

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		14-1337		FROM 5/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/20/2009 TIME 11:42

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:
 PERRY MEMORIAL HOSPITAL 14-1337

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	38,911	-165,608		0
3	SWING BED - SNF	0	-17,139	0		0
100	TOTAL	0	21,772	-165,608		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.

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) 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

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

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	22	8,030	102,096.00		2,347		402
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					320		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	102,096.00		2,667		402
6 INTENSIVE CARE UNIT	3	1,095	4,008.00		257		38
11 NURSERY							154
12 TOTAL	25	9,125	106,104.00		2,924		594
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	25						
26 OBSERVATION BED DAYS							67
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	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,832				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			393				
4 ADULTS & PED-SB NF			50				
5 TOTAL ADULTS AND PEDS			4,275				
6 INTENSIVE CARE UNIT			368				
11 NURSERY			309				
12 TOTAL			4,952				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	5	62	519	14	505		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			31				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					748	165	1,345
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		290.64			748	165	1,345
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL		290.64					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-1337
II PERIOD:
I FROM 5/ 1/2008
I TO 4/30/2009 II PREPARED 8/20/2009
I WORKSHEET A
I

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		1,021,823	1,021,823	192,884	1,214,707
3.01	0301 PERRY PLAZA B&F		131,153	131,153		131,153
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,264,325	1,264,325	40,749	1,305,074
5	0500 EMPLOYEE BENEFITS	116,703	3,722,137	3,838,840	-93,823	3,745,017
6.01	0610 BUSINESS OFFICE	397,051	244,198	641,249		641,249
6.02	0611 A&G HOSPITAL ONLY	659,944	447,179	1,107,123	-19,807	1,087,316
6.03	0660 A&G SHARED	723,980	1,672,294	2,396,274	-71,248	2,325,026
8	0800 OPERATION OF PLANT	466,749	918,799	1,385,548	151,580	1,537,128
8.01	0801 PERRY PLAZA PLANT OP	42,931	86,955	129,886		129,886
9	0900 LAUNDRY & LINEN SERVICE	313,923	328,737	642,660	-132,647	510,013
10	1000 HOUSEKEEPING	294,647	142,340	436,987		436,987
11	1100 DIETARY	361,068	443,586	804,654		804,654
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	790,308	31,243	821,551		821,551
15	1500 CENTRAL SERVICES & SUPPLY	44,692	44,481	89,173		89,173
16	1600 PHARMACY	257,000	401,327	658,327		658,327
17	1700 MEDICAL RECORDS & LIBRARY	464,932	105,684	570,616		570,616
18	1800 SOCIAL SERVICE	299,987	29,218	329,205		329,205
19	1950 PATIENT REGISTRATION	252,756	21,475	274,231		274,231
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,994,269	147,575	2,141,844		2,141,844
26	2600 INTENSIVE CARE UNIT	446,916	23,209	470,125		470,125
33	3300 NURSERY	58,898	26,122	85,020		85,020
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,249,217	1,353,764	2,602,981		2,602,981
39	3900 DELIVERY ROOM & LABOR ROOM	28,094	6,003	34,097		34,097
40	4000 ANESTHESIOLOGY		1,106,465	1,106,465		1,106,465
41	4100 RADIOLOGY-DIAGNOSTIC	716,008	484,890	1,200,898		1,200,898
42	4200 RADIOLOGY-THERAPEUTIC	242,106	48,271	290,377		290,377
43	4300 RADIOISOTOPE		309,069	309,069		309,069
43.01	4301 MRI		418,331	418,331		418,331
44	4400 LABORATORY	644,600	945,507	1,590,107		1,590,107
47	4700 BLOOD STORING, PROCESSING & TRANS.		157,622	157,622		157,622
49	4900 RESPIRATORY THERAPY	337,564	37,814	375,378		375,378
50	5000 PHYSICAL THERAPY	480,405	51,383	531,788		531,788
53	5300 ELECTROCARDIOLOGY	36,767	6,200	42,967		42,967
54	5400 ELECTROENCEPHALOGRAPHY	2,162	535	2,697		2,697
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		874,861	874,861		874,861
56.01	3140 CARDIAC REHAB	53,005	32,553	85,558		85,558
	OUTPAT SERVICE COST CNTRS					
60.01	6001 SLEEP LAB	34,211	3,769	37,980		37,980
61	6100 EMERGENCY	786,916	1,333,837	2,120,753	-1,560	2,119,193
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP-SOLD	142,545	195,589	338,134		338,134
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		159,951	159,951	-159,951	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	12,740,354	18,780,274	31,520,628	-93,823	31,426,805
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	188,897	224,895	413,792	22,109	435,901
98.01	9801 MOBILE MEALS					
98.02	9802 PRINCETON PEDIATRICS					
98.03	9803 OUTSIDE CONTRACT LAUNDRY					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951 CLINICS					
100.02	7952 ORTHO CLINIC	785,634	225,049	1,010,683	71,714	1,082,397
100.03	7953 SHEFFIELD CLINIC					
100.04	7954 WALNUT CLINIC					
100.05	7955 PERRY PLAZA LEASED					
101	TOTAL	13,714,885	19,230,218	32,945,103	-0-	32,945,103

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 8/20/2009
I 14-1337	I FROM 5/ 1/2008	I WORKSHEET A
I	I TO 4/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-100,074	1,114,633
3.01	0301 PERRY PLAZA B&F		131,153
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-31,759	1,273,315
5	0500 EMPLOYEE BENEFITS	-681,313	3,063,704
6.01	0610 BUSINESS OFFICE		641,249
6.02	0611 A&G HOSPITAL ONLY	-11,299	1,076,017
6.03	0660 A&G SHARED	-616,455	1,708,571
8	0800 OPERATION OF PLANT		1,537,128
8.01	0801 PERRY PLAZA PLANT OP		129,886
9	0900 LAUNDRY & LINEN SERVICE		510,013
10	1000 HOUSEKEEPING		436,987
11	1100 DIETARY	-204,353	600,301
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-107,217	714,334
15	1500 CENTRAL SERVICES & SUPPLY		89,173
16	1600 PHARMACY		658,327
17	1700 MEDICAL RECORDS & LIBRARY	-25	570,591
18	1800 SOCIAL SERVICE		329,205
19	1950 PATIENT REGISTRATION		274,231
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,141,844
26	2600 INTENSIVE CARE UNIT		470,125
33	3300 NURSERY		85,020
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-96,053	2,506,928
39	3900 DELIVERY ROOM & LABOR ROOM		34,097
40	4000 ANESTHESIOLOGY	-1,052,966	53,499
41	4100 RADIOLOGY-DIAGNOSTIC		1,200,898
42	4200 RADIOLOGY-THERAPEUTIC		290,377
43	4300 RADIOISOTOPE		309,069
43.01	4301 MRI		418,331
44	4400 LABORATORY	-37,260	1,552,847
47	4700 BLOOD STORING, PROCESSING & TRANS.		157,622
49	4900 RESPIRATORY THERAPY		375,378
50	5000 PHYSICAL THERAPY		531,788
53	5300 ELECTROCARDIOLOGY		42,967
54	5400 ELECTROENCEPHALOGRAPHY		2,697
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		874,861
56.01	3140 CARDIAC REHAB	-24,688	60,870
	OUTPAT SERVICE COST CNTRS		
60.01	6001 SLEEP LAB		37,980
61	6100 EMERGENCY	-645,349	1,473,844
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP-SOLD		338,134
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-3,608,811	27,817,994
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		435,901
98.01	9801 MOBILE MEALS		
98.02	9802 PRINCETON PEDIATRICS		
98.03	9803 OUTSIDE CONTRACT LAUNDRY		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951 CLINICS		
100.02	7952 ORTHO CLINIC		1,082,397
100.03	7953 SHEFFIELD CLINIC		
100.04	7954 WALNUT CLINIC		
100.05	7955 PERRY PLAZA LEASED		
101	TOTAL	-3,608,811	29,336,292

