

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		14-1333		FROM 3/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 2/28/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/30/2009 TIME 16:24

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:  
 SARAH D CULBERTSON 14-1333

FOR THE COST REPORTING PERIOD BEGINNING 3/ 1/2008 AND ENDING 2/28/2009 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	-22,787	-110,943		0
3	SWING BED - SNF	0	55,172	0		0
9	RHC	0	0	-111,065		0
9 .01	RHC II	0	0	0		0
9 .02	RHC III	0	0	0		0
100	TOTAL	0	32,385	-222,008		0

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

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







HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2008 TO 2/28/2009  
PREPARED 6/30/2009  
WORKSHEET S-2

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE 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 INSTRUCTIONS)

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-1333      PERIOD: FROM 3/1/2008 TO 2/28/2009      PREPARED 6/30/2009  
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,125	25,586.00		803		80
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					716		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,125	25,586.00		1,519		80
12 TOTAL	25	9,125	25,586.00		1,519		80
13 RPCH VISITS							
17 OTHER LONG TERM CARE	26	9,490					
24 RURAL HEALTH CLINIC					5,300		
25 TOTAL	51						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,159				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			716				
4 ADULTS & PED-SB NF			110				
5 TOTAL ADULTS AND PEDS			1,985				
12 TOTAL			1,985				
13 RPCH VISITS							
17 OTHER LONG TERM CARE			8,015				
24 RURAL HEALTH CLINIC			18,125				
25 TOTAL							
26 OBSERVATION BED DAYS			317	50	267		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					240	35	349
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		120.38			240	35	349
13 RPCH VISITS							
17 OTHER LONG TERM CARE		14.47					
24 RURAL HEALTH CLINIC		21.94					
25 TOTAL		156.79					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009 WORKSHEET S-8

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET:  
 1.01 CITY: STATE: IL ZIP CODE: COUNTY: CASS/FULTON  
 2 DESIGNATION (FOR FOHCS ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

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

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR SEMBU K KANTHITAL	D09873
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR SUSAN BURGE	1386848042
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DANNY JOE FRI DAY, PA	P35289
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR DANIEL RAZON	F69262
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CONSTANCE LEITNER, PA	P91817
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	DR. LINDA FORESTIER	C40217
9.06 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT	CINDY CHAFFIN, CNP	S44490

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DR SUSAN BURGE	40.00
10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DR DANIEL RAZON	40.00
10.02 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	DR LINDA FORESTIER	5.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FOHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
0 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			800	1700	800	1700	800	1900	800	1700	800	1700		

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

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

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

15 PROVIDER NAME: COMMUNITY MEDICAL CENTER PROVIDER NUMBER: 143484  
 15.01 PROVIDER NAME: BEARDSTOWN CLINIC 1 PROVIDER NUMBER: 143483  
 15.02 PROVIDER NAME: BEARDSTOWN CLINIC 2 PROVIDER NUMBER: 143480

TITLE V TITLE XVIII TITLE XIX

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

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2008	6/30/2009
	TO 2/28/2009	WORKSHEET S-10

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .530376
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 3,212,292

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
14-1333	FROM 3/ 1/2008
	TO 2/28/2009

PREPARED 6/30/2009  
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	1,703,723
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,406,026
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	745,722
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	1,703,723

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2008 TO 2/28/2009  
PREPARED 6/30/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		159,555	159,555	9,561	169,116
3.01	0301 NEW CAP REL COSTS-RHCS BLDG/MME				53,983	53,983
3.02	0302 NEW CAP REL COSTS-MED ARTS BLDG/MME		16,382	16,382	1,039	17,421
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		277,303	277,303	67,780	345,083
5	0500 EMPLOYEE BENEFITS		1,667,012	1,667,012	220,634	1,887,646
6	0600 ADMINISTRATIVE & GENERAL	1,054,664	1,003,237	2,057,901	160,798	2,218,699
8	0800 OPERATION OF PLANT	210,605	209,153	419,758	3,456	423,214
8.01	0801 PLANT & HSKPG - RHCS				41,697	41,697
10	1000 HOUSEKEEPING	327,978	46,554	374,532		374,532
11	1100 DIETARY	278,528	253,802	532,330	39,287	571,617
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	87,917	11,794	99,711	9,375	109,086
17	1700 MEDICAL RECORDS & LIBRARY	306,360	40,384	346,744	-11,847	334,897
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	697,877	69,625	767,502	-10,647	756,855
36	3600 OTHER LONG TERM CARE	441,731	51,179	492,910	-4,388	488,522
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	144,655	121,866	266,521	-34,150	232,371
40	4000 ANESTHESIOLOGY	126,646	78,238	204,884	-94	204,790
41	4100 RADIOLOGY-DIAGNOSTIC	317,324	547,180	864,504	-1,272	863,232
44	4400 LABORATORY	312,682	602,212	914,894	-5,694	909,200
49	4900 RESPIRATORY THERAPY		74,792	74,792	-3,393	71,399
50	5000 PHYSICAL THERAPY	387,141	56,221	443,362	-18,133	425,229
53	5300 ELECTROCARDIOLOGY	74,806	176,963	251,769		251,769
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	57,982	16,109	74,091	34,211	108,302
56	5600 DRUGS CHARGED TO PATIENTS		745,746	745,746	370,703	1,116,449
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	37,769	615,589	653,358	-374,522	278,836
61	6100 EMERGENCY	386,760	1,132,660	1,519,420	-5,320	1,514,100
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	1,027,797	1,144,273	2,172,070	-427,904	1,744,166
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		26,097	26,097	-26,097	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	6,279,222	9,143,926	15,423,148	89,063	15,512,211
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	247,337	129,623	376,960	-37,369	339,591
100	7950 SARAH D CULBERTSON GARDENS	147,043	269,909	416,952	-51,694	365,258
100.01	7951 MEDICAL ARTS BUILDING		19,766	19,766		19,766
101	TOTAL	6,673,602	9,563,224	16,236,826	-0-	16,236,826

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2008 TO 2/28/2009  
PREPARED 6/30/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		169,116
3.01	0301 NEW CAP REL COSTS-RHCS BLDG/MME		53,983
3.02	0302 NEW CAP REL COSTS-MED ARTS BLDG/MME		17,421
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		345,083
5	0500 EMPLOYEE BENEFITS	-10,097	1,877,549
6	0600 ADMINISTRATIVE & GENERAL	-190,813	2,027,886
8	0800 OPERATION OF PLANT		423,214
8.01	0801 PLANT & HSKPG - RHCS		41,697
10	1000 HOUSEKEEPING		374,532
11	1100 DIETARY	-84,153	487,464
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		109,086
17	1700 MEDICAL RECORDS & LIBRARY	-6,637	328,260
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		756,855
36	3600 OTHER LONG TERM CARE		488,522
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		232,371
40	4000 ANESTHESIOLOGY		204,790
41	4100 RADIOLOGY-DIAGNOSTIC	-13,500	849,732
44	4400 LABORATORY	-15,600	893,600
49	4900 RESPIRATORY THERAPY	-6,000	65,399
50	5000 PHYSICAL THERAPY		425,229
53	5300 ELECTROCARDIOLOGY	-34,861	216,908
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		108,302
56	5600 DRUGS CHARGED TO PATIENTS		1,116,449
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-231,500	47,336
61	6100 EMERGENCY	-555,757	958,343
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-35,000	1,709,166
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,183,918	14,328,293
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		339,591
100	7950 SARAH D CULBERTSON GARDENS	-20,360	344,898
100.01	7951 MEDICAL ARTS BUILDING		19,766
101	TOTAL	-1,204,278	15,032,548

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-RHCS BLDG/MME	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	PLANT & HSKPG - RHCS	0801	OPERATION OF PLANT
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	SARAH D CULBERTSON GARDENS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS BUILDING	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141333

