

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		14-1305		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 4/2009 TIME 14: 40

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: MEMORIAL HOSPITAL ASSOCIATION 14-1305 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1 HOSPITAL	0	192,292		80,945		0
3 SWING BED - SNF	0	101,862		0		0
9 RHC	0	0		7,581		0
9 .01 RHC II	0	0		19,404		0
100 TOTAL	0	294,154		107,930		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: SOUTH ADAMS STREET P.O. BOX: 160
 1.01 CITY: CARTHAGE STATE: IL ZIP CODE: 62321- COUNTY: HANCOCK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	MEMORIAL HOSPITAL ASSOCIATION	14-1305	2.01	8/ 8/2000	4	5	6
04.00 SWING BED - SNF	MEMORIAL HOSPITAL	14-Z305		8/ 8/2000	N	0	N
14.00 HOSPITAL-BASED RHC	BOWEN CLINIC	14-3456		2/ 5/1999	N	0	N
14.01 HOSPITAL-BASED RHC 2	ADAMS STREET CLINIC	14-3405		8/ 1/1995	N	0	N

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES

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

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 169,870
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILBLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
14-1305

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

PREPARED 12/ 4/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 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	21	7,665	46,176.00			1,164	334
2 HMO						104	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						675	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,665	46,176.00			1,839	334
6 INTENSIVE CARE UNIT	4	1,460	336.00			12	
11 NURSERY							88
12 TOTAL	25	9,125	46,512.00			1,851	422
13 RPCH VISITS							
17 OTHER LONG TERM CARE	57	20,805					
24 RHC -BOWEN						596	
24 01 RHC-WOMEN & FAMILY CLINIC						330	
25 TOTAL	82						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL ALL PATS 6.02	INTERNS & RES. / TOTAL 7	FTES / LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,924				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			675				
4 ADULTS & PED-SB NF			82				
5 TOTAL ADULTS AND PEDS			2,681				
6 INTENSIVE CARE UNIT			14				
11 NURSERY			216				
12 TOTAL			2,911				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			17,145				
24 RHC -BOWEN			3,110				
24 01 RHC-WOMEN & FAMILY CLINIC			4,844				
25 TOTAL							
26 OBSERVATION BED DAYS			468	78	390		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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					304	120	574
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		154.90			304	120	574
13 RPCH VISITS							
17 OTHER LONG TERM CARE		38.43					
24 RHC -BOWEN		3.80					
24 01 RHC-WOMEN & FAMILY CLINIC		5.70					
25 TOTAL		202.83					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 209 EAST 5TH ST
 1.01 CITY: BOWEN STATE: IL ZIP CODE: 62316 COUNTY: HANCOCK
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1800	800	1700	800	1700	800	1600		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 213 SOUTH ADAMS STREET
 1.01 CITY: CARTHAGE STATE: IL ZIP CODE: 62321 COUNTY: HANCOCK
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
	1	2
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)		/ /
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	2000	800	2000	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1305

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

PREPARED 12/ 4/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		110,008	110,008	-2,197	107,811
3.01	0301 NEW CAP REL COSTS-NH BLDG		92,031	92,031	-25,377	66,654
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		295,598	295,598	33,590	329,188
4.01	0401 NEW CAP REL COSTS-NH ME				18,919	18,919
5	0500 EMPLOYEE BENEFITS	51,990	2,600,745	2,652,735		2,652,735
6	0600 ADMINISTRATIVE & GENERAL	1,082,065	1,574,697	2,656,762	217,021	2,873,783
8	0800 OPERATION OF PLANT	199,296	635,231	834,527		834,527
9	0900 LAUNDRY & LINEN SERVICE	15,268	77,558	92,826		92,826
10	1000 HOUSEKEEPING	167,170	36,149	203,319		203,319
11	1100 DIETARY	320,612	492,093	812,705	-140,636	672,069
12	1200 CAFETERIA				140,636	140,636
14	1400 NURSING ADMINISTRATION	110,189	15,164	125,353		125,353
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	172,873	26,618	199,491	47,992	247,483
18	1800 SOCIAL SERVICE	35,931	1,128	37,059		37,059
20	2000 NONPHYSICIAN ANESTHETISTS	295,316	13,593	308,909		308,909
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	971,502	16,243	987,745	95,122	1,082,867
26	2600 INTENSIVE CARE UNIT	2,121		2,121		2,121
33	3300 NURSERY				97,642	97,642
36	3600 OTHER LONG TERM CARE	896,869	30,247	927,116	-2,134	924,982
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	282,814	76,351	359,165		359,165
39	3900 DELIVERY ROOM & LABOR ROOM	278,348	12,175	290,523	-191,829	98,694
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	401,790	380,198	781,988		781,988
43	4300 RADIOISOTOPE		84,568	84,568		84,568
44	4400 LABORATORY	411,240	740,711	1,151,951		1,151,951
44.02	4401 GEO PSYCH	61,030	232,116	293,146		293,146
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		60,494	60,494		60,494
49	4900 RESPIRATORY THERAPY	154,654	34,803	189,457	-32,708	156,749
50	5000 PHYSICAL THERAPY		61,290	61,290		61,290
53	5300 ELECTROCARDIOLOGY		15,169	15,169	32,708	47,877
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,422	382,906	392,328		392,328
56	5600 DRUGS CHARGED TO PATIENTS	160,585	443,544	604,129		604,129
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,635,536	557,354	2,192,890	-276,485	1,916,405
61	6100 EMERGENCY	451,592	666,538	1,118,130		1,118,130
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.01	4951 DIABETIC EDUCATION	39,473	4,089	43,562		43,562
63.50	6310 RHC -BOWEN	160,606	70,422	231,028	-10,309	220,719
63.51	6311 RHC-WOMEN & FAMILY CLINIC	518,225	233,942	752,167	57,196	809,363
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		108	108		108
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		65,609	65,609	-65,609	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	8,886,517	10,139,490	19,026,007	-6,458	19,019,549
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	206,004	103,118	309,122		309,122
100	7950 OUTREACH		11,550	11,550	6,458	18,008
100.01	7951 BEAUTY SHOP	7,755	2,211	9,966		9,966
101	TOTAL	9,100,276	10,256,369	19,356,645	-0-	19,356,645

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1305
PERIOD: FROM 7/ 1/2008 TO 6/30/2009
PREPARED 12/ 4/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		107,811
3.01	0301 NEW CAP REL COSTS-NH BLDG		66,654
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		329,188
4.01	0401 NEW CAP REL COSTS-NH ME		18,919
5	0500 EMPLOYEE BENEFITS	-97,597	2,555,138
6	0600 ADMINISTRATIVE & GENERAL	-390,216	2,483,567
8	0800 OPERATION OF PLANT	-58,760	775,767
9	0900 LAUNDRY & LINEN SERVICE	-10,513	82,313
10	1000 HOUSEKEEPING		203,319
11	1100 DIETARY	-262,671	409,398
12	1200 CAFETERIA	-76,160	64,476
14	1400 NURSING ADMINISTRATION		125,353
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-4,692	242,791
18	1800 SOCIAL SERVICE		37,059
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS		308,909
25	2500 ADULTS & PEDIATRICS	-6,075	1,076,792
26	2600 INTENSIVE CARE UNIT		2,121
33	3300 NURSERY	-89	97,553
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	-19,528	905,454
37	3700 OPERATING ROOM		359,165
39	3900 DELIVERY ROOM & LABOR ROOM		98,694
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		781,988
43	4300 RADIOISOTOPE		84,568
44	4400 LABORATORY		1,151,951
44.02	4401 GEO PSYCH		293,146
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		60,494
49	4900 RESPIRATORY THERAPY		156,749
50	5000 PHYSICAL THERAPY		61,290
53	5300 ELECTROCARDIOLOGY		47,877
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,469	384,859
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		604,129
60	6000 CLINIC	-1,154,593	761,812
61	6100 EMERGENCY	-251,069	867,061
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.01	4951 DIABETIC EDUCATION		43,562
63.50	6310 RHC -BOWEN	-3,433	217,286
63.51	6311 RHC-WOMEN & FAMILY CLINIC OTHER REIMBURS COST CNTRS	-22,204	787,159
65	6500 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS		108
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,365,069	16,654,480
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		309,122
100	7950 OUTREACH		18,008
100.01	7951 BEAUTY SHOP		9,966
101	TOTAL	-2,365,069	16,991,576

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1305
 PERIOD: FROM 7/ 1/2008 TO 6/30/2009
 PREPARED 12/ 4/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-NH ME	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.02	GEO PSYCH	4401	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	DIABETIC EDUCATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RHC -BOWEN	6310	RURAL HEALTH CLINIC #####
63.51	RHC-WOMEN & FAMILY CLINIC	6311	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OUTREACH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BEAUTY SHOP	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141305

