

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		14-1312		FROM 5/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/20/2009 TIME 14:30

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:
 ROCHELLE COMMUNITY HOSPITAL 14-1312

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 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	-924,154	-487,322		0
3	SWING BED - SNF	0	8,871	0		0
100	TOTAL	0	-915,283	-487,322		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.

- 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 THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
- 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? Y
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 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 NHCMQ 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 N
- 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: 149,255
 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. DATE Y OR N LIMIT Y OR N FEES
- 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 AVAILABLE 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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1312

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		583,078	583,078	302,483	885,561
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		776,637	776,637	42,728	819,365
5	0500 EMPLOYEE BENEFITS	183,310	2,011,081	2,194,391		2,194,391
6	0600 ADMINISTRATIVE & GENERAL	1,399,247	2,096,612	3,495,859	-345,211	3,150,648
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	269,081	844,355	1,113,436		1,113,436
9	0900 LAUNDRY & LINEN SERVICE				56,911	56,911
10	1000 HOUSEKEEPING	208,940	99,051	307,991	-56,911	251,080
11	1100 DIETARY	228,994	178,911	407,905	-295,436	112,469
12	1200 CAFETERIA				295,436	295,436
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	217,313	70,301	287,614		287,614
15	1500 CENTRAL SERVICES & SUPPLY	77,499	29,985	107,484	-15,318	92,166
16	1600 PHARMACY	200,698	1,053,005	1,253,703		1,253,703
17	1700 MEDICAL RECORDS & LIBRARY	246,256	167,097	413,353		413,353
18	1800 SOCIAL SERVICE	121,967	4,647	126,614		126,614
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,534,488	297,277	1,831,765		1,831,765
26	2600 INTENSIVE CARE UNIT	144,143	142,320	286,463		286,463
35.01	3510 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	524,524	734,576	1,259,100		1,259,100
40	4000 ANESTHESIOLOGY		99,018	99,018		99,018
41	4100 RADIOLOGY-DIAGNOSTIC	555,759	1,401,516	1,957,275		1,957,275
44	4400 LABORATORY	624,406	727,056	1,351,462		1,351,462
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		94,115	94,115		94,115
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	19,184	893,265	912,449	-2,687	909,762
50	5000 PHYSICAL THERAPY	8,809	809,877	818,686		818,686
52	5200 SPEECH PATHOLOGY					
53.01	5301 CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,005	18,005
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	911,325	733,917	1,645,242		1,645,242
61.02	6102 PHYSICIAN CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
95	SUBTOTALS	7,475,943	13,847,697	21,323,640	-0-	21,323,640
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
99	9900 NONPAID WORKERS	247,746	109,317	357,063		357,063
100	7950 OTHER NONREIMBURSABLE		2,342	2,342		2,342
100.01	7951 MEDICAL ARTS CENTER					
100.02	7952 GUEST MEALS					
100.03	7953 HH OFFICE - SWEDISH AMERICAN					
100.04	7954 MARKETING					
100.05	7955 PHYSICIAN CLINICS	292,988	99,588	392,576		392,576
100.06	7956 ASHTON CLINIC	79,687	67,617	147,304		147,304
101	TOTAL	8,096,364	14,126,561	22,222,925	-0-	22,222,925

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-79,624	805,937
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		819,365
5 0500	EMPLOYEE BENEFITS	-3,527	2,190,864
6 0600	ADMINISTRATIVE & GENERAL	-354,939	2,795,709
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		1,113,436
9 0900	LAUNDRY & LINEN SERVICE		56,911
10 1000	HOUSEKEEPING		251,080
11 1100	DIETARY		112,469
12 1200	CAFETERIA	-73,512	221,924
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		287,614
15 1500	CENTRAL SERVICES & SUPPLY		92,166
16 1600	PHARMACY		1,253,703
17 1700	MEDICAL RECORDS & LIBRARY	-14,507	398,846
18 1800	SOCIAL SERVICE		126,614
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,831,765
26 2600	INTENSIVE CARE UNIT		286,463
35.01 3510	ICF/MR		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,259,100
40 4000	ANESTHESIOLOGY	-87,830	11,188
41 4100	RADIOLOGY-DIAGNOSTIC		1,957,275
44 4400	LABORATORY		1,351,462
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		94,115
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-107,261	802,501
50 5000	PHYSICAL THERAPY		818,686
52 5200	SPEECH PATHOLOGY		
53.01 5301	CARDIAC REHAB		
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		18,005
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-36,175	1,609,067
61.02 6102	PHYSICIAN CLINICS		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
95	SUBTOTALS	-757,375	20,566,265
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
99 9900	NONPAID WORKERS	-52,765	304,298
100 7950	OTHER NONREIMBURSABLE		2,342
100.01 7951	MEDICAL ARTS CENTER		
100.02 7952	GUEST MEALS		
100.03 7953	HH OFFICE - SWEDISH AMERICAN		
100.04 7954	MARKETING		
100.05 7955	PHYSICIAN CLINICS	-154,642	237,934
100.06 7956	ASHTON CLINIC	-48,782	98,522
101	TOTAL	-1,013,564	21,209,361

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 8/20/2009
 I 14-1312 I FROM 5/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 4/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
35.01	ICF/MR	3510	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.02	PHYSICIAN CLINICS	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	GUEST MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HH OFFICE - SWEDISH AMERICAN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	ASHTON CLINIC	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141312

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		LINE		SALARY	OTHER
	(1)	COST CENTER	NO			
	1	2	3	4		5
1 CAFETERIA	A	CAFETERIA	12		165,855	129,581
2 LAUNDRY	B	LAUNDRY & LINEN SERVICE	9			56,911
3 CAPITAL RELATED INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			36,432
4 OXYGEN EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,687
5 EQUIPMENT INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4			42,728
6		NEW CAP REL COSTS-BLDG & FIXT	3			266,051
7 SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			15,318
36 TOTAL RECLASSIFICATIONS					165,855	549,708

(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:
141312

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY 8	
	1	6	7		
1 CAFETERIA	A	DIETARY	11	165,855	129,581
2 LAUNDRY	B	HOUSEKEEPING	10		56,911
3 CAPITAL RELATED INSURANCE	C	ADMINISTRATIVE & GENERAL	6		36,432
4 OXYGEN EXPENSE	D	RESPIRATORY THERAPY	49		2,687
5 EQUIPMENT INTEREST	E	ADMINISTRATIVE & GENERAL	6		42,728
6		ADMINISTRATIVE & GENERAL	6		266,051
7 SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		15,318
36 TOTAL RECLASSIFICATIONS				165,855	549,708

(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:
141312

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	295,436	DIETARY	11	295,436	
TOTAL RECLASSIFICATIONS FOR CODE A			295,436				295,436

