,047	190,679
055 ELECTROENCEPHALOGRAPHY	76,183			7,750	9,921	5,419	99,273
056 MEDICAL SUPPLIES CHARGED	521,147						521,147
057 DRUGS CHARGED TO PATIENTS	2,849,100						2,849,100
058 RENAL DIALYSIS	160,032						160,032
059 ASC (NON-DISTINCT PART)				284,992	364,832		649,824
060 SLEEP LAB	224,892			18,177	23,269		266,338
060 03 OUTPAT SERVICE COST CNTRS							
060 06 CLINIC	588			15,866	20,311	88	36,853
060 06 PAIN MANAGEMENT CENTER	386,761			36,015	46,105	25,851	494,732
061 MATERNAL FETAL MEDICINE C	123,238			36,832	47,151	17,371	224,592
062 EMERGENCY	3,635,347			412,905	528,579	506,639	5,083,470
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 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							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	84,472,559			6,932,870	8,875,092	5,709,330	84,355,806
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	39,149			10,173	13,023		62,345
100 PHYSICIANS' PRIVATE OFFIC	4,753,722			2,987	3,824		4,760,533
101 OFFICE BUILDINGS	541,192			38,044	48,702		627,938
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	89,806,622			6,984,074	8,940,641	5,709,330	89,806,622

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	7,248,533						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	780,389		9,668,747				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	199,263		73,572		2,542,374		
012 DIETARY	80,791		399,115		105,751	1,505,835	
013 CAFETERIA	132,851		144,356		38,249		1,828,587
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	174,692		263,701		69,871		53,559
016 CENTRAL SERVICES & SUPPLY	103,812		491,456		130,218		37,409
017 PHARMACY	125,973		108,544		28,760		43,726
018 MEDICAL RECORDS & LIBRARY	95,489		150,553		39,891		53,590
020 SOCIAL SERVICE	83,346		31,917		8,457		36,051
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	1,166,148		3,261,972		864,308	1,292,404	350,059
028 INTENSIVE CARE UNIT	282,398		523,373		138,675	213,431	85,836
029 NURSERY	117,034		146,304		38,765		40,600
030 ANCILLARY SRVC COST CNTRS							
031 OPERATING ROOM	714,577		655,777		173,757		85,763
032 DAY SURGERY	62,594						33,882
033 RECOVERY ROOM	73,698		157,415		41,709		24,975
034 DELIVERY ROOM & LABOR ROO	224,963		371,226		98,362		71,081
035 ANESTHESIOLOGY	22,555		27,579		7,307		3,814
036 RADIOLOGY-DIAGNOSTIC	204,607		95,529		25,312		51,413
037 01 CAT SCAN	67,703		52,147		13,817		19,640
038 02 ULTRASOUND	61,565		61,089		16,186		15,292
039 03 CARDIAC CATH	150,796		99,602		26,391		20,388
040 04 MRI	31,575		31,341		8,304		8,462
041 06 WOMEN'S IMAGING CENTER	70,361		221,470		58,681		14,685
042 07 PLAINFIELD IMAGING	40,247						
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE	83,854		323,329		85,670		8,559
045 LABORATORY	364,535		175,609		46,530		111,014
046 30 BLOOD CLOTTING FACTORS AD							
047 RESPIRATORY THERAPY	98,035		23,904		6,334		43,402
048 PHYSICAL THERAPY	130,659		282,293		74,797		45,043
049 OCCUPATIONAL THERAPY	26,788		42,231		11,190		8,756
050 SPEECH PATHOLOGY	9,955		3,718		985		4,158
051 ELECTROCARDIOLOGY	60,138		25,985		6,885		21,077
052 01 CARDIAC REHAB	16,741		66,844		17,711		3,279
053 ELECTROENCEPHALOGRAPHY	8,716		12,174		3,226		2,180
054 MEDICAL SUPPLIES CHARGED	45,756						
055 DRUGS CHARGED TO PATIENTS	250,148						
056 RENAL DIALYSIS	14,051						
057 ASC (NON-DISTINCT PART)	57,054		447,676		118,618		
058 SLEEP LAB	23,384		28,552		7,565		
059 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,236		24,923		6,604		353
061 03 PAIN MANAGEMENT CENTER	43,437		56,574		14,990		9,014
062 06 MATERNAL FETAL MEDICINE C	19,719		57,857		15,330		5,022
063 EMERGENCY	446,324		648,606		171,857		161,409
064 OBSERVATION BEDS (NON-DIS							
065 50 RHC							
066 60 FQHC							
067 OTHER REIMBURS COST CNTRS							
068 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
070 30 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
072 HOME HEALTH AGENCY							
073 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 02 INTESTINAL ACQUISITION							
087 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	6,769,957		9,588,313		2,521,063	1,505,835	1,473,491
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	5,474		15,981		4,234		
098 PHYSICIANS' PRIVATE OFFICE	417,970		4,692		1,243		355,096
099 OFFICE BUILDINGS	55,132		59,761		15,834		
100 CROSS FOOT ADJUSTMENT							
101 NEGATIVE COST CENTER							
102 TOTAL	7,248,533		9,668,747		2,542,374	1,505,835	1,828,587

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		2,551,503					
016 CENTRAL SERVICES & SUPPLY		53,774	1,999,050				
017 PHARMACY		62,853	2,352	1,806,991			
018 MEDICAL RECORDS & LIBRARY		77,032			1,504,142		
020 SOCIAL SERVICE		51,822		10,735		1,171,615	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		503,191	95,502	33,862	107,335	884,557	
037 INTENSIVE CARE UNIT		123,384	31,717	15,176	19,781	146,083	
037 NURSERY		58,361	2,971	13,017	9,248	140,975	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		123,279	447,003	39,687	175,805		
038 01 DAY SURGERY		48,703			2,745		
039 01 RECOVERY ROOM		35,901	3,472	654	15,390		
040 01 DELIVERY ROOM & LABOR ROO		102,175	24,284	3,677	16,500		
041 01 ANESTHESIOLOGY		5,483	16,394	351,263	29,275		
041 01 RADIOLOGY-DIAGNOSTIC		73,903	199,709	93,861	71,164		
041 02 CAT SCAN		28,232	11,706	620,698	178,461		
041 03 ULTRASOUND		21,982	1,181	2,125	36,955		
041 04 CARDIAC CATH		29,306	175,982	197,125	50,689		
041 06 MRI		12,164	817	174,583	45,073		
041 07 WOMEN'S IMAGING CENTER		21,110	1,739	336	13,472		
042 07 PLAINFIELD IMAGING			21		3,884		
043 02 RADIOLOGY-THERAPEUTIC							
044 02 RADIO SOTOPE		12,303	1,016	4,702	28,319		
046 30 LABORATORY		159,576	34,964	162	229,184		
049 30 BLOOD CLOTTING FACTORS AD							
050 03 RESPIRATORY THERAPY		62,388	8,195		23,246		
051 03 PHYSICAL THERAPY		64,747	642	990	21,150		
052 03 OCCUPATIONAL THERAPY		12,587	16	318	4,078		
053 03 SPEECH PATHOLOGY		5,977			1,646		
053 01 ELECTROCARDIOLOGY		30,297	3,098		48,850		
054 01 CARDIAC REHAB		4,713	173		1,013		
055 01 ELECTROENCEPHALOGRAPHY		3,134	815		3,749		
056 01 MEDICAL SUPPLIES CHARGED					9,968		
057 01 DRUGS CHARGED TO PATIENTS					111,226		
058 01 RENAL DIALYSIS					2,213		
059 01 ASC (NON-DISTINCT PART)			824,064	2,559			
060 01 SLEEP LAB					5,384		
060 01 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC		507	27		168		
060 06 PAIN MANAGEMENT CENTER		12,957	48,721	225,335	18,904		
061 06 MATERNAL FETAL MEDICINE C		7,220	470	706	8,937		
062 06 EMERGENCY		232,016	61,962	15,420	210,330		
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 10 FQHC							
069 20 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 01 SUBTOTALS		2,041,077	1,999,013	1,806,991	1,504,142	1,171,615	
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							
100 01 PHYSICIANS' PRIVATE OFFIC		510,426					
101 01 OFFICE BUILDINGS			37				
102 01 CROSS FOOT ADJUSTMENT							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL		2,551,503	1,999,050	1,806,991	1,504,142	1,171,615	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
033	ADULTS & PEDIATRICS				21,841,162		21,841,162
037	INTENSIVE CARE UNIT				4,796,273		4,796,273
037	NURSERY				1,900,249		1,900,249
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				10,554,430		10,554,430
038	01 DAY SURGERY				860,853		860,853
039	RECOVERY ROOM				1,192,609		1,192,609
040	DELIVERY ROOM & LABOR ROO				3,474,514		3,474,514
041	ANESTHESIOLOGY				720,561		720,561
041	RADIOLOGY-DIAGNOSTIC				3,145,898		3,145,898
041	01 CAT SCAN				1,763,522		1,763,522
041	02 ULTRASOUND				917,576		917,576
041	03 CARDIAC CATH				2,467,797		2,467,797
041	04 MRI				671,952		671,952
041	06 WOMEN'S IMAGING CENTER				1,203,243		1,203,243
041	07 PLAINFIELD IMAGING				502,555		502,555
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE				1,502,821		1,502,821
044	LABORATORY				5,273,500		5,273,500
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY				1,382,093		1,382,093
050	PHYSICAL THERAPY				2,108,478		2,108,478
051	OCCUPATIONAL THERAPY				411,072		411,072
052	SPEECH PATHOLOGY				139,826		139,826
053	ELECTROCARDIOLOGY				881,281		881,281
053	01 CARDIAC REHAB				301,153		301,153
054	ELECTROENCEPHALOGRAPHY				133,267		133,267
055	MEDICAL SUPPLIES CHARGED				576,871		576,871
056	DRUGS CHARGED TO PATIENTS				3,210,474		3,210,474
057	RENAL DIALYSIS				176,296		176,296
058	ASC (NON-DISTINCT PART)				2,099,795		2,099,795
059	SLEEP LAB				331,223		331,223
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC				72,671		72,671
060	03 PAIN MANAGEMENT CENTER				924,664		924,664
061	06 MATERNAL FETAL MEDICINE C				339,853		339,853
062	EMERGENCY				7,031,394		7,031,394
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FQHC						
069	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						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS				82,909,926		82,909,926
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				88,034		88,034
100	PHYSICIANS' PRIVATE OFFIC				6,049,960		6,049,960
101	OFFICE BUILDINGS				758,702		758,702
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
103	TOTAL				89,806,622		89,806,622