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

PREPARED 12/ 4/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-NH ME	4.01		18,919
2		OUTREACH	100		6,458
3 TO RECLASS CAFETERIA	B	CAFETERIA	12	81,591	59,045
4 TO RECLASS RHC EXPENSE	C	RHC -BOWEN	63.50		2,197
5 TO RECLASS NURSING EXPENSE	D	ADMINISTRATIVE & GENERAL	6	1,199	
6 TO RECLASS INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4		33,590
7		ADMINISTRATIVE & GENERAL	6		32,019
8 TO RECLASS DELIVERY AND LABOR	F	ADULTS & PEDIATRICS	25	90,240	3,947
9		NURSERY	33	93,550	4,092
10 TO RECLASS A & G EXPENSES	G	MEDICAL RECORDS & LIBRARY	17	47,992	
11		ADMINISTRATIVE & GENERAL	6	148,372	
12		ADMINISTRATIVE & GENERAL	6	12,506	
13		ADMINISTRATIVE & GENERAL	6	22,925	
14 TO RECLASS EKG TIME	H	ELECTROCARDIOLOGY	53	36,185	
15		RESPIRATORY THERAPY	49		3,477
16 TO RECLASS DR LYNCH TIME	I	RHC-WOMEN & FAMILY CLINIC	63.51	56,683	513
17 RECLASS S WATSON TO SWING	J	ADULTS & PEDIATRICS	25	935	
36 TOTAL RECLASSIFICATIONS				592,178	164,257

(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:
141305

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

PREPARED 12/ 4/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO 7	SALARY 8	OTHER 9	
1 TO RECLASS DEPRECIATION EXPENSE	A NEW CAP REL COSTS-NH BLDG	3.01		18,919	9
2	NEW CAP REL COSTS-NH BLDG	3.01		6,458	9
3 TO RECLASS CAFETERIA	B DIETARY	11	81,591	59,045	
4 TO RECLASS RHC EXPENSE	C NEW CAP REL COSTS-BLDG & FIXT	3		2,197	9
5 TO RECLASS NURSING EXPENSE	D OTHER LONG TERM CARE	36	1,199		
6 TO RECLASS INTEREST	E INTEREST EXPENSE	88		65,609	11
7					
8 TO RECLASS DELIVERY AND LABOR	F DELIVERY ROOM & LABOR ROOM	39	90,240	3,947	
9	DELIVERY ROOM & LABOR ROOM	39	93,550	4,092	
10 TO RECLASS A & G EXPENSES	G CLINIC	60	47,992		
11	CLINIC	60	148,372		
12	RHC -BOWEN	63.50	12,506		
13	CLINIC	60	22,925		
14 TO RECLASS EKG TIME	H RESPIRATORY THERAPY	49	36,185		
15	ELECTROCARDIOLOGY	53		3,477	
16 TO RECLASS DR LYNCH TIME	I CLINIC	60	56,683	513	
17 RECLASS S WATSON TO SWING	J OTHER LONG TERM CARE	36	935		
36 TOTAL RECLASSIFICATIONS			592,178	164,257	

(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:
141305

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

PREPARED 12/ 4/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-NH ME	4.01	18,919	NEW CAP REL COSTS-NH BLDG	3.01	18,919	
3.00	OUTREACH	100	6,458	NEW CAP REL COSTS-NH BLDG	3.01	6,458	
TOTAL RECLASSIFICATIONS FOR CODE A			25,377	TOTAL RECLASSIFICATIONS FOR CODE A			25,377

RECLASS CODE: B
EXPLANATION : TO RECLASS CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	140,636	DIETARY	11	140,636	
TOTAL RECLASSIFICATIONS FOR CODE B			140,636	TOTAL RECLASSIFICATIONS FOR CODE B			140,636

RECLASS CODE: C
EXPLANATION : TO RECLASS RHC EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC -BOWEN	63.50	2,197	NEW CAP REL COSTS-BLDG & FIXT	3	2,197	
TOTAL RECLASSIFICATIONS FOR CODE C			2,197	TOTAL RECLASSIFICATIONS FOR CODE C			2,197

RECLASS CODE: D
EXPLANATION : TO RECLASS NURSING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,199	OTHER LONG TERM CARE	36	1,199	
TOTAL RECLASSIFICATIONS FOR CODE D			1,199	TOTAL RECLASSIFICATIONS FOR CODE D			1,199

RECLASS CODE: E
EXPLANATION : TO RECLASS INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	33,590	INTEREST EXPENSE	88	65,609	
2.00	ADMINISTRATIVE & GENERAL	6	32,019			0	
TOTAL RECLASSIFICATIONS FOR CODE E			65,609	TOTAL RECLASSIFICATIONS FOR CODE E			65,609

RECLASS CODE: F
EXPLANATION : TO RECLASS DELIVERY AND LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICALS	25	94,187	DELIVERY ROOM & LABOR ROOM	39	94,187	
2.00	NURSERY	33	97,642	DELIVERY ROOM & LABOR ROOM	39	97,642	
TOTAL RECLASSIFICATIONS FOR CODE F			191,829	TOTAL RECLASSIFICATIONS FOR CODE F			191,829

RECLASS CODE: G
EXPLANATION : TO RECLASS A & G EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	47,992	CLINIC	60	47,992	
2.00	ADMINISTRATIVE & GENERAL	6	148,372	CLINIC	60	148,372	
3.00	ADMINISTRATIVE & GENERAL	6	12,506	RHC -BOWEN	63.50	12,506	
4.00	ADMINISTRATIVE & GENERAL	6	22,925	CLINIC	60	22,925	
TOTAL RECLASSIFICATIONS FOR CODE G			231,795	TOTAL RECLASSIFICATIONS FOR CODE G			231,795

RECLASS CODE: H
EXPLANATION : TO RECLASS EKG TIME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	36,185	RESPIRATORY THERAPY	49	36,185	
2.00	RESPIRATORY THERAPY	49	3,477	ELECTROCARDIOLOGY	53	3,477	
TOTAL RECLASSIFICATIONS FOR CODE H			39,662	TOTAL RECLASSIFICATIONS FOR CODE H			39,662

RECLASS CODE: I
EXPLANATION : TO RECLASS DR LYNCH TIME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC-WOMEN & FAMILY CLINIC	63.51	57,196	CLINIC	60	57,196	
TOTAL RECLASSIFICATIONS FOR CODE I			57,196	TOTAL RECLASSIFICATIONS FOR CODE I			57,196

RECLASSIFICATIONS

PROVIDER NO:
141305

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

PREPARED 12/ 4/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : RECLASS S WATSON TO SWING

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	935	25	OTHER LONG TERM CARE	935
TOTAL RECLASSIFICATIONS FOR CODE J		935	36		935

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	533,475					11,718	521,757	
2	LAND IMPROVEMENTS	276,320						276,320	
3	BUILDINGS & FIXTURE	5,693,274	21,975			21,975		5,715,249	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	6,706,865	375,124			375,124	272,489	6,809,500	
7	SUBTOTAL	13,209,934	397,099			397,099	284,207	13,322,826	
8	RECONCILING ITEMS								
9	TOTAL	13,209,934	397,099			397,099	284,207	13,322,826	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	4,366,574		4,366,574	.327751				
3 01	NEW CAP REL COSTS-NH	2,146,752		2,146,752	.161133				
4	NEW CAP REL COSTS-MV	5,649,971		5,649,971	.424083				
4 01	NEW CAP REL COSTS-NH	1,159,529		1,159,529	.087033				
5	TOTAL	13,322,826		13,322,826	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
3	NEW CAP REL COSTS-BL	107,811						107,811
3 01	NEW CAP REL COSTS-NH	66,654						66,654
4	NEW CAP REL COSTS-MV	295,598		33,590				329,188
4 01	NEW CAP REL COSTS-NH	18,919						18,919
5	TOTAL	488,982		33,590				522,572

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

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
3	NEW CAP REL COSTS-BL	110,008						110,008
3 01	NEW CAP REL COSTS-NH	92,031						92,031
4	NEW CAP REL COSTS-MV	295,598						295,598
4 01	NEW CAP REL COSTS-NH							
5	TOTAL	497,637						497,637

* All lines numbers except line 5 are to be consistent with Workshheet 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:
14-1305