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/ 1/2008	8/20/2009
	TO 4/30/2009	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	PERRY PLAZA B&F	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	A&G HOSPITAL ONLY	0611	NONPATIENT TELEPHONES
6.03	A&G SHARED	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	PERRY PLAZA PLANT OP	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT REGISTRATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	MRI	4301	RADIOISOTOPE
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CARDIAC REHAB	3140	CARDIOLOGY
	OUTPAT SERVICE COST		
60.01	SLEEP LAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
67	DURABLE MEDICAL EQUIP-SOLD	6700	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MOBILE MEALS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PRI NCETON PEDIATRICS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OUTSIDE CONTRACT LAUNDRY	9803	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLINICS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ORTHO CLINIC	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SHEFFIELD CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WALNUT CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PERRY PLAZA LEASED	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141337

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

PREPARED 8/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 INTEREST	B	NEW CAP REL COSTS-BLDG & FIXT	3			159,951
2 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			32,933
3		NEW CAP REL COSTS-MVBLE EQUIP	4			40,749
4 EMPLOYEE PHYSICALS	D	A&G SHARED	6.03			1,560
5 LAUNDRY UTILITIES	E	OPERATION OF PLANT	8			151,580
6 MATERIALS MNGMNT DIRECTOR	F	A&G SHARED	6.03		874	
7		LAUNDRY & LINEN SERVICE	9		18,933	
8 PHYSICIAN BENEFITS RECLASS	G	PHYSICIANS' PRIVATE OFFICES	98			22,109
9		ORTHO CLINIC	100.02			71,714
36 TOTAL RECLASSIFICATIONS					19,807	480,596

(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:
141337

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

PREPARED 8/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 INTEREST	B	INTEREST EXPENSE	88		159,951	9
2 PROPERTY INSURANCE	C	A&G SHARED	6.03		73,682	9
3						9
4 EMPLOYEE PHYSICALS	D	EMERGENCY	61		1,560	
5 LAUNDRY UTILITIES	E	LAUNDRY & LINEN SERVICE	9		151,580	
6 MATERIALS MNGMNT DIRECTOR	F	A&G HOSPITAL ONLY	6.02	19,807		
7						
8 PHYSICIAN BENEFITS RECLASS	G	EMPLOYEE BENEFITS	5		93,823	
9						
36 TOTAL RECLASSIFICATIONS				19,807	480,596	

(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:
141337

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

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

RECLASS CODE: B
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	159,951	INTEREST EXPENSE	88	159,951	
TOTAL RECLASSIFICATIONS FOR CODE B			159,951				

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	32,933	A&G SHARED	6.03	73,682	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	40,749			0	
TOTAL RECLASSIFICATIONS FOR CODE C			73,682	73,682			

RECLASS CODE: D
EXPLANATION : EMPLOYEE PHYSICALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A&G SHARED	6.03	1,560	EMERGENCY	61	1,560	
TOTAL RECLASSIFICATIONS FOR CODE D			1,560	1,560			

RECLASS CODE: E
EXPLANATION : LAUNDRY UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	151,580	LAUNDRY & LINEN SERVICE	9	151,580	
TOTAL RECLASSIFICATIONS FOR CODE E			151,580	151,580			

RECLASS CODE: F
EXPLANATION : MATERIALS MNGMNT DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A&G SHARED	6.03	874	A&G HOSPITAL ONLY	6.02	19,807	
2.00	LAUNDRY & LINEN SERVICE	9	18,933			0	
TOTAL RECLASSIFICATIONS FOR CODE F			19,807	19,807			

RECLASS CODE: G
EXPLANATION : PHYSICIAN BENEFITS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	22,109	EMPLOYEE BENEFITS	5	93,823	
2.00	ORTHO CLINIC	100.02	71,714			0	
TOTAL RECLASSIFICATIONS FOR CODE G			93,823	93,823			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	557,940	49,170		49,170		607,110	
2 LAND IMPROVEMENTS	1,055,822	65,973		65,973		1,121,795	
3 BUILDINGS & FIXTURE	30,566,191	989,916		989,916		31,556,107	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	16,971,516	2,487,143		2,487,143	53,156	19,405,503	
7 SUBTOTAL	49,151,469	3,592,202		3,592,202	53,156	52,690,515	
8 RECONCILING ITEMS							
9 TOTAL	49,151,469	3,592,202		3,592,202	53,156	52,690,515	

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	33,285,012		33,285,012	.631708				
3 01	PERRY PLAZA B&F								
4	NEW CAP REL COSTS-MV	19,405,503		19,405,503	.368292				
5	TOTAL	52,690,515		52,690,515	1.000000				

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	1,205,819		-91,186				1,114,633
3 01	PERRY PLAZA B&F	131,153						131,153
4	NEW CAP REL COSTS-MV	1,305,074		-31,759				1,273,315
5	TOTAL	2,642,046		-122,945				2,519,101

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	1,021,823						1,021,823
3 01	PERRY PLAZA B&F	131,153						131,153
4	NEW CAP REL COSTS-MV	1,264,325						1,264,325
5	TOTAL	2,417,301						2,417,301

* All lines numbers except line 5 are to be consistent with Workshseet 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