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				2,959	3,788	6,747	6,747
007 ADMINISTRATIVE & GENERAL				306,748	392,682	699,430	848
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				519,203	664,656	1,183,859	296
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				46,836	59,958	106,794	
012 DIETARY				254,078	325,257	579,335	
013 CAFETERIA				91,898	117,642	209,540	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				167,873	214,902	382,775	251
016 CENTRAL SERVICES & SUPPLY				312,863	400,511	713,374	62
017 PHARMACY				69,099	88,457	157,556	224
018 MEDICAL RECORDS & LIBRARY				95,843	122,693	218,536	137
020 SOCIAL SERVICE				20,318	26,010	46,328	135
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS				2,076,586	2,658,336	4,734,922	1,298
033 ADULTS & PEDIATRICS				333,182	426,521	759,703	371
037 NURSERY				93,138	119,230	212,368	164
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				417,470	534,423	951,893	332
038 01 DAY SURGERY							113
038 01 RECOVERY ROOM				100,211	128,285	228,496	101
039 01 DELIVERY ROOM & LABOR ROO				236,324	302,530	538,854	287
040 01 ANESTHESIOLOGY				17,557	22,475	40,032	9
041 01 RADIOLOGY-DIAGNOSTIC				60,814	77,851	138,665	180
041 01 CAT SCAN				33,197	42,497	75,694	93
041 02 ULTRASOUND				38,889	49,784	88,673	90
041 03 CARDIAC CATH				63,407	81,170	144,577	114
041 04 MRI				19,952	25,541	45,493	41
041 06 WOMEN'S IMAGING CENTER				140,989	180,486	321,475	53
041 07 PLAINFIELD IMAGING							48
042 01 RADIOLOGY-THERAPEUTIC							
043 01 RADIOISOTOPE				205,833	263,496	469,329	48
044 01 LABORATORY				111,793	143,112	254,905	310
046 30 BLOOD CLOTTING FACTORS AD							
049 01 RESPIRATORY THERAPY				15,218	19,481	34,699	158
050 01 PHYSICAL THERAPY				179,709	230,054	409,763	182
051 01 OCCUPATIONAL THERAPY				26,884	34,416	61,300	41
052 01 SPEECH PATHOLOGY				2,367	3,030	5,397	18
053 01 ELECTROCARDIOLOGY				16,542	21,176	37,718	75
053 01 CARDIAC REHAB				42,553	54,474	97,027	13
054 01 ELECTROENCEPHALOGRAPHY				7,750	9,921	17,671	6
055 01 MEDICAL SUPPLIES CHARGED							
056 01 DRUGS CHARGED TO PATIENTS							
057 01 RENAL DIALYSIS							
058 01 ASC (NON-DISTINCT PART)				284,992	364,832	649,824	
059 01 SLEEP LAB				18,177	23,269	41,446	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC				15,866	20,311	36,177	
060 03 PAIN MANAGEMENT CENTER				36,015	46,105	82,120	31
060 06 MATERNAL FETAL MEDICINE C				36,832	47,151	83,983	20
061 01 EMERGENCY				412,905	528,579	941,484	598
062 01 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 10 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 01 SUBTOTALS				6,932,870	8,875,092	15,807,962	6,747
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP				10,173	13,023	23,196	
100 01 PHYSICIANS' PRIVATE OFFIC				2,987	3,824	6,811	
101 01 OFFICE BUILDINGS				38,044	48,702	86,746	
102 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL				6,984,074	8,940,641	15,924,715	6,747

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	700,278						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	75,391		1,259,546				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	19,250		9,584		135,628		
012 DIETARY	7,805		51,993		5,641	644,774	
013 CAFETERIA	12,834		18,805		2,040		243,219
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	16,876		34,352		3,727		7,124
016 CENTRAL SERVICES & SUPPLY	10,029		64,022		6,947		4,976
017 PHARMACY	12,170		14,140		1,534		5,816
018 MEDICAL RECORDS & LIBRARY	9,225		19,613		2,128		7,128
019 SOCIAL SERVICE	8,052		4,158		451		4,795
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	112,677		424,934		46,111	553,387	46,561
033 INTENSIVE CARE UNIT	27,282		68,180		7,398	91,387	11,417
037 NURSERY	11,306		19,059		2,068		5,400
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	69,033		85,428		9,269		11,407
038 DAY SURGERY	6,047						4,507
039 RECOVERY ROOM	7,120		20,506		2,225		3,322
040 DELIVERY ROOM & LABOR ROO	21,733		48,360		5,247		9,454
041 ANESTHESIOLOGY	2,179		3,593		390		507
041 01 RADIOLOGY-DIAGNOSTIC	19,766		12,445		1,350		6,838
041 02 CAT SCAN	6,541		6,793		737		2,612
041 03 ULTRASOUND	5,948		7,958		863		2,034
041 04 CARDIAC CATH	14,568		12,975		1,408		2,712
041 05 MRI	3,050		4,083		443		1,126
041 06 WOMEN'S IMAGING CENTER	6,797		28,851		3,130		1,953
041 07 PLAINFIELD IMAGING	3,888						
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	8,101		42,120		4,570		1,138
044 LABORATORY	35,217		22,877		2,482		14,766
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	9,471		3,114		338		5,773
050 PHYSICAL THERAPY	12,623		36,774		3,990		5,991
051 OCCUPATIONAL THERAPY	2,588		5,501		597		1,165
052 SPEECH PATHOLOGY	962		484		53		553
053 ELECTROCARDIOLOGY	5,810		3,385		367		2,803
053 01 CARDIAC REHAB	1,617		8,708		945		436
054 ELECTROENCEPHALOGRAPHY	842		1,586		172		290
055 MEDICAL SUPPLIES CHARGED	4,420						
056 DRUGS CHARGED TO PATIENTS	24,166						
057 RENAL DIALYSIS	1,357						
058 ASC (NON-DISTINCT PART)	5,512		58,319		6,328		
059 SLEEP LAB	2,259		3,720		404		
060 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	313		3,247		352		47
060 06 PAIN MANAGEMENT CENTER	4,196		7,370		800		1,199
061 06 MATERNAL FETAL MEDICINE C	1,905		7,537		818		668
062 EMERGENCY	43,118		84,494		9,168		21,469
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 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							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	654,044		1,249,068		134,491	644,774	195,987
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	529		2,082		226		
100 PHYSICIANS' PRIVATE OFFIC	40,379		611		66		47,232
101 OFFICE BUILDINGS	5,326		7,785		845		
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	700,278		1,259,546		135,628	644,774	243,219