PERIOD: 7/ 1/2008 TO 6/30/2009
PREPARED 12/ 4/2009
WORKSHEET A-8

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT	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			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,875	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,291,380			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-58,760			
15 LAUNDRY AND LINEN SERVICE	B	-10,513	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-76,160	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,692	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,396	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A		NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 RENT INCOME	A	-9,690	CLINIC	60	
38 DR SPACE	B	-5,153	CLINIC	60	
39 IT MISC REVENUE	A	-304	ADMINISTRATIVE & GENERAL	6	
40 LOBBYING	A	-7,804	ADMINISTRATIVE & GENERAL	6	
41 CHILDBIRTH CLASSES					
42 PHYS RECRUIE	A	-2,186	ADMINISTRATIVE & GENERAL	6	
43 ADVERTISING - HOSPITAL	A	-56,667	ADMINISTRATIVE & GENERAL	6	
44 ADVERTISING- BOWN	A	-3,433	RHC -BOWEN	63.50	
45 ADVERTISING - CLINIC	A	-13,084	CLINIC	60	
46 SUPPLIES SOLD	A	-7,469	MEDICAL SUPPLIES CHARGED	55	
47 PROFESSIONAL LIABILITY	A	-82,689	CLINIC	60	
48 EMPLOYEE BENEFITS	A	-97,597	EMPLOYEE BENEFITS	5	
49 NURSING HOME MEALS	A	-260,075	DIETARY	11	
49.01 BABY PICTURE REVENUE	B	-89	NURSERY	33	
49.02 RENTAL INCOME - MIDWEST	B	-3,666	CLINIC	60	
49.03 RENTAL INCOME MISC	B	-19,822	ADMINISTRATIVE & GENERAL	6	
49.04 MISC INCOME	B	-17,951	ADMINISTRATIVE & GENERAL	6	
49.05 ADVERTISING - WOMENS	A	-17,854	RHC-WOMEN & FAMILY CLINIC	63.51	
49.06 RENTAL INCOME WOMEN'S CLINIC	B	-4,350	RHC-WOMEN & FAMILY CLINIC	63.51	
49.07 DIETBETIC EDUCATION	A	-200	DIETARY	11	
49.08 PURCHASE DISCOUNTS	B	-31,548	ADMINISTRATIVE & GENERAL	6	
49.09 RESPI TE INCOME	B	-6,075	ADULTS & PEDIATRICS	25	
49.10 PROVIDER TAX	A	-168,153	ADMINISTRATIVE & GENERAL	6	
49.11 CAPITAL CAMPAIGN FUND RAISING	A	-21,296	ADMINISTRATIVE & GENERAL	6	
49.14 MISC INCOME	A	-19,528	OTHER LONG TERM CARE	36	
49.15 MARKETING SALARIES	B	-52,119	ADMINISTRATIVE & GENERAL	6	
49.16 MARKETING FRINGES	B	-9,491	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,365,069			

(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 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	8	OPERATION OF PLANT	RENT	58,760	-58,760	
2						
3						
4						
5		TOTALS		58,760	-58,760	

* 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	C	MEMORIAL HOSPITAL ASSOC.	0.00	HANCOCK COUNTY NURSING	100.00	SNF-NON-CERTIFIED
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1305

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

PREPARED 12/ 4/2009
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 44	LABORATORY	14,400		14,400				
2 43	RADIOISOTOPE	3,600		3,600				
3 60	CLINIC	1,040,311	1,040,311					
4 61	ER	791,642	251,069	540,573				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,849,953	1,291,380	558,573				

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1305
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/4/2009
 WORKSHEET A-8-4
 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		137.00	521.00	
10	AHSEA (SEE INSTRUCTIONS)	87.26	72.63	54.47	31.84
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	36.32	36.32	27.24	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	9,950
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	9,950
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	16,589
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	26,539

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	72.63
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	56,651
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	73,240

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE	
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

PHYSICAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 73,240
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1305

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

PREPARED 12/4/2009 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	73,240
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	38,249
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	38,249
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	38,249
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1305

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

PREPARED 12/4/2009 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	64.00		223.00	
10	AHSEA (SEE INSTRUCTIONS)	75.98	68.86	46.08	29.18
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.43	34.43	23.04	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	4,407
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	4,407
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	6,507
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	10,914

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	68.86
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	53,711
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	60,218

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE	
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE	
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)

OCCUPATIONAL THERAPY

- 31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 - 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 - 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 - 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 - 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 - 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 - 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 - 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 - 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 - 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 60,218
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO:
14-1305

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

PREPARED 12/ 4/2009
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	60,218
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	16,714
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	16,714
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	16,714
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NH BLDG	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-NH ME	6	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	12	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-8	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	18	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

14-1305

FROM 7/ 1/2008

WORKSHEET B

1

TO 6/30/2009

PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NH BLDG	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-NH ME	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	5a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	107,811	107,811					
004 NEW CAP REL COSTS-NH BLDG	66,654		66,654				
004 01 NEW CAP REL COSTS-MVBLE E	329,188			329,188			
005 NEW CAP REL COSTS-NH ME	18,919				18,919		
006 EMPLOYEE BENEFITS	2,555,138					2,555,170	
008 ADMINISTRATIVE & GENERAL	2,483,567	18,697	16,764	149,088	1,611	409,555	3,079,282
009 OPERATION OF PLANT	775,767	8,927	7,024	2,233		64,419	858,370
010 LAUNDRY & LINEN SERVICE	82,313	3,580	624			4,935	91,452
011 HOUSEKEEPING	203,319	422	361			54,035	258,137
012 DIETARY	409,398	4,539	6,203	1,538		77,260	498,938
014 CAFETERIA	64,476	1,781				26,373	92,630
015 NURSING ADMINISTRATION	125,353	395	1,038	49		35,617	162,452
016 CENTRAL SERVICES & SUPPLY PHARMACY							
017 MEDICAL RECORDS & LIBRARY	242,791	2,409	5,183	2,978		71,391	324,752
018 SOCIAL SERVICE	37,059	395				11,614	49,068
020 NONPHYSICIAN ANESTHETISTS	308,909			10,047		95,456	414,412
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,076,792	18,233		22,780		343,493	1,461,298
033 INTENSIVE CARE UNIT	2,121	677				686	3,484
036 NURSERY	97,553					30,239	127,792
037 OTHER LONG TERM CARE	905,454		23,982		17,274	289,209	1,235,919
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	359,165	8,435		43,247		91,415	502,262
041 DELIVERY ROOM & LABOR ROO	98,694	1,337		3,565		30,564	134,160
044 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	781,988	9,042		19,639		129,872	940,541
043 RADIOISOTOPE	84,568	645					85,213
044 LABORATORY	1,151,951	4,369		13,595		132,927	1,302,842
044 02 GEO PSYCH	293,146	2,100		2,309		19,727	317,282
046 WHOLE BLOOD & PACKED RED	60,494						60,494
049 RESPIRATORY THERAPY	156,749	1,217		2,420		38,293	198,679
050 PHYSICAL THERAPY	61,290		1,306				62,596
053 ELECTROCARDIOLOGY	47,877	3,972		3,753		11,696	67,298
055 MEDICAL SUPPLIES CHARGED	384,859	4,802	446	4,255		3,046	397,408
056 DRUGS CHARGED TO PATIENTS	604,129	97	3,080	5,284		51,907	664,497
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	761,812	6,789		24,315		103,193	896,109
062 EMERGENCY	867,061	3,080		8,933		131,929	1,011,003
063 OBSERVATION BEDS (NON-DIS							
063 01 OTHER OUTPATIENT SERVICE							
063 50 DIABETIC EDUCATION	43,562					12,759	56,321
063 51 RHC -BOWEN	217,286			671		47,871	265,828
065 RHC-WOMEN & FAMILY CLINIC	787,159			8,419		166,595	962,173
065 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES	108						108
096 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	16,654,480	105,940	66,011	329,150	18,885	2,486,076	16,582,800
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,251					1,251
100 PHYSICIANS' PRIVATE OFFIC	309,122			38		66,587	375,747
101 OUTREACH	18,008	620					18,628
101 01 BEAUTY SHOP	9,966		643		34	2,507	13,150
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,991,576	107,811	66,654	329,188	18,919	2,555,170	16,991,576

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I & R COST POST STEP-DOWN ADJ 26
	15	16	17	18	20	25	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			489,202				
018 SOCIAL SERVICE				68,994			
020 NONPHYSICIAN ANESTHETISTS					507,140		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			37,055	35,234		2,294,631	
026 INTENSIVE CARE UNIT			482			12,357	
033 NURSERY			933			157,010	
036 OTHER LONG TERM CARE			37,908	31,957		2,588,191	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			36,805			785,360	
039 DELIVERY ROOM & LABOR ROOM			1,034			205,572	
040 ANESTHESIOLOGY			17,791		507,140	524,931	
041 RADIOLOGY-DIAGNOSTIC			88,745			1,383,854	
043 RADIOISOTOPE			9,437			120,768	
044 LABORATORY			83,410			1,767,999	
044 02 GEO PSYCH			6,024			426,420	
046 WHOLE BLOOD & PACKED RED			1,367			75,250	
049 RESPIRATORY THERAPY			8,102			280,837	
050 PHYSICAL THERAPY			2,639			94,062	
053 ELECTROCARDIOLOGY			6,907			133,821	
055 MEDICAL SUPPLIES CHARGED			20,507			566,700	
056 DRUGS CHARGED TO PATIENTS			22,816			880,635	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			40,234			1,236,381	
061 EMERGENCY			44,293	1,803		1,342,478	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION			369			70,160	
063 50 RHC -BOWEN			4,652			329,534	
063 51 RHC-WOMEN & FAMILY CLINIC			14,022			1,189,860	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						132	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			485,532	68,994	507,140	16,466,943	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						15,619	
098 PHYSICIANS' PRIVATE OFFICE			3,670			462,583	
100 OUTREACH						22,751	
100 01 BEAUTY SHOP						23,680	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			489,202	68,994	507,140	16,991,576	