RECLASS CODE: B
EXPLANATION: LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	56,911	HOUSEKEEPING	10	56,911	
TOTAL RECLASSIFICATIONS FOR CODE B			56,911				56,911

RECLASS CODE: C
EXPLANATION: CAPITAL RELATED INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	36,432	ADMINISTRATIVE & GENERAL	6	36,432	
TOTAL RECLASSIFICATIONS FOR CODE C			36,432				36,432

RECLASS CODE: D
EXPLANATION: OXYGEN EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,687	RESPIRATORY THERAPY	49	2,687	
TOTAL RECLASSIFICATIONS FOR CODE D			2,687				2,687

RECLASS CODE: E
EXPLANATION: EQUIPMENT INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	42,728	ADMINISTRATIVE & GENERAL	6	42,728	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	266,051	ADMINISTRATIVE & GENERAL	6	266,051	
TOTAL RECLASSIFICATIONS FOR CODE E			308,779				308,779

RECLASS CODE: F
EXPLANATION: SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	15,318	CENTRAL SERVICES & SUPPLY	15	15,318	
TOTAL RECLASSIFICATIONS FOR CODE F			15,318				15,318

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	567,058	25,000		25,000		592,058	
2 LAND IMPROVEMENTS	1,378,870	5,488		5,488		1,384,358	
3 BUILDINGS & FIXTURE	10,640,382	194,325		194,325		10,834,707	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	701,225	50,874		50,874		752,099	
6 MOVABLE EQUIPMENT	6,430,304	1,097,889		1,097,889		7,528,193	
7 SUBTOTAL	19,717,839	1,373,576		1,373,576		21,091,415	
8 RECONCILING ITEMS							
9 TOTAL	19,717,839	1,373,576		1,373,576		21,091,415	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	13,563,222		13,563,222	.643068				
4	NEW CAP REL COSTS-MV	7,528,193		7,528,193	.356932				
5	TOTAL	21,091,415		21,091,415	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	805,937						805,937
4	NEW CAP REL COSTS-MV	819,365						819,365
5	TOTAL	1,625,302						1,625,302

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	583,078						583,078
4	NEW CAP REL COSTS-MV	776,637						776,637
5	TOTAL	1,359,715						1,359,715

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-79,624	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	A	-313	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-3,679	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-195,091			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-69,647	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-14,507	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 PROPERTY TAXES	A	-14,782	ADMINISTRATIVE & GENERAL	6	
39					
40 MISC REVENUE	B	-10,939	ADMINISTRATIVE & GENERAL	6	
41 MARKETING EXPENSE	A	-3,527	EMPLOYEE BENEFITS	5	
42 CLINIC PHYSICIANS	A	-151,859	PHYSICIAN CLINICS	100.05	
43 MISC REVENUE	B	-8,948	ADMINISTRATIVE & GENERAL	6	
44 MISC REVENUE	B	-3,865	CAFETERIA	12	
45 FITNESS CENTER	B	-29,816	ADMINISTRATIVE & GENERAL	6	
46 CLINICS BAD DEBTS INCLUDED IN EXP	A	-2,783	PHYSICIAN CLINICS	100.05	
47 CREDENTIALING FEES	B	-2,300	ADMINISTRATIVE & GENERAL	6	
48 FOUNDATION COSTS-FUND RAISING	A	-29,560	ADMINISTRATIVE & GENERAL	6	
49 PHYSICIAN CLINICS	A	-52,765	NONPAID WORKERS	99	
49.01 CLINIC PHYSICIANS	A	-48,782	ASHTON CLINIC	100.06	
49.02 MARKETING	A	-239,184	ADMINISTRATIVE & GENERAL	6	
49.03 URGENT CARE PHYSICIAN	A	-36,175	EMERGENCY	61	
49.04 DONATION EXPENSE	A	-2,758	ADMINISTRATIVE & GENERAL	6	
49.05 LOBBYING DUES	A	-12,660	ADMINISTRATIVE & GENERAL	6	
49.06					
49.07 DIETARY SUPPLEMENTS					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,013,564			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-1312

PERIOD:
FROM 5/1/2008
TO 4/30/2009

PREPARED 8/20/2009
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 49	AGGREGATE NEUROLOGY	107,261	107,261					
2 61	SWEDISH AMERICAN	397,496		397,496				
3 40	ROCKFORD ANESTHESIOLOGY	87,830	87,830					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	592,587	195,091	397,496				

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

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 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)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
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	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		7491.00		
10	AHSEA (SEE INSTRUCTIONS)		67.52		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.76	33.76		
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)	505,792
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)	505,792
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
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)	505,792

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)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	505,792

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)	12,322
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	12,322
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	14,972
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)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

PHYSICAL THERAPY

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 14,972
 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
	1	2	3	4	5
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)					
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) 505,792
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 14,972
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

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

I PROVIDER NO: I PERIOD: I PREPARED 8/20/2009
I 14-1312 I FROM 5/ 1/2008 I WORKSHEET A-8-4
I I TO 4/30/2009 I PARTS I - VII

PHYSICAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 520,764
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 371,376
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) 371,376
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 371,376
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)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT 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)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP 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)
69.21 EXCESS COST OVER LIMITATION- OPT 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)
69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP 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: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY 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)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
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	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		11839.00		
10	AHSEA (SEE INSTRUCTIONS)		53.02		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	26.51	26.51		
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)	627,704
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)	627,704
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
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)	627,704

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)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	627,704

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)	9,676
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,676
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,325
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,001
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)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

RESPIRATORY THERAPY

- 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) 11,001
- 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
	1	2	3	4	5
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)					
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) 627,704
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 11,001
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)

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

PROVIDER NO: 14-1312

PERIOD: FROM 5/ 1/2008 TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A-8-4
PARTS I - VII

RESPIRATORY THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 638,705
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 443,234
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) 443,234
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 443,234
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)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT 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)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP 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)
69.21 EXCESS COST OVER LIMITATION- OPT 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)
69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP 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: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009 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)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
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	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		2295.00		
10	AHSEA (SEE INSTRUCTIONS)		63.99		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	32.00	32.00		
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)	146,857
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)	146,857
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
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)	146,857

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)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	146,857

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)	11,680
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	11,680
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	14,330
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)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

OCCUPATIONAL THERAPY

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 14,330
 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
	1	2	3	4	5
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)					
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) 146,857
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 14,330
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

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

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2008 TO 4/30/2009

PREPARED 8/20/2009
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	161,187
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	91,693
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)	91,693
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.21	COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.41	COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.51	COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	91,693
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)	
68.21	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT 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)	
68.41	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)	
68.51	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP 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)	
69.21	EXCESS COST OVER LIMITATION- OPT 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)	
69.41	EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.51	EXCESS COST OVER LIMITATION- OSP 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