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		445,105						
016 CENTRAL SERVICES & SUPPLY		9,381	808,791					
017 PHARMACY		10,965	952	203,357				
018 MEDICAL RECORDS & LIBRARY		13,438			270,205			
020 SOCIAL SERVICE		9,040		1,208		74,167		
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM-(SPECIFY)								
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		87,781	38,639	3,811	19,287		55,995	
026 INTENSIVE CARE UNIT		21,524	12,832	1,708	3,555		9,248	
033 NURSERY		10,181	1,202	1,465	1,662		8,924	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		21,506	180,852	4,466	31,591			
038 DAY SURGERY		8,496			493			
039 RECOVERY ROOM		6,263	1,405	74	2,765			
040 DELIVERY ROOM & LABOR ROO		17,824	9,825	414	2,965			
041 ANESTHESIOLOGY		956	6,633	39,531	5,261			
041 01 RADIOLOGY-DIAGNOSTIC		12,892	80,800	10,563	12,788			
041 02 CAT SCAN		4,925	4,736	69,854	32,068			
041 03 ULTRASOUND		3,835	478	239	6,641			
041 04 CARDIAC CATH		5,112	71,200	22,184	9,108			
041 06 MRI		2,122	331	19,647	8,099			
041 07 WOMEN'S IMAGING CENTER		3,683	704	38	2,421			
042 PLAINFIELD IMAGING			8		698			
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE		2,146	411	529	5,089			
046 LABORATORY		27,838	14,146	18	41,102			
049 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY		10,884	3,315		4,177			
050 PHYSICAL THERAPY		11,295	260	111	3,800			
051 OCCUPATIONAL THERAPY		2,196	6	36	733			
052 SPEECH PATHOLOGY		1,043			296			
053 ELECTROCARDIOLOGY		5,285	1,253		8,778			
053 01 CARDIAC REHAB		822	70		182			
054 ELECTROENCEPHALOGRAPHY		547	330		674			
055 MEDICAL SUPPLIES CHARGED					1,791			
056 DRUGS CHARGED TO PATIENTS					19,987			
057 RENAL DIALYSIS					398			
058 ASC (NON-DISTINCT PART)			333,406	288				
059 SLEEP LAB					968			
060 OUTPAT SERVICE COST CNTRS								
060 03 CLINIC		88	11		30			
060 06 PAIN MANAGEMENT CENTER		2,260	19,712	25,359	3,397			
061 06 MATERNAL FETAL MEDICINE C		1,259	190	79	1,606			
061 EMERGENCY		40,475	25,069	1,735	37,795			
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FQHC								
069 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								
085 SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
085 02 INTESITINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS		356,062	808,776	203,357	270,205	74,167		
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
100 PHYSICIANS' PRIVATE OFFIC		89,043						
101 OFFICE BUILDINGS			15					
102 CROSS FOOT ADJUSTMENTS								
103 NEGATIVE COST CENTER								
103 TOTAL		445,105	808,791	203,357	270,205	74,167		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
033	ADULTS & PEDIATRICS				6,125,403		6,125,403
	INTENSIVE CARE UNIT				1,014,605		1,014,605
	NURSERY				273,799		273,799
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				1,365,777		1,365,777
038	01 DAY SURGERY				19,656		19,656
039	RECOVERY ROOM				272,277		272,277
040	DELIVERY ROOM & LABOR ROO				654,963		654,963
041	ANESTHESIOLOGY				99,091		99,091
041	RADIOLOGY-DIAGNOSTIC				296,287		296,287
041	01 CAT SCAN				204,053		204,053
041	02 ULTRASOUND				116,759		116,759
041	03 CARDIAC CATH				283,958		283,958
041	04 MRI				84,435		84,435
041	06 WOMEN'S IMAGING CENTER				369,105		369,105
041	07 PLAINFIELD IMAGING				4,642		4,642
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE				533,481		533,481
044	LABORATORY				413,661		413,661
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY				71,929		71,929
050	PHYSICAL THERAPY				484,789		484,789
051	OCCUPATIONAL THERAPY				74,163		74,163
052	SPEECH PATHOLOGY				8,806		8,806
053	ELECTROCARDIOLOGY				65,474		65,474
053	01 CARDIAC REHAB				109,820		109,820
054	ELECTROENCEPHALOGRAPHY				22,118		22,118
055	MEDICAL SUPPLIES CHARGED				6,211		6,211
056	DRUGS CHARGED TO PATIENTS				44,153		44,153
057	RENAL DIALYSIS				1,755		1,755
058	ASC (NON-DISTINCT PART)				1,053,677		1,053,677
059	SLEEP LAB				48,797		48,797
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC				40,265		40,265
060	03 PAIN MANAGEMENT CENTER				146,444		146,444
061	06 MATERNAL FETAL MEDICINE C				98,065		98,065
062	EMERGENCY				1,205,405		1,205,405
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FQHC						
069	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						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS				15,613,823		15,613,823
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				26,033		26,033
100	PHYSICIANS' PRIVATE OFFIC				184,142		184,142
101	OFFICE BUILDINGS				100,717		100,717
102	CROSS FOOT ADJUSTMENTS						
103	NEGATIVE COST CENTER						
103	TOTAL				15,924,715		15,924,715

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			247,831			
005 NEW CAP REL COSTS-MVB				247,831		
006 EMPLOYEE BENEFITS			105	105	31,483,705	
007 ADMINISTRATIVE & GENE			10,885	10,885	3,964,923	-7,248,533
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			18,424	18,424	1,382,441	
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING			1,662	1,662		
012 DIETARY			9,016	9,016		
013 CAFETERIA			3,261	3,261		
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			5,957	5,957	1,171,008	
016 CENTRAL SERVICES & SU			11,102	11,102	290,724	
017 PHARMACY			2,452	2,452	1,045,740	
018 MEDICAL RECORDS & LIB			3,401	3,401	638,342	
019 SOCIAL SERVICE			721	721	630,424	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			73,688	73,688	6,017,153	
027 INTENSIVE CARE UNIT			11,823	11,823	1,734,526	
028 NURSERY			3,305	3,305	765,787	
029 ANCILLARY SRVC COST C						
030 OPERATING ROOM			14,814	14,814	1,552,335	
031 DAY SURGERY					529,445	
032 RECOVERY ROOM			3,556	3,556	472,873	
033 DELIVERY ROOM & LABOR			8,386	8,386	1,341,131	
034 ANESTHESIOLOGY			623	623	41,640	
035 RADIOLOGY-DIAGNOSTIC			2,158	2,158	841,435	
036 CAT SCAN			1,178	1,178	432,918	
037 ULTRASOUND			1,380	1,380	421,448	
038 CARDIAC CATH			2,250	2,250	534,824	
039 MRI			708	708	193,544	
040 WOMEN'S IMAGING CENTE			5,003	5,003	249,092	
041 PLAINFIELD IMAGING					224,519	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			7,304	7,304	222,882	
044 LABORATORY			3,967	3,967	1,448,241	
045 BLOOD CLOTTING FACTOR						
046 RESPIRATORY THERAPY			540	540	736,510	
047 PHYSICAL THERAPY			6,377	6,377	851,199	
048 OCCUPATIONAL THERAPY			954	954	192,652	
049 SPEECH PATHOLOGY			84	84	83,309	
050 ELECTROCARDIOLOGY			587	587	349,177	
051 CARDIAC REHAB			1,510	1,510	60,918	
052 ELECTROENCEPHALOGRAPH			275	275	29,883	
053 MEDICAL SUPPLIES CHAR						
054 DRUGS CHARGED TO PATI						
055 RENAL DIALYSIS						
056 ASC (NON-DISTINCT PAR			10,113	10,113		
057 SLEEP LAB			645	645		
058 OUTPAT SERVICE COST C						
059 CLINIC			563	563	487	
060 PAIN MANAGEMENT CENTE			1,278	1,278	142,555	
061 MATERNAL FETAL MEDICI			1,307	1,307	95,789	
062 EMERGENCY			14,652	14,652	2,793,831	
063 OBSERVATION BEDS (NON						
064 50 RHC						
065 60 FOHC						
066 OTHER REIMBURS COST C						
067 10 CMHC						
068 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
070 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
072 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			246,014	246,014	31,483,705	-7,248,533
096 NONREIMBURS COST CENT						
097 GI FT, FLOWER, COFFEE			361	361		
098 PHYSICIANS' PRIVATE O			106	106		
100 OFFICE BUILDINGS			1,350	1,350		
101 CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(SQUARE )FEET	( GROSS ) SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			6,984,074	8,940,641	5,709,330	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			28.180793	36.075556	.181342	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					6,747	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000214	