PERIOD:  
FROM 3/1/2008  
TO 2/28/2009

PREPARED 6/30/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TO RECLASS INTEREST EXPENSE	A	ADMINISTRATIVE & GENERAL	6		26,097
2 TO RECLASS LEASE EXPENSE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		58,733
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 TO RECLASS PHONE AND UTILITY EXPENSE	C	ADMINISTRATIVE & GENERAL	6		1,345
15		OPERATION OF PLANT	8		3,564
16 TO RECLASS MEDICAL SUPPLIES EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		34,211
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 TO RECLASS GARDENS OVERHEAD EXPENSE	E	ADMINISTRATIVE & GENERAL	6		22,020
29		DIETARY	11		39,289
30 TO RECLASS PROPERTY INSURANCE EXPENS	F	OTHER CAPITAL RELATED COSTS	90		20,565
31		SARAH D CULBERTSON GARDENS	100		9,615
32 TO RECLASS RHC COSTS	G	NEW CAP REL COSTS-RHCS BLDG/MME	3.01		28,970
33		NEW CAP REL COSTS-RHCS BLDG/MME	3.01		23,712
34		NEW CAP REL COSTS-RHCS BLDG/MME	3.01		383
35		EMPLOYEE BENEFITS	5		190,127
1 TO RECLASS RHC COSTS	G	ADMINISTRATIVE & GENERAL	6		114,454
2		PLANT & HSKPG - RHCS	8.01		41,697
3 TO RECLASS BILLABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	56		374,031
4 TO RECLASS HEALTHLINK ADMINISTRATIVE	I	ADMINISTRATIVE & GENERAL	6		28,561
5 TO RECLASS PHYSICIAN PRACTICE BENEFIT	J	EMPLOYEE BENEFITS	5		30,507
6		ADMINISTRATIVE & GENERAL	6		6,862
7 TO RECLASS UTILIZATION REVIEW SALARY	K	NURSING ADMINISTRATION	14	4,521	
8 TO RECLASS INFECTION CONTROL EXPENSE	L	NURSING ADMINISTRATION	14	4,854	
36 TOTAL RECLASSIFICATIONS				9,375	1,054,743

(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:  
141333

PERIOD:  
FROM 3/1/2008  
TO 2/28/2009

PREPARED 6/30/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 TO RECLASS INTEREST EXPENSE	A	INTEREST EXPENSE	88			26,097	
2 TO RECLASS LEASE EXPENSE	B	ADMINISTRATIVE & GENERAL	6			8,361	10
3		OPERATION OF PLANT	8			108	
4		MEDICAL RECORDS & LIBRARY	17			11,845	
5		ADULTS & PEDIATRICS	25			2,510	
6		OTHER LONG TERM CARE	36			3,479	
7		OPERATING ROOM	37			6,004	
8		RADIOLOGY-DIAGNOSTIC	41			1,272	
9		LABORATORY	44			5,687	
10		RESPIRATORY THERAPY	49			3,386	
11		PHYSICAL THERAPY	50			13,123	
12		CLINIC	60			439	
13		EMERGENCY	61			2,519	
14 TO RECLASS PHONE AND UTILITY EXPENSE	C	PHYSICAL THERAPY	50			4,909	
15							
16 TO RECLASS MEDICAL SUPPLIES EXPENSE	D	DIETARY	11			2	
17		MEDICAL RECORDS & LIBRARY	17			2	
18		ADULTS & PEDIATRICS	25			3,616	
19		OTHER LONG TERM CARE	36			909	
20		OPERATING ROOM	37			23,292	
21		ANESTHESIOLOGY	40			94	
22		LABORATORY	44			7	
23		RESPIRATORY THERAPY	49			7	
24		PHYSICAL THERAPY	50			101	
25		DRUGS CHARGED TO PATIENTS	56			3,328	
26		CLINIC	60			52	
27		EMERGENCY	61			2,801	
28 TO RECLASS GARDENS OVERHEAD EXPENSE	E	SARAH D CULBERTSON GARDENS	100			61,309	
29							
30 TO RECLASS PROPERTY INSURANCE EXPENS	F	ADMINISTRATIVE & GENERAL	6			30,180	
31							
32 TO RECLASS RHC COSTS	G	RURAL HEALTH CLINIC	63.50			399,343	10
33							9
34							13
35							
1 TO RECLASS RHC COSTS	G						
2							
3 TO RECLASS BILLABLE DRUGS	H	CLINIC	60			374,031	
4 TO RECLASS HEALTHLINK ADMINISTRATIVE	I	RURAL HEALTH CLINIC	63.50			28,561	
5 TO RECLASS PHYSICIAN PRACTICE BENEFIT	J	PHYSICIANS' PRIVATE OFFICES	98			37,369	
6							
7 TO RECLASS UTILIZATION REVIEW SALARY	K	ADULTS & PEDIATRICS	25		4,521		
8 TO RECLASS INFECTION CONTROL EXPENSE	L	OPERATING ROOM	37		4,854		
36 TOTAL RECLASSIFICATIONS					9,375	1,054,743	

(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:  
141333

PERIOD:  
FROM 3/1/2008  
TO 2/28/2009

PREPARED 6/30/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	26,097	INTEREST EXPENSE	88	26,097	
TOTAL RECLASSIFICATIONS FOR CODE A			26,097				26,097

RECLASS CODE: B  
EXPLANATION : TO RECLASS LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	58,733	ADMINISTRATIVE & GENERAL	6	8,361	
2.00			0	OPERATION OF PLANT	8	108	
3.00			0	MEDICAL RECORDS & LIBRARY	17	11,845	
4.00			0	ADULTS & PEDIATRICS	25	2,510	
5.00			0	OTHER LONG TERM CARE	36	3,479	
6.00			0	OPERATING ROOM	37	6,004	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	1,272	
8.00			0	LABORATORY	44	5,687	
9.00			0	RESPIRATORY THERAPY	49	3,386	
10.00			0	PHYSICAL THERAPY	50	13,123	
11.00			0	CLINIC	60	439	
12.00			0	EMERGENCY	61	2,519	
TOTAL RECLASSIFICATIONS FOR CODE B			58,733				58,733

RECLASS CODE: C  
EXPLANATION : TO RECLASS PHONE AND UTILITY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,345	PHYSICAL THERAPY	50	4,909	
2.00	OPERATION OF PLANT	8	3,564			0	
TOTAL RECLASSIFICATIONS FOR CODE C			4,909				4,909

RECLASS CODE: D  
EXPLANATION : TO RECLASS MEDICAL SUPPLIES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	34,211	DIETARY	11	2	
2.00			0	MEDICAL RECORDS & LIBRARY	17	2	
3.00			0	ADULTS & PEDIATRICS	25	3,616	
4.00			0	OTHER LONG TERM CARE	36	909	
5.00			0	OPERATING ROOM	37	23,292	
6.00			0	ANESTHESIOLOGY	40	94	
7.00			0	LABORATORY	44	7	
8.00			0	RESPIRATORY THERAPY	49	7	
9.00			0	PHYSICAL THERAPY	50	101	
10.00			0	DRUGS CHARGED TO PATIENTS	56	3,328	
11.00			0	CLINIC	60	52	
12.00			0	EMERGENCY	61	2,801	
TOTAL RECLASSIFICATIONS FOR CODE D			34,211				34,211

RECLASS CODE: E  
EXPLANATION : TO RECLASS GARDENS OVERHEAD EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	22,020	SARAH D CULBERTSON GARDENS	100	61,309	
2.00	DIETARY	11	39,289			0	
TOTAL RECLASSIFICATIONS FOR CODE E			61,309				61,309

RECLASS CODE: F  
EXPLANATION : TO RECLASS PROPERTY INSURANCE EXPENS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	20,565	ADMINISTRATIVE & GENERAL	6	30,180	
2.00	SARAH D CULBERTSON GARDENS	100	9,615			0	
TOTAL RECLASSIFICATIONS FOR CODE F			30,180				30,180

RECLASS CODE: G  
EXPLANATION : TO RECLASS RHC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-RHCS BLDG/MM	3.01	28,970	RURAL HEALTH CLINIC	63.50	399,343	

RECLASSIFICATIONS

PROVIDER NO:  
141333

PERIOD:  
FROM 3/1/2008  
TO 2/28/2009

PREPARED 6/30/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: G  
EXPLANATION : TO RECLASS RHC COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-RHCS BLDG/MM	3.01	23,712			0	
3.00	NEW CAP REL COSTS-RHCS BLDG/MM	3.01	383			0	
4.00	EMPLOYEE BENEFITS	5	190,127			0	
5.00	ADMINISTRATIVE & GENERAL	6	114,454			0	
6.00	PLANT & HSKPG - RHCS	8.01	41,697			0	
TOTAL RECLASSIFICATIONS FOR CODE G			399,343			399,343	

RECLASS CODE: H  
EXPLANATION : TO RECLASS BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	374,031	CLINIC	60	374,031	
TOTAL RECLASSIFICATIONS FOR CODE H			374,031			374,031	