I PROVIDER NO: I PERIOD: I PREPARED 8/20/2009
 I 14-1312 I FROM 5/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 4/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	21	GROSS SALARIES		ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUI S.	ENTERED
16	PHARMACY	13	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	15	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	805,937			805,937			
005 NEW CAP REL COSTS-MVBLE E	819,365				819,365		
006 EMPLOYEE BENEFITS	2,190,864			1,996	485	2,193,345	
007 ADMINISTRATIVE & GENERAL	2,795,709			246,774	112,770	402,576	3,557,829
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,113,436			90,851	24,790	77,417	1,306,494
010 LAUNDRY & LINEN SERVICE	56,911						56,911
011 HOUSEKEEPING	251,080			9,910	39	60,114	321,143
012 DIETARY	112,469			10,721	9	18,166	141,365
013 CAFETERIA	221,924			27,577		47,718	297,219
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	287,614			6,998	1,436	62,523	358,571
016 CENTRAL SERVICES & SUPPLY	92,166			10,253	338	22,297	125,054
017 PHARMACY	1,253,703			7,570	8,922	57,743	1,327,938
018 MEDICAL RECORDS & LIBRARY	398,846			11,438	8,198	70,850	489,332
019 SOCIAL SERVICE	126,614			1,591		35,091	163,296
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,831,765			88,750	116,138	441,489	2,478,142
035 01 INTENSIVE CARE UNIT	286,463			17,313	4,091	41,471	349,338
037 ICF/MR							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,259,100			78,196	266,234	150,910	1,754,440
044 ANESTHESIOLOGY	11,188				21,950		33,138
046 RADIOLOGY-DIAGNOSTIC	1,957,275			52,501	130,033	159,897	2,299,706
049 LABORATORY	1,351,462			21,535	34,079	179,647	1,586,723
052 WHOLE BLOOD & PACKED RED	94,115						94,115
053 30 BLOOD CLOTTING FACTORS AD							
054 RESPIRATORY THERAPY	802,501			16,721	3,755	5,519	828,496
055 PHYSICAL THERAPY	818,686			23,542	985	2,534	845,747
056 SPEECH PATHOLOGY							
061 01 CARDIAC REHAB							
062 ELECTROENCEPHALOGRAPHY							
063 MEDICAL SUPPLIES CHARGED	18,005						18,005
066 DRUGS CHARGED TO PATIENTS							
069 01 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY	1,609,067			33,504	78,906	251,789	1,973,266
075 02 PHYSICIAN CLINICS							
082 OBSERVATION BEDS (NON-DIS							
083 50 RHC							
086 60 FOHC							
089 OTHER REIMBURS COST CNTRS							
092 20 OUTPATIENT PHYSICAL THERA							
093 30 OUTPATIENT OCCUPATIONAL T							
096 40 OUTPATIENT SPEECH PATHOLO							
099 HOME HEALTH AGENCY							
101 SPEC PURPOSE COST CENTERS							
105 01 PANCREAS ACQUISITION							
108 SUBTOTALS	20,566,265			757,741	813,158	2,087,751	20,406,268
111 NONREIMBURS COST CENTERS							
112 GIFT, FLOWER, COFFEE SHOP				4,814			4,814
113 RESEARCH							
116 NONPAID WORKERS	304,298					56,098	360,396
119 OTHER NONREIMBURSABLE	2,342						2,342
120 01 MEDICAL ARTS CENTER							
120 02 GUEST MEALS							
120 03 HH OFFICE - SWEDISH AMERI				2,860			2,860
120 04 MARKETING							
120 05 PHYSICIAN CLINICS	237,934			40,522	6,207	40,604	325,267
120 06 ASHTON CLINIC	98,522					8,892	107,414
121 CROSS FOOT ADJUSTMENT							
122 NEGATIVE COST CENTER							
123 TOTAL	21,209,361			805,937	819,365	2,193,345	21,209,361

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	3,557,829						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	263,336		1,569,830				
010 LAUNDRY & LINEN SERVICE	11,471			68,382			
011 HOUSEKEEPING	64,729		33,360		419,232		
012 DIETARY	28,493		36,091		9,848	215,797	
013 CAFETERIA	59,907		92,835		25,330		475,291
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	72,273		23,559		6,428		14,345
016 CENTRAL SERVICES & SUPPLY	25,206		34,516	479	9,418		10,806
017 PHARMACY	267,658		25,484		6,953		10,520
018 MEDICAL RECORDS & LIBRARY	98,629		38,506		10,507		32,611
025 SOCIAL SERVICE	32,914		5,356		1,461		10,472
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS	499,498		298,773	44,039	81,522	187,384	151,718
037 INTENSIVE CARE UNIT	70,412		58,284	2,325	15,903	5,184	11,237
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	353,623		263,243	5,128	71,827	15,864	41,313
044 ANESTHESIOLOGY	6,679						
046 RADIOLOGY-DIAGNOSTIC	463,526		176,744	6,086	48,225		44,421
049 LABORATORY	319,818		72,497	1,709	19,781		70,290
052 WHOLE BLOOD & PACKED RED	18,970						
053 30 BLOOD CLOTTING FACTORS AD							
054 RESPIRATORY THERAPY	166,991		56,289		15,359		909
055 PHYSICAL THERAPY	170,468		79,253	4,582	21,624		
056 SPEECH PATHOLOGY							
061 01 CARDIAC REHAB							
062 ELECTROENCEPHALOGRAPHY							
063 MEDICAL SUPPLIES CHARGED	3,629						
069 DRUGS CHARGED TO PATIENTS							
071 OUTPAT SERVICE COST CNTRS							
085 EMERGENCY	397,730		112,788	4,034	30,775		76,649
095 02 PHYSICIAN CLINICS							
096 OBSERVATION BEDS (NON-DIS							
099 50 RHC							
100 60 FOHC							
101 OTHER REIMBURS COST CNTRS							
102 20 OUTPATIENT PHYSICAL THERA							
103 30 OUTPATIENT OCCUPATIONAL T							
104 40 OUTPATIENT SPEECH PATHOLO							
105 HOME HEALTH AGENCY							
106 SPEC PURPOSE COST CENTERS							
107 01 PANCREAS ACQUISITION							
108 SUBTOTALS	3,395,960		1,407,578	68,382	374,961	208,432	475,291
109 NONREIMBURS COST CENTERS							
110 GIFT, FLOWER, COFFEE SHOP	970		16,208		4,422		
111 RESEARCH							
112 NONPAID WORKERS	72,641						
113 OTHER NONREIMBURSABLE	472						
114 01 MEDICAL ARTS CENTER							
115 02 GUEST MEALS						7,365	
116 03 HH OFFICE - SWEDISH AMERI	576		9,627		2,627		
117 04 MARKETING							
118 05 PHYSICIAN CLINICS	65,560		136,417		37,222		
119 06 ASHTON CLINIC	21,650						
120 CROSS FOOT ADJUSTMENT							
121 NEGATIVE COST CENTER							
122 TOTAL	3,557,829		1,569,830	68,382	419,232	215,797	475,291