I PROVIDER NO: I
I 14-1337 I
I I

I PERIOD: I PREPARED 8/20/2009
I FROM 5/ 1/2008 I WORKSHEET A-8
I TO 4/30/2009 I

DESCR IPTION (1)	(2) BASIS/CO DE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**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	B	-31,759	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,856,316			
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 OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**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 CAFETERIA	B	-153,320	DIETARY	11	
37.02 DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,693	DIETARY	11	
37.03 OUTSIDE CATERING	B	-22,974	DIETARY	11	
37.04 MEDICAL RECORDS	B	-25	MEDICAL RECORDS & LIBRARY	17	
37.05 CONTRACT NURSING	B	-107,217	NURSING ADMINISTRATION	14	
37.07 MISCELLANEOUS	B	-4,882	A&G SHARED	6.03	
37.08 MOBILE MEALS	B	-21,762	DIETARY	11	
37.09 MISCELLANEOUS	B	-188	A&G SHARED	6.03	
37.10 VENDING	A	-4,604	DIETARY	11	
38 AMORTIZATION EXPENSE	A	-259,785	A&G SHARED	6.03	
39 TELEPHONE SALARY OFFSET	A	-11,299	A&G HOSPITAL ONLY	6.02	
40 TELEPHONE BENEFIT OFFSET	A	-3,163	EMPLOYEE BENEFITS	5	
41 NON-ALLOWABLE MARKETING	A	-153,429	A&G SHARED	6.03	
42 MARKETING BENEFITS	A	-16,988	EMPLOYEE BENEFITS	5	
43 RENTAL PROPERTY - CAPITAL	A	-8,888	NEW CAP REL COSTS-BLDG &	3	9
44 2004 BOND INTEREST	A	-91,186	NEW CAP REL COSTS-BLDG &	3	11
45 IHA DUES OFFSET	A	-16,103	A&G SHARED	6.03	
46 PHYSICIAN RECRUITMENT	A	-42,204	A&G SHARED	6.03	
47 PHYSICIAN RECRUITMENT	A	-139,864	A&G SHARED	6.03	
48 SELF-INSURANCE OFFSET	A	-661,162	EMPLOYEE BENEFITS	5	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,608,811			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED: 8/20/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 37	PURCHASED SERVICES -SURG	96,053	96,053					
2 61	PURCHASED SERVICES -EMER	1,222,365	626,644	595,721				
3 61	PROFESSIONAL FEES	18,705	18,705					
4 44	PROFESSIONAL FEES	37,260	37,260					
5 40	PROFESSIONAL FEES	1,052,966	1,052,966					
6 56 1	PROFESSIONAL FEES	24,688	24,688					
7 6 3	PROFESSIONAL FEES	24,625		24,625				
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,476,662	1,856,316	620,346				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	PERRY PLAZA B&F	2	PLAZA SQ FT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	BUSINESS OFFICE	5	TOTAL REVENUE	ENTERED
6.02	A&G HOSPITAL ONLY	-6	ACCUM. COST	NOT ENTERED
6.03	A&G SHARED	-7	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
8.01	PERRY PLAZA PLANT OP	9	PLAZA SQ FT	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S SERVED	ENTERED
14	NURSING ADMINISTRATION	14	DIRECT NURSING H	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUISITION	ENTERED
16	PHARMACY	16	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	5	TOTAL REVENUE	ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS	ENTERED
19	PATIENT REGISTRATION	5	TOTAL REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/ 1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST S-BLDG & PERRY PLAZA B & F	3.01	NEW CAP REL C OST S-MVBLE E	4	EMPLOYEE BENEFITS	5	BUSINESS OFFICE	6.01	SUBTOTAL	6a.01
003 GENERAL SERVICE COST CNTR											
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F	1,114,633	1,114,633	131,153								
004 NEW CAP REL COSTS-MVBLE E	1,273,315			1,273,315							
005 EMPLOYEE BENEFITS	3,063,704	7,680				3,071,384					
006 01 BUSINESS OFFICE	641,249	15,287			928	96,238		753,702			
006 02 A&G HOSPITAL ONLY	1,076,017	53,255			189,386	152,455				1,471,113	
006 03 A&G SHARED	1,708,571	112,975	11,032		35,073	160,946				2,028,597	
008 OPERATION OF PLANT	1,537,128	144,591			2,839	113,132				1,797,690	
008 01 PERRY PLAZA PLANT OP	129,886				953	10,406				141,245	
009 LAUNDRY & LINEN SERVICE	510,013	3,554	33,828		16,755	76,089				640,239	
010 HOUSEKEEPING	436,987	11,826			73	71,417				520,303	
011 DIETARY	600,301	36,531			11,271	87,516				735,619	
012 CAFETERIA		18,120								18,120	
014 NURSING ADMINISTRATION	714,334	9,677			246	191,556				915,813	
015 CENTRAL SERVICES & SUPPLY	89,173	18,405			13,883	10,833				132,294	
016 PHARMACY	658,327	13,730			11,894	62,292				746,243	
017 MEDICAL RECORDS & LIBRARY	570,591	29,095			9,753	112,691				722,130	
018 SOCIAL SERVICE	329,205	8,749			52	72,711				410,717	
019 PATIENT REGISTRATION	274,231	4,224			10,953	61,264				350,672	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,141,844	101,642			41,472	483,375		55,501		2,823,834	
026 INTENSIVE CARE UNIT	470,125	17,601			43,069	108,324		9,248		648,367	
033 NURSERY	85,020	8,634			145	14,276		2,532		110,607	
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS											
037 OPERATING ROOM	2,506,928	114,511			200,065	302,788		153,527		3,277,819	
039 DELIVERY ROOM & LABOR ROOM	34,097	17,881				6,809		5,267		64,054	
040 ANESTHESIOLOGY	53,499	1,852			41,678			8,898		105,927	
041 RADIOLOGY-DIAGNOSTIC	1,200,898	48,828			327,789	173,547		121,215		1,872,277	
042 RADIOLOGY-THERAPEUTIC	290,377	2,371			31,018	58,682		26,266		408,714	
043 RADIOISOTOPE	309,069	2,750						11,750		323,569	
043 01 MRI	418,331	6,382			196,037			35,126		655,876	
044 LABORATORY	1,552,847	26,153			29,187	156,239		119,455		1,883,881	
047 BLOOD STORING, PROCESSING	157,622							4,758		162,380	
049 RESPIRATORY THERAPY	375,378	7,529			13,022	81,819		22,425		500,173	
050 PHYSICAL THERAPY	531,788	31,648			10,927	116,442		26,387		717,192	
053 ELECTROCARDIOLOGY	42,967	716			911	8,912		8,037		61,543	
054 ELECTROENCEPHALOGRAPHY	2,697	711			2,951	524		322		7,205	
055 MEDICAL SUPPLIES CHARGED								118		118	
056 DRUGS CHARGED TO PATIENTS	874,861							56,350		931,211	
056 01 CARDIAC REHAB	60,870	4,753			5,080	12,847		2,018		85,568	
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB	37,980	9,657			1,807	8,292		3,571		61,307	
061 EMERGENCY	1,473,844	35,752			11,329	190,734		59,133		1,770,792	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)											
067 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	338,134	10,409			8,542	34,550		8,275		399,910	
092 AMBULATORY SURGICAL CENTER											
093 HOSPICE											
095 SUBTOTALS	27,817,994	937,479	44,860	1,269,088	3,037,706	740,179			27,503,119		
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP											
097 RESEARCH											
098 PHYSICIANS' PRIVATE OFFICE	435,901	177,154			3,587			4,657		621,299	
098 01 MOBILE MEALS											
098 02 PRINCETON PEDIATRICS											
098 03 OUTSIDE CONTRACT LAUNDRY							4,589			4,589	
099 NONPAID WORKERS											
100 OTHER NONREIMBURSABLE (SP)											
100 01 CLINICS											
100 02 ORTHO CLINIC	1,082,397				640	29,089		8,866		1,120,992	
100 03 SHEFFIELD CLINIC											
100 04 WALNUT CLINIC											
100 05 PERRY PLAZA LEASED			86,293							86,293	
101 CROSS FOOT ADJUSTMENT											
102 NEGATIVE COST CENTER											
103 TOTAL	29,336,292	1,114,633	131,153	1,273,315	3,071,384	753,702			29,336,292		