RECLASS CODE: I  
EXPLANATION : TO RECLASS HEALTHLINK ADMINISTRATIVE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	28,561	RURAL HEALTH CLINIC	63.50	28,561	
TOTAL RECLASSIFICATIONS FOR CODE I			28,561			28,561	

RECLASS CODE: J  
EXPLANATION : TO RECLASS PHYSICIAN PRACTICE BENEFIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	30,507	PHYSICIANS' PRIVATE OFFICES	98	37,369	
2.00	ADMINISTRATIVE & GENERAL	6	6,862			0	
TOTAL RECLASSIFICATIONS FOR CODE J			37,369			37,369	

RECLASS CODE: K  
EXPLANATION : TO RECLASS UTILIZATION REVIEW SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	4,521	ADULTS & PEDIATRICS	25	4,521	
TOTAL RECLASSIFICATIONS FOR CODE K			4,521			4,521	

RECLASS CODE: L  
EXPLANATION : TO RECLASS INFECTION CONTROL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	4,854	OPERATING ROOM	37	4,854	
TOTAL RECLASSIFICATIONS FOR CODE L			4,854			4,854	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	289,461						289,461	
2 LAND IMPROVEMENTS	755,494						755,494	
3 BUILDINGS & FIXTURE	6,423,171	757,827			757,827		7,180,998	
4 BUILDING IMPROVEMEN	158,539					11,892	146,647	
5 FIXED EQUIPMENT	156,046	13,912			13,912	6,992	162,966	
6 MOVABLE EQUIPMENT	4,506,243	505,675			505,675	8,028	5,003,890	
7 SUBTOTAL	12,288,954	1,277,414			1,277,414	26,912	13,539,456	
8 RECONCILING ITEMS								
9 TOTAL	12,288,954	1,277,414			1,277,414	26,912	13,539,456	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	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
3	NEW CAP REL COSTS-BL	4,838,612		4,838,612	.464897	9,561			9,561
3 01	NEW CAP REL COSTS-RH	464,511		464,511	.044631	918			918
3 02	NEW CAP REL COSTS-ME	525,973		525,973	.050536	1,039			1,039
4	NEW CAP REL COSTS-MV	4,578,816		4,578,816	.439936	9,047			9,047
5	TOTAL	10,407,912		10,407,912	1.000000	20,565			20,565

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	159,555			9,561			169,116
3 01	NEW CAP REL COSTS-RH	23,712	28,970		918	383		53,983
3 02	NEW CAP REL COSTS-ME	16,382			1,039			17,421
4	NEW CAP REL COSTS-MV	277,303	58,733		9,047			345,083
5	TOTAL	476,952	87,703		20,565	383		585,603

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	159,555						159,555
3 01	NEW CAP REL COSTS-RH							
3 02	NEW CAP REL COSTS-ME	16,382						16,382
4	NEW CAP REL COSTS-MV	277,303						277,303
5	TOTAL	453,240						453,240

\* All line 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			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-10,513	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,915	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-857,218			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
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	-6,637	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-155	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**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		**COST CENTER DELETED**	52	
37 MEALS ON WHEELS	B	-83,998	DIETARY	11	
38 MISCELLANEOUS INCOME	B	-10,104	ADMINISTRATIVE & GENERAL	6	
39 OPC RENT	B	-7,255	ADMINISTRATIVE & GENERAL	6	
40 RHC MISCELLANEOUS INCOME	B	-35,000	RURAL HEALTH CLINIC	63.50	
41 INVESTMENT INCOME	B	-20,360	SARAH D CULBERTSON GARDEN	100	
42 MARKETING SALARY EXPENSE	A	-35,696	ADMINISTRATIVE & GENERAL	6	
43 MARKETING BENEFITS EXPENSE	A	-10,097	EMPLOYEE BENEFITS	5	
44 MARKETING OTHER EXPENSE	A	-63,016	ADMINISTRATIVE & GENERAL	6	
45 LI FELINE	A	9,781	ADMINISTRATIVE & GENERAL	6	
46 LOBBYING PORTION OF DUES	A	-6,895	ADMINISTRATIVE & GENERAL	6	
47 PHYSICIAN RECRUITMENT	A	-70,041	ADMINISTRATIVE & GENERAL	6	
48 HEALTHLINK ADMINISTRATIVE FEES	A	56,799	ADMINISTRATIVE & GENERAL	6	
49 SELF INSURANCE OFFSET	A	-50,958	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,204,278			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	CONTRACTED LABOR	146,679	146,679	
2						
3						
4						
5		TOTALS		146,679	146,679	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	100.00	DAVID SNIFF, CFO	0.00	MANAGEMENT COMPANY
2	C	0.00	MIDWEST CONSULTANTS	100.00	PHYSICIAN PRACTICE
3	C	0.00	SCHUYLER COUNTY HD CENTER	0.00	FOUNDATION
4		0.00	CULBERTSON FOUNDATION	0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED: 6/30/2009  
 WORKSHEET A-8-2  
 GROUP 1

LINE NO.	WKSHT A	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	41	RADIOLOGY	1,500	1,500					
2	44	PATHOLOGIST/AGGREGATE	15,600	15,600					
3	60	GI	92,000	92,000					
4	60	ONCOLOGIST	139,000	139,000					
5	60	TEMPERATURE MEDICINE	500	500					
6	53	CARDIOLOGIST	34,861	34,861					
7	61	ER/AGGREGATE	1,068,071	555,757	512,314				
8	49	RESPIRATORY	6,000	6,000					
9	41	NUCLEAR MEDICINE	12,000	12,000					
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,369,532	857,218	512,314				



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

I PROVIDER NO: I 14-1333  
 I PERIOD: I FROM 3/ 1/2008 I TO 2/28/2009  
 I PREPARED 6/30/2009 I WORKSHEET A-8-4 I PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	10
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	150
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	28
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		228.50		
10	AHSEA (SEE INSTRUCTIONS)		63.72		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.86	31.86		
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)	14,560
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)	14,560
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)	14,560

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)	14,560

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)	892
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	892
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	97
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	989

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)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

OCCUPATIONAL THERAPY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 989
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 14,560
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 989
- 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)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 15,549
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 9,578

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

PROVIDER NO: 14-1333  
PERIOD: FROM 3/1/2008 TO 2/28/2009  
PREPARED 6/30/2009  
WORKSHEET A-8-4  
PARTS I - VII

OCCUPATIONAL THERAPY

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)	9,578
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	9,578
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

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

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	7
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	105
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	7
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		50.25		
10	AHSEA (SEE INSTRUCTIONS)		61.23		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.62	30.62		
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)	3,077
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)	3,077
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)	3,077

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)	61.23
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	6,429
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	6,429

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)	214
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	214
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	214

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)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

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

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET A-8-4  
 PARTS I - VII

SPEECH PATHOLOGY

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 214
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 6,429
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 214
- 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)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 6,643
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 2,261

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

PROVIDER NO: 14-1333
PERIOD: FROM 3/1/2008 TO 2/28/2009
PREPARED 6/30/2009
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

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 - 2,261
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 2,261
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/30/2009  
 I 14-1333 I FROM 3/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 2/28/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-RHCS BLDG/MME	4	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-MED ARTS BLDG/MME	7	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
8.01	PLANT & HSKPG - RHCS	4	SQUARE	FEET	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-RHCS BL 3.01	NEW CAP REL C OSTS-MED ART 3.02	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &	169,116	169,116					
003 01	NEW CAP REL COSTS-RHCS BL	53,983		53,983				
003 02	NEW CAP REL COSTS-MED ART	17,421			17,421			
004	NEW CAP REL COSTS-MVBLE E	345,083				345,083		
005	EMPLOYEE BENEFITS	1,877,549					1,877,549	
006	ADMINISTRATIVE & GENERAL	2,027,886	34,707			70,815	288,218	2,421,626
008	OPERATION OF PLANT	423,214	12,861			26,243	59,570	521,888
008 01	PLANT & HSKPG - RHCS	41,697						41,697
010	HOUSEKEEPING	374,532	5,680			11,590	92,770	484,572
011	DIETARY	487,464	10,820			22,079	78,782	599,145
012	CAFETERIA							
014	NURSING ADMINISTRATION	109,086	350			714	27,519	137,669
017	MEDICAL RECORDS & LIBRARY	328,260	11,083			22,614	86,655	448,612
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	756,855	16,969			34,626	196,118	1,004,568
036	OTHER LONG TERM CARE	488,522	20,754			42,349	124,945	676,570
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	232,371	7,158			14,606	39,543	293,678
040	ANESTHESIOLOGY	204,790					35,822	240,612
041	RADIOLOGY-DIAGNOSTIC	849,732	9,324			19,027	89,756	967,839
044	LABORATORY	893,600	3,306			6,747	88,443	992,096
049	RESPIRATORY THERAPY	65,399	1,752			3,576		70,727
050	PHYSICAL THERAPY	425,229	8,528			17,402	109,504	560,663
053	ELECTROCARDIOLOGY	216,908					21,159	238,067
055	MEDICAL SUPPLIES CHARGED	108,302	6,385			13,029	16,400	144,116
056	DRUGS CHARGED TO PATIENTS	1,116,449	1,688			3,445		1,121,582
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	47,336	13,124			26,779	10,683	97,922
061	EMERGENCY	958,343	4,627			9,442	109,396	1,081,808
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	1,709,166		53,983			290,714	2,053,863
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	14,328,293	169,116	53,983		345,083	1,765,997	14,199,320
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	339,591			3,892		69,960	413,443
100	SARAH D CULBERTSON GARDEN	344,898					41,592	386,490
100 01	MEDICAL ARTS BUILDING	19,766			13,529			33,295
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	15,032,548	169,116	53,983	17,421	345,083	1,877,549	15,032,548