COST ALLOCATION - GENERAL SERVICE COSTS

14-1305

FROM 7/ 1/2008

WORKSHEET B

1

TO 6/30/2009

PART I

TOTAL

COST CENTER
DESCRIPTION

27

003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NH BLDG	
004	01 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,294,631
026	INTENSIVE CARE UNIT	12,357
033	NURSERY	157,010
036	OTHER LONG TERM CARE	2,588,191
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	785,360
039	DELIVERY ROOM & LABOR ROO	205,572
040	ANESTHESIOLOGY	524,931
041	RADIOLOGY-DIAGNOSTIC	1,383,854
043	RADIOISOTOPE	120,768
044	LABORATORY	1,767,999
044	02 GEO PSYCH	426,420
046	WHOLE BLOOD & PACKED RED	75,250
049	RESPIRATORY THERAPY	280,837
050	PHYSICAL THERAPY	94,062
053	ELECTROCARDIOLOGY	133,821
055	MEDICAL SUPPLIES CHARGED	566,700
056	DRUGS CHARGED TO PATIENTS	880,635
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,236,381
061	EMERGENCY	1,342,478
062	OBSERVATION BEDS (NON-DIS	
063	OTHER OUTPATIENT SERVICE	
063	01 DIABETIC EDUCATION	70,160
063	50 RHC -BOWEN	329,534
063	51 RHC-WOMEN & FAMILY CLINIC	1,189,860
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	132
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	16,466,943
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	15,619
098	PHYSICIANS' PRIVATE OFFIC	462,583
100	OUTREACH	22,751
100	01 BEAUTY SHOP	23,680
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	16,991,576

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-NH BLDG	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-NH ME	SUBTOTAL	EMPLOYEE BENE FITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				32		32	32
006 ADMIN STRATIVE & GENERAL		18,697	16,764	149,088	1,611	186,160	6
008 OPERATION OF PLANT		8,927	7,024	2,233		18,184	1
009 LAUNDRY & LINEN SERVICE		3,580	624			4,204	
010 HOUSEKEEPING		422	361			783	1
011 DIETARY		4,539	6,203	1,538		12,280	1
012 CAFETERIA		1,781				1,781	
014 NURSING ADMINISTRATION		395	1,038	49		1,482	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		2,409	5,183	2,978		10,570	1
018 SOCIAL SERVICE		395				395	
020 NONPHYSICIAN ANESTHETISTS				10,047		10,047	1
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		18,233		22,780		41,013	4
033 INTENSIVE CARE UNIT		677				677	
036 NURSERY							
036 OTHER LONG TERM CARE			23,982		17,274	41,256	4
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,435		43,247		51,682	1
039 DELIVERY ROOM & LABOR ROO		1,337		3,565		4,902	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		9,042		19,639		28,681	2
043 RADIOISOTOPE		645				645	
044 LABORATORY		4,369		13,595		17,964	2
044 02 GEO PSYCH		2,100		2,309		4,409	
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY		1,217		2,420		3,637	
050 PHYSICAL THERAPY			1,306			1,306	
053 ELECTROCARDIOLOGY		3,972		3,753		7,725	
055 MEDICAL SUPPLIES CHARGED		4,802	446	4,255		9,503	
056 DRUGS CHARGED TO PATIENTS		97	3,080	5,284		8,461	1
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		6,789		24,315		31,104	1
061 EMERGENCY		3,080		8,933		12,013	2
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION							
063 50 RHC -BOWEN				671		671	1
063 51 RHC-WOMEN & FAMILY CLINIC				8,419		8,419	2
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		105,940	66,011	329,150	18,885	519,986	31
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,251				1,251	
098 PHYSICIANS' PRIVATE OFFIC				38		38	1
100 OUTREACH		620				620	
100 01 BEAUTY SHOP			643		34	677	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		107,811	66,654	329,188	18,919	522,572	32

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1305

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

WORKSHEET B
PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	186,166						
008 OPERATION OF PLANT	11,486	29,671					
009 LAUNDRY & LINEN SERVICE	1,224	1,016	6,444				
010 HOUSEKEEPING	3,454	190		4,428			
011 DIETARY	6,676	2,610	90	406	22,063		
012 CAFETERIA	1,239	430	35	67		3,552	
014 NURSING ADMINISTRATION	2,174	349		54		56	4,115
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	4,346	1,847		287		170	
018 SOCIAL SERVICE	657	95		15		29	67
020 NONPHYSICIAN ANESTHETISTS	5,545					27	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19,557	4,401	1,165	685	3,356	596	1,359
026 INTENSIVE CARE UNIT	47	163		25			
033 NURSERY	1,710						
036 OTHER LONG TERM CARE	16,538	5,853	3,638	910	18,707	816	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,721	2,036	597	317		168	382
039 DELIVERY ROOM & LABOR ROO	1,795	323		50		162	370
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	12,585	2,183	351	340		231	528
043 RADIOISOTOPE	1,140	156		24			
044 LABORATORY	17,433	1,055	40	164		274	625
044 02 GEO PSYCH	4,246	507		79		59	134
046 WHOLE BLOOD & PACKED RED	809						
049 RESPIRATORY THERAPY	2,659	294		46		104	237
050 PHYSICAL THERAPY	838	319	4	50			
053 ELECTROCARDIOLOGY	901	959		149			
055 MEDICAL SUPPLIES CHARGED	5,318	1,268		197		11	24
056 DRUGS CHARGED TO PATIENTS	8,892	775		121		64	146
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,991	1,639	42	255		644	
061 EMERGENCY	13,528	744	442	116		106	243
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION	754					27	
063 50 RHC -BOWEN	3,557		9				
063 51 RHC-WOMEN & FAMILY CLINIC	12,875		31				
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1						
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	180,696	29,212	6,444	4,357	22,063	3,544	4,115
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17	302		47			
098 PHYSICIANS' PRIVATE OFFIC	5,028						
100 OUTREACH	249						
100 01 BEAUTY SHOP	176	157		24		8	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	186,166	29,671	6,444	4,428	22,063	3,552	4,115

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-NH BLDG							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			17,221				
018 SOCIAL SERVICE				1,258			
020 NONPHYSICIAN ANESTHETISTS					15,620		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,305	642		74,083	
026 INTENSIVE CARE UNIT			17			929	
033 NURSERY			33			1,743	
036 OTHER LONG TERM CARE			1,335	583		89,640	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			1,296			63,200	
039 DELIVERY ROOM & LABOR ROOM			36			7,638	
040 ANESTHESIOLOGY			626			626	
041 RADIOLOGY-DIAGNOSTIC			3,121			48,022	
043 RADIOISOTOPE			332			2,297	
044 LABORATORY			2,937			40,494	
044 02 GEO PSYCH			212			9,646	
046 WHOLE BLOOD & PACKED RED			48			857	
049 RESPIRATORY THERAPY			285			7,262	
050 PHYSICAL THERAPY			93			2,610	
053 ELECTROCARDIOLOGY			243			9,977	
055 MEDICAL SUPPLIES CHARGED			722			17,043	
056 DRUGS CHARGED TO PATIENTS			803			19,263	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,417			47,093	
061 EMERGENCY			1,560	33		28,787	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 01 DIABETIC EDUCATION			13			794	
063 50 RHC -BOWEN			164			4,402	
063 51 RHC-WOMEN & FAMILY CLINIC			494			21,821	
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						1	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			17,092	1,258		498,228	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						1,617	
098 PHYSICIANS' PRIVATE OFFICE			129			5,196	
100 OUTREACH						869	
100 01 BEAUTY SHOP						1,042	
101 CROSS FOOT ADJUSTMENTS					15,620	15,620	
102 NEGATIVE COST CENTER							
103 TOTAL			17,221	1,258	15,620	522,572	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-NH BLDG	
004	01 NEW CAP REL COSTS-MVBLE E	
005	NEW CAP REL COSTS-NH ME	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
020	SOCIAL SERVICE	
025	NONPHYSICIAN ANESTHETISTS	
026	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	74,083
033	INTENSIVE CARE UNIT	929
036	NURSERY	1,743
037	OTHER LONG TERM CARE	89,640
039	ANCILLARY SRVC COST CNTRS	
040	OPERATING ROOM	63,200
041	DELIVERY ROOM & LABOR ROO	7,638
043	ANESTHESIOLOGY	626
044	RADIOLOGY-DIAGNOSTIC	48,022
044	RADIOISOTOPE	2,297
046	LABORATORY	40,494
049	02 GEO PSYCH	9,646
050	WHOLE BLOOD & PACKED RED	857
053	RESPIRATORY THERAPY	7,262
055	PHYSICAL THERAPY	2,610
056	ELECTROCARDIOLOGY	9,977
060	MEDICAL SUPPLIES CHARGED	17,043
061	DRUGS CHARGED TO PATIENTS	19,263
062	OUTPAT SERVICE COST CNTRS	
063	CLINIC	47,093
063	EMERGENCY	28,787
063	OBSERVATION BEDS (NON-DIS	
063	01 OTHER OUTPATIENT SERVICE	
063	DIABETIC EDUCATION	794
063	50 RHC -BOWEN	4,402
063	51 RHC-WOMEN & FAMILY CLINIC	21,821
065	OTHER REIMBURS COST CNTRS	
095	AMBULANCE SERVICES	1
096	SPEC PURPOSE COST CENTERS	
098	SUBTOTALS	498,228
100	NONREIMBURS COST CENTERS	
100	01 GIFT, FLOWER, COFFEE SHOP	1,617
101	PHYSICIANS' PRIVATE OFFIC	5,196
102	OUTREACH	869
103	01 BEAUTY SHOP	1,042
	CROSS FOOT ADJUSTMENTS	15,620
	NEGATIVE COST CENTER	
	TOTAL	522,572