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		475,176					
016 CENTRAL SERVICES & SUPPLY			205,479				
017 PHARMACY		12,280		1,650,833			
018 MEDICAL RECORDS & LIBRARY					669,585		
025 SOCIAL SERVICE						213,499	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		177,109			512,036	208,937	4,639,158
035 01 INTENSIVE CARE UNIT		13,117			39,387	4,562	569,749
037 ANCLLARY SRVC COST CNTRS							
040 OPERATING ROOM		48,226			118,162		2,671,826
041 ANESTHESIOLOGY							39,817
044 RADIOLOGY-DIAGNOSTIC		51,855					3,090,563
046 LABORATORY		82,052					2,152,870
049 30 WHOLE BLOOD & PACKED RED							113,085
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY		1,061					1,069,105
053 PHYSICAL THERAPY							1,121,674
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY				205,479			227,113
061 MEDICAL SUPPLIES CHARGED							
062 DRUGS CHARGED TO PATIENTS				1,650,833			1,650,833
063 OUTPAT SERVICE COST CNTRS							
063 EMERGENCY		89,476					2,684,718
069 02 PHYSICIAN CLINICS							
069 OBSERVATION BEDS (NON-DIS							
069 50 RHC							
069 60 FOHC							
071 OTHER REIMBURS COST CNTRS							
085 20 OUTPATIENT PHYSICAL THERA							
095 30 OUTPATIENT OCCUPATIONAL T							
095 40 OUTPATIENT SPEECH PATHOLO							
096 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS							
096 01 PANCREAS ACQUISITION							
096 SUBTOTALS		475,176	205,479	1,650,833	669,585	213,499	20,030,511
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							26,414
096 RESEARCH							
096 NONPAID WORKERS							433,037
100 OTHER NONREIMBURSABLE							2,814
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							7,365
100 03 HH OFFICE - SWEDISH AMERI							15,690
100 04 MARKETING							
100 05 PHYSICIAN CLINICS							564,466
100 06 ASHTON CLINIC							129,064
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		475,176	205,479	1,650,833	669,585	213,499	21,209,361

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR		27
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINSTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		4,639,158
035 01 ADULTS & PEDIATRICS		569,749
037 ANCI LLARY SRVC COST CNTRS		
040 OPERATING ROOM		2,671,826
041 ANESTHESIOLOGY		39,817
044 RADIOLOGY-DIAGNOSTIC		3,090,563
046 LABORATORY		2,152,870
049 30 WHOLE BLOOD & PACKED RED		113,085
050 BLOOD CLOTTING FACTORS AD		
052 RESPIRATORY THERAPY		1,069,105
053 PHYSICAL THERAPY		1,121,674
054 SPEECH PATHOLOGY		
055 01 CARDIAC REHAB		
056 ELECTROENCEPHALOGRAPHY		
061 MEDICAL SUPPLIES CHARGED		227,113
062 DRUGS CHARGED TO PATIENTS		1,650,833
063 OUTPAT SERVICE COST CNTRS		
069 EMERGENCY		2,684,718
069 02 PHYSICIAN CLINICS		
069 OBSERVATION BEDS (NON-DIS		
071 50 RHC		
071 60 FOHC		
085 OTHER REIMBURS COST CNTRS		
095 20 OUTPATIENT PHYSICAL THERA		
096 30 OUTPATIENT OCCUPATIONAL T		
097 40 OUTPATIENT SPEECH PATHOLO		
099 HOME HEALTH AGENCY		
100 SPEC PURPOSE COST CENTERS		
100 01 PANCREAS ACQUISITION		
100 SUBTOTALS		20,030,511
100 NONREIMBURS COST CENTERS		
100 GIFT, FLOWER, COFFEE SHOP		26,414
100 RESEARCH		
100 NONPAID WORKERS		433,037
100 OTHER NONREIMBURSABLE		2,814
100 01 MEDICAL ARTS CENTER		
100 02 GUEST MEALS		7,365
100 03 HH OFFICE - SWEDISH AMERI		15,690
100 04 MARKETING		
100 05 PHYSICIAN CLINICS		564,466
100 06 ASHTON CLINIC		129,064
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		21,209,361

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				1,996	485	2,481	2,481
007 ADMINISTRATIVE & GENERAL				246,774	112,770	359,544	455
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				90,851	24,790	115,641	87
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				9,910	39	9,949	68
012 DIETARY				10,721	9	10,730	21
013 CAFETERIA				27,577		27,577	54
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				6,998	1,436	8,434	71
016 CENTRAL SERVICES & SUPPLY				10,253	338	10,591	25
017 PHARMACY				7,570	8,922	16,492	65
018 MEDICAL RECORDS & LIBRARY				11,438	8,198	19,636	80
025 SOCIAL SERVICE				1,591		1,591	40
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS				88,750	116,138	204,888	502
037 01 INTENSIVE CARE UNIT				17,313	4,091	21,404	47
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATING ROOM				78,196	266,234	344,430	170
044 ANESTHESIOLOGY					21,950	21,950	
046 30 RADIOLOGY-DIAGNOSTIC				52,501	130,033	182,534	181
049 LABORATORY				21,535	34,079	55,614	203
050 WHOLE BLOOD & PACKED RED							
052 30 BLOOD CLOTTING FACTORS AD				16,721	3,755	20,476	6
053 RESPIRATORY THERAPY				23,542	985	24,527	3
054 PHYSICAL THERAPY							
055 01 SPEECH PATHOLOGY							
056 01 CARDIAC REHAB							
061 ELECTROENCEPHALOGRAPHY							
062 MEDICAL SUPPLIES CHARGED							
063 DRUGS CHARGED TO PATIENTS							
069 20 OUTPAT SERVICE COST CNTRS							
069 30 EMERGENCY				33,504	78,906	112,410	284
071 02 PHYSICIAN CLINICS							
085 01 OBSERVATION BEDS (NON-DIS							
095 50 RHC							
096 60 FOHC							
099 OTHER REIMBURS COST CNTRS							
100 20 OUTPATIENT PHYSICAL THERA							
100 30 OUTPATIENT OCCUPATIONAL T							
100 40 OUTPATIENT SPEECH PATHOLO							
101 HOME HEALTH AGENCY							
102 SPEC PURPOSE COST CENTERS							
103 01 PANCREAS ACQUISITION							
096 SUBTOTALS				757,741	813,158	1,570,899	2,362
097 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP				4,814		4,814	
100 RESEARCH							
100 01 NONPAID WORKERS							63
100 02 OTHER NONREIMBURSABLE							
100 03 MEDICAL ARTS CENTER							
100 04 GUEST MEALS							
100 05 HH OFFICE - SWEDISH AMERI				2,860		2,860	
100 06 MARKETING							
101 05 PHYSICIAN CLINICS				40,522	6,207	46,729	46
102 06 ASHTON CLINIC							10
103 CROSS FOOT ADJUSTMENTS							
104 NEGATIVE COST CENTER							
105 TOTAL				805,937	819,365	1,625,302	2,481