COST ALLOCATION - GENERAL SERVICE COSTS

14-1337

FROM 5/ 1/2008

WORKSHEET B

TO 4/30/2009

PART I

COST CENTER DESCRIPTION		A&G HOSPITAL ONLY	SUBTOTAL	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.02	6a.02	6.03	8	8.01	9	10
003	GENERAL SERVICE COST CNTR							
003	01 PERRY PLAZA B&F							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 BUSINESS OFFICE							
006	02 A&G HOSPITAL ONLY	1,471,113						
006	03 A&G SHARED	114,620	2,143,217	2,143,217				
008	OPERATION OF PLANT	101,573	1,899,263	150,167	2,049,430			
008	01 PERRY PLAZA PLANT OP	7,981	149,226	11,799		161,025		
009	LAUNDRY & LINEN SERVICE	36,175	676,414	53,481		45,347	784,571	
010	HOUSEKEEPING	29,398	549,701	43,463			5,197	629,399
011	DIETARY	41,564	777,183	61,449				17,653
012	CAFETERIA	1,024	19,144	1,514			433	
014	NURSING ADMINISTRATION	51,745	967,558	76,501				10,088
015	CENTRAL SERVICES & SUPPLY	7,475	139,769	11,051			222	14,771
016	PHARMACY	42,164	788,407	62,336				9,007
017	MEDICAL RECORDS & LIBRARY	40,802	762,932	60,322				7,926
018	SOCIAL SERVICE	23,206	433,923	34,309				2,522
019	PATIENT REGISTRATION	19,814	370,486	29,293				3,603
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	159,552	2,983,386	235,884	266,773		43,643	178,337
026	INTENSIVE CARE UNIT	36,634	685,001	54,160	46,196		7,563	27,741
033	NURSERY	6,250	116,857	9,239	22,662		615	
034	SKILLED NURSING FACILITY							
034	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	185,197	3,463,016	273,799	300,548		18,132	101,958
039	DELIVERY ROOM & LABOR ROOM	3,619	67,673	5,351	46,932		1,162	
040	ANESTHESIOLOGY	5,985	111,912	8,848	4,862			
041	RADIOLOGY-DIAGNOSTIC	105,787	1,978,064	156,398	128,157		3,591	9,727
042	RADIOLOGY-THERAPEUTIC	23,093	431,807	34,141	6,224		3,735	21,256
043	RADIOISOTOPE	18,282	341,851	27,029	7,218		2,667	
043	01 MRI	37,058	692,934	54,788	16,752		466	3,603
044	LABORATORY	106,443	1,990,324	157,367	68,641		53	20,896
047	BLOOD STORING, PROCESSING	9,175	171,555	13,564				
049	RESPIRATORY THERAPY	28,261	528,434	41,781	19,761			13,690
050	PHYSICAL THERAPY	40,523	757,715	59,909	83,063		5,430	14,771
053	ELECTROCARDIOLOGY	3,477	65,020	5,141	1,879		225	
054	ELECTROENCEPHALOGRAPHY	407	7,612	602	1,866			
055	MEDICAL SUPPLIES CHARGED	7	125	10				
056	DRUGS CHARGED TO PATIENTS	52,615	983,826	77,787				
056	01 CARDIAC REHAB	4,835	90,403	7,148	12,475			
060	OUTPAT SERVICE COST CNTRS							
060	01 SLEEP LAB	3,464	64,771	5,121	25,345			7,205
061	EMERGENCY	100,053	1,870,845	147,920	93,836		12,580	39,990
062	OBSERVATION BEDS (NON-DIS)							
062	OTHER REIMBURS COST CNTRS							
067	DURABLE MEDICAL EQUIP-SOL	22,596	422,506	33,406	27,320			5,404
067	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTER							
093	HOSPICE							
095	SUBTOTALS	1,470,854	27,502,860	2,005,078	1,584,468	45,347	105,714	510,148
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE		621,299	49,124	464,962			119,251
098	01 MOBILE MEALS							
098	02 PRINCETON PEDIATRICS							
098	03 OUTSIDE CONTRACT LAUNDRY	259	4,848	383			678,453	
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE (SP)							
100	01 CLINICS							
100	02 ORTHO CLINIC		1,120,992	88,632			404	
100	03 SHEFFIELD CLINIC							
100	04 WALNUT CLINIC							
100	05 PERRY PLAZA LEASED		86,293			115,678		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,471,113	29,336,292	2,143,217	2,049,430	161,025	784,571	629,399

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 01 OPERATION OF PLANT							
008 01 PERRY PLAZA PLANT OP							
009 01 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 01 DIETARY	952,164						
012 01 CAFETERIA	548,955	617,604					
014 01 NURSING ADMINISTRATION	23,818	43,518	1,146,883				
015 01 CENTRAL SERVICES & SUPPLY		6,223	20,323	240,666			
016 01 PHARMACY	85	17,744		1,451	915,066		
017 01 MEDICAL RECORDS & LIBRARY		52,631				960,174	
018 01 SOCIAL SERVICE	1,350	23,365					518,431
019 01 PATIENT REGISTRATION	256	23,084					
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	283,083	102,253	542,468	13,281	556	70,704	481,493
026 01 INTENSIVE CARE UNIT	31,847	17,102	92,778	1,955	13	11,781	36,938
033 01 NURSERY		3,613	11,763	3,440		3,225	
034 01 SKILLED NURSING FACILITY							
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	40,473	81,576	271,583	153,964	648	195,598	
039 01 DELIVERY ROOM & LABOR ROOM		1,726	5,638	793		6,710	
040 01 ANESTHESIOLOGY				3,547	66	11,335	
041 01 RADIOLOGY-DIAGNOSTIC		46,168			1,636	154,419	
042 01 RADIOLOGY-THERAPEUTIC		13,489				33,461	
043 01 RADIOISOTOPE				27	80,889	14,969	
043 01 MRI						44,747	
044 01 LABORATORY	185	47,452				152,176	
047 01 BLOOD STORING, PROCESSING				21,669		6,061	
049 01 RESPIRATORY THERAPY		19,631		1,346	5,763	28,568	
050 01 PHYSICAL THERAPY	711	37,416		2,742	3,015	33,614	
053 01 ELECTROCARDIOLOGY		4,055		414		10,239	
054 01 ELECTROENCEPHALOGRAPHY		241		15		410	
055 01 MEDICAL SUPPLIES CHARGED						151	
056 01 DRUGS CHARGED TO PATIENTS					817,724	71,786	
056 01 CARDIAC REHAB		3,894		1,029		2,571	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 SLEEP LAB	1,151	120		239		4,549	
061 01 EMERGENCY	19,199	34,967	202,330	8,845	650	75,331	
062 01 OBSERVATION BEDS (NON-DIS)							
062 01 OTHER REIMBURS COST CNTRS							
067 01 DURABLE MEDICAL EQUIP-SOL	213	17,182		23,390		10,542	
067 01 SPEC PURPOSE COST CENTERS							
092 01 AMBULATORY SURGICAL CENTER							
093 01 HOSPICE							
095 01 SUBTOTALS	951,326	597,450	1,146,883	238,147	910,960	942,947	518,431
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFICE		4,015		190		5,933	
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY							
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC	838	16,139		2,329	4,106	11,294	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	952,164	617,604	1,146,883	240,666	915,066	960,174	518,431

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PATIENT REGISTRATION	REGIS SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	19	25		27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F				
004 01 NEW CAP REL COSTS-MVBLE E				
005 01 EMPLOYEE BENEFITS				
006 01 BUSINESS OFFICE				
006 02 A&G HOSPITAL ONLY				
006 03 A&G SHARED				
008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP				
009 01 LAUNDRY & LINEN SERVICE				
010 01 HOUSEKEEPING				
011 01 DIETARY				
012 01 CAFETERIA				
014 01 NURSING ADMINISTRATION				
015 01 CENTRAL SERVICES & SUPPLY				
016 01 PHARMACY				
017 01 MEDICAL RECORDS & LIBRARY				
018 01 SOCIAL SERVICE				
019 01 PATIENT REGISTRATION	437,808			
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	32,239	5,234,100		5,234,100
026 01 INTENSIVE CARE UNIT	5,372	1,018,447		1,018,447
033 01 NURSERY	1,471	172,885		172,885
034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM	89,187	4,990,482		4,990,482
039 01 DELIVERY ROOM & LABOR ROOM	3,059	139,044		139,044
040 01 ANESTHESIOLOGY	5,168	145,738		145,738
041 01 RADIOLOGY-DIAGNOSTIC	70,410	2,548,570		2,548,570
042 01 RADIOLOGY-THERAPEUTIC	15,257	559,370		559,370
043 01 RADIOISOTOPE	6,825	481,475		481,475
043 01 MRI	20,403	833,693		833,693
044 01 LABORATORY	69,387	2,506,481		2,506,481
047 01 BLOOD STORING, PROCESSING	2,764	215,613		215,613
049 01 RESPIRATORY THERAPY	13,026	672,000		672,000
050 01 PHYSICAL THERAPY	15,327	1,013,713		1,013,713
053 01 ELECTROCARDIOLOGY	4,669	91,642		91,642
054 01 ELECTROENCEPHALOGRAPHY	187	10,933		10,933
055 01 MEDICAL SUPPLIES CHARGED	69	355		355
056 01 DRUGS CHARGED TO PATIENTS	32,732	1,983,855		1,983,855
056 01 CARDIAC REHAB	1,172	118,692		118,692
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB	2,074	110,575		110,575
061 01 EMERGENCY	34,348	2,540,841		2,540,841
062 01 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)				
067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	4,807	544,770		544,770
092 01 AMBULATORY SURGICAL CENTER				
093 01 HOSPICE				
095 01 SUBTOTALS	429,953	25,933,274		25,933,274
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP				
097 01 RESEARCH				
098 01 PHYSICIANS' PRIVATE OFFICE	2,705	1,267,479		1,267,479
098 01 MOBILE MEALS				
098 02 PRINCETON PEDIATRICS				
098 03 OUTSIDE CONTRACT LAUNDRY		683,684		683,684
099 01 NONPAID WORKERS				
100 01 OTHER NONREIMBURSABLE (SP CLINICS)				
100 01 ORTHO CLINIC	5,150	1,249,884		1,249,884
100 03 SHEFFIELD CLINIC				
100 04 WALNUT CLINIC				
100 05 PERRY PLAZA LEASED		201,971		201,971
101 01 CROSS FOOT ADJUSTMENT				
102 01 NEGATIVE COST CENTER				
103 01 TOTAL	437,808	29,336,292		29,336,292