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(TOTAL HOURS)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	82,558,089						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	8,888,358		218,417				
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,269,539		1,662		216,755		
011 DIETARY		920,178	9,016		9,016	84,968	
012 CAFETERIA	1,513,131		3,261		3,261		1,000,490
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	1,989,680		5,957		5,957		29,304
015 CENTRAL SERVICES & SUPPLIES	1,182,381		11,102		11,102		20,468
016 PHARMACY	1,434,783		2,452		2,452		23,924
017 MEDICAL RECORDS & LIBRARY	1,087,587		3,401		3,401		29,321
018 SOCIAL SERVICE	949,287		721		721		19,725
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	13,281,824		73,688		73,688	72,925	191,531
026 INTENSIVE CARE UNIT	3,216,419		11,823		11,823	12,043	46,964
033 NURSERY	1,332,974		3,305		3,305		22,214
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	8,138,782		14,814		14,814		46,924
037 01 DAY SURGERY	712,929						18,538
038 RECOVERY ROOM	839,395		3,556		3,556		13,665
039 DELIVERY ROOM & LABOR	2,562,246		8,386		8,386		38,891
040 ANESTHESIOLOGY	256,891		623		623		2,087
041 RADIOLOGY-DIAGNOSTIC	2,330,400		2,158		2,158		28,130
041 01 CAT SCAN	771,118		1,178		1,178		10,746
041 02 ULTRASOUND	701,201		1,380		1,380		8,367
041 03 CARDIAC CATH	1,717,518		2,250		2,250		11,155
041 04 MRI	359,633		708		708		4,630
041 06 WOMEN'S IMAGING CENTER	801,389		5,003		5,003		8,035
041 07 PEDIATRIC IMAGING	458,403						
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	955,069		7,304		7,304		4,683
044 LABORATORY	4,151,926		3,967		3,967		60,740
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,116,589		540		540		23,747
050 PHYSICAL THERAPY	1,488,157		6,377		6,377		24,645
051 OCCUPATIONAL THERAPY	305,108		954		954		4,791
052 SPEECH PATHOLOGY	113,387		84		84		2,275
053 ELECTROCARDIOLOGY	684,951		587		587		11,532
053 01 CARDIAC REHAB	190,679		1,510		1,510		1,794
054 ELECTROENCEPHALOGRAPHY	99,273		275		275		1,193
055 MEDICAL SUPPLIES CHARACTERIZED	521,147						
056 DRUGS CHARGED TO PATIENT	2,849,100						
057 RENAL DIALYSIS	160,032						
058 ASC (NON-DIAGNOSTIC) PARASITIC	649,824		10,113		10,113		
059 SLEEP LAB	266,338		645		645		
060 OUTPATIENT SERVICE COST CENTER							
060 CLINIC	36,853		563		563		193
060 03 PAIN MANAGEMENT CENTER	494,732		1,278		1,278		4,932
060 06 MATERNAL FETAL MEDICAL	224,592		1,307		1,307		2,748
061 EMERGENCY	5,083,470		14,652		14,652		88,313
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
SPECIFIC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	77,107,273		216,600		214,938	84,968	806,205
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	62,345		361		361		
098 PHYSICIANS' PRIVATE OFFICE	4,760,533		106		106		194,285
100 OFFICE BUILDINGS	627,938		1,350		1,350		
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS OF )LAUNDRY	(SQUARE FEET )	(MEALS )SERVED	(TOTAL HOURS )
		6	7	8	9	10	11	12
102	NONREIMBURS COST CENTER							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	7,248,533		9,668,747		2,542,374	1,505,835	1,828,587
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.087799		44.267374		11.729252	17.722378	1.827691
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	700,278		1,259,546		135,628	644,774	243,219
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008482		5.766703		.625720	7.588433	.243100

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		971,186					
016 CENTRAL SERVICES & SUPPLY		20,468	7,475,033				
017 PHARMACY		23,924	8,795	312,072			
018 MEDICAL RECORDS & LIBRARY		29,321			355,202,020		
019 SOCIAL SERVICE		19,725		1,854		19,040	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS		191,531	357,110	5,848	25,344,845	14,375	
026 INTENSIVE CARE UNIT		46,964	118,599	2,621	4,670,830	2,374	
033 NURSERY		22,214	11,111	2,248	2,183,690	2,291	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM		46,924	1,671,478	6,854	41,512,322		
037 01 DAY SURGERY		18,538			648,232		
038 RECOVERY ROOM		13,665	12,982	113	3,633,897		
039 DELIVERY ROOM & LABOR		38,891	90,806	635	3,896,028		
040 ANESTHESIOLOGY		2,087	61,302	60,664	6,912,676		
041 RADIOLOGY-DIAGNOSTIC		28,130	746,770	16,210	16,803,805		
041 01 CAT SCAN		10,746	43,773	107,196	42,139,441		
041 02 ULTRASOUND		8,367	4,416	367	8,726,043		
041 03 CARDIAC CATH		11,155	658,049	34,044	11,968,979		
041 04 MRI		4,630	3,056	30,151	10,642,915		
041 06 WOMEN'S IMAGING CENTER		8,035	6,504	58	3,181,186		
041 07 PLAINFIELD IMAGING			78		917,174		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		4,683	3,800	812	6,686,829		
044 LABORATORY		60,740	130,739	28	54,149,900		
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		23,747	30,642		5,489,043		
050 PHYSICAL THERAPY		24,645	2,400	171	4,994,034		
051 OCCUPATIONAL THERAPY		4,791	58	55	962,865		
052 SPEECH PATHOLOGY		2,275			388,627		
053 ELECTROCARDIOLOGY		11,532	11,585		11,534,807		
053 01 CARDIAC REHAB		1,794	647		239,220		
054 ELECTROENCEPHALOGRAPH		1,193	3,047		885,208		
055 MEDICAL SUPPLIES CHARACTER					2,353,712		
056 DRUGS CHARGED TO PATIENT					26,263,480		
057 RENAL DIALYSIS					522,509		
058 ASC (NON-DIAGNOSTIC) PAR			3,081,408	442			
059 SLEEP LAB					1,271,415		
060 OUTPAT SERVICE COST CENTER							
060 CLINIC		193	101		39,687		
060 03 PAIN MANAGEMENT CENTER		4,932	182,184	38,916	4,463,671		
060 06 MATERNAL FETAL MEDICAL		2,748	1,757	122	2,110,201		
061 EMERGENCY		88,313	231,696	2,663	49,664,749		
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THER							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		776,901	7,474,893	312,072	355,202,020	19,040	
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE OFFICE		194,285					
100 OFFICE BUILDINGS			140				
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(TOTAL HOURS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	(PATIENT DAYS)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
NONREIMBURS COST CENTER							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		2,551,503	1,999,050	1,806,991	1,504,142	1,171,615	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.627203	.267430	5.790302	.004235	61.534401	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		445,105	808,791	203,357	270,205	74,167	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.458311	.108199	.651635	.000761	3.895326	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				
033 INTENSIVE CARE UNIT				
037 NURSERY				
037 01 ANCILLARY SRVC COST C				
037 01 OPERATING ROOM				
038 01 DAY SURGERY				
038 01 RECOVERY ROOM				
039 01 DELIVERY ROOM & LABOR				
040 01 ANESTHESIOLOGY				
041 01 RADIOLOGY-DIAGNOSTIC				
041 01 CAT SCAN				
041 02 ULTRASOUND				
041 03 CARDIAC CATH				
041 04 MRI				
041 06 WOMEN'S IMAGING CENTE				
041 07 PLAINFIELD IMAGING				
042 01 RADIOLOGY-THERAPEUTIC				
043 01 RADIOISOTOPE				
044 01 LABORATORY				
046 30 BLOOD CLOTTING FACTOR				
049 01 RESPIRATORY THERAPY				
050 01 PHYSICAL THERAPY				
051 01 OCCUPATIONAL THERAPY				
052 01 SPEECH PATHOLOGY				
053 01 ELECTROCARDIOLOGY				
053 01 CARDIAC REHAB				
054 01 ELECTROENCEPHALOGRAPH				
055 01 MEDICAL SUPPLIES CHAR				
056 01 DRUGS CHARGED TO PATI				
057 01 RENAL DIALYSIS				
058 01 ASC (NON-DIAGNOSTIC PAR				
059 01 SLEEP LAB				
060 01 OUTPAT SERVICE COST C				
060 01 CLINIC				
060 03 PAIN MANAGEMENT CENTE				
060 06 MATERNAL FETAL MEDICI				
061 01 EMERGENCY				
062 01 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FOHC				
069 10 OTHER REIMBURS COST C				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL T				
069 30 OUTPATIENT OCCUPATION				
069 40 OUTPATIENT SPEECH PAT				
071 01 HOME HEALTH AGENCY				
085 01 SPEC PURPOSE COST CEN				
085 01 PANCREAS ACQUISITION				
085 02 INTESITINAL ACQUISITIO				
085 03 ISLET CELL ACQUISITIO				
095 01 SUBTOTALS				
096 01 NONREIMBURS COST CENT				
096 01 GIFT, FLOWER, COFFEE				
098 01 PHYSICIANS' PRIVATE O				
100 01 OFFICE BUILDINGS				
101 01 CROSS FOOT ADJUSTMENT				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	21	22	23	24
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,841,162		21,841,162		21,841,162
26	INTENSIVE CARE UNIT	4,796,273		4,796,273		4,796,273
33	NURSERY	1,900,249		1,900,249		1,900,249
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,554,430		10,554,430		10,554,430
37	01 DAY SURGERY	860,853		860,853		860,853
38	RECOVERY ROOM	1,192,609		1,192,609		1,192,609
39	DELIVERY ROOM & LABOR ROO	3,474,514		3,474,514		3,474,514
40	ANESTHESIOLOGY	720,561		720,561		720,561
41	RADIOLOGY-DIAGNOSTIC	3,145,898		3,145,898		3,145,898
41	01 CAT SCAN	1,763,522		1,763,522		1,763,522
41	02 ULTRASOUND	917,576		917,576		917,576
41	03 CARDIAC CATH	2,467,797		2,467,797		2,467,797
41	04 MRI	671,952		671,952		671,952
41	06 WOMEN'S IMAGING CENTER	1,203,243		1,203,243		1,203,243
41	07 PLAINFIELD IMAGING	502,555		502,555		502,555
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,502,821		1,502,821		1,502,821
44	LABORATORY	5,273,500		5,273,500		5,273,500
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,382,093		1,382,093		1,382,093
50	PHYSICAL THERAPY	2,108,478		2,108,478		2,108,478
51	OCCUPATIONAL THERAPY	411,072		411,072		411,072
52	SPEECH PATHOLOGY	139,826		139,826		139,826
53	ELECTROCARDIOLOGY	881,281		881,281		881,281
53	01 CARDIAC REHAB	301,153		301,153		301,153
54	ELECTROENCEPHALOGRAPHY	133,267		133,267		133,267
55	MEDICAL SUPPLIES CHARGED	576,871		576,871		576,871
56	DRUGS CHARGED TO PATIENTS	3,210,474		3,210,474		3,210,474
57	RENAL DIALYSIS	176,296		176,296		176,296
58	ASC (NON-DISTINCT PART)	2,099,795		2,099,795		2,099,795
59	SLEEP LAB	331,223		331,223		331,223
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	72,671		72,671		72,671
60	03 PAIN MANAGEMENT CENTER	924,664		924,664		924,664
60	06 MATERNAL FETAL MEDICINE C	339,853		339,853		339,853
61	EMERGENCY	7,031,394		7,031,394		7,031,394
62	OBSERVATION BEDS (NON-DIS	3,310,887		3,310,887		3,310,887
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	86,220,813		86,220,813		86,220,813
102	LESS OBSERVATION BEDS	3,310,887		3,310,887		3,310,887
103	TOTAL	82,909,926		82,909,926		82,909,926