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION			
	OSTS-BLDG &	OSTS-NH BLDG	OSTS-MVBLE E	OSTS-NH ME	FITS	
	(SQUARE FEET	(SQUARE FEET	(DOLLAR VALUE	(DOLLAR VALUE	(SALARIES)	
	3	3.01	4	4.01	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	40,144					
004 01 NEW CAP REL COSTS-NH		25,101				
004 01 NEW CAP REL COSTS-MVB			304,002			
005 EMPLOYEE BENEFITS				18,918	7,905,028	
006 ADMINISTRATIVE & GENE	6,962	6,313	137,682	1,611	1,267,066	-3,079,282
008 OPERATION OF PLANT	3,324	2,645	2,062		199,296	
009 LAUNDRY & LINEN SERVI	1,333	235			15,268	
010 HOUSEKEEPING	157	136			167,170	
011 DIETARY	1,690	2,336	1,420		239,021	
012 CAFETERIA	663				81,591	
014 NURSING ADMINISTRATION	147	391	45		110,189	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB	897	1,952	2,750		220,865	
018 SOCIAL SERVICE	147				35,931	
020 NONPHYSICIAN ANESTHET			9,278		295,316	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	6,789		21,037		1,062,675	
033 INTENSIVE CARE UNIT	252				2,121	
036 NURSERY					93,550	
036 OTHER LONG TERM CARE		9,031		17,273	894,737	
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM	3,141		39,938		282,814	
040 DELIVERY ROOM & LABOR	498		3,292		94,558	
041 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC	3,367		18,136		401,790	
044 RADIOISOTOPE	240					
044 02 LABORATORY	1,627		12,555		411,240	
046 GEO PSYCH	782		2,132		61,030	
049 WHOLE BLOOD & PACKED						
050 RESPIRATORY THERAPY	453		2,235		118,469	
053 PHYSICAL THERAPY		492				
055 ELECTROCARDIOLOGY	1,479		3,466		36,185	
056 MEDICAL SUPPLIES CHAR	1,788	168	3,929		9,422	
060 DRUGS CHARGED TO PATI	36	1,160	4,880		160,585	
061 OUTPAT SERVICE COST C						
062 CLINIC	2,528		22,455		319,253	
063 EMERGENCY	1,147		8,250		408,152	
063 01 OBSERVATION BEDS (NON						
063 50 OTHER OUTPATIENT SERV						
063 51 DIABETIC EDUCATION					39,473	
065 RHC -BOWEN			620		148,100	
065 RHC-WOMEN & FAMILY CL			7,775		515,402	
065 OTHER REIMBURS COST C						
095 AMBULANCE SERVICES						
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	39,447	24,859	303,967	18,884	7,691,269	-3,079,282
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	466					
100 PHYSICIANS' PRIVATE O			35		206,004	
100 01 OUTREACH	231					
101 BEAUTY SHOP		242		34	7,755	
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	107,811	66,654	329,188	18,919	2,555,170	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	2.685607		1.082848		.323234	
105 (WRKSHT B, PT I)		2.655432		1.000053		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					32	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000004	
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-1305

FROM 7/ 1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSING HRS)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NH							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-NH							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	13,912,294						
008 OPERATION OF PLANT	858,370	45,770					
009 LAUNDRY & LINEN SERVICE	91,452	1,568	183,435				
010 HOUSEKEEPING	258,137	293		43,909			
011 DIETARY	498,938	4,026	2,548	4,026	63,584		
012 CAFETERIA	92,630	663	1,008	663		277,685	
014 NURSING ADMINISTRATION	162,452	538		538		4,368	141,029
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	324,752	2,849		2,849		13,312	
018 SOCIAL SERVICE	49,068	147		147		2,288	2,288
020 NONPHYSICIAN ANESTHET	414,412					2,080	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,461,298	6,789	33,173	6,789	9,671	46,597	46,597
026 INTENSIVE CARE UNIT	3,484	252		252			
033 NURSERY	127,792						
036 OTHER LONG TERM CARE	1,235,919	9,031	103,541	9,031	53,913	63,856	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	502,262	3,141	17,003	3,141		13,104	13,104
039 DELIVERY ROOM & LABOR	134,160	498		498		12,688	12,688
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	940,541	3,367	9,984	3,367		18,096	18,096
043 RADIOISOTOPE	85,213	240		240			
044 LABORATORY	1,302,842	1,627	1,137	1,627		21,424	21,424
044 02 GEO PSYCH	317,282	782		782		4,576	4,576
046 WHOLE BLOOD & PACKED	60,494						
049 RESPIRATORY THERAPY	198,679	453		453		8,112	8,112
050 PHYSICAL THERAPY	62,596	492	118	492			
053 ELECTROCARDIOLOGY	67,298	1,479		1,479			
055 MEDICAL SUPPLIES CHAR	397,408	1,956		1,956		832	832
056 DRUGS CHARGED TO PATI	664,497	1,196		1,196		4,992	4,992
OUTPAT SERVICE COST C							
060 CLINIC	896,109	2,528	1,202	2,528		50,336	
061 EMERGENCY	1,011,003	1,147	12,579	1,147		8,320	8,320
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 01 DIABETIC EDUCATION	56,321					2,080	
063 50 RHC -BOWEN	265,828		270				
063 51 RHC-WOMEN & FAMILY CL	962,173		872				
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	108						
SPEC PURPOSE COST CEN							
095 SUBTOTALS	13,503,518	45,062	183,435	43,201	63,584	277,061	141,029
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,251	466		466			
098 PHYSICIANS' PRIVATE O	375,747						
100 OUTREACH	18,628						
100 01 BEAUTY SHOP	13,150	242		242		624	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,079,282	1,048,357	147,609	321,983	733,158	133,991	216,784
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		22.904894		7.332961		.482529	
(WRKSHT B, PT I)	.221335		.804694		11.530542		1.537159
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	186,166	29,671	6,444	4,428	22,063	3,552	4,115
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.648263		.100845		.012791	
(WRKSHT B, PT III)	.013381		.035130		.346990		.029178

COST ALLOCATION - STATISTICAL BASIS

14-1305

FROM 7/ 1/2008

WORKSHEET B-1

1

TO 6/30/2009

1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUES)	(TIME SPENT)	(ASSIGNED TIME)
	15	16	17	18	20
003 GENERAL SERVICE COST					
003 01 NEW CAP REL COSTS-BLD					
004 01 NEW CAP REL COSTS-NH					
004 01 NEW CAP REL COSTS-MVB					
005 01 NEW CAP REL COSTS-NH					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY			33,644,939		
018 MEDICAL RECORDS & LIBRARY				421	
020 SOCIAL SERVICE					2,080
025 NONPHYSICIAN ANESTHETISTS					
026 INPATIENT ROUTINE SERVICE					
033 ADULTS & PEDIATRICS			2,548,466	215	
036 INTENSIVE CARE UNIT			33,126		
037 NURSERY			64,185		
039 OTHER LONG TERM CARE			2,607,170	195	
040 ANCILLARY SERVICE COST CENTER					
041 OPERATING ROOM			2,531,288		
042 DELIVERY ROOM & LABOR			71,112		
043 ANESTHESIOLOGY			1,223,608		2,080
044 RADIOLOGY-DIAGNOSTIC			6,103,273		
045 RADIOISOTOPE			649,016		
046 LABORATORY			5,736,597		
047 GEO PSYCH			414,271		
048 WHOLE BLOOD & PACKED			94,031		
049 RESPIRATORY THERAPY			557,202		
050 PHYSICAL THERAPY			181,526		
053 ELECTROCARDIOLOGY			475,041		
055 MEDICAL SUPPLIES CHAR			1,410,367		
056 DRUGS CHARGED TO PATIENT			1,569,159		
060 OUTPATIENT SERVICE COST CENTER					
061 CLINIC			2,767,135		
062 EMERGENCY			3,046,318	11	
063 OBSERVATION BEDS (NON)					
063 01 OTHER OUTPATIENT SERVICE					
063 50 DIABETIC EDUCATION			25,363		
063 51 RHC -BOWEN			319,933		
065 RHC-WOMEN & FAMILY CL			964,351		
065 OTHER REIMBURSE COST CENTER					
095 AMBULANCE SERVICES					
096 SPEC PURPOSE COST CENTER					
098 SUBTOTALS			33,392,538	421	2,080
100 NONREIMBURSE COST CENTER					
100 01 GIFT, FLOWER, COFFEE					
102 PHYSICIANS' PRIVATE OUTREACH			252,401		
103 BEAUTY SHOP					
104 CROSS FOOT ADJUSTMENT					
105 NEGATIVE COST CENTER					
106 COST TO BE ALLOCATED			489,202	68,994	507,140
107 (PER WORKSHEET B, PART I)					
108 UNIT COST MULTIPLIER				163.881235	243.817308
109 (WORKSHEET B, PART I)			.014540		
110 COST TO BE ALLOCATED					
111 (PER WORKSHEET B, PART I)					
112 UNIT COST MULTIPLIER					
113 (WORKSHEET B, PART I)					
114 COST TO BE ALLOCATED			17,221	1,258	15,620
115 (PER WORKSHEET B, PART I)					
116 UNIT COST MULTIPLIER				2.988124	
117 (WORKSHEET B, PART I)			.000512		7.509615