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OST S-BLDG &	PERRY PLAZA B &F	NEW CAP REL C OST S-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	BUSINESS OFFICE
	0	3	3.01	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		7,680			7,680	7,680	
006 01 BUSINESS OFFICE		15,287		928	16,215	241	16,456
006 02 A&G HOSPITAL ONLY		53,255		189,386	242,641	381	
006 03 A&G SHARED		112,975	11,032	35,073	159,080	402	
008 OPERATION OF PLANT		144,591		2,839	147,430	283	
008 01 PERRY PLAZA PLANT OP				953	953	26	
009 LAUNDRY & LINEN SERVICE		3,554	33,828	16,755	54,137	190	
010 HOUSEKEEPING		11,826		73	11,899	179	
011 DIETARY		36,531		11,271	47,802	219	
012 CAFETERIA		18,120			18,120		
014 NURSING ADMINISTRATION		9,677		246	9,923	479	
015 CENTRAL SERVICES & SUPPLY		18,405		13,883	32,288	27	
016 PHARMACY		13,730		11,894	25,624	156	
017 MEDICAL RECORDS & LIBRARY		29,095		9,753	38,848	282	
018 SOCIAL SERVICE		8,749		52	8,801	182	
019 PATIENT REGISTRATION		4,224		10,953	15,177	153	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		101,642		41,472	143,114	1,208	1,210
026 INTENSIVE CARE UNIT		17,601		43,069	60,670	271	202
033 NURSERY		8,634		145	8,779	36	55
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		114,511		200,065	314,576	757	3,367
039 DELIVERY ROOM & LABOR ROOM		17,881			17,881	17	115
040 ANESTHESIOLOGY		1,852		41,678	43,530		194
041 RADIOLOGY-DIAGNOSTIC		48,828		327,789	376,617	434	2,644
042 RADIOLOGY-THERAPEUTIC		2,371		31,018	33,389	147	573
043 RADIOISOTOPE		2,750			2,750		256
043 01 MRI		6,382		196,037	202,419		766
044 LABORATORY		26,153		29,187	55,340	391	2,605
047 BLOOD STORING, PROCESSING							104
049 RESPIRATORY THERAPY		7,529		13,022	20,551	205	489
050 PHYSICAL THERAPY		31,648		10,927	42,575	291	575
053 ELECTROCARDIOLOGY		716		911	1,627	22	175
054 ELECTROENCEPHALOGRAPHY		711		2,951	3,662	1	7
055 MEDICAL SUPPLIES CHARGED							3
056 DRUGS CHARGED TO PATIENTS							1,229
056 01 CARDIAC REHAB		4,753		5,080	9,833	32	44
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB		9,657		1,807	11,464	21	78
061 EMERGENCY		35,752		11,329	47,081	477	1,290
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
067 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS		10,409		8,542	18,951	86	180
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS		937,479	44,860	1,269,088	2,251,427	7,596	16,161
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		177,154		3,587	180,741		102
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY						11	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC				640	640	73	193
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED			86,293		86,293		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,114,633	131,153	1,273,315	2,519,101	7,680	16,456

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	6.03	8	8.01	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	243,022						
006 03 A&G SHARED	18,935	178,417					
008 01 OPERATION OF PLANT	16,780	12,501	176,994				
008 01 PERRY PLAZA PLANT OP	1,318	982		3,279			
009 01 LAUNDRY & LINEN SERVICE	5,976	4,452	806	923	66,484		
010 01 HOUSEKEEPING	4,857	3,618	2,681		440	23,674	
011 01 DIETARY	6,866	5,115	8,280			664	68,946
012 01 CAFETERIA	169	126	4,107		37		39,750
014 01 NURSING ADMINISTRATION	8,548	6,368	2,194			379	1,725
015 01 CENTRAL SERVICES & SUPPLY	1,235	920	4,172		19	556	
016 01 PHARMACY	6,965	5,189	3,112			339	6
017 01 MEDICAL RECORDS & LIBRARY	6,740	5,022	6,595			298	
018 01 SOCIAL SERVICE	3,834	2,856	1,983			95	98
019 01 PATIENT REGISTRATION	3,273	2,439	957			136	19
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	26,358	19,637	23,039		3,698	6,707	20,498
026 01 INTENSIVE CARE UNIT	6,052	4,509	3,990		641	1,043	2,306
033 01 NURSERY	1,032	769	1,957		52		
034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	30,591	22,795	25,956		1,537	3,835	2,931
039 01 DELIVERY ROOM & LABOR ROOM	598	445	4,053		98		
040 01 ANESTHESIOLOGY	989	737	420				
041 01 RADIOLOGY-DIAGNOSTIC	17,476	13,020	11,068		304	366	
042 01 RADIOLOGY-THERAPEUTIC	3,815	2,842	538		316	800	
043 01 RADIOISOTOPE	3,020	2,250	623		226		
043 01 MRI	6,122	4,561	1,447		39	136	
044 01 LABORATORY	17,584	13,100	5,928		5	786	13
047 01 BLOOD STORING, PROCESSING	1,516	1,129					
049 01 RESPIRATORY THERAPY	4,669	3,478	1,707			515	
050 01 PHYSICAL THERAPY	6,694	4,987	7,174		460	556	51
053 01 ELECTROCARDIOLOGY	574	428	162		19		
054 01 ELECTROENCEPHALOGRAPHY	67	50	161				
055 01 MEDICAL SUPPLIES CHARGED	1	1					
056 01 DRUGS CHARGED TO PATIENTS	8,692	6,476					
056 01 CARDIAC REHAB	799	595	1,077				
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB	572	426	2,189			271	83
061 01 EMERGENCY	16,529	12,314	8,104		1,066	1,504	1,390
062 01 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	3,733	2,781	2,359			203	15
092 01 AMBULATORY SURGICAL CENTER							
093 01 HOSPICE							
095 01 SUBTOTALS	242,979	166,918	136,839	923	8,957	19,189	68,885
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFICE		4,089	40,155			4,485	
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY	43	32			57,493		
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP CLINICS)							
100 01 ORTHO CLINIC		7,378			34		61
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED				2,356			
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	243,022	178,417	176,994	3,279	66,484	23,674	68,946