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	PLANT & HSKPG - RHCS	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	8.01	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MED ART							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	2,421,626						
008 OPERATION OF PLANT	100,216	622,104					
008 01 PLANT & HSKPG - RHCS	8,007		49,704				
010 HOUSEKEEPING	93,050	29,070		606,692			
011 DIETARY	115,051	55,379		56,654	826,229		
012 CAFETERIA					220,509	220,509	
014 NURSING ADMINISTRATION	26,436	1,791		1,832		2,832	170,560
017 MEDICAL RECORDS & LIBRARY	86,145	56,722		58,028		24,199	
025 ADULTS & PEDIATRICS	192,903	86,851		88,851	93,755	42,234	60,831
036 OTHER LONG TERM CARE	129,919	106,219		108,668	338,319	37,952	54,660
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	56,394	36,636		37,479		6,367	9,165
041 ANESTHESIOLOGY	46,204					2,470	3,574
041 RADIOLOGY-DIAGNOSTIC	185,850	47,723		48,822		16,337	
044 LABORATORY	190,508	16,923		17,312		16,337	
049 RESPIRATORY THERAPY	13,581	8,969		9,175			
050 PHYSICAL THERAPY	107,662	43,649		44,655		16,314	
053 ELECTROCARDIOLOGY	45,715					4,192	6,052
055 MEDICAL SUPPLIES CHARGED	27,674	32,681		33,434		4,713	
056 DRUGS CHARGED TO PATIENTS	215,373	8,640		8,839			
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	18,804	67,168		68,715		2,583	3,712
061 EMERGENCY	207,735	23,683		24,228		22,613	32,566
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	394,397		49,704				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,261,624	622,104	49,704	606,692	652,583	199,143	170,560
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	79,392					5,868	
100 SARAH D CULBERTSON GARDEN	74,216				173,646	15,498	
100 01 MEDICAL ARTS BUILDING	6,394						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,421,626	622,104	49,704	606,692	826,229	220,509	170,560

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-RHCS BL				
004 NEW CAP REL COSTS-MED ART				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
008 01 OPERATION OF PLANT				
010 PLANT & HSKPG - RHCS				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
025 MEDICAL RECORDS & LIBRARY	673,706			
036 INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS	203,555	1,773,548		1,773,548
OTHER LONG TERM CARE	6,311	1,458,618		1,458,618
ANCILLARY SRVC COST CNTRS				
OPERATING ROOM		439,719		439,719
ANESTHESIOLOGY		292,860		292,860
RADIOLOGY-DIAGNOSTIC	85,093	1,351,664		1,351,664
LABORATORY	31,484	1,264,660		1,264,660
RESPIRATORY THERAPY	218	102,670		102,670
PHYSICAL THERAPY	3,917	776,860		776,860
ELECTROCARDIOLOGY	18,789	312,815		312,815
MEDICAL SUPPLIES CHARGED		242,618		242,618
DRUGS CHARGED TO PATIENTS		1,354,434		1,354,434
OUTPAT SERVICE COST CNTRS				
CLINIC	62,169	321,073		321,073
EMERGENCY	105,550	1,498,183		1,498,183
OBSERVATION BEDS (NON-DIS				
OTHER OUTPATIENT SERVICE				
50 RURAL HEALTH CLINIC	156,620	2,654,584		2,654,584
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	673,706	13,844,306		13,844,306
NONREIMBURS COST CENTERS				
GIFT, FLOWER, COFFEE SHOP				
PHYSICIANS' PRIVATE OFFIC		498,703		498,703
SARAH D CULBERTSON GARDEN		649,850		649,850
01 MEDICAL ARTS BUILDING		39,689		39,689
CROSS FOOT ADJUSTMENT				
NEGATIVE COST CENTER				
103 TOTAL	673,706	15,032,548		15,032,548

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RHCS BL	NEW CAP REL C OSTS-MED ART	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	3.02	4	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-RHCS BL							
004 NEW CAP REL COSTS-MED ART							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		34,707			70,815	105,522	
008 01 OPERATION OF PLANT		12,861			26,243	39,104	
010 PLANT & HSKPG - RHCS							
011 HOUSEKEEPING		5,680			11,590	17,270	
012 DIETARY		10,820			22,079	32,899	
014 CAFETERIA							
017 NURSING ADMINISTRATION		350			714	1,064	
025 MEDICAL RECORDS & LIBRARY		11,083			22,614	33,697	
036 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		16,969			34,626	51,595	
040 OTHER LONG TERM CARE		20,754			42,349	63,103	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM		7,158			14,606	21,764	
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC		9,324			19,027	28,351	
053 LABORATORY		3,306			6,747	10,053	
055 RESPIRATORY THERAPY		1,752			3,576	5,328	
056 PHYSICAL THERAPY		8,528			17,402	25,930	
060 ELECTROCARDIOLOGY							
061 MEDICAL SUPPLIES CHARGED		6,385			13,029	19,414	
062 DRUGS CHARGED TO PATIENTS		1,688			3,445	5,133	
063 OUTPAT SERVICE COST CNTRS							
063 50 CLINIC		13,124			26,779	39,903	
063 50 EMERGENCY		4,627			9,442	14,069	
063 50 OBSERVATION BEDS (NON-DIS							
063 50 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC			53,983			53,983	
063 50 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		169,116	53,983		345,083	568,182	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC				3,892		3,892	
100 01 SARAH D CULBERTSON GARDEN	101,744					101,744	
101 01 MEDICAL ARTS BUILDING				13,529		13,529	
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 TOTAL	101,744	169,116	53,983	17,421	345,083	687,347	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	PLANT & HSKPG - RHCS	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	8.01	10	11	12	14
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MED ART							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	105,522						
008 OPERATION OF PLANT	4,367	43,471					
008 01 PLANT & HSKPG - RHCS	349		349				
010 HOUSEKEEPING	4,055	2,031		23,356			
011 DIETARY	5,014	3,870		2,181	43,964		
012 CAFETERIA					11,733	11,733	
014 NURSING ADMINISTRATION	1,152	125		71		151	2,563
017 MEDICAL RECORDS & LIBRARY	3,754	3,964		2,234		1,288	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,406	6,069		3,421	4,989	2,248	914
036 OTHER LONG TERM CARE	5,662	7,420		4,183	18,002	2,019	821
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,457	2,560		1,443		339	138
040 ANESTHESIOLOGY	2,013					131	54
041 RADIOLOGY-DIAGNOSTIC	8,099	3,335		1,880		869	
044 LABORATORY	8,302	1,183		666		869	
049 RESPIRATORY THERAPY	592	627		353			
050 PHYSICAL THERAPY	4,692	3,050		1,719		868	
053 ELECTROCARDIOLOGY	1,992					223	91
055 MEDICAL SUPPLIES CHARGED	1,206	2,284		1,287		251	
056 DRUGS CHARGED TO PATIENTS	9,385	604		340			
OUTPAT SERVICE COST CNTRS							
060 CLINIC	819	4,694		2,645		137	56
061 EMERGENCY	9,053	1,655		933		1,203	489
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	17,180		349				
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	98,549	43,471	349	23,356	34,724	10,596	2,563
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	3,460					312	
100 SARAH D CULBERTSON GARDEN	3,234				9,240	825	
100 01 MEDICAL ARTS BUILDING	279						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	105,522	43,471	349	23,356	43,964	11,733	2,563