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	19,743,066		19,743,066			
26	INTENSIVE CARE UNIT	4,670,830		4,670,830			
33	NURSERY	2,183,690		2,183,690			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,537,888	24,974,434	41,512,322	.254248	.254248	.254248
37 01	DAY SURGERY	4,386	643,846	648,232	1.328001	1.328001	1.328001
38	RECOVERY ROOM	1,066,536	2,567,361	3,633,897	.328190	.328190	.328190
39	DELIVERY ROOM & LABOR ROO	3,181,000	715,028	3,896,028	.891809	.891809	.891809
40	ANESTHESIOLOGY	2,361,512	4,551,164	6,912,676	.104238	.104238	.104238
41	RADIOLOGY-DIAGNOSTIC	5,060,838	11,742,967	16,803,805	.187213	.187213	.187213
41 01	CAT SCAN	12,102,030	30,037,411	42,139,441	.041850	.041850	.041850
41 02	ULTRASOUND	2,410,939	6,315,104	8,726,043	.105154	.105154	.105154
41 03	CARDIAC CATH	8,535,883	3,433,096	11,968,979	.206183	.206183	.206183
41 04	MRI	2,706,041	7,936,874	10,642,915	.063136	.063136	.063136
41 06	WOMEN'S IMAGING CENTER	2,800	3,178,386	3,181,186	.378237	.378237	.378237
41 07	PLAINFIELD IMAGING	9,548	907,626	917,174	.547939	.547939	.547939
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,306,018	4,380,811	6,686,829	.224743	.224743	.224743
44	LABORATORY	24,776,146	29,373,754	54,149,900	.097387	.097387	.097387
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	4,694,695	794,348	5,489,043	.251791	.251791	.251791
50	PHYSICAL THERAPY	977,449	4,016,585	4,994,034	.422199	.422199	.422199
51	OCCUPATIONAL THERAPY	659,889	302,976	962,865	.426926	.426926	.426926
52	SPEECH PATHOLOGY	293,978	94,649	388,627	.359795	.359795	.359795
53	ELECTROCARDIOLOGY	5,451,782	6,083,025	11,534,807	.076402	.076402	.076402
53 01	CARDIAC REHAB		239,220	239,220	1.258896	1.258896	1.258896
54	ELECTROENCEPHALOGRAPHY	314,528	570,680	885,208	.150549	.150549	.150549
55	MEDICAL SUPPLIES CHARGED	1,278,751	1,074,961	2,353,712	.245090	.245090	.245090
56	DRUGS CHARGED TO PATIENTS	18,080,303	8,183,177	26,263,480	.122241	.122241	.122241
57	RENAL DIALYSIS	517,471	5,038	522,509	.337403	.337403	.337403
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB	4,028	1,267,387	1,271,415	.260515	.260515	.260515
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		39,687	39,687	1.831103	1.831103	1.831103
60 03	PAIN MANAGEMENT CENTER	4,939	4,458,732	4,463,671	.207153	.207153	.207153
60 06	MATERNAL FETAL MEDICINE C	41,448	2,068,753	2,110,201	.161052	.161052	.161052
61	EMERGENCY	9,852,037	39,812,712	49,664,749	.141577	.141577	.141577
62	OBSERVATION BEDS (NON-DIS		5,601,779	5,601,779	.591042	.591042	.591042
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	149,830,449	205,371,571	355,202,020			
102	LESS OBSERVATION BEDS						
103	TOTAL	149,830,449	205,371,571	355,202,020			