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/ 1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINISTRATIVE & GENERAL	359,999													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	26,646		142,374											
010 LAUNDRY & LINEN SERVICE	1,161			1,161										
011 HOUSEKEEPING	6,550		3,026			19,593								
012 DIETARY	2,883		3,273			460				17,367				
013 CAFETERIA	6,062		8,420			1,184							43,297	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	7,313		2,137			300							1,307	
016 CENTRAL SERVICES & SUPPLY	2,550		3,130		8	440							984	
017 PHARMACY	27,083		2,311			325							958	
018 MEDICAL RECORDS & LIBRARY	9,980		3,492			491							2,971	
025 SOCIAL SERVICE	3,330		486			68							954	
026 INPAT ROUTINE SRVC CNTRS	50,538		27,096		749	3,810				15,080			13,821	
035 01 INTENSIVE CARE UNIT	7,125		5,286		39	743				417			1,024	
037 ANCILLARY SRVC COST CNTRS														
040 OPERATING ROOM	35,782		23,875		87	3,357				1,277			3,763	
041 ANESTHESIOLOGY	676													
044 RADIOLOGY-DIAGNOSTIC	46,903		16,030		103	2,254							4,047	
046 LABORATORY	32,361		6,575		29	924							6,403	
049 WHOLE BLOOD & PACKED RED	1,919													
052 30 BLOOD CLOTTING FACTORS AD														
053 RESPIRATORY THERAPY	16,897		5,105			718							83	
054 PHYSICAL THERAPY	17,249		7,188		78	1,011								
055 SPEECH PATHOLOGY														
056 01 CARDIAC REHAB														
061 ELECTROENCEPHALOGRAPHY														
062 MEDICAL SUPPLIES CHARGED	367													
063 DRUGS CHARGED TO PATIENTS														
069 01 OUTPAT SERVICE COST CNTRS														
069 EMERGENCY	40,245		10,229		68	1,438							6,982	
069 02 PHYSICIAN CLINICS														
069 OBSERVATION BEDS (NON-DIS														
071 50 RHC														
071 60 FOHC														
071 OTHER REIMBURS COST CNTRS														
085 20 OUTPATIENT PHYSICAL THERA														
095 30 OUTPATIENT OCCUPATIONAL T														
095 40 OUTPATIENT SPEECH PATHOLO														
095 01 HOME HEALTH AGENCY														
095 SPEC PURPOSE COST CENTERS														
095 01 PANCREAS ACQUISITION														
095 SUBTOTALS	343,620		127,659		1,161	17,523				16,774			43,297	
096 NONREIMBURS COST CENTERS														
096 GIFT, FLOWER, COFFEE SHOP	98		1,470			207								
097 RESEARCH														
099 NONPAID WORKERS	7,350													
100 OTHER NONREIMBURSABLE	48													
100 01 MEDICAL ARTS CENTER														
100 02 GUEST MEALS										593				
100 03 HH OFFICE - SWEDISH AMERI	58		873			123								
100 04 MARKETING														
100 05 PHYSICIAN CLINICS	6,634		12,372			1,740								
100 06 ASHTON CLINIC	2,191													
101 CROSS FOOT ADJUSTMENTS														
102 NEGATIVE COST CENTER														
103 TOTAL	359,999		142,374		1,161	19,593				17,367			43,297	

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/ 1/2008

WORKSHEET B

TO 4/30/2009

PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		19,562					
016 CENTRAL SERVICES & SUPPLY			17,728				
017 PHARMACY		506		47,740			
018 MEDICAL RECORDS & LIBRARY					36,650		
025 SOCIAL SERVICE						6,469	
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS		7,290			28,026	6,331	358,131
037 INTENSIVE CARE UNIT		540			2,156	138	38,919
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATING ROOM		1,985			6,468		421,194
044 ANESTHESIOLOGY							22,626
046 30 RADIOLOGY-DIAGNOSTIC		2,135					254,187
049 LABORATORY		3,378					105,487
050 WHOLE BLOOD & PACKED RED							1,919
052 30 BLOOD CLOTTING FACTORS AD							
053 RESPIRATORY THERAPY		44					43,329
054 PHYSICAL THERAPY							50,056
055 SPEECH PATHOLOGY							
056 01 CARDIAC REHAB							
061 ELECTROENCEPHALOGRAPHY							
062 MEDICAL SUPPLIES CHARGED			17,728				18,095
063 DRUGS CHARGED TO PATIENTS				47,740			47,740
069 01 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY		3,684					175,340
075 02 PHYSICIAN CLINICS							
085 50 OBSERVATION BEDS (NON-DIS							
095 60 RHC							
100 60 FQHC							
105 OTHER REIMBURS COST CNTRS							
110 20 OUTPATIENT PHYSICAL THERA							
115 30 OUTPATIENT OCCUPATIONAL T							
120 40 OUTPATIENT SPEECH PATHOLO							
125 01 HOME HEALTH AGENCY							
130 SPEC PURPOSE COST CENTERS							
135 01 PANCREAS ACQUISITION							
140 SUBTOTALS		19,562	17,728	47,740	36,650	6,469	1,537,023
145 NONREIMBURS COST CENTERS							
150 GIFT, FLOWER, COFFEE SHOP							6,589
155 RESEARCH							
160 NONPAID WORKERS							7,413
165 OTHER NONREIMBURSABLE							48
170 01 MEDICAL ARTS CENTER							
175 02 GUEST MEALS							593
180 03 HH OFFICE - SWEDISH AMERI							3,914
185 04 MARKETING							
190 05 PHYSICIAN CLINICS							67,521
195 06 ASHTON CLINIC							2,201
200 CROSS FOOT ADJUSTMENTS							
205 NEGATIVE COST CENTER							
210 TOTAL		19,562	17,728	47,740	36,650	6,469	1,625,302