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT REGISTRATION 19
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP							
009 01 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 01 DIETARY							
012 01 CAFETERIA	62,309						
014 01 NURSING ADMINISTRATION	4,390	34,006					
015 01 CENTRAL SERVICES & SUPPLY	628	603	40,448				
016 01 PHARMACY	1,790		244	43,425			
017 01 MEDICAL RECORDS & LIBRARY	5,310				63,095		
018 01 SOCIAL SERVICE	2,357					20,206	
019 01 PATIENT REGISTRATION	2,329						24,483
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	10,316	16,084	2,232	26	4,646	18,766	1,803
026 01 INTENSIVE CARE UNIT	1,725	2,751	329	1	774	1,440	300
033 01 NURSERY	365	349	578		212		82
034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,230	8,053	25,876	31	12,855		4,989
039 01 DELIVERY ROOM & LABOR ROOM	174	167	133		441		171
040 01 ANESTHESIOLOGY			596	3	745		289
041 01 RADIOLOGY-DIAGNOSTIC	4,658			78	10,146		3,937
042 01 RADIOLOGY-THERAPEUTIC	1,361				2,199		853
043 01 RADIOISOTOPE			5	3,839	984		382
044 01 MRI					2,940		1,141
047 01 LABORATORY	4,787				9,999		3,880
049 01 BLOOD STORING, PROCESSING			3,642		398		155
050 01 RESPIRATORY THERAPY	1,981		226	273	1,877		728
053 01 PHYSICAL THERAPY	3,775		461	143	2,209		857
054 01 ELECTROCARDIOLOGY	409		70		673		261
055 01 ELECTROENCEPHALOGRAPHY	24		2		27		10
056 01 MEDICAL SUPPLIES CHARGED					10		4
056 01 DRUGS CHARGED TO PATIENTS				38,805	4,717		1,830
060 01 CARDIAC REHAB	393		173		169		66
060 01 OUTPAT SERVICE COST CNTRS							
061 01 SLEEP LAB	12		40		299		116
062 01 EMERGENCY	3,528	5,999	1,487	31	4,950		1,921
062 01 OBSERVATION BEDS (NON-DIS)							
067 01 OTHER REIMBURS COST CNTRS							
067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	1,734		3,931		693		269
092 01 AMBULATORY SURGICAL CENTER							
093 01 HOSPICE							
095 01 SUBTOTALS	60,276	34,006	40,025	43,230	61,963	20,206	24,044
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFICE	405		32		390		151
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY							
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP)							
100 01 CLINICS							
100 02 ORTHO CLINIC	1,628		391	195	742		288
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	62,309	34,006	40,448	43,425	63,095	20,206	24,483

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F			
004 01 NEW CAP REL COSTS-MVBLE E			
005 01 EMPLOYEE BENEFITS			
006 01 BUSINESS OFFICE			
006 02 A&G HOSPITAL ONLY			
006 03 A&G SHARED			
008 01 OPERATION OF PLANT			
008 01 PERRY PLAZA PLANT OP			
009 01 LAUNDRY & LINEN SERVICE			
010 01 HOUSEKEEPING			
011 01 DIETARY			
012 01 CAFETERIA			
014 01 NURSING ADMINISTRATION			
015 01 CENTRAL SERVICES & SUPPLY			
016 01 PHARMACY			
017 01 MEDICAL RECORDS & LIBRARY			
018 01 SOCIAL SERVICE			
019 01 PATIENT REGISTRATION			
025 01 INPAT ROUTINE SRVC CNTRS	299,342		299,342
026 01 ADULTS & PEDIATRICS	87,004		87,004
033 01 INTENSIVE CARE UNIT	14,266		14,266
034 01 NURSERY			
037 01 SKILLED NURSING FACILITY			
039 01 ANCILLARY SRVC COST CNTRS			
040 01 OPERATING ROOM	466,379		466,379
041 01 DELIVERY ROOM & LABOR ROOM	24,293		24,293
042 01 ANESTHESIOLOGY	47,503		47,503
043 01 RADIOLOGY-DIAGNOSTIC	440,748		440,748
044 01 RADIOLOGY-THERAPEUTIC	46,833		46,833
045 01 RADIOISOTOPE	14,335		14,335
046 01 MRI	219,571		219,571
047 01 LABORATORY	114,418		114,418
048 01 BLOOD STORAGE, PROCESSING	6,944		6,944
049 01 RESPIRATORY THERAPY	36,699		36,699
050 01 PHYSICAL THERAPY	70,808		70,808
051 01 ELECTROCARDIOLOGY	4,420		4,420
052 01 ELECTROENCEPHALOGRAPHY	4,011		4,011
053 01 MEDICAL SUPPLIES CHARGED	19		19
054 01 DRUGS CHARGED TO PATIENTS	61,749		61,749
055 01 CARDIAC REHAB	13,181		13,181
060 01 OUTPAT SERVICE COST CNTRS			
061 01 SLEEP LAB	15,571		15,571
062 01 EMERGENCY	107,671		107,671
063 01 OBSERVATION BEDS (NON-DIS)			
064 01 OTHER REIMBURS COST CNTRS			
067 01 DURABLE MEDICAL EQUIP-SOL	34,935		34,935
068 01 SPEC PURPOSE COST CENTERS			
092 01 AMBULATORY SURGICAL CENTER			
093 01 HOSPICE			
095 01 SUBTOTALS	2,130,700		2,130,700
096 01 NONREIMBURS COST CENTERS			
097 01 GIFT, FLOWER, COFFEE SHOP			
098 01 RESEARCH			
098 01 PHYSICIANS' PRIVATE OFFICE	230,550		230,550
098 01 MOBILE MEALS			
098 02 PRINCETON PEDIATRICS			
098 03 OUTSIDE CONTRACT LAUNDRY	57,579		57,579
099 01 NONPAID WORKERS			
100 01 OTHER NONREIMBURSABLE (SP)			
100 01 CLINICS			
100 02 ORTHO CLINIC	11,623		11,623
100 03 SHEFFIELD CLINIC			
100 04 WALNUT CLINIC			
100 05 PERRY PLAZA LEASED	88,649		88,649
101 01 CROSS FOOT ADJUSTMENTS			
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	2,519,101		2,519,101