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	21,841,162		21,841,162		21,841,162
26	INTENSIVE CARE UNIT	4,796,273		4,796,273		4,796,273
33	NURSERY	1,900,249		1,900,249		1,900,249
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,554,430		10,554,430		10,554,430
37 01	DAY SURGERY	860,853		860,853		860,853
38	RECOVERY ROOM	1,192,609		1,192,609		1,192,609
39	DELIVERY ROOM & LABOR ROO	3,474,514		3,474,514		3,474,514
40	ANESTHESIOLOGY	720,561		720,561		720,561
41	RADIOLOGY-DIAGNOSTIC	3,145,898		3,145,898		3,145,898
41 01	CAT SCAN	1,763,522		1,763,522		1,763,522
41 02	ULTRASOUND	917,576		917,576		917,576
41 03	CARDIAC CATH	2,467,797		2,467,797		2,467,797
41 04	MRI	671,952		671,952		671,952
41 06	WOMEN'S IMAGING CENTER	1,203,243		1,203,243		1,203,243
41 07	PLAINFIELD IMAGING	502,555		502,555		502,555
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,502,821		1,502,821		1,502,821
44	LABORATORY	5,273,500		5,273,500		5,273,500
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,382,093		1,382,093		1,382,093
50	PHYSICAL THERAPY	2,108,478		2,108,478		2,108,478
51	OCCUPATIONAL THERAPY	411,072		411,072		411,072
52	SPEECH PATHOLOGY	139,826		139,826		139,826
53	ELECTROCARDIOLOGY	881,281		881,281		881,281
53 01	CARDIAC REHAB	301,153		301,153		301,153
54	ELECTROENCEPHALOGRAPHY	133,267		133,267		133,267
55	MEDICAL SUPPLIES CHARGED	576,871		576,871		576,871
56	DRUGS CHARGED TO PATIENTS	3,210,474		3,210,474		3,210,474
57	RENAL DIALYSIS	176,296		176,296		176,296
58	ASC (NON-DISTINCT PART)	2,099,795		2,099,795		2,099,795
59	SLEEP LAB	331,223		331,223		331,223
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	72,671		72,671		72,671
60 03	PAIN MANAGEMENT CENTER	924,664		924,664		924,664
60 06	MATERNAL FETAL MEDICINE C	339,853		339,853		339,853
61	EMERGENCY	7,031,394		7,031,394		7,031,394
62	OBSERVATION BEDS (NON-DIS	3,310,887		3,310,887		3,310,887
63 50	RHC					
63 60	FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	86,220,813		86,220,813		86,220,813
102	LESS OBSERVATION BEDS	3,310,887		3,310,887		3,310,887
103	TOTAL	82,909,926		82,909,926		82,909,926



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,554,430	1,365,777	9,188,653			10,554,430
37	01 DAY SURGERY	860,853	19,656	841,197			860,853
38	RECOVERY ROOM	1,192,609	272,277	920,332			1,192,609
39	DELIVERY ROOM & LABOR ROO	3,474,514	654,963	2,819,551			3,474,514
40	ANESTHESIOLOGY	720,561	99,091	621,470			720,561
41	RADIOLOGY-DIAGNOSTIC	3,145,898	296,287	2,849,611			3,145,898
41	01 CAT SCAN	1,763,522	204,053	1,559,469			1,763,522
41	02 ULTRASOUND	917,576	116,759	800,817			917,576
41	03 CARDIAC CATH	2,467,797	283,958	2,183,839			2,467,797
41	04 MRI	671,952	84,435	587,517			671,952
41	06 WOMEN'S IMAGING CENTER	1,203,243	369,105	834,138			1,203,243
41	07 PLAINFIELD IMAGING	502,555	4,642	497,913			502,555
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,502,821	533,481	969,340			1,502,821
44	LABORATORY	5,273,500	413,661	4,859,839			5,273,500
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,382,093	71,929	1,310,164			1,382,093
50	PHYSICAL THERAPY	2,108,478	484,789	1,623,689			2,108,478
51	OCCUPATIONAL THERAPY	411,072	74,163	336,909			411,072
52	SPEECH PATHOLOGY	139,826	8,806	131,020			139,826
53	ELECTROCARDIOLOGY	881,281	65,474	815,807			881,281
53	01 CARDIAC REHAB	301,153	109,820	191,333			301,153
54	ELECTROENCEPHALOGRAPHY	133,267	22,118	111,149			133,267
55	MEDICAL SUPPLIES CHARGED	576,871	6,211	570,660			576,871
56	DRUGS CHARGED TO PATIENTS	3,210,474	44,153	3,166,321			3,210,474
57	RENAL DIALYSIS	176,296	1,755	174,541			176,296
58	ASC (NON-DISTINCT PART)	2,099,795	1,053,677	1,046,118			2,099,795
59	SLEEP LAB	331,223	48,797	282,426			331,223
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	72,671	40,265	32,406			72,671
60	03 PAIN MANAGEMENT CENTER	924,664	146,444	778,220			924,664
60	06 MATERNAL FETAL MEDICINE C	339,853	98,065	241,788			339,853
61	EMERGENCY	7,031,394	1,205,405	5,825,989			7,031,394
62	OBSERVATION BEDS (NON-DIS	3,310,887	928,545	2,382,342			3,310,887
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,683,129	9,128,561	48,554,568			57,683,129
102	LESS OBSERVATION BEDS	3,310,887	928,545	2,382,342			3,310,887
103	TOTAL	54,372,242	8,200,016	46,172,226			54,372,242

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,512,322	.254248	.254248
37 01	DAY SURGERY	648,232	1.328001	1.328001
38	RECOVERY ROOM	3,633,897	.328190	.328190
39	DELIVERY ROOM & LABOR ROO	3,896,028	.891809	.891809
40	ANESTHESIOLOGY	6,912,676	.104238	.104238
41	RADIOLOGY-DIAGNOSTIC	16,803,805	.187213	.187213
41 01	CAT SCAN	42,139,441	.041850	.041850
41 02	ULTRASOUND	8,726,043	.105154	.105154
41 03	CARDIAC CATH	11,968,979	.206183	.206183
41 04	MRI	10,642,915	.063136	.063136
41 06	WOMEN'S IMAGING CENTER	3,181,186	.378237	.378237
41 07	PLAINFIELD IMAGING	917,174	.547939	.547939
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	6,686,829	.224743	.224743
44	LABORATORY	54,149,900	.097387	.097387
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	5,489,043	.251791	.251791
50	PHYSICAL THERAPY	4,994,034	.422199	.422199
51	OCCUPATIONAL THERAPY	962,865	.426926	.426926
52	SPEECH PATHOLOGY	388,627	.359795	.359795
53	ELECTROCARDIOLOGY	11,534,807	.076402	.076402
53 01	CARDIAC REHAB	239,220	1.258896	1.258896
54	ELECTROENCEPHALOGRAPHY	885,208	.150549	.150549
55	MEDICAL SUPPLIES CHARGED	2,353,712	.245090	.245090
56	DRUGS CHARGED TO PATIENTS	26,263,480	.122241	.122241
57	RENAL DIALYSIS	522,509	.337403	.337403
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	1,271,415	.260515	.260515
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	39,687	1.831103	1.831103
60 03	PAIN MANAGEMENT CENTER	4,463,671	.207153	.207153
60 06	MATERNAL FETAL MEDICINE C	2,110,201	.161052	.161052
61	EMERGENCY	49,664,749	.141577	.141577
62	OBSERVATION BEDS (NON-DIS	5,601,779	.591042	.591042
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	328,604,434		
102	LESS OBSERVATION BEDS	5,601,779		
103	TOTAL	323,002,655		

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	OPERATING ROOM	10,554,430	1,365,777	9,188,653			10,554,430
37	01 DAY SURGERY	860,853	19,656	841,197			860,853
38	RECOVERY ROOM	1,192,609	272,277	920,332			1,192,609
39	DELIVERY ROOM & LABOR ROO	3,474,514	654,963	2,819,551			3,474,514
40	ANESTHESIOLOGY	720,561	99,091	621,470			720,561
41	RADIOLOGY-DIAGNOSTIC	3,145,898	296,287	2,849,611			3,145,898
41	01 CAT SCAN	1,763,522	204,053	1,559,469			1,763,522
41	02 ULTRASOUND	917,576	116,759	800,817			917,576
41	03 CARDIAC CATH	2,467,797	283,958	2,183,839			2,467,797
41	04 MRI	671,952	84,435	587,517			671,952
41	06 WOMEN'S IMAGING CENTER	1,203,243	369,105	834,138			1,203,243
41	07 PLAINFIELD IMAGING	502,555	4,642	497,913			502,555
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,502,821	533,481	969,340			1,502,821
44	LABORATORY	5,273,500	413,661	4,859,839			5,273,500
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,382,093	71,929	1,310,164			1,382,093
50	PHYSICAL THERAPY	2,108,478	484,789	1,623,689			2,108,478
51	OCCUPATIONAL THERAPY	411,072	74,163	336,909			411,072
52	SPEECH PATHOLOGY	139,826	8,806	131,020			139,826
53	ELECTROCARDIOLOGY	881,281	65,474	815,807			881,281
53	01 CARDIAC REHAB	301,153	109,820	191,333			301,153
54	ELECTROENCEPHALOGRAPHY	133,267	22,118	111,149			133,267
55	MEDICAL SUPPLIES CHARGED	576,871	6,211	570,660			576,871
56	DRUGS CHARGED TO PATIENTS	3,210,474	44,153	3,166,321			3,210,474
57	RENAL DIALYSIS	176,296	1,755	174,541			176,296
58	ASC (NON-DISTINCT PART)	2,099,795	1,053,677	1,046,118			2,099,795
59	SLEEP LAB	331,223	48,797	282,426			331,223
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	72,671	40,265	32,406			72,671
60	03 PAIN MANAGEMENT CENTER	924,664	146,444	778,220			924,664
60	06 MATERNAL FETAL MEDICINE C	339,853	98,065	241,788			339,853
61	EMERGENCY	7,031,394	1,205,405	5,825,989			7,031,394
62	OBSERVATION BEDS (NON-DIS	3,310,887	928,545	2,382,342			3,310,887
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	57,683,129	9,128,561	48,554,568			57,683,129
102	LESS OBSERVATION BEDS	3,310,887	928,545	2,382,342			3,310,887
103	TOTAL	54,372,242	8,200,016	46,172,226			54,372,242