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINSTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
019 SOCIAL SERVICE		
020 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		358,131
026 INTENSIVE CARE UNIT		38,919
035 01 ICF/MR		
037 ANCILLARY SRVC COST CNTRS		
040 OPERATING ROOM		421,194
041 ANESTHESIOLOGY		22,626
044 RADIOLOGY-DIAGNOSTIC		254,187
046 LABORATORY		105,487
049 WHOLE BLOOD & PACKED RED		1,919
050 BLOOD CLOTTING FACTORS AD		
052 RESPIRATORY THERAPY		43,329
053 PHYSICAL THERAPY		50,056
054 SPEECH PATHOLOGY		
055 01 CARDIAC REHAB		
056 ELECTROENCEPHALOGRAPHY		
061 MEDICAL SUPPLIES CHARGED		18,095
062 DRUGS CHARGED TO PATIENTS		47,740
063 OUTPAT SERVICE COST CNTRS		
069 EMERGENCY		175,340
069 02 PHYSICIAN CLINICS		
069 OBSERVATION BEDS (NON-DIS		
069 50 RHC		
069 60 FQHC		
069 OTHER REIMBURS COST CNTRS		
069 20 OUTPATIENT PHYSICAL THERA		
069 30 OUTPATIENT OCCUPATIONAL T		
069 40 OUTPATIENT SPEECH PATHOLO		
071 HOME HEALTH AGENCY		
071 SPEC PURPOSE COST CENTERS		
085 01 PANCREAS ACQUISITION		
095 SUBTOTALS		1,537,023
096 NONREIMBURS COST CENTERS		
097 GIFT, FLOWER, COFFEE SHOP		6,589
099 RESEARCH		
100 NONPAID WORKERS		7,413
100 OTHER NONREIMBURSABLE		48
100 01 MEDICAL ARTS CENTER		
100 02 GUEST MEALS		593
100 03 HH OFFICE - SWEDISH AMERI		3,914
100 04 MARKETING		
100 05 PHYSICIAN CLINICS		67,521
100 06 ASHTON CLINIC		2,201
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,625,302

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	77,506					
003 OLD CAP REL COSTS-MVB		77,506				
004 NEW CAP REL COSTS-BLD			77,506			
005 NEW CAP REL COSTS-MVB				699,921		
006 EMPLOYEE BENEFITS	192	192	192	414	7,623,473	
007 ADMINSTRATIVE & GENE	23,732	23,732	23,732	96,331	1,399,247	-3,557,829
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT	8,737	8,737	8,737	21,176	269,081	
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING	953	953	953	33	208,940	
012 DIETARY	1,031	1,031	1,031	8	63,139	
013 CAFETERIA	2,652	2,652	2,652		165,855	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINSTRATIO	673	673	673	1,227	217,313	
016 CENTRAL SERVICES & SU	986	986	986	289	77,499	
017 PHARMACY	728	728	728	7,621	200,698	
018 MEDICAL RECORDS & LIB	1,100	1,100	1,100	7,003	246,256	
025 SOCIAL SERVICE	153	153	153		121,967	
026 INPAT ROUTINE SRVC CN						
035 01 ADULTS & PEDIATRICS	8,535	8,535	8,535	99,208	1,534,488	
037 01 INTENSIVE CARE UNIT	1,665	1,665	1,665	3,495	144,143	
040 01 ICF/MR						
041 ANCI LLARY SRVC COST C						
044 OPERATING ROOM	7,520	7,520	7,520	227,424	524,524	
046 ANESTHESIOLOGY				18,750		
049 RADIOLOGY-DIAGNOSTIC	5,049	5,049	5,049	111,077	555,759	
052 LABORATORY	2,071	2,071	2,071	29,111	624,406	
053 WHOLE BLOOD & PACKED						
054 30 BLOOD CLOTTING FACTOR						
055 RESPIRATORY THERAPY	1,608	1,608	1,608	3,208	19,184	
056 PHYSICAL THERAPY	2,264	2,264	2,264	841	8,809	
061 SPEECH PATHOLOGY						
062 01 CARDIAC REHAB						
063 01 ELECTROENCEPHALOGRAPH						
064 01 MEDICAL SUPPLIES CHAR						
065 01 DRUGS CHARGED TO PATI						
066 01 OUTPAT SERVICE COST C						
067 01 EMERGENCY	3,222	3,222	3,222	67,403	875,150	
068 02 PHYSICIAN CLINICS						
069 02 OBSERVATION BEDS (NON						
070 50 RHC						
071 60 FOHC						
072 02 OTHER REIMBURS COST C						
073 20 OUTPATIENT PHYSICAL T						
074 30 OUTPATIENT OCCUPATION						
075 40 OUTPATIENT SPEECH PAT						
076 01 HOME HEALTH AGENCY						
077 01 SPEC PURPOSE COST CEN						
078 01 PANCREAS ACQUISITION						
079 01 SUBTOTALS	72,871	72,871	72,871	694,619	7,256,458	-3,557,829
080 01 NONREIMBURS COST CENT						
081 01 GIFT, FLOWER, COFFEE	463	463	463			
082 01 RESEARCH						
083 01 NONPAID WORKERS					194,981	
084 01 OTHER NONREIMBURSABLE						
085 01 MEDICAL ARTS CENTER						
086 02 GUEST MEALS						
087 03 HH OFFICE - SWEDISH A	275	275	275			
088 04 MARKETING						
089 05 PHYSICIAN CLINICS	3,897	3,897	3,897	5,302	141,129	
090 06 ASHTON CLINIC					30,905	
091 01 CROSS FOOT ADJUSTMENT						
092 01 NEGATIVE COST CENTER						
093 01 COST TO BE ALLOCATED			805,937	819,365	2,193,345	
094 01 (WRKSHT B, PART I)						
095 01 UNIT COST MULTIPLIER			10.398382		.287709	
096 01 (WRKSHT B, PT I)				1.170654		
097 01 COST TO BE ALLOCATED						
098 01 (WRKSHT B, PART II)						
099 01 UNIT COST MULTIPLIER						
100 01 (WRKSHT B, PT II)						
101 01 COST TO BE ALLOCATED					2,481	
102 01 (WRKSHT B, PART III)						
103 01 UNIT COST MULTIPLIER						.000325
104 01 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-1312