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1305

FROM 7/ 1/2008

WORKSHEET C

TO 6/30/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DI ALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,294,631		2,294,631		
26	INTENSIVE CARE UNIT	12,357		12,357		
33	NURSERY	157,010		157,010		
36	OTHER LONG TERM CARE	2,588,191		2,588,191		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	785,360		785,360		
39	DELIVERY ROOM & LABOR ROO	205,572		205,572		
40	ANESTHESIOLOGY	524,931		524,931		
41	RADIOLOGY-DIAGNOSTIC	1,383,854		1,383,854		
43	RADIOISOTOPE	120,768		120,768		
44	LABORATORY	1,767,999		1,767,999		
44	02 GEO PSYCH	426,420		426,420		
46	WHOLE BLOOD & PACKED RED	75,250		75,250		
49	RESPIRATORY THERAPY	280,837		280,837		
50	PHYSICAL THERAPY	94,062		94,062		
53	ELECTROCARDIOLOGY	133,821		133,821		
55	MEDICAL SUPPLIES CHARGED	566,700		566,700		
56	DRUGS CHARGED TO PATIENTS	880,635		880,635		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,236,381		1,236,381		
61	EMERGENCY	1,342,478		1,342,478		
62	OBSERVATION BEDS (NON-DIS	349,053		349,053		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	70,160		70,160		
63	50 RHC -BOWEN	329,534		329,534		
63	51 RHC-WOMEN & FAMILY CLINIC	1,189,860		1,189,860		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	132		132		
101	SUBTOTAL	16,815,996		16,815,996		
102	LESS OBSERVATION BEDS	349,053		349,053		
103	TOTAL	16,466,943		16,466,943		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,751,493		1,751,493			
26	INTENSIVE CARE UNIT	33,126		33,126			
33	NURSERY	64,185		64,185			
36	OTHER LONG TERM CARE	2,607,170		2,607,170			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	689,832	1,045,146	1,734,978	.452663	.452663	
39	DELIVERY ROOM & LABOR ROO	71,112		71,112	2.890820	2.890820	
40	ANESTHESIOLOGY	229,648	993,960	1,223,608	.429003	.429003	
41	RADIOLOGY-DIAGNOSTIC	572,227	5,531,046	6,103,273	.226740	.226740	
43	RADIOISOTOPE	24,128	624,888	649,016	.186079	.186079	
44	LABORATORY	866,724	4,869,873	5,736,597	.308196	.308196	
44	02 GEO PSYCH		414,271	414,271	1.029326	1.029326	
46	WHOLE BLOOD & PACKED RED	32,965	61,066	94,031	.800268	.800268	
49	RESPIRATORY THERAPY	238,909	318,293	557,202	.504013	.504013	
50	PHYSICAL THERAPY	144,680	36,846	181,526	.518174	.518174	
53	ELECTROCARDIOLOGY	46,727	428,314	475,041	.281704	.281704	
55	MEDICAL SUPPLIES CHARGED	451,969	958,397	1,410,366	.401811	.401811	
56	DRUGS CHARGED TO PATIENTS	801,351	767,808	1,569,159	.561215	.561215	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	591	421,163	421,754	2.931522	2.931522	
61	EMERGENCY	27,923	1,426,830	1,454,753	.922822	.922822	
62	OBSERVATION BEDS (NON-DIS	57,107	739,866	796,973	.437973	.437973	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		25,363	25,363	2.766234	2.766234	
63	50 RHC -BOWEN		319,933	319,933	1.030009	1.030009	
63	51 RHC-WOMEN & FAMILY CLINIC		964,351	964,351	1.233845	1.233845	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,711,867	19,947,414	28,659,281			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,711,867	19,947,414	28,659,281			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1305

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

PREPARED 12/ 4/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,294,631		2,294,631		
26	INTENSIVE CARE UNIT	12,357		12,357		
33	NURSERY	157,010		157,010		
36	OTHER LONG TERM CARE	2,588,191		2,588,191		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	785,360		785,360		
39	DELIVERY ROOM & LABOR ROO	205,572		205,572		
40	ANESTHESIOLOGY	524,931		524,931		
41	RADIOLOGY-DIAGNOSTIC	1,383,854		1,383,854		
43	RADIOISOTOPE	120,768		120,768		
44	LABORATORY	1,767,999		1,767,999		
44	02 GEO PSYCH	426,420		426,420		
46	WHOLE BLOOD & PACKED RED	75,250		75,250		
49	RESPIRATORY THERAPY	280,837		280,837		
50	PHYSICAL THERAPY	94,062		94,062		
53	ELECTROCARDIOLOGY	133,821		133,821		
55	MEDICAL SUPPLIES CHARGED	566,700		566,700		
56	DRUGS CHARGED TO PATIENTS	880,635		880,635		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,236,381		1,236,381		
61	EMERGENCY	1,342,478		1,342,478		
62	OBSERVATION BEDS (NON-DIS	349,053		349,053		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	70,160		70,160		
63	50 RHC -BOWEN	329,534		329,534		
63	51 RHC-WOMEN & FAMILY CLINIC	1,189,860		1,189,860		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	132		132		
101	SUBTOTAL	16,815,996		16,815,996		
102	LESS OBSERVATION BEDS	349,053		349,053		
103	TOTAL	16,466,943		16,466,943		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	1,751,493		1,751,493			
26	INTENSIVE CARE UNIT	33,126		33,126			
33	NURSERY	64,185		64,185			
36	OTHER LONG TERM CARE	2,607,170		2,607,170			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	689,832	1,045,146	1,734,978	.452663	.452663	
39	DELIVERY ROOM & LABOR ROO	71,112		71,112	2.890820	2.890820	
40	ANESTHESIOLOGY	229,648	993,960	1,223,608	.429003	.429003	
41	RADIOLOGY-DIAGNOSTIC	572,227	5,531,046	6,103,273	.226740	.226740	
43	RADIOISOTOPE	24,128	624,888	649,016	.186079	.186079	
44	LABORATORY	866,724	4,869,873	5,736,597	.308196	.308196	
44	02 GEO PSYCH		414,271	414,271	1.029326	1.029326	
46	WHOLE BLOOD & PACKED RED	32,965	61,066	94,031	.800268	.800268	
49	RESPIRATORY THERAPY	238,909	318,293	557,202	.504013	.504013	
50	PHYSICAL THERAPY	144,680	36,846	181,526	.518174	.518174	
53	ELECTROCARDIOLOGY	46,727	428,314	475,041	.281704	.281704	
55	MEDICAL SUPPLIES CHARGED	451,969	958,397	1,410,366	.401811	.401811	
56	DRUGS CHARGED TO PATIENTS	801,351	767,808	1,569,159	.561215	.561215	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	591	421,163	421,754	2.931522	2.931522	
61	EMERGENCY	27,923	1,426,830	1,454,753	.922822	.922822	
62	OBSERVATION BEDS (NON-DIS	57,107	739,866	796,973	.437973	.437973	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		25,363	25,363	2.766234	2.766234	
63	50 RHC -BOWEN		319,933	319,933	1.030009	1.030009	
63	51 RHC-WOMEN & FAMILY CLINIC		964,351	964,351	1.233845	1.233845	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,711,867	19,947,414	28,659,281			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,711,867	19,947,414	28,659,281			

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	785,360	63,200	722,160			785,360
39	DELIVERY ROOM & LABOR ROO	205,572	7,638	197,934			205,572
40	ANESTHESIOLOGY	524,931	626	524,305			524,931
41	RADIOLOGY-DIAGNOSTIC	1,383,854	48,022	1,335,832			1,383,854
43	RADIOISOTOPE	120,768	2,297	118,471			120,768
44	LABORATORY	1,767,999	40,494	1,727,505			1,767,999
44	02 GEO PSYCH	426,420	9,646	416,774			426,420
46	WHOLE BLOOD & PACKED RED	75,250	857	74,393			75,250
49	RESPIRATORY THERAPY	280,837	7,262	273,575			280,837
50	PHYSICAL THERAPY	94,062	2,610	91,452			94,062
53	ELECTROCARDIOLOGY	133,821	9,977	123,844			133,821
55	MEDICAL SUPPLIES CHARGED	566,700	17,043	549,657			566,700
56	DRUGS CHARGED TO PATIENTS	880,635	19,263	861,372			880,635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,236,381	47,093	1,189,288			1,236,381
61	EMERGENCY	1,342,478	28,787	1,313,691			1,342,478
62	OBSERVATION BEDS (NON-DIS	349,053		349,053			349,053
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	70,160	794	69,366			70,160
63	50 RHC -BOWEN	329,534	4,402	325,132			329,534
63	51 RHC-WOMEN & FAMILY CLINIC	1,189,860	21,821	1,168,039			1,189,860
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	132	1	131			132
101	SUBTOTAL	11,763,807	331,833	11,431,974			11,763,807
102	LESS OBSERVATION BEDS	349,053		349,053			349,053
103	TOTAL	11,414,754	331,833	11,082,921			11,414,754