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,512,322	.254248	.254248
37 01	DAY SURGERY	648,232	1.328001	1.328001
38	RECOVERY ROOM	3,633,897	.328190	.328190
39	DELIVERY ROOM & LABOR ROO	3,896,028	.891809	.891809
40	ANESTHESIOLOGY	6,912,676	.104238	.104238
41	RADIOLOGY-DIAGNOSTIC	16,803,805	.187213	.187213
41 01	CAT SCAN	42,139,441	.041850	.041850
41 02	ULTRASOUND	8,726,043	.105154	.105154
41 03	CARDIAC CATH	11,968,979	.206183	.206183
41 04	MRI	10,642,915	.063136	.063136
41 06	WOMEN'S IMAGING CENTER	3,181,186	.378237	.378237
41 07	PLAINFIELD IMAGING	917,174	.547939	.547939
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	6,686,829	.224743	.224743
44	LABORATORY	54,149,900	.097387	.097387
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	5,489,043	.251791	.251791
50	PHYSICAL THERAPY	4,994,034	.422199	.422199
51	OCCUPATIONAL THERAPY	962,865	.426926	.426926
52	SPEECH PATHOLOGY	388,627	.359795	.359795
53	ELECTROCARDIOLOGY	11,534,807	.076402	.076402
53 01	CARDIAC REHAB	239,220	1.258896	1.258896
54	ELECTROENCEPHALOGRAPHY	885,208	.150549	.150549
55	MEDICAL SUPPLIES CHARGED	2,353,712	.245090	.245090
56	DRUGS CHARGED TO PATIENTS	26,263,480	.122241	.122241
57	RENAL DIALYSIS	522,509	.337403	.337403
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	1,271,415	.260515	.260515
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	39,687	1.831103	1.831103
60 03	PAIN MANAGEMENT CENTER	4,463,671	.207153	.207153
60 06	MATERNAL FETAL MEDICINE C	2,110,201	.161052	.161052
61	EMERGENCY	49,664,749	.141577	.141577
62	OBSERVATION BEDS (NON-DIS	5,601,779	.591042	.591042
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	328,604,434		
102	LESS OBSERVATION BEDS	5,601,779		
103	TOTAL	323,002,655		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,125,403		6,125,403
26	INTENSIVE CARE UNIT				1,014,605		1,014,605
33	NURSERY				273,799		273,799
101	TOTAL				7,413,807		7,413,807

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	17,488	5,818			350.26	2,037,813
26	INTENSIVE CARE UNIT	2,179	1,114			465.63	518,712
33	NURSERY	2,231				122.72	
101	TOTAL	21,898	6,932				2,556,525





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					17,488	
26	INTENSIVE CARE UNIT					2,179	
33	NURSERY					2,231	
101	TOTAL					21,898	

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

PROVIDER NO: 14-0304  
PERIOD: FROM 1/1/2009 TO 12/31/2009  
PREPARED 10/7/2010  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	5,818	
26	INTENSIVE CARE UNIT	1,114	
33	NURSERY		
101	TOTAL	6,932	

TITLE XVIII, PART A HOSPITAL 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											
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	06	WOMEN'S IMAGING CENTER											
41	07	PLAINFIELD IMAGING											
42		RADIOLOGY-THERAPEUTIC											
43		RADIOISOTOPE											
44		LABORATORY											
46	30	BLOOD CLOTTING FACTORS AD											
49		RESPIRATORY THERAPY											
50		PHYSICAL THERAPY											
51		OCCUPATIONAL THERAPY											
52		SPEECH PATHOLOGY											
53		ELECTROCARDIOLOGY											
53	01	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	03	PAIN MANAGEMENT CENTER											
60	06	MATERNAL FETAL MEDICINE C											
61		EMERGENCY											
62		OBSERVATION BEDS (NON-DIS											
63	50	RHC											
63	60	FQHC											
		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							
	OPERATING ROOM			41,512,322			4,558,221	
37	01 DAY SURGERY			648,232				
38	RECOVERY ROOM			3,633,897			266,945	
39	DELIVERY ROOM & LABOR ROO			3,896,028			12,342	
40	ANESTHESIOLOGY			6,912,676			533,432	
41	RADIOLOGY-DIAGNOSTIC			16,803,805			2,357,355	
41	01 CAT SCAN			42,139,441			4,685,351	
41	02 ULTRASOUND			8,726,043			1,058,093	
41	03 CARDIAC CATH			11,968,979			3,538,883	
41	04 MRI			10,642,915			1,027,580	
41	06 WOMEN'S IMAGING CENTER			3,181,186				
41	07 PLAINFIELD IMAGING			917,174				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			6,686,829			1,178,124	
44	LABORATORY			54,149,900			11,080,111	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			5,489,043			2,536,670	
50	PHYSICAL THERAPY			4,994,034			662,424	
51	OCCUPATIONAL THERAPY			962,865			423,096	
52	SPEECH PATHOLOGY			388,627			194,074	
53	ELECTROCARDIOLOGY			11,534,807			2,561,144	
53	01 CARDIAC REHAB			239,220				
54	ELECTROENCEPHALOGRAPHY			885,208			128,480	
55	MEDICAL SUPPLIES CHARGED			2,353,712			771,726	
56	DRUGS CHARGED TO PATIENTS			26,263,480			7,480,405	
57	RENAL DIALYSIS			522,509			332,111	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			1,271,415				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			39,687				
60	03 PAIN MANAGEMENT CENTER			4,463,671				
60	06 MATERNAL FETAL MEDICINE C			2,110,201				
61	EMERGENCY			49,664,749			3,704,838	
62	OBSERVATION BEDS (NON-DI			5,601,779				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			328,604,434			49,091,405	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,350,509					
37 01	DAY SURGERY	489,204					
38	RECOVERY ROOM	201,377					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	375,054					
41	RADIOLOGY-DIAGNOSTIC	1,918,351					
41 01	CAT SCAN	3,275,186					
41 02	ULTRASOUND	538,313					
41 03	CARDIAC CATH	1,696,998					
41 04	MRI	859,135					
41 06	WOMEN'S IMAGING CENTER	367,323					
41 07	PLAINFIELD IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,098,099					
44	LABORATORY	234,490					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	125,770					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,029,128					
53 01	CARDIAC REHAB	66,805					
54	ELECTROENCEPHALOGRAPHY	286,587					
55	MEDICAL SUPPLIES CHARGED	166,460					
56	DRUGS CHARGED TO PATIENTS	1,945,642					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 03	PAIN MANAGEMENT CENTER	1,720,677					
60 06	MATERNAL FETAL MEDICINE C						
61	EMERGENCY	2,648,900					
62	OBSERVATION BEDS (NON-DIS	625,166					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	22,019,174					