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-RHCS BL				
004 NEW CAP REL COSTS-MED ART				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
008 01 OPERATION OF PLANT				
010 PLANT & HSKPG - RHCS				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
017 NURSING ADMINISTRATION				
025 MEDICAL RECORDS & LIBRARY	44,937			
036 INPAT ROUTINE SRVC CNTRS				
ADULTS & PEDIATRICS	13,577	91,219		91,219
OTHER LONG TERM CARE	421	101,631		101,631
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		28,701		28,701
040 ANESTHESIOLOGY		2,198		2,198
041 RADIOLOGY-DIAGNOSTIC	5,676	48,210		48,210
044 LABORATORY	2,100	23,173		23,173
049 RESPIRATORY THERAPY	15	6,915		6,915
050 PHYSICAL THERAPY	261	36,520		36,520
053 ELECTROCARDIOLOGY	1,253	3,559		3,559
055 MEDICAL SUPPLIES CHARGED		24,442		24,442
056 DRUGS CHARGED TO PATIENTS		15,462		15,462
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC	4,147	52,401		52,401
062 EMERGENCY	7,040	34,442		34,442
063 OBSERVATION BEDS (NON-DIS				
063 50 OTHER OUTPATIENT SERVICE				
RURAL HEALTH CLINIC	10,447	81,959		81,959
095 SPEC PURPOSE COST CENTERS				
SUBTOTALS	44,937	550,832		550,832
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
100 PHYSICIANS' PRIVATE OFFIC		7,664		7,664
100 SARAH D CULBERTSON GARDEN		115,043		115,043
100 01 MEDICAL ARTS BUILDING		13,808		13,808
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	44,937	687,347		687,347

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-RHCS BL (SQUARE ) FEET	NEW CAP REL C OSTS-MED ART (SQUARE ) FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE ) FEET	EMPLOYEE BENE FITS (GROSS )ALARIES	S RECONCILI- ) IATION
	3	3.01	3.02	4	5	6a.00
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	58,002					
003 02 NEW CAP REL COSTS-RHC		11,800				
004 NEW CAP REL COSTS-MED			9,400			
005 NEW CAP REL COSTS-MVB				58,002		
006 EMPLOYEE BENEFITS					6,637,906	
008 ADMINISTRATIVE & GENE	11,903			11,903	1,018,968	-2,421,626
008 01 OPERATION OF PLANT	4,411			4,411	210,605	
010 PLANT & HSKPG - RHCS						
011 HOUSEKEEPING	1,948			1,948	327,978	
012 DIETARY	3,711			3,711	278,528	
014 CAFETERIA						
017 NURSING ADMINISTRATION	120			120	97,292	
025 MEDICAL RECORDS & LIB	3,801			3,801	306,360	
036 INPAT ROUTINE SRVC CN						
037 ADULTS & PEDIATRICS	5,820			5,820	693,356	
040 OTHER LONG TERM CARE	7,118			7,118	441,731	
041 ANCILLARY SRVC COST C						
044 OPERATING ROOM	2,455			2,455	139,801	
049 ANESTHESIOLOGY					126,646	
050 RADIOLOGY-DIAGNOSTIC	3,198			3,198	317,324	
053 LABORATORY	1,134			1,134	312,682	
055 RESPIRATORY THERAPY	601			601		
056 PHYSICAL THERAPY	2,925			2,925	387,141	
060 ELECTROCARDIOLOGY					74,806	
061 MEDICAL SUPPLIES CHAR	2,190			2,190	57,982	
062 DRUGS CHARGED TO PATI	579			579		
063 OUTPAT SERVICE COST C						
063 50 CLINIC	4,501			4,501	37,769	
063 50 EMERGENCY	1,587			1,587	386,760	
063 50 OBSERVATION BEDS (NON						
063 50 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC		11,800			1,027,797	
095 SPEC PURPOSE COST CEN						
096 SUBTOTALS	58,002	11,800		58,002	6,243,526	-2,421,626
098 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE						
100 01 PHYSICIANS' PRIVATE O			2,100		247,337	
101 SARAH D CULBERTSON GA					147,043	
102 MEDICAL ARTS BUILDING			7,300			
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
104 (WRKSHT B, PART I)	169,116	53,983	17,421	345,083	1,877,549	
105 UNIT COST MULTIPLIER	2.915693		1.853298		.282853	
105 (WRKSHT B, PT I)		4.574831		5.949502		
106 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
107 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
108 COST TO BE ALLOCATED						
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	PLANT & HSKPG - RHCS	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT HRS)
	6	8	8.01	10	11	12	14
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-RHC							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	12,610,922						
008 OPERATION OF PLANT	521,888	41,688					
008 01 PLANT & HSKPG - RHCS	41,697		11,800				
010 HOUSEKEEPING	484,572	1,948		39,740			
011 DIETARY	599,145	3,711		3,711	58,287		
012 CAFETERIA					15,556	9,732	
014 NURSING ADMINISTRATION	137,669	120		120		125	93,907
017 MEDICAL RECORDS & LIB	448,612	3,801		3,801		1,068	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,004,568	5,820		5,820	6,614	1,864	33,492
036 OTHER LONG TERM CARE	676,570	7,118		7,118	23,867	1,675	30,095
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	293,678	2,455		2,455		281	5,046
040 ANESTHESIOLOGY	240,612					109	1,968
041 RADIOLOGY-DIAGNOSTIC	967,839	3,198		3,198		721	
044 LABORATORY	992,096	1,134		1,134		721	
049 RESPIRATORY THERAPY	70,727	601		601			
050 PHYSICAL THERAPY	560,663	2,925		2,925		720	
053 ELECTROCARDIOLOGY	238,067					185	3,332
055 MEDICAL SUPPLIES CHAR	144,116	2,190		2,190		208	
056 DRUGS CHARGED TO PATI	1,121,582	579		579			
060 OUTPAT SERVICE COST C							
060 CLINIC	97,922	4,501		4,501		114	2,044
061 EMERGENCY	1,081,808	1,587		1,587		998	17,930
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC	2,053,863		11,800				
063 SPEC PURPOSE COST CEN							
095 SUBTOTALS	11,777,694	41,688	11,800	39,740	46,037	8,789	93,907
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	413,443					259	
100 SARAH D CULBERTSON GA	386,490				12,250	684	
100 01 MEDICAL ARTS BUILDING	33,295						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,421,626	622,104	49,704	606,692	826,229	220,509	170,560
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		14.922855		15.266532		22.658138	
(WRKSHT B, PT I)	.192026		4.212203		14.175185		1.816265
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	105,522	43,471	349	23,356	43,964	11,733	2,563
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		1.042770		.587720		1.205610	
(WRKSHT B, PT III)	.008368		.029576		.754268		.027293

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY  (TIME SPENT )
	17
003 GENERAL SERVICE COST	
003 01 NEW CAP REL COSTS-BLD	
003 02 NEW CAP REL COSTS-RHC	
004 NEW CAP REL COSTS-MED	
004 NEW CAP REL COSTS-MVB	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENE	
008 OPERATION OF PLANT	
008 01 PLANT & HSKPG - RHCS	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIB	9,287
INPAT ROUTINE SRVC CN	
025 ADULTS & PEDIATRICS	2,806
036 OTHER LONG TERM CARE	87
ANCILLARY SRVC COST C	
037 OPERATING ROOM	
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	1,173
044 LABORATORY	434
049 RESPIRATORY THERAPY	3
050 PHYSICAL THERAPY	54
053 ELECTROCARDIOLOGY	259
055 MEDICAL SUPPLIES CHAR	
056 DRUGS CHARGED TO PATI	
OUTPAT SERVICE COST C	
060 CLINIC	857
061 EMERGENCY	1,455
062 OBSERVATION BEDS (NON	
063 OTHER OUTPATIENT SERV	
063 50 RURAL HEALTH CLINIC	2,159
SPEC PURPOSE COST CEN	
095 SUBTOTALS	9,287
NONREIMBURS COST CENT	
096 GIFT, FLOWER, COFFEE	
098 PHYSICIANS' PRIVATE O	
100 SARAH D CULBERTSON GA	
100 01 MEDICAL ARTS BUILDING	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED	673,706
(PER WRKSHT B, PART	
104 UNIT COST MULTIPLIER	
(WRKSHT B, PT I)	72.542909
105 COST TO BE ALLOCATED	
(PER WRKSHT B, PART	
106 UNIT COST MULTIPLIER	
(WRKSHT B, PT II)	
107 COST TO BE ALLOCATED	44,937
(PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
(WRKSHT B, PT III)	4.838699