FROM 5/ 1/2008

WORKSHEET B-1

TO 4/30/2009

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	17,651,532						
007 MAINTENANCE & REPAIRS		53,582					
008 OPERATION OF PLANT	1,306,494	8,737	44,845				
009 LAUNDRY & LINEN SERVICE	56,911			103,941			
010 HOUSEKEEPING	321,143	953	953		43,892		
011 DIETARY	141,365	1,031	1,031			9,699	
012 CAFETERIA	297,219	2,652	2,652		2,652		9,940
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	358,571	673	673		673		300
015 CENTRAL SERVICES & SU	125,054	986	986	728	986		226
016 PHARMACY	1,327,938	728	728		728		220
017 MEDICAL RECORDS & LIB	489,332	1,100	1,100		1,100		682
018 SOCIAL SERVICE	163,296	153	153		153		219
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	2,478,142	8,535	8,535	66,939	8,535	8,422	3,173
026 INTENSIVE CARE UNIT	349,338	1,665	1,665	3,534	1,665	233	235
035 01 ICF/MR							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	1,754,440	7,520	7,520	7,795	7,520	713	864
040 ANESTHESIOLOGY	33,138						
041 RADIOLOGY-DIAGNOSTIC	2,299,706	5,049	5,049	9,251	5,049		929
044 LABORATORY	1,586,723	2,071	2,071	2,598	2,071		1,470
046 WHOLE BLOOD & PACKED	94,115						
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	828,496	1,608	1,608		1,608		19
050 PHYSICAL THERAPY	845,747	2,264	2,264	6,964	2,264		
052 SPEECH PATHOLOGY							
053 01 CARDIAC REHAB							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	18,005						
056 DRUGS CHARGED TO PATI							
OUTPAT SERVICE COST C							
061 EMERGENCY	1,973,266	3,222	3,222	6,132	3,222		1,603
061 02 PHYSICIAN CLINICS							
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	16,848,439	48,947	40,210	103,941	39,257	9,368	9,940
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	4,814	463	463		463		
097 RESEARCH							
099 NONPAID WORKERS	360,396						
100 OTHER NONREIMBURSABLE	2,342						
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS						331	
100 03 HH OFFICE - SWEDISH A	2,860	275	275		275		
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	325,267	3,897	3,897		3,897		
100 06 ASHTON CLINIC	107,414						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,557,829		1,569,830	68,382	419,232	215,797	475,291
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.201559		35.005686	.657892	9.551444	22.249407	47.815996
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	359,999		142,374	1,161	19,593	17,367	43,297
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.020395		3.174802	.011170	.446391	1.790597	4.355835
(WRKSHT B, PT III)							

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED 8/20/2009
14-1312	FROM 5/ 1/2008	WORKSHEET C
	TO 4/30/2009	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	4,639,158				
26	INTENSIVE CARE UNIT	569,749				
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,671,826				
40	ANESTHESIOLOGY	39,817				
41	RADIOLOGY-DIAGNOSTIC	3,090,563				
44	LABORATORY	2,152,870				
46	WHOLE BLOOD & PACKED RED	113,085				
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,069,105				
50	PHYSICAL THERAPY	1,121,674				
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	227,113				
56	DRUGS CHARGED TO PATIENTS	1,650,833				
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,684,718				
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	362,470				
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,392,981				
102	LESS OBSERVATION BEDS	362,470				
103	TOTAL	20,030,511				

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	1,921,680		1,921,680			
26	INTENSIVE CARE UNIT	75,000		75,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,356,421	2,712,414	4,068,835	.656656		
40	ANESTHESIOLOGY	129,949	565,437	695,386	.057259		
41	RADIOLOGY-DIAGNOSTIC	834,203	8,125,255	8,959,458	.344950		
44	LABORATORY	795,541	6,073,880	6,869,421	.313399		
46	WHOLE BLOOD & PACKED RED	111,040	156,521	267,561	.422651		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	449,825	983,030	1,432,855	.746136		
50	PHYSICAL THERAPY	172,521	1,260,230	1,432,751	.782881		
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	418,485	231,840	650,325	.349230		
56	DRUGS CHARGED TO PATIENTS	1,744,832	4,385,239	6,130,071	.269301		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	115,553	2,578,846	2,694,399	.996407		
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	13,696	527,249	540,945	.670068		
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,138,746	27,599,941	35,738,687			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,138,746	27,599,941	35,738,687			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1312
PERIOD: FROM 5/1/2008 TO 4/30/2009
PREPARED 8/20/2009
WORKSHEET C
PART I

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	1,921,680		1,921,680			
26	INTENSIVE CARE UNIT	75,000		75,000			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,356,421	2,712,414	4,068,835	.656656		
40	ANESTHESIOLOGY	129,949	565,437	695,386	.057259		
41	RADIOLOGY-DIAGNOSTIC	834,203	8,125,255	8,959,458	.344950		
44	LABORATORY	795,541	6,073,880	6,869,421	.313399		
46	WHOLE BLOOD & PACKED RED	111,040	156,521	267,561	.422651		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	449,825	983,030	1,432,855	.746136		
50	PHYSICAL THERAPY	172,521	1,260,230	1,432,751	.782881		
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	418,485	231,840	650,325	.349230		
56	DRUGS CHARGED TO PATIENTS	1,744,832	4,385,239	6,130,071	.269301		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	115,553	2,578,846	2,694,399	.996407		
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	13,696	527,249	540,945	.670068		
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,138,746	27,599,941	35,738,687			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,138,746	27,599,941	35,738,687			

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	2,671,826	421,194	2,250,632			2,671,826
40	ANESTHESIOLOGY	39,817	22,626	17,191			39,817
41	RADIOLOGY-DIAGNOSTIC	3,090,563	254,187	2,836,376			3,090,563
44	LABORATORY	2,152,870	105,487	2,047,383			2,152,870
46	WHOLE BLOOD & PACKED RED	113,085	1,919	111,166			113,085
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,069,105	43,329	1,025,776			1,069,105
50	PHYSICAL THERAPY	1,121,674	50,056	1,071,618			1,121,674
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	227,113	18,095	209,018			227,113
56	DRUGS CHARGED TO PATIENTS	1,650,833	47,740	1,603,093			1,650,833
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,684,718	175,340	2,509,378			2,684,718
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	362,470		362,470			362,470
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,184,074	1,139,973	14,044,101			15,184,074
102	LESS OBSERVATION BEDS	362,470		362,470			362,470
103	TOTAL	14,821,604	1,139,973	13,681,631			14,821,604

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	4,068,835	.656656	.656656
40	ANESTHESIOLOGY	695,386	.057259	.057259
41	RADIOLOGY-DIAGNOSTIC	8,959,458	.344950	.344950
44	LABORATORY	6,869,421	.313399	.313399
46	WHOLE BLOOD & PACKED RED	267,561	.422651	.422651
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,432,855	.746136	.746136
50	PHYSICAL THERAPY	1,432,751	.782881	.782881
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	650,325	.349230	.349230
56	DRUGS CHARGED TO PATIENTS	6,130,071	.269301	.269301
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,694,399	.996407	.996407
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	540,945	.670068	.670068
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	33,742,007		
102	LESS OBSERVATION BEDS	540,945		
103	TOTAL	33,201,062		