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	.254248	.254248			
37 01 DAY SURGERY	1.328001	1.328001			
38 RECOVERY ROOM	.328190	.328190			
39 DELIVERY ROOM & LABOR ROOM	.891809	.891809			
40 ANESTHESIOLOGY	.104238	.104238			
41 RADIOLOGY-DIAGNOSTIC	.187213	.187213			
41 01 CAT SCAN	.041850	.041850			
41 02 ULTRASOUND	.105154	.105154			
41 03 CARDIAC CATH	.206183	.206183			
41 04 MRI	.063136	.063136			
41 06 WOMEN'S IMAGING CENTER	.378237	.378237			
41 07 PLAINFIELD IMAGING	.547939	.547939			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.224743	.224743			
44 LABORATORY	.097387	.097387			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.251791	.251791			
50 PHYSICAL THERAPY	.422199	.422199			
51 OCCUPATIONAL THERAPY	.426926	.426926			
52 SPEECH PATHOLOGY	.359795	.359795			
53 ELECTROCARDIOLOGY	.076402	.076402			
53 01 CARDIAC REHAB	1.258896	1.258896			
54 ELECTROENCEPHALOGRAPHY	.150549	.150549			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.245090	.245090			
56 DRUGS CHARGED TO PATIENTS	.122241	.122241			
57 RENAL DIALYSIS	.337403	.337403			
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB	.260515	.260515			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.831103	1.831103			
60 03 PAIN MANAGEMENT CENTER	.207153	.207153			
60 06 MATERNAL FETAL MEDICINE CLINIC	.161052	.161052			
61 EMERGENCY	.141577	.141577			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.591042	.591042			
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		2,350,509	261		
37 01	DAY SURGERY		489,204			
38	RECOVERY ROOM		201,377			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		375,054			
41	RADIOLOGY-DIAGNOSTIC		1,918,351	71		
41 01	CAT SCAN		3,275,186	48		
41 02	ULTRASOUND		538,313			
41 03	CARDIAC CATH		1,696,998	95		
41 04	MRI		859,135			
41 06	WOMEN'S IMAGING CENTER		367,323			
41 07	PLAINFIELD IMAGING					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE		1,098,099			
44	LABORATORY		234,490	122		
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY		125,770			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		1,029,128			
53 01	CARDIAC REHAB		66,805			
54	ELECTROENCEPHALOGRAPHY		286,587			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		166,460			
56	DRUGS CHARGED TO PATIENTS		1,945,642			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 03	PAIN MANAGEMENT CENTER		1,720,677			
60 06	MATERNAL FETAL MEDICINE CLINIC					
61	EMERGENCY		2,648,900			
62	OBSERVATION BEDS (NON-DISTINCT PART)		625,166			
63 50	RHC					
63 60	FOHC					
101	SUBTOTAL		22,019,174	597		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		22,019,174	597		

(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				597,612	66
37 01 DAY SURGERY				649,663	
38 RECOVERY ROOM				66,090	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				39,095	
41 RADIOLOGY-DIAGNOSTIC				359,140	13
41 01 CAT SCAN				137,067	2
41 02 ULTRASOUND				56,606	
41 03 CARDIAC CATH				349,892	20
41 04 MRI				54,242	
41 06 WOMEN'S IMAGING CENTER				138,935	
41 07 PLAINFIELD IMAGING					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				246,790	
44 LABORATORY				22,836	12
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				31,668	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				78,627	
53 01 CARDIAC REHAB				84,101	
54 ELECTROENCEPHALOGRAPHY				43,145	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				40,798	
56 DRUGS CHARGED TO PATIENTS				237,837	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 03 PAIN MANAGEMENT CENTER				356,443	
60 06 MATERNAL FETAL MEDICINE CLINIC					
61 EMERGENCY				375,023	
62 OBSERVATION BEDS (NON-DISTINCT PART)				369,499	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				4,335,109	113
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				4,335,109	113

(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

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 DAY SURGERY
- 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 06 WOMEN'S IMAGING CENTER
- 41 07 PLAINFIELD IMAGING
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 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
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 03 PAIN MANAGEMENT CENTER
- 60 06 MATERNAL FETAL MEDICINE CLINIC
- 61 EMERGENCY
- 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 A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,651
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,248.92
85	OBSERVATION BED COST	3,310,887

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	21,841,162		3,310,887	
87	NEW CAPITAL-RELATED COST	6,125,403	.280452	3,310,887	928,545
88	NON PHYSICIAN ANESTHETIST	21,841,162		3,310,887	
89	MEDICAL EDUCATION	21,841,162		3,310,887	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,585,109	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,265,253	
37	OPERATING ROOM	.254248	4,558,221	1,158,919
37	01 DAY SURGERY	1.328001		
38	RECOVERY ROOM	.328190	266,945	87,609
39	DELIVERY ROOM & LABOR ROOM	.891809	12,342	11,007
40	ANESTHESIOLOGY	.104238	533,432	55,604
41	RADIOLOGY-DIAGNOSTIC	.187213	2,357,355	441,328
41	01 CAT SCAN	.041850	4,685,351	196,082
41	02 ULTRASOUND	.105154	1,058,093	111,263
41	03 CARDIAC CATH	.206183	3,538,883	729,658
41	04 MRI	.063136	1,027,580	64,877
41	06 WOMEN'S IMAGING CENTER	.378237		
41	07 PLAINFIELD IMAGING	.547939		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.224743	1,178,124	264,775
44	LABORATORY	.097387	11,080,111	1,079,059
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.251791	2,536,670	638,711
50	PHYSICAL THERAPY	.422199	662,424	279,675
51	OCCUPATIONAL THERAPY	.426926	423,096	180,631
52	SPEECH PATHOLOGY	.359795	194,074	69,827
53	ELECTROCARDIOLOGY	.076402	2,561,144	195,677
53	01 CARDIAC REHAB	1.258896		
54	ELECTROENCEPHALOGRAPHY	.150549	128,480	19,343
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.245090	771,726	189,142
56	DRUGS CHARGED TO PATIENTS	.122241	7,480,405	914,412
57	RENAL DIALYSIS	.337403	332,111	112,055
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	.260515		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.831103		
60	03 PAIN MANAGEMENT CENTER	.207153		
60	06 MATERNAL FETAL MEDICINE CLINIC	.161052		
61	EMERGENCY	.141577	3,704,838	524,520
62	OBSERVATION BEDS (NON-DISTINCT PART)	.591042		
63	50 RHC			
63	60 FOHC			
101	OTHER REIMBURS COST CNTRS TOTAL		49,091,405	7,324,174
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		49,091,405	



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)	13,377,714	
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)	13,377,714	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	1,147,214	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
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	14,524,928	
17 PRIMARY PAYER PAYMENTS	4,555	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	14,520,373	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,102,804	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	83,304	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	215,002	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	150,501	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	209,340	
22 SUBTOTAL	13,484,766	
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	13,484,766	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	13,016,745	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	468,021	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	83,875	
----- 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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12,902,053		2,606,994
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	10/23/2009	114,692	10/23/2009	26,492
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		114,692		26,492
4 TOTAL INTERIM PAYMENTS		13,016,745		2,633,486
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)		468,021		87,261
7 TOTAL MEDICARE PROGRAM LIABILITY		13,484,766		2,720,747

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,857,804			
29 SALARIES, WAGES & FEES PAYABLE	2,019,765			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	9,087,339			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,820,197			
36 TOTAL CURRENT LIABILITIES	17,785,105			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	93,368,281			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	93,368,281			
43 TOTAL LIABILITIES	111,153,386			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,660,292			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	26,660,292			
52 TOTAL LIABILITIES AND FUND BALANCES	137,813,678			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		61,398,286		
2	NET INCOME (LOSS)		-12,383,323		
3	TOTAL		49,014,963		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	DONOR RESTRICTED	308,284			
7					
8					
9					
10	TOTAL ADDITIONS		308,284		
11	SUBTOTAL		49,323,247		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CR YR	1,916,072			
15	OTHER	20,746,883			
16					
17					
18	TOTAL DEDUCTIONS		22,662,955		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,660,292		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	21,767,475		21,767,475
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,767,475		21,767,475
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 INTENSIVE CARE UNIT	4,670,830		4,670,830
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,670,830		4,670,830
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	26,438,305		26,438,305
17 00 ANCILLARY SERVICES	123,035,676	206,757,955	329,793,631
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	149,473,981	206,757,955	356,231,936

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		107,556,096	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	11,037,328		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		11,037,328	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 BAD DEBT EXPENSE	11,037,328		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		11,037,328	
40 00 TOTAL OPERATING EXPENSES		107,556,096	

DESCRIPTION

1	TOTAL PATIENT REVENUES	356,231,936
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	261,112,037
3	NET PATIENT REVENUES	95,119,899
4	LESS: TOTAL OPERATING EXPENSES	107,556,096
5	NET INCOME FROM SERVICE TO PATIENTS	-12,436,197
	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	137,533
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	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,613
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	87,587
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	ER	41,909
24.02	ADMIN & GENERAL	83,920
24.03	INTEREST EXPENSE	-437,803
24.04	OFFICE BUILDING	123,478
24.05	ALL OTHER NON-PATIENT REVENUE	12,637
25	TOTAL OTHER INCOME	52,874
26	TOTAL OTHER EXPENSES	-12,383,323
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-12,383,323

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	964,176
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	131,551
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	46.62
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.68
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	25.68
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.34
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	51,487
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,147,214
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)	