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	1,734,978	.452663	.452663
39	DELIVERY ROOM & LABOR ROO	71,112	2.890820	2.890820
40	ANESTHESIOLOGY	1,223,608	.429003	.429003
41	RADIOLOGY-DIAGNOSTIC	6,103,273	.226740	.226740
43	RADIOISOTOPE	649,016	.186079	.186079
44	LABORATORY	5,736,597	.308196	.308196
44	02 GEO PSYCH	414,271	1.029326	1.029326
46	WHOLE BLOOD & PACKED RED	94,031	.800268	.800268
49	RESPIRATORY THERAPY	557,202	.504013	.504013
50	PHYSICAL THERAPY	181,526	.518174	.518174
53	ELECTROCARDIOLOGY	475,041	.281704	.281704
55	MEDICAL SUPPLIES CHARGED	1,410,366	.401811	.401811
56	DRUGS CHARGED TO PATIENTS	1,569,159	.561215	.561215
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	421,754	2.931522	2.931522
61	EMERGENCY	1,454,753	.922822	.922822
62	OBSERVATION BEDS (NON-DIS	796,973	.437973	.437973
63	OTHER OUTPATIENT SERVICE			
63	01 DIABETIC EDUCATION	25,363	2.766234	2.766234
63	50 RHC -BOWEN	319,933	1.030009	1.030009
63	51 RHC-WOMEN & FAMILY CLINIC	964,351	1.233845	1.233845
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,203,307		
102	LESS OBSERVATION BEDS	796,973		
103	TOTAL	23,406,334		

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	785,360	63,200	722,160			785,360
39	DELIVERY ROOM & LABOR ROO	205,572	7,638	197,934			205,572
40	ANESTHESIOLOGY	524,931	626	524,305			524,931
41	RADIOLOGY-DIAGNOSTIC	1,383,854	48,022	1,335,832			1,383,854
43	RADIOISOTOPE	120,768	2,297	118,471			120,768
44	LABORATORY	1,767,999	40,494	1,727,505			1,767,999
44	02 GEO PSYCH	426,420	9,646	416,774			426,420
46	WHOLE BLOOD & PACKED RED	75,250	857	74,393			75,250
49	RESPIRATORY THERAPY	280,837	7,262	273,575			280,837
50	PHYSICAL THERAPY	94,062	2,610	91,452			94,062
53	ELECTROCARDIOLOGY	133,821	9,977	123,844			133,821
55	MEDICAL SUPPLIES CHARGED	566,700	17,043	549,657			566,700
56	DRUGS CHARGED TO PATIENTS	880,635	19,263	861,372			880,635
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,236,381	47,093	1,189,288			1,236,381
61	EMERGENCY	1,342,478	28,787	1,313,691			1,342,478
62	OBSERVATION BEDS (NON-DIS	349,053		349,053			349,053
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	70,160	794	69,366			70,160
63	50 RHC -BOWEN	329,534	4,402	325,132			329,534
63	51 RHC-WOMEN & FAMILY CLINIC	1,189,860	21,821	1,168,039			1,189,860
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	132	1	131			132
101	SUBTOTAL	11,763,807	331,833	11,431,974			11,763,807
102	LESS OBSERVATION BEDS	349,053		349,053			349,053
103	TOTAL	11,414,754	331,833	11,082,921			11,414,754

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,734,978	.452663	.452663
39	DELIVERY ROOM & LABOR ROO	71,112	2.890820	2.890820
40	ANESTHESIOLOGY	1,223,608	.429003	.429003
41	RADIOLOGY-DIAGNOSTIC	6,103,273	.226740	.226740
43	RADIOISOTOPE	649,016	.186079	.186079
44	LABORATORY	5,736,597	.308196	.308196
44	02 GEO PSYCH	414,271	1.029326	1.029326
46	WHOLE BLOOD & PACKED RED	94,031	.800268	.800268
49	RESPIRATORY THERAPY	557,202	.504013	.504013
50	PHYSICAL THERAPY	181,526	.518174	.518174
53	ELECTROCARDIOLOGY	475,041	.281704	.281704
55	MEDICAL SUPPLIES CHARGED	1,410,366	.401811	.401811
56	DRUGS CHARGED TO PATIENTS	1,569,159	.561215	.561215
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	421,754	2.931522	2.931522
61	EMERGENCY	1,454,753	.922822	.922822
62	OBSERVATION BEDS (NON-DIS	796,973	.437973	.437973
63	OTHER OUTPATIENT SERVICE			
63	01 DIABETIC EDUCATION	25,363	2.766234	2.766234
63	50 RHC -BOWEN	319,933	1.030009	1.030009
63	51 RHC-WOMEN & FAMILY CLINIC	964,351	1.233845	1.233845
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,203,307		
102	LESS OBSERVATION BEDS	796,973		
103	TOTAL	23,406,334		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	785,360	1,734,978			
39	DELIVERY ROOM & LABOR ROO	205,572	71,112			
40	ANESTHESIOLOGY	524,931	1,223,608			
41	RADIOLOGY-DIAGNOSTIC	1,383,854	6,103,273			
43	RADIOISOTOPE	120,768	649,016			
44	LABORATORY	1,767,999	5,736,597			
44	02 GEO PSYCH	426,420	414,271			
46	WHOLE BLOOD & PACKED RED	75,250	94,031			
49	RESPIRATORY THERAPY	280,837	557,202			
50	PHYSICAL THERAPY	94,062	181,526			
53	ELECTROCARDIOLOGY	133,821	475,041			
55	MEDICAL SUPPLIES CHARGED	566,700	1,410,366			
56	DRUGS CHARGED TO PATIENTS	880,635	1,569,159			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,236,381	421,754			
61	EMERGENCY	1,342,478	1,454,753			
62	OBSERVATION BEDS (NON-DIS	349,053	796,973			
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	70,160	25,363			
63	50 RHC -BOWEN	329,534	319,933			
63	51 RHC-WOMEN & FAMILY CLINIC	1,189,860	964,351			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	132				
101	TOTAL	11,763,807	24,203,307			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	785,360		785,360		1,734,978		
39	DELIVERY ROOM & LABOR ROO	205,572		205,572		71,112		
40	ANESTHESIOLOGY	524,931		524,931		1,223,608		
41	RADIOLOGY-DIAGNOSTIC	1,383,854		1,383,854		6,103,273		
43	RADIOISOTOPE	120,768		120,768		649,016		
44	LABORATORY	1,767,999		1,767,999		5,736,597		
44	02 GEO PSYCH	426,420		426,420		414,271		
46	WHOLE BLOOD & PACKED RED	75,250		75,250		94,031		
49	RESPIRATORY THERAPY	280,837		280,837		557,202		
50	PHYSICAL THERAPY	94,062		94,062		181,526		
53	ELECTROCARDIOLOGY	133,821		133,821		475,041		
55	MEDICAL SUPPLIES CHARGED	566,700		566,700		1,410,366		
56	DRUGS CHARGED TO PATIENTS	880,635		880,635		1,569,159		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	1,236,381	1,040,311	2,276,692		421,754		
61	EMERGENCY	1,342,478	251,069	1,593,547		1,454,753		
62	OBSERVATION BEDS (NON-DIS	349,053		349,053		796,973		
63	OTHER OUTPATIENT SERVICE							
63	01 DIABETIC EDUCATION	70,160		70,160		25,363		
63	50 RHC -BOWEN							
63	51 RHC-WOMEN & FAMILY CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	132		132				
101	TOTAL	10,244,413	1,291,380	11,535,793		22,919,023		
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART A SWING BED SNF OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.452663		
39	DELIVERY ROOM & LABOR ROOM	2.890820		
40	ANESTHESIOLOGY	.429003		
41	RADIOLOGY-DIAGNOSTIC	.226740	12,137	2,752
43	RADIOISOTOPE	.186079		
44	LABORATORY	.308196	71,907	22,161
44	02 GEO PSYCH	1.029326		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.800268	1,620	1,296
49	RESPIRATORY THERAPY	.504013	39,459	19,888
50	PHYSICAL THERAPY	.518174	101,360	52,522
53	ELECTROCARDIOLOGY	.281704	910	256
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.401811	47,100	18,925
56	DRUGS CHARGED TO PATIENTS	.561215	111,145	62,376
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.931522		
61	EMERGENCY	.922822		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.437973		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	01 DIABETIC EDUCATION	2.766234		
63	50 RHC -BOWEN			
63	51 RHC-WOMEN & FAMILY CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		385,638	180,176
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		385,638	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		1,656,120
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		1,656,120
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		1,672,681

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		1,672,681
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		254,200
21	EXCESS REASONABLE COST		
22	SUBTOTAL		1,418,481
23	COINSURANCE		
24	SUBTOTAL		1,418,481
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		21,820
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		21,820
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		20,828
26	SUBTOTAL		1,440,301
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		1,440,301
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		1,248,009
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		192,292
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		16,432