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	REL C PERRY PLAZA B & F	NEW CAP REL COSTS-MVBLE OSTS	REL C EMPLOYEE BENEFITS	BENE BUSINESS OFFICE	RECONCILIATION
	(SQUARE FEET)	(PLAZA SQ FT)	(DOLLAR VALUE)	(GROSS SALARIES)	(TOTAL REVENUE)	
	3	3.01	4	5	6.01	6a.02
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD PERRY PLAZA B&F	214,807					
004 NEW CAP REL COSTS-MVB		37,697				
005 EMPLOYEE BENEFITS	1,480		1,264,327	12,671,676		
006 01 BUSINESS OFFICE	2,946		921	397,051	57,879,046	
006 02 A&G HOSPITAL ONLY	10,263		188,049	628,985		-1,471,113
006 03 A&G SHARED	21,772	3,171	34,825	664,018		
008 OPERATION OF PLANT	27,865		2,819	466,749		
008 01 PERRY PLAZA PLANT OP			946	42,931		
009 LAUNDRY & LINEN SERVI	685	9,723	16,637	313,923		
010 HOUSEKEEPING	2,279		72	294,647		
011 DIETARY	7,040		11,191	361,068		
012 CAFETERIA	3,492					
014 NURSING ADMINISTRATION	1,865		244	790,308		
015 CENTRAL SERVICES & SU	3,547		13,785	44,692		
016 PHARMACY	2,646		11,810	257,000		
017 MEDICAL RECORDS & LIB	5,607		9,684	464,932		
018 SOCIAL SERVICE	1,686		52	299,987		
019 PATIENT REGISTRATION	814		10,876	252,756		
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	19,588		41,179	1,994,270	4,262,124	
026 INTENSIVE CARE UNIT	3,392		42,765	446,916	710,172	
033 NURSERY	1,664		144	58,898	194,427	
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM	22,068		198,653	1,249,217	11,789,668	
039 DELIVERY ROOM & LABOR	3,446			28,094	404,470	
040 ANESTHESIOLOGY	357		41,384	683,302		
041 RADIOLOGY-DIAGNOSTIC	9,410		325,477	716,008	9,308,506	
042 RADIOLOGY-THERAPEUTIC	457		30,799	242,106	2,017,034	
043 RADIOISOTOPE	530				902,327	
043 01 MRI	1,230		194,653		2,697,401	
044 LABORATORY	5,040		28,981	644,600	9,173,301	
047 BLOOD STORING, PROCES					365,376	
049 RESPIRATORY THERAPY	1,451		12,930	337,564	1,722,113	
050 PHYSICAL THERAPY	6,099		10,850	480,405	2,026,307	
053 ELECTROCARDIOLOGY	138		905	36,767	617,213	
054 ELECTROENCEPHALOGRAPH	137		2,930	2,162	24,725	
055 MEDICAL SUPPLIES CHAR					9,093	
056 DRUGS CHARGED TO PATI					4,327,317	
056 01 CARDIAC REHAB	916		5,044	53,005	154,968	
060 01 SLEEP LAB	1,861		1,794	34,211	274,225	
061 EMERGENCY	6,890		11,249	786,916	4,541,035	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
067 DURABLE MEDICAL EQUIP	2,006		8,482	142,545	635,499	
067 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	180,667	12,894	1,260,130	12,532,731	56,840,603	-1,471,113
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O	34,140		3,562		357,620	-621,299
098 01 MOBILE MEALS						
098 02 PRINCETON PEDIATRICS						
098 03 OUTSIDE CONTRACT LAUN				18,933		
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 CLINICS						
100 02 ORTHO CLINIC			635	120,012	680,823	-1,120,992
100 03 SHEFFIELD CLINIC						
100 04 WALNUT CLINIC						
100 05 PERRY PLAZA LEASED		24,803				-86,293
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,114,633	131,153	1,273,315	3,071,384	753,702	
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.188998		1.007109		.013022	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		3.479136		.242382		
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				7,680	16,456	
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.000606	.000284	
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY		A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(PLAZA SQ FT)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
GENERAL SERVICE COST	6.02	6a.03	6.03	8	8.01	9	10
003 NEW CAP REL COSTS-BLD							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	26,036,595						
006 03 A&G SHARED	2,028,597	-2,143,217	27,106,782				
008 OPERATION OF PLANT	1,797,690		1,899,263	150,481			
008 01 PERRY PLAZA PLANT OP	141,245		149,226		34,526		
009 LAUNDRY & LINEN SERVI	640,239		676,414	685	9,723	1,698,582	
010 HOUSEKEEPING	520,303		549,701	2,279		11,251	1,747
011 DIETARY	735,619		777,183	7,040			49
012 CAFETERIA	18,120		19,144	3,492		937	
014 NURSING ADMINISTRATION	915,813		967,558	1,865			28
015 CENTRAL SERVICES & SU	132,294		139,769	3,547		481	41
016 PHARMACY	746,243		788,407	2,646			25
017 MEDICAL RECORDS & LIB	722,130		762,932	5,607			22
018 SOCIAL SERVICE	410,717		433,923	1,686			7
019 PATIENT REGISTRATION	350,672		370,486	814			10
025 ADULTS & PEDIATRICS	2,823,834		2,983,386	19,588		94,487	495
026 INTENSIVE CARE UNIT	648,367		685,001	3,392		16,374	77
033 NURSERY	110,607		116,857	1,664		1,332	
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,277,819		3,463,016	22,068		39,256	283
039 DELIVERY ROOM & LABOR	64,054		67,673	3,446		2,515	
040 ANESTHESIOLOGY	105,927		111,912	357			
041 RADIOLOGY-DIAGNOSTIC	1,872,277		1,978,064	9,410		7,774	27
042 RADIOLOGY-THERAPEUTIC	408,714		431,807	457		8,086	59
043 RADIOISOTOPE	323,569		341,851	530		5,773	
043 01 MRI	655,876		692,934	1,230		1,008	10
044 LABORATORY	1,883,881		1,990,324	5,040		115	58
047 BLOOD STORING, PROCES	162,380		171,555				
049 RESPIRATORY THERAPY	500,173		528,434	1,451			38
050 PHYSICAL THERAPY	717,192		757,715	6,099		11,756	41
053 ELECTROCARDIOLOGY	61,543		65,020	138		488	
054 ELECTROENCEPHALOGRAPH	7,205		7,612	137			
055 MEDICAL SUPPLIES CHAR	118		125				
056 DRUGS CHARGED TO PATI	931,211		983,826				
056 01 CARDIAC REHAB	85,568		90,403	916			
060 01 SLEEP LAB	61,307		64,771	1,861			20
061 EMERGENCY	1,770,792		1,870,845	6,890		27,236	111
062 OBSERVATION BEDS (NON							
067 OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP	399,910		422,506	2,006			15
092 SPEC PURPOSE COST CEN							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
096 SUBTOTALS	26,032,006	-2,143,217	25,359,643	116,341	9,723	228,869	1,416
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O			621,299	34,140			331
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUN	4,589		4,848			1,468,839	
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 CLINICS							
100 02 ORTHO CLINIC			1,120,992			874	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED		-86,293			24,803		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,471,113		2,143,217	2,049,430	161,025	784,571	629,399
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				13.619194		.461898	
105 (WRKSHT B, PT I)	.056502		.079066		4.663876		360.274184
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	243,022		178,417	176,994	3,279	66,484	23,674
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				1.176188		.039141	
108 (WRKSHT B, PT III)	.009334		.006582		.094972		13.551231

COST ALLOCATION - STATISTICAL BASIS

14-1337

FROM 5/ 1/2008

WORKSHEET B-1

TO 4/30/2009

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(MEALS SERVED)	(FTE'S SERVED)	(DIRECT NURSING H)	(COSTED REQUISITIO)	(COSTED REQUISITIO)	(TOTAL REVENUE)	(PATIENT DAYS)
	11	12	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 OPERATION OF PLANT							
008 01 PERRY PLAZA PLANT OP							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	67,002						
012 CAFETERIA	38,629	15,384					
014 NURSING ADMINISTRATION	1,676	1,084	16,478				
015 CENTRAL SERVICES & SU		155	292	1,750,585			
016 PHARMACY	6	442		10,556	979,005		
017 MEDICAL RECORDS & LIB		1,311				57,879,046	
018 SOCIAL SERVICE	95	582					5,193
019 PATIENT REGISTRATION	18	575					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	19,920	2,547	7,794	96,607	595	4,262,124	4,823
026 INTENSIVE CARE UNIT	2,241	426	1,333	14,222	14	710,172	370
033 NURSERY		90	169	25,020		194,427	
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,848	2,032	3,902	1,119,906	693	11,789,668	
039 DELIVERY ROOM & LABOR		43	81	5,770		404,470	
040 ANESTHESIOLOGY				25,800	71	683,302	
041 RADIOLOGY-DIAGNOSTIC		1,150			1,750	9,308,506	
042 RADIOLOGY-THERAPEUTIC		336				2,017,034	
043 RADIOISOTOPE				199	86,541	902,327	
043 01 MRI						2,697,401	
044 LABORATORY	13	1,182				9,173,301	
047 BLOOD STORING, PROCES				157,622		365,376	
049 RESPIRATORY THERAPY		489		9,789	6,166	1,722,113	
050 PHYSICAL THERAPY	50	932		19,943	3,226	2,026,307	
053 ELECTROCARDIOLOGY		101		3,011		617,213	
054 ELECTROENCEPHALOGRAPH		6		108		24,725	
055 MEDICAL SUPPLIES CHAR						9,093	
056 DRUGS CHARGED TO PATI					874,861	4,327,317	
056 01 CARDIAC REHAB		97		7,484		154,968	
OUTPAT SERVICE COST C							
060 01 SLEEP LAB	81	3		1,742		274,225	
061 EMERGENCY	1,351	871	2,907	64,338	695	4,541,035	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP	15	428		170,141		635,499	
SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	66,943	14,882	16,478	1,732,258	974,612	56,840,603	5,193
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		100		1,383		357,620	
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUN							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 CLINICS							
100 02 ORTHO CLINIC	59	402		16,944	4,393	680,823	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	952,164	617,604	1,146,883	240,666	915,066	960,174	518,431
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		40.145866		.137477		.016589	
(WRKSHT B, PT I)	14.210979		69.600862		.934690		99.832659
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	68,946	62,309	34,006	40,448	43,425	63,095	20,206
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		4.050247		.023105		.001090	
(WRKSHT B, PT III)	1.029014		2.063721		.044356		3.891007