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	1,773,548		1,773,548		
36	OTHER LONG TERM CARE	1,458,618		1,458,618		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	439,719		439,719		
40	ANESTHESIOLOGY	292,860		292,860		
41	RADIOLOGY-DIAGNOSTIC	1,351,664		1,351,664		
44	LABORATORY	1,264,660		1,264,660		
49	RESPIRATORY THERAPY	102,670		102,670		
50	PHYSICAL THERAPY	776,860		776,860		
53	ELECTROCARDIOLOGY	312,815		312,815		
55	MEDICAL SUPPLIES CHARGED	242,618		242,618		
56	DRUGS CHARGED TO PATIENTS	1,354,434		1,354,434		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	321,073		321,073		
61	EMERGENCY	1,498,183		1,498,183		
62	OBSERVATION BEDS (NON-DIS	254,779		254,779		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	2,654,584		2,654,584		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	14,099,085		14,099,085		
102	LESS OBSERVATION BEDS	254,779		254,779		
103	TOTAL	13,844,306		13,844,306		

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	1,273,482		1,273,482			
36	OTHER LONG TERM CARE	920,011		920,011			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	36,355	1,428,976	1,465,331	.300082	.300082	
40	ANESTHESIOLOGY	22,818	516,120	538,938	.543402	.543402	
41	RADIOLOGY-DIAGNOSTIC	247,672	5,165,723	5,413,395	.249689	.249689	
44	LABORATORY	372,288	3,186,067	3,558,355	.355406	.355406	
49	RESPIRATORY THERAPY	53,969	161,173	215,142	.477220	.477220	
50	PHYSICAL THERAPY	240,116	1,190,263	1,430,379	.543115	.543115	
53	ELECTROCARDIOLOGY	167,881	1,495,388	1,663,269	.188072	.188072	
55	MEDICAL SUPPLIES CHARGED	238,004	109,181	347,185	.698815	.698815	
56	DRUGS CHARGED TO PATIENTS	1,124,047	3,181,136	4,305,183	.314605	.314605	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,711	530,321	534,032	.601224	.601224	
61	EMERGENCY	30,234	2,412,126	2,442,360	.613416	.613416	
62	OBSERVATION BEDS (NON-DIS	1,817	251,245	253,062	1.006785	1.006785	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		1,742,697	1,742,697	1.523262	1.523262	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	4,732,405	21,370,416	26,102,821			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,732,405	21,370,416	26,102,821			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	1,773,548		1,773,548		
36	OTHER LONG TERM CARE	1,458,618		1,458,618		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	439,719		439,719		
40	ANESTHESIOLOGY	292,860		292,860		
41	RADIOLOGY-DIAGNOSTIC	1,351,664		1,351,664		
44	LABORATORY	1,264,660		1,264,660		
49	RESPIRATORY THERAPY	102,670		102,670		
50	PHYSICAL THERAPY	776,860		776,860		
53	ELECTROCARDIOLOGY	312,815		312,815		
55	MEDICAL SUPPLIES CHARGED	242,618		242,618		
56	DRUGS CHARGED TO PATIENTS	1,354,434		1,354,434		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	321,073		321,073		
61	EMERGENCY	1,498,183		1,498,183		
62	OBSERVATION BEDS (NON-DIS	254,779		254,779		
63	OTHER OUTPATIENT SERVICE					
63 50	RURAL HEALTH CLINIC	2,654,584		2,654,584		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	14,099,085		14,099,085		
102	LESS OBSERVATION BEDS	254,779		254,779		
103	TOTAL	13,844,306		13,844,306		

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,273,482		1,273,482			
36	OTHER LONG TERM CARE	920,011		920,011			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	36,355	1,428,976	1,465,331	.300082	.300082	
40	ANESTHESIOLOGY	22,818	516,120	538,938	.543402	.543402	
41	RADIOLOGY-DIAGNOSTIC	247,672	5,165,723	5,413,395	.249689	.249689	
44	LABORATORY	372,288	3,186,067	3,558,355	.355406	.355406	
49	RESPIRATORY THERAPY	53,969	161,173	215,142	.477220	.477220	
50	PHYSICAL THERAPY	240,116	1,190,263	1,430,379	.543115	.543115	
53	ELECTROCARDIOLOGY	167,881	1,495,388	1,663,269	.188072	.188072	
55	MEDICAL SUPPLIES CHARGED	238,004	109,181	347,185	.698815	.698815	
56	DRUGS CHARGED TO PATIENTS	1,124,047	3,181,136	4,305,183	.314605	.314605	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,711	530,321	534,032	.601224	.601224	
61	EMERGENCY	30,234	2,412,126	2,442,360	.613416	.613416	
62	OBSERVATION BEDS (NON-DIS	1,817	251,245	253,062	1.006785	1.006785	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		1,742,697	1,742,697	1.523262	1.523262	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	4,732,405	21,370,416	26,102,821			
102	LESS OBSERVATION BEDS						
103	TOTAL	4,732,405	21,370,416	26,102,821			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	439,719	28,701	411,018			439,719
40	ANESTHESIOLOGY	292,860	2,198	290,662			292,860
41	RADIOLOGY-DIAGNOSTIC	1,351,664	48,210	1,303,454			1,351,664
44	LABORATORY	1,264,660	23,173	1,241,487			1,264,660
49	RESPIRATORY THERAPY	102,670	6,915	95,755			102,670
50	PHYSICAL THERAPY	776,860	36,520	740,340			776,860
53	ELECTROCARDIOLOGY	312,815	3,559	309,256			312,815
55	MEDICAL SUPPLIES CHARGED	242,618	24,442	218,176			242,618
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,354,434	15,462	1,338,972			1,354,434
60	CLINIC	321,073	52,401	268,672			321,073
61	EMERGENCY	1,498,183	34,442	1,463,741			1,498,183
62	OBSERVATION BEDS (NON-DIS	254,779		254,779			254,779
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	2,654,584	81,959	2,572,625			2,654,584
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,866,919	357,982	10,508,937			10,866,919
102	LESS OBSERVATION BEDS	254,779		254,779			254,779
103	TOTAL	10,612,140	357,982	10,254,158			10,612,140

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,465,331	.300082	.300082
40	ANESTHESIOLOGY	538,938	.543402	.543402
41	RADIOLOGY-DIAGNOSTIC	5,413,395	.249689	.249689
44	LABORATORY	3,558,355	.355406	.355406
49	RESPIRATORY THERAPY	215,142	.477220	.477220
50	PHYSICAL THERAPY	1,430,379	.543115	.543115
53	ELECTROCARDIOLOGY	1,663,269	.188072	.188072
55	MEDICAL SUPPLIES CHARGED	347,185	.698815	.698815
56	DRUGS CHARGED TO PATIENTS	4,305,183	.314605	.314605
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	534,032	.601224	.601224
61	EMERGENCY	2,442,360	.613416	.613416
62	OBSERVATION BEDS (NON-DIS	253,062	1.006785	1.006785
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	1,742,697	1.523262	1.523262
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	23,909,328		
102	LESS OBSERVATION BEDS	253,062		
103	TOTAL	23,656,266		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	439,719	28,701	411,018			439,719
40	ANESTHESIOLOGY	292,860	2,198	290,662			292,860
41	RADIOLOGY-DIAGNOSTIC	1,351,664	48,210	1,303,454			1,351,664
44	LABORATORY	1,264,660	23,173	1,241,487			1,264,660
49	RESPIRATORY THERAPY	102,670	6,915	95,755			102,670
50	PHYSICAL THERAPY	776,860	36,520	740,340			776,860
53	ELECTROCARDIOLOGY	312,815	3,559	309,256			312,815
55	MEDICAL SUPPLIES CHARGED	242,618	24,442	218,176			242,618
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,354,434	15,462	1,338,972			1,354,434
60	CLINIC	321,073	52,401	268,672			321,073
61	EMERGENCY	1,498,183	34,442	1,463,741			1,498,183
62	OBSERVATION BEDS (NON-DIS	254,779		254,779			254,779
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC OTHER REIMBURS COST CNTRS	2,654,584	81,959	2,572,625			2,654,584
101	SUBTOTAL	10,866,919	357,982	10,508,937			10,866,919
102	LESS OBSERVATION BEDS	254,779		254,779			254,779
103	TOTAL	10,612,140	357,982	10,254,158			10,612,140