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	2,671,826	421,194	2,250,632			2,671,826
40	ANESTHESIOLOGY	39,817	22,626	17,191			39,817
41	RADIOLOGY-DIAGNOSTIC	3,090,563	254,187	2,836,376			3,090,563
44	LABORATORY	2,152,870	105,487	2,047,383			2,152,870
46	WHOLE BLOOD & PACKED RED	113,085	1,919	111,166			113,085
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,069,105	43,329	1,025,776			1,069,105
50	PHYSICAL THERAPY	1,121,674	50,056	1,071,618			1,121,674
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	227,113	18,095	209,018			227,113
56	DRUGS CHARGED TO PATIENTS	1,650,833	47,740	1,603,093			1,650,833
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,684,718	175,340	2,509,378			2,684,718
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	362,470		362,470			362,470
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,184,074	1,139,973	14,044,101			15,184,074
102	LESS OBSERVATION BEDS	362,470		362,470			362,470
103	TOTAL	14,821,604	1,139,973	13,681,631			14,821,604

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	4,068,835	.656656	.656656
40	ANESTHESIOLOGY	695,386	.057259	.057259
41	RADIOLOGY-DIAGNOSTIC	8,959,458	.344950	.344950
44	LABORATORY	6,869,421	.313399	.313399
46	WHOLE BLOOD & PACKED RED	267,561	.422651	.422651
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,432,855	.746136	.746136
50	PHYSICAL THERAPY	1,432,751	.782881	.782881
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	650,325	.349230	.349230
56	DRUGS CHARGED TO PATIENTS	6,130,071	.269301	.269301
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	2,694,399	.996407	.996407
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	540,945	.670068	.670068
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	33,742,007		
102	LESS OBSERVATION BEDS	540,945		
103	TOTAL	33,201,062		

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 RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842	7,431,422			
44	LABORATORY	2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195	1,207,101			
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203				
55	MEDICAL SUPPLIES CHARGED	327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	325,183	408,905			
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,089,309	28,023,765			

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	2,176,223		2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	111,178	148,325	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842	7,431,422			
44	LABORATORY	2,045,183		2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868		97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	1,047,986		1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195		1,056,195	1,207,101			
52	SPEECH PATHOLOGY							
53	01 CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY	2,203	95,566	97,769				
55	MEDICAL SUPPLIES CHARGED	327,775		327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,577,647		2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS							
62	OBSERVATION BEDS (NON-DIS	325,183		325,183	408,905			
63	50 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL	14,089,309	206,744	14,296,053	28,023,765			
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 B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.269301
3	PROGRAM COSTS	

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	217
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,670.37
85	OBSERVATION BED COST	362,470

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	217
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,670.40
85	OBSERVATION BED COST	362,477

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,221,423	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		45,327	
37	OPERATING ROOM	.656656	602,562	395,676
40	ANESTHESIOLOGY	.057259	54,079	3,097
41	RADIOLOGY-DIAGNOSTIC	.344950	418,899	144,499
44	LABORATORY	.313399	466,307	146,140
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.422651	78,984	33,383
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.746136	314,146	234,396
50	PHYSICAL THERAPY	.782881	117,732	92,170
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.349230	319,779	111,676
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.269301	1,060,253	285,527
61	EMERGENCY	.996407	284	283
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.670068		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,433,025	1,446,847
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,433,025	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.656656		
40	ANESTHESIOLOGY	.057259		
41	RADIOLOGY-DIAGNOSTIC	.344950	2,757	951
44	LABORATORY	.313399	9,434	2,957
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.422651	1,943	821
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.746136	16,571	12,364
50	PHYSICAL THERAPY	.782881	25,043	19,606
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.349230	8,978	3,135
56	DRUGS CHARGED TO PATIENTS	.269301	36,631	9,865
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.996407		
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.670068		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		101,357	49,699
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		101,357	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,121,893		3,515,183
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		5,121,893		3,515,183
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		924,154		487,322
7 TOTAL MEDICARE PROGRAM LIABILITY		4,197,739		3,027,861

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		235,338		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		235,338		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)		8,871		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		244,209		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	194,013	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	50,196	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	115	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	244,209	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	244,209	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	244,209	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	244,209	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	244,209	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	235,338	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	8,871	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		4, 479, 936
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4, 479, 936
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		4, 524, 735
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		4, 524, 735
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		349, 837
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4, 174, 898
23	COINSURANCE		6, 276
24	SUBTOTAL		4, 168, 622
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		29, 117
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		29, 117
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		28, 268
26	SUBTOTAL		4, 197, 739
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		4, 197, 739
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		5, 121, 893
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-924, 154
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,765,213			
2 TEMPORARY INVESTMENTS	4,742,253			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	6,904,235			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,380,369			
7 INVENTORY	178,899			
8 PREPAID EXPENSES	263,495			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,473,726			
FIXED ASSETS				
12 LAND	592,058			
12.01 LAND IMPROVEMENTS	1,208,958			
13.01 LESS ACCUMULATED DEPRECIATION	-758,359			
14 BUILDINGS	10,834,707			
14.01 LESS ACCUMULATED DEPRECIATION	-4,509,675			
15 LEASEHOLD IMPROVEMENTS	175,401			
15.01 LESS ACCUMULATED DEPRECIATION	-13,447			
16 FIXED EQUIPMENT	752,099			
16.01 LESS ACCUMULATED DEPRECIATION	-342,033			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	7,372,562			
18.01 LESS ACCUMULATED DEPRECIATION	-4,861,678			
19 MINOR EQUIPMENT DEPRECIABLE	155,631			
19.01 LESS ACCUMULATED DEPRECIATION	-155,631			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	10,450,593			
OTHER ASSETS				
22 INVESTMENTS	1,213,514			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	353,562			
26 TOTAL OTHER ASSETS	1,567,076			
27 TOTAL ASSETS	23,491,395			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	558,198			
29 SALARIES, WAGES & FEES PAYABLE	538,584			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	851,797			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	-2,030			
35 OTHER CURRENT LIABILITIES	1,405,586			
36 TOTAL CURRENT LIABILITIES	3,352,135			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	5,590,000			
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	432,014			
42 TOTAL LONG-TERM LIABILITIES	6,022,014			
43 TOTAL LIABILITIES	9,374,149			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,117,246			
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	14,117,246			
52 TOTAL LIABILITIES AND FUND BALANCES	23,491,395			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		13,750,500		
2 NET INCOME (LOSS)		495,511		
3 TOTAL		14,246,011		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		14,246,011		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM		128,765		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		128,765		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,117,246		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	36,463,498
2	LESS: ALLOWANCES AND DISCOUNTS ON	11,333,722
3	NET PATIENT REVENUES	25,129,776
4	LESS: TOTAL OPERATING EXPENSES	23,639,473
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	1,490,303
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	204,220
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	
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	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	471,510
25	TOTAL OTHER INCOME	675,730
26	TOTAL	2,166,033
	OTHER EXPENSES	
27	RETURN FROM LLC	129,619
28	UNREALIZED GAIN/LOSS ON INV	1,540,903
29		
30	TOTAL OTHER EXPENSES	1,670,522
31	NET INCOME (OR LOSS) FOR THE PERIO	495,511