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	244,273			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,423,775			
5	OTHER RECEIVABLES	37,802			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,656,150			
7	INVENTORY				
8	PREPAID EXPENSES	446,967			
9	OTHER CURRENT ASSETS	277,551			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	3,774,218			
FIXED ASSETS					
12	LAND	521,757			
12.01					
13	LAND IMPROVEMENTS	276,320			
13.01	LESS ACCUMULATED DEPRECIATION	-264,030			
14	BUILDINGS	5,715,249			
14.01	LESS ACCUMULATED DEPRECIATION	-4,745,281			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	6,809,500			
18.01	LESS ACCUMULATED DEPRECIATION	-4,413,594			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	23,344,807			
21	TOTAL FIXED ASSETS	27,244,728			
OTHER ASSETS					
22	INVESTMENTS	10,745,326			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,325,828			
26	TOTAL OTHER ASSETS	13,071,154			
27	TOTAL ASSETS	44,090,100			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,802,503			
29 SALARIES, WAGES & FEES PAYABLE	955,144			
30 PAYROLL TAXES PAYABLE	16,074			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,841,900			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,301,447			
36 TOTAL CURRENT LIABILITIES	6,917,068			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	20,948,991			
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	20,948,991			
43 TOTAL LIABILITIES	27,866,059			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	16,224,041			
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	16,224,041			
52 TOTAL LIABILITIES AND FUND BALANCES	44,090,100			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		16,039,300		
2 OF PERIOD				
3 NET INCOME (LOSS)		184,741		
4 TOTAL		16,224,041		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 RESTRICTED CONTRIBUTIONS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		16,224,041		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 UNREALIZED LOSS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		16,224,041		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,847,508		1,847,508
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	2,607,170		2,607,170
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,454,678		4,454,678
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	33,126		33,126
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	33,126		33,126
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,487,804		4,487,804
17 00 ANCILLARY SERVICES	4,340,134		4,340,134
18 00 OUTPATIENT SERVICES		23,280,316	23,280,316
18 50 RHC -BOWEN		319,933	319,933
18 51 RHC-WOMEN & FAMILY CLINIC		964,351	964,351
20 00 AMBULANCE SERVICES			
24 00 PHYSICIAN OFFICE		252,401	252,401
25 00 TOTAL PATIENT REVENUES	8,827,938	24,817,001	33,644,939

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		19,356,645	
ADD (SPECIFY)			
27 00 BAD DEBTS	806,873		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		806,873	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		20,163,518	

STATEMENT OF REVENUES AND EXPENSES

I
I
IPROVIDER NO:
14-1305I PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 II PREPARED 12/ 4/2009
I WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	33,644,939
2	LESS: ALLOWANCES AND DISCOUNTS ON	14,623,383
3	NET PATIENT REVENUES	19,021,556
4	LESS: TOTAL OPERATING EXPENSES	20,163,518
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-1,141,962
6	CONTRIBUTIONS, DONATIONS, BEQUES	38,741
7	INCOME FROM INVESTMENTS	124,082
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	76,160
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	45,369
23	GOVERNMENTAL APPROPRIATIONS	17,012
24	OTHER INCOME	1,442,511
25	TOTAL OTHER INCOME	1,743,875
26	TOTAL	601,913
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	417,172
29		
30	TOTAL OTHER EXPENSES	417,172
31	NET INCOME (OR LOSS) FOR THE PERIO	184,741

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2008	12/ 4/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-1
14-3405		

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7	
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	144,941	-59,506	85,435
2	PHYSICIAN ASSISTANT	338,745		338,745
3	NURSE PRACTITIONER			
4	VISITING NURSE			
5	OTHER NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS	95,457		95,457
10	SUBTOTAL (SUM OF LINES 1-9)	579,143	-59,506	519,637
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT			
12	PHYSICIAN SUPERVISION UNDER AGREEMENT	38,889		38,889
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)	38,889		38,889
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES	32,418		32,418
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT			
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS	8,809		8,809
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)	41,227		41,227
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	659,259	-59,506	599,753
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY	14,733		14,733
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS		59,506	59,506
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)	14,733	59,506	74,239
FACILITY OVERHEAD				
29	FACILITY COSTS			
30	ADMINISTRATIVE COSTS	135,371	-22,204	113,167
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	135,371	-22,204	113,167
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	809,363	-22,204	787,159

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1305	FROM 7/ 1/2008	12/ 4/2009
COMPONENT NO:	TO 6/30/2009	WORKSHEET M-2
14-3456		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VI SITS 2	PRODUCTI VI TY STANDARD(1) 3	MI NIMUM VI SITS 4
POSITIONS				
1			4,200	
2			2,100	1,932
3	.92	3,110	2,100	
4				
5	.92	3,110		1,932
6				
7				
8	.92	3,110		
9				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	207,703			
11				
12	207,703			
13	1.000000			
14	9,583			
15	112,248			
16	121,831			
17				
18	121,831			
19	121,831			
20	329,534			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 12/ 4/2009
14-1305	FROM 7/ 1/2008	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2009	
14-3456		

RHC 1

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	3,110
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	3,110
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 12/ 4/2009
14-1305	FROM 7/ 1/2008	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2009	
14-3405		

RHC 2

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	.20	2,107	4,200	840
2	PHYSICIAN ASSISTANTS	.36	937	2,100	756
3	NURSE PRACTITIONERS	.90	1,800	2,100	1,890
4	SUBTOTAL (SUM OF LINES 1-3)	1.46	4,844		3,486
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.46	4,844		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	599,753			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)	74,239			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	673,992			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	.889852			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	113,167			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	402,701			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	515,868			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	515,868			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	459,046			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,058,799			

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED 12/ 4/2009
14-1305	FROM 7/ 1/2008	WORKSHEET M-2
COMPONENT NO:	TO 6/30/2009	
14-3405		

RHC 2

VISITS AND PRODUCTIVITY

GREATER OF
COL. 2 OR
COL. 4
5

POSITIONS	
1 PHYSICIANS	
2 PHYSICIAN ASSISTANTS	
3 NURSE PRACTITIONERS	
4 SUBTOTAL (SUM OF LINES 1-3)	4,844
5 VISITING NURSE	
6 CLINICAL PSYCHOLOGIST	
7 CLINICAL SOCIAL WORKER	
8 TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4,844
9 PHYSICIAN SERVICES UNDER AGREEMENTS	

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	329,534
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	803
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	328,731
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	3,110
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,110
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	105.70

CALCULATION OF LIMIT (1)

	PRIOR TO	ON OR AFTER
	JANUARY 1	JANUARY 1
	1	2

8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	68.65	70.78
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	105.70	105.70
10	CALCULATION OF SETTLEMENT		
	PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		596
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		62,997
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		62,997
16.01	PRIMARY PAYER AMOUNT		30
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		6,994
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		55,973
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		44,778
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		692
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		45,470
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23	OTHER ADJUSTMENTS (SPECIFY)		
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		45,470
25	INTERIM PAYMENTS		37,889
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		7,581
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2		

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 12/ 4/2009
14-1305	FROM 7/ 1/2008	WORKSHEET M-4
COMPONENT NO:	TO 6/30/2009	
14-3456		

TITLE XVII I

RHC 1

PNEUMOCOCCAL 1	INFLUENZA 2
-------------------	----------------

1	HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	148,130	148,130
2	RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000146	.000291
3	PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	22	43
4	MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	257	184
5	DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	279	227
6	TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	207,703	207,703
7	TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	121,831	121,831
8	RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.001343	.001093
9	OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	164	133
10	TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	443	360
11	TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	12	24
12	COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	36.92	15.00
13	NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	9	24
14	PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	332	360
15	TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		803
16	TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		692

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	37,889
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER	.01	
ADJUSTMENTS TO PROVIDER	.02	
ADJUSTMENTS TO PROVIDER	.03	
ADJUSTMENTS TO PROVIDER	.04	
ADJUSTMENTS TO PROVIDER	.05	
ADJUSTMENTS TO PROGRAM	.50	
ADJUSTMENTS TO PROGRAM	.51	
ADJUSTMENTS TO PROGRAM	.52	
ADJUSTMENTS TO PROGRAM	.53	
ADJUSTMENTS TO PROGRAM	.54	
ADJUSTMENTS TO PROGRAM	.99	
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		37,889
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	
TENTATIVE TO PROGRAM	.99	
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	7,581
	SETTLEMENT TO PROGRAM	.02
7 TOTAL MEDICARE PROGRAM LIABILITY		45,470

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.

RHC 2

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2 35,461
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
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER	.01	
ADJUSTMENTS TO PROVIDER	.02	
ADJUSTMENTS TO PROVIDER	.03	
ADJUSTMENTS TO PROVIDER	.04	
ADJUSTMENTS TO PROVIDER	.05	
ADJUSTMENTS TO PROGRAM	.50	
ADJUSTMENTS TO PROGRAM	.51	
ADJUSTMENTS TO PROGRAM	.52	
ADJUSTMENTS TO PROGRAM	.53	
ADJUSTMENTS TO PROGRAM	.54	
ADJUSTMENTS TO PROGRAM	.99	
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		35,461
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	
TENTATIVE TO PROGRAM	.99	
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT SETTLEMENT TO PROVIDER	.01	19,404
AMOUNT (BALANCE DUE) SETTLEMENT TO PROGRAM	.02	
BASED ON COST REPORT (1)		
7 TOTAL MEDICARE PROGRAM LIABILITY		54,865

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.