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,465,331	.300082	.300082
40	ANESTHESIOLOGY	538,938	.543402	.543402
41	RADIOLOGY-DIAGNOSTIC	5,413,395	.249689	.249689
44	LABORATORY	3,558,355	.355406	.355406
49	RESPIRATORY THERAPY	215,142	.477220	.477220
50	PHYSICAL THERAPY	1,430,379	.543115	.543115
53	ELECTROCARDIOLOGY	1,663,269	.188072	.188072
55	MEDICAL SUPPLIES CHARGED	347,185	.698815	.698815
56	DRUGS CHARGED TO PATIENTS	4,305,183	.314605	.314605
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	534,032	.601224	.601224
61	EMERGENCY	2,442,360	.613416	.613416
62	OBSERVATION BEDS (NON-DIS	253,062	1.006785	1.006785
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	1,742,697	1.523262	1.523262
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	23,909,328		
102	LESS OBSERVATION BEDS	253,062		
103	TOTAL	23,656,266		



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/30/2009  
 | 14-1333 | FROM 3/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 2/28/2009 | PART V  
 | 14-1333 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		687,135			
40 ANESTHESIOLOGY		208,495			
41 RADIOLOGY-DIAGNOSTIC		2,303,370			
44 LABORATORY		1,701,073			
49 RESPIRATORY THERAPY		26,153			
50 PHYSICAL THERAPY		473,285			
53 ELECTROCARDIOLOGY		677,135			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		96,428			
56 DRUGS CHARGED TO PATIENTS		1,935,641			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		80,127			
61 EMERGENCY		849,317			
62 OBSERVATION BEDS (NON-DISTINCT PART)		169,220			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
101 SUBTOTAL		9,207,379			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		9,207,379			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 6/30/2009  
 | 14-1333 | FROM 3/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 2/28/2009 | PART V  
 | 14-1333 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	HOSPITAL		Hospital I/P Part B Charges	Hospital I/P Part B Costs
	All	Other		
	9	10	10	11
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		206,197		
40 ANESTHESIOLOGY		113,297		
41 RADIOLOGY-DIAGNOSTIC		575,126		
44 LABORATORY		604,572		
49 RESPIRATORY THERAPY		12,481		
50 PHYSICAL THERAPY		257,048		
53 ELECTROCARDIOLOGY		127,350		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		67,385		
56 DRUGS CHARGED TO PATIENTS		608,962		
OUTPAT SERVICE COST CNTRS				
60 CLINIC		48,174		
61 EMERGENCY		520,985		
62 OBSERVATION BEDS (NON-DISTINCT PART)		170,368		
63 OTHER OUTPATIENT SERVICE COST CENTER				
50 63 RURAL HEALTH CLINIC				
101 SUBTOTAL		3,311,945		
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				
104 NET CHARGES		3,311,945		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2008	6/30/2009
COMPONENT NO:	TO 2/28/2009	WORKSHEET D
14-1333		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.314605
	6,539
	2,057

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 6/30/2009
14-1333	FROM 3/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 2/28/2009	PART I
14-1333		

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,302
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,476
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,476
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	550
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	166
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	85
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	25
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	803
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	550
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	166
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	107.32
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,773,548
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	9,122
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	2,683
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	587,261
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,186,287

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,178,865
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,178,865
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.006296
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	798.69
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,186,287



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2008	6/30/2009
COMPONENT NO:	TO 2/28/2009	WORKSHEET D-1
14-1333		PART III

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	317
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	803.72
85	OBSERVATION BED COST	254,779

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

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		694,798	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.300082	2,025	608
40	ANESTHESIOLOGY	.543402	1,088	591
41	RADIOLOGY-DIAGNOSTIC	.249689	156,324	39,032
44	LABORATORY	.355406	257,148	91,392
49	RESPIRATORY THERAPY	.477220	28,717	13,704
50	PHYSICAL THERAPY	.543115	18,410	9,999
53	ELECTROCARDIOLOGY	.188072	85,232	16,030
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.698815	151,336	105,756
56	DRUGS CHARGED TO PATIENTS	.314605	546,372	171,891
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.601224	3,527	2,121
61	EMERGENCY	.613416	345	212
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.006785		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,250,524	451,336
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,250,524	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-Z333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET D-4

TITLE XVIII, PART A SWING BED SNF

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			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.300082		
40	ANESTHESIOLOGY	.543402		
41	RADIOLOGY-DIAGNOSTIC	.249689	16,572	4,138
44	LABORATORY	.355406	50,813	18,059
49	RESPIRATORY THERAPY	.477220	24,209	11,553
50	PHYSICAL THERAPY	.543115	216,662	117,672
53	ELECTROCARDIOLOGY	.188072	1,138	214
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.698815	79,799	55,765
56	DRUGS CHARGED TO PATIENTS	.314605	245,302	77,173
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.601224		
61	EMERGENCY	.613416		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.006785		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		634,495	284,574
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		634,495	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/1/2008	6/30/2009
COMPONENT NO:	TO 2/28/2009	WORKSHEET E
14-1333		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,314,002
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,314,002

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,347,142
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	51,806
18.01	CAH ACTUAL BILLED COINSURANCE	1,510,469
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,784,867
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,784,867
24	PRIMARY PAYER PAYMENTS	459
25	SUBTOTAL	1,784,408

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	251,763
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	251,763
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	251,763
28	SUBTOTAL	2,036,171
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,036,171
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,147,114
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-110,943
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		689,200		2,147,114
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	6/9/2008	36,100		
ADJUSTMENTS TO PROVIDER .02	6/3/2009	126,800		
ADJUSTMENTS TO PROVIDER .03	9/5/2008	44,000		
ADJUSTMENTS TO PROVIDER .04	12/4/2008	22,800		
ADJUSTMENTS TO PROVIDER .05	3/20/2009	49,200		
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		278,900		NONE
4 TOTAL INTERIM PAYMENTS		968,100		2,147,114
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		22,787		110,943
7 TOTAL MEDICARE PROGRAM LIABILITY		945,313		2,036,171

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-Z333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET E-1

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		754,388		
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	8/22/2008	35,300		
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		35,300		NONE
4 TOTAL INTERIM PAYMENTS		789,688		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		55,172		
7 TOTAL MEDICARE PROGRAM LIABILITY		844,860		

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2008	6/30/2009
COMPONENT NO:	TO 2/28/2009	WORKSHEET E-2
14-Z333		

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)	581,212	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	287,420	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	716	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	868,632	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	868,632	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	868,632	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	23,772	
14	80% OF PART B COSTS		
15	SUBTOTAL	844,860	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	844,860	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	789,688	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	55,172	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 6/30/2009
14-1333	FROM 3/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 2/28/2009	PART II
14-1333		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	1,096,715
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	1,096,715
5	PRIMARY PAYER PAYMENTS	292
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	1,107,387

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	

CUSTOMARY CHARGES

12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	1,107,387
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	176,724
21	EXCESS REASONABLE COST	
22	SUBTOTAL	930,663
23	COINSURANCE	
24	SUBTOTAL	930,663
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	14,650
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	14,650
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	14,650
26	SUBTOTAL	945,313
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	945,313
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	968,100
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-22,787
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,174,938			
2	TEMPORARY INVESTMENTS	154,756			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,182,334			
5	OTHER RECEIVABLES	460,763			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	371,266			
8	PREPAID EXPENSES	110,115			
9	OTHER CURRENT ASSETS	435,328			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,889,500			
FIXED ASSETS					
12	LAND	289,461			
12.01	LAND IMPROVEMENTS	565,735			
13.01	LESS ACCUMULATED DEPRECIATION	-256,730			
14	BUILDINGS	4,841,696			
14.01	LESS ACCUMULATED DEPRECIATION	-3,266,607			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	7,842,564			
18.01	LESS ACCUMULATED DEPRECIATION	-5,161,235			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	4,854,884			
OTHER ASSETS					
22	INVESTMENTS	1,322,371			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	200,468			
26	TOTAL OTHER ASSETS	1,522,839			
27	TOTAL ASSETS	15,267,223			



STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		8,855,053		
2	NET INCOME (LOSS)		1,928,098		
3	TOTAL		10,783,151		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	TRANSFER FROM FOUNDATION		90,209		
5	FOUNDATION NET ASSETS	1,215,959			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,306,168		
11	SUBTOTAL		12,089,319		
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		12,089,319		

		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)				
	TRANSFER FROM FOUNDATION				
5	FOUNDATION NET ASSETS				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	925,129		925,129
4 00 SWING BED - SNF	281,274		281,274
5 00 SWING BED - NF	63,954		63,954
8 00 OTHER LONG TERM CARE	921,695		921,695
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,192,052		2,192,052
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,192,052		2,192,052
17 00 ANCILLARY SERVICES	2,509,871	17,803,393	20,313,264
18 00 OUTPATIENT SERVICES	3,718	531,737	535,455
18 50 RURAL HEALTH CLINIC		3,135,069	3,135,069
24 00 SARAH CULBERTSON GARDENS		340,503	340,503
24 01 RUSHVILLE FAMILY PRACTICE CLINIC		310,851	310,851
24 02 OTHER PRO FEE CHARGES	16,805	2,840,319	2,857,124
24 03 OTHER PRO FEE CHARGES			
25 00 TOTAL PATIENT REVENUES	4,722,446	24,961,872	29,684,318

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		16,236,826	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 INTEREST EXPENSE	77,590		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		77,590	
40 00 TOTAL OPERATING EXPENSES		16,159,236	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1333  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	29,684,318
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	12,772,237
3	NET PATIENT REVENUES	16,912,081
4	LESS: TOTAL OPERATING EXPENSES	16,159,236
5	NET INCOME FROM SERVICE TO PATIENTS	752,845
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	289,162
7	INCOME FROM INVESTMENTS	67,060
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2,915
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	6,637
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	155
22	RENTAL OF HOSPITAL SPACE	26,353
23	GOVERNMENTAL APPROPRIATIONS	723,823
24	MISCELLANEOUS OTHER INCOME	51,940
24.01	MEALS ON WHEELS	83,998
24.02	GAIN ON DISPOSAL OF ASSETS	800
24.03		
24.04		
25	TOTAL OTHER INCOME	1,252,843
26	TOTAL	2,005,688
	OTHER EXPENSES	
27	INTEREST EXPENSE	77,590
28		
29		
30	TOTAL OTHER EXPENSES	77,590
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,928,098

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

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1	PHYSICIAN	223,381	223,381	
2	PHYSICIAN ASSISTANT	167,806	167,806	
3	NURSE PRACTITIONER	81,438	81,438	
4	VISITING NURSE			
5	OTHER NURSE	320,685	320,685	
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	LABORATORY TECHNICIAN			
9	OTHER FACILITY HEALTH CARE STAFF COSTS			
10	SUBTOTAL (SUM OF LINES 1-9)	793,310	793,310	
COSTS UNDER AGREEMENT				
11	PHYSICIAN SERVICES UNDER AGREEMENT		477,418	477,418
12	PHYSICIAN SUPERVISION UNDER AGREEMENT		12,750	12,750
13	OTHER COSTS UNDER AGREEMENT			
14	SUBTOTAL (SUM OF LINES 11-13)		490,168	490,168
OTHER HEALTH CARE COSTS				
15	MEDICAL SUPPLIES		71,969	71,969
16	TRANSPORTATION (HEALTH CARE STAFF)			
17	DEPRECIATION-MEDICAL EQUIPMENT		23,712	23,712
18	PROFESSIONAL LIABILITY INSURANCE			
19	OTHER HEALTH CARE COSTS		86,419	86,419
20	ALLOWABLE GME COSTS			
21	SUBTOTAL (SUM OF LINES 15-20)		182,100	182,100
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	793,310	672,268	1,465,578
COSTS OTHER THAN RHC/FQHC SERVICES				
23	PHARMACY			
24	DENTAL			
25	OPTOMETRY			
26	ALL OTHER NONREIMBURSABLE COSTS			
27	NONALLOWABLE GME COSTS			
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD				
29	FACILITY COSTS		84,151	-83,986
30	ADMINISTRATIVE COSTS	234,487	387,854	-343,918
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	234,487	472,005	-427,904
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,027,797	1,144,273	-427,904

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

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET M-1

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1	PHYSICIAN	223,381	223,381
2	PHYSICIAN ASSISTANT	167,806	167,806
3	NURSE PRACTITIONER	81,438	81,438
4	VISITING NURSE		
5	OTHER NURSE	320,685	320,685
6	CLINICAL PSYCHOLOGIST		
7	CLINICAL SOCIAL WORKER		
8	LABORATORY TECHNICIAN		
9	OTHER FACILITY HEALTH CARE STAFF COSTS		
10	SUBTOTAL (SUM OF LINES 1-9)	793,310	793,310
COSTS UNDER AGREEMENT			
11	PHYSICIAN SERVICES UNDER AGREEMENT	477,418	477,418
12	PHYSICIAN SUPERVISION UNDER AGREEMENT	12,750	12,750
13	OTHER COSTS UNDER AGREEMENT		
14	SUBTOTAL (SUM OF LINES 11-13)	490,168	490,168
OTHER HEALTH CARE COSTS			
15	MEDICAL SUPPLIES	71,969	71,969
16	TRANSPORTATION (HEALTH CARE STAFF)		
17	DEPRECIATION-MEDICAL EQUIPMENT	23,712	23,712
18	PROFESSIONAL LIABILITY INSURANCE		
19	OTHER HEALTH CARE COSTS	86,419	86,419
20	ALLOWABLE GME COSTS		
21	SUBTOTAL (SUM OF LINES 15-20)	182,100	182,100
22	TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	1,465,578	1,465,578
COSTS OTHER THAN RHC/FQHC SERVICES			
23	PHARMACY		
24	DENTAL		
25	OPTOMETRY		
26	ALL OTHER NONREIMBURSABLE COSTS		
27	NONALLOWABLE GME COSTS		
28	TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)		
FACILITY OVERHEAD			
29	FACILITY COSTS	165	165
30	ADMINISTRATIVE COSTS	278,423	243,423
31	TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	278,588	243,588
32	TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	1,744,166	1,709,166

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET M-2

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	1.57	5,083	4,200	6,594
2	PHYSICIAN ASSISTANTS	1.55	4,401	2,100	3,255
3	NURSE PRACTITIONERS	.94	3,156	2,100	1,974
4	SUBTOTAL (SUM OF LINES 1-3)	4.06	12,640		11,823
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	4.06	12,640		
9	PHYSICIAN SERVICES UNDER AGREEMENTS		5,485		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,465,578			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	1,465,578			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	243,588			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	945,418			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,189,006			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	1,189,006			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	1,189,006			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	2,654,584			
			GREATER OF COL. 2 OR COL. 4	5	
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	12,640			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	12,640			
9	PHYSICIAN SERVICES UNDER AGREEMENTS		5,485		

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

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-1333	FROM 3/ 1/2008	6/30/2009
COMPONENT NO:	TO	WORKSHEET
14-3483	2/28/2009	M-3

TITLE XVII I RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	2,654,584
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	17,762
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	2,636,822
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	12,640
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	5,485
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	18,125
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	145.48

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	145.48
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	5,300
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	771,044
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	771,044
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	32,688
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	738,356
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	590,685
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	11,964
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	602,649
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	561
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	603,210
25	INTERIM PAYMENTS	714,275
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	-111,065
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	

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

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

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET M-4

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	793,310	793,310
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000161	.003322
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	128	2,635
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	696	6,348
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	824	8,983
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	1,465,578	1,465,578
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,189,006	1,189,006
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000562	.006129
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	668	7,287
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,492	16,270
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	24	494
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	62.17	32.94
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	16	333
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	995	10,969
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		17,762
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		11,964

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR  
 SERVICES RENDERED TO PROGRAM BENEFICIARIES  
 RHC  FQHC

PROVIDER NO: 14-1333  
 COMPONENT NO: 14-3483  
 PERIOD: FROM 3/1/2008 TO 2/28/2009  
 PREPARED 6/30/2009  
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	625,975
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	8/14/2008	62,200
ADJUSTMENTS TO PROVIDER .02	8/14/2008	8,000
ADJUSTMENTS TO PROVIDER .03	8/14/2008	18,100
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		88,300
4 TOTAL INTERIM PAYMENTS		714,275
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	111,065
7 TOTAL MEDICARE PROGRAM LIABILITY		603,210

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.