COST CENTER DESCRIPTION	PATIENT REGISTRATION	(TOTAL REVENUE)
		19
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 01 PERRY PLAZA B&F		
004 01 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 BUSINESS OFFICE		
006 02 A&G HOSPITAL ONLY		
006 03 A&G SHARED		
008 OPERATION OF PLANT		
008 01 PERRY PLAZA PLANT OP		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 PATIENT REGISTRATION	57,879,046	
025 INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	4,262,124	
026 INTENSIVE CARE UNIT	710,172	
033 NURSERY	194,427	
034 SKILLED NURSING FACIL		
034 ANCILLARY SRVC COST C		
037 OPERATING ROOM	11,789,668	
039 DELIVERY ROOM & LABOR	404,470	
040 ANESTHESIOLOGY	683,302	
041 RADIOLOGY-DIAGNOSTIC	9,308,506	
042 RADIOLOGY-THERAPEUTIC	2,017,034	
043 RADIOISOTOPE	902,327	
043 01 MRI	2,697,401	
044 LABORATORY	9,173,301	
047 BLOOD STORING, PROCES	365,376	
049 RESPIRATORY THERAPY	1,722,113	
050 PHYSICAL THERAPY	2,026,307	
053 ELECTROCARDIOLOGY	617,213	
054 ELECTROENCEPHALOGRAPH	24,725	
055 MEDICAL SUPPLIES CHAR	9,093	
056 DRUGS CHARGED TO PATI	4,327,317	
056 01 CARDIAC REHAB	154,968	
060 01 OUTPAT SERVICE COST C		
060 01 SLEEP LAB	274,225	
061 EMERGENCY	4,541,035	
062 OBSERVATION BEDS (NON		
062 OTHER REIMBURS COST C		
067 DURABLE MEDICAL EQUIP	635,499	
067 SPEC PURPOSE COST CEN		
092 AMBULATORY SURGICAL C		
093 HOSPICE		
095 SUBTOTALS	56,840,603	
096 NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE O	357,620	
098 01 MOBILE MEALS		
098 02 PRINCETON PEDIATRICS		
098 03 OUTSIDE CONTRACT LAUN		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE		
100 01 CLINICS		
100 02 ORTHO CLINIC	680,823	
100 03 SHEFFIELD CLINIC		
100 04 WALNUT CLINIC		
100 05 PERRY PLAZA LEASED		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	437,808	
104 (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
104 (WRKSHT B, PT I)	.007564	
105 COST TO BE ALLOCATED		
105 (PER WRKSHT B, PART		
105 UNIT COST MULTIPLIER		
105 (WRKSHT B, PT II)		
106 COST TO BE ALLOCATED	24,483	
106 (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
106 (WRKSHT B, PT III)	.000423	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET C
 PART I

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	5,234,100				
26	INTENSIVE CARE UNIT	1,018,447				
33	NURSERY	172,885				
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,990,482				
39	DELIVERY ROOM & LABOR ROO	139,044				
40	ANESTHESIOLOGY	145,738				
41	RADIOLOGY-DIAGNOSTIC	2,548,570				
42	RADIOLOGY-THERAPEUTIC	559,370				
43	RADIOISOTOPE	481,475				
43	01 MRI	833,693				
44	LABORATORY	2,506,481				
47	BLOOD STORING, PROCESSING	215,613				
49	RESPIRATORY THERAPY	672,000				
50	PHYSICAL THERAPY	1,013,713				
53	ELECTROCARDIOLOGY	91,642				
54	ELECTROENCEPHALOGRAPHY	10,933				
55	MEDICAL SUPPLIES CHARGED	355				
56	DRUGS CHARGED TO PATIENTS	1,983,855				
56	01 CARDIAC REHAB	118,692				
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	110,575				
61	EMERGENCY	2,540,841				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	572,005				
67	DURABLE MEDICAL EQUIP-SOL	544,770				
101	SUBTOTAL	26,505,279				
102	LESS OBSERVATION BEDS	572,005				
103	TOTAL	25,933,274				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,758,945		3,758,945			
26	INTENSIVE CARE UNIT	710,172		710,172			
33	NURSERY	194,427		194,427			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,475,769	8,313,900	11,789,669	.423293		
39	DELIVERY ROOM & LABOR ROO	404,470		404,470	.343768		
40	ANESTHESIOLOGY	246,374	436,928	683,302	.213285		
41	RADIOLOGY-DIAGNOSTIC	856,462	8,452,044	9,308,506	.273789		
42	RADIOLOGY-THERAPEUTIC	241,743	1,775,291	2,017,034	.277323		
43	RADIOISOTOPE	52,586	849,741	902,327	.533593		
43	01 MRI	131,272	2,566,129	2,697,401	.309073		
44	LABORATORY	1,303,323	7,869,978	9,173,301	.273237		
47	BLOOD STORING, PROCESSING	126,978	238,398	365,376	.590113		
49	RESPIRATORY THERAPY	1,444,346	277,767	1,722,113	.390218		
50	PHYSICAL THERAPY	220,510	1,805,797	2,026,307	.500276		
53	ELECTROCARDIOLOGY	67,833	549,380	617,213	.148477		
54	ELECTROENCEPHALOGRAPHY	2,412	22,313	24,725	.442184		
55	MEDICAL SUPPLIES CHARGED	8,656	437	9,093	.039041		
56	DRUGS CHARGED TO PATIENTS	1,792,103	2,535,214	4,327,317	.458449		
56	01 CARDIAC REHAB		154,968	154,968	.765913		
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB		274,225	274,225	.403227		
61	EMERGENCY	147,827	4,393,208	4,541,035	.559529		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	14,741	488,438	503,179	1.136782		
67	DURABLE MEDICAL EQUIP-SOL		635,499	635,499	.857232		
101	SUBTOTAL	15,200,949	41,639,655	56,840,604			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,200,949	41,639,655	56,840,604			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1337

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

PREPARED 8/20/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,758,945		3,758,945			
26	INTENSIVE CARE UNIT	710,172		710,172			
33	NURSERY	194,427		194,427			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,475,769	8,313,900	11,789,669	.423293		
39	DELIVERY ROOM & LABOR ROO	404,470		404,470	.343768		
40	ANESTHESIOLOGY	246,374	436,928	683,302	.213285		
41	RADIOLOGY-DIAGNOSTIC	856,462	8,452,044	9,308,506	.273789		
42	RADIOLOGY-THERAPEUTIC	241,743	1,775,291	2,017,034	.277323		
43	RADIOISOTOPE	52,586	849,741	902,327	.533593		
43	01 MRI	131,272	2,566,129	2,697,401	.309073		
44	LABORATORY	1,303,323	7,869,978	9,173,301	.273237		
47	BLOOD STORING, PROCESSING	126,978	238,398	365,376	.590113		
49	RESPIRATORY THERAPY	1,444,346	277,767	1,722,113	.390218		
50	PHYSICAL THERAPY	220,510	1,805,797	2,026,307	.500276		
53	ELECTROCARDIOLOGY	67,833	549,380	617,213	.148477		
54	ELECTROENCEPHALOGRAPHY	2,412	22,313	24,725	.442184		
55	MEDICAL SUPPLIES CHARGED	8,656	437	9,093	.039041		
56	DRUGS CHARGED TO PATIENTS	1,792,103	2,535,214	4,327,317	.458449		
56	01 CARDIAC REHAB		154,968	154,968	.765913		
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB		274,225	274,225	.403227		
61	EMERGENCY	147,827	4,393,208	4,541,035	.559529		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	14,741	488,438	503,179	1.136782		
67	DURABLE MEDICAL EQUIP-SOL		635,499	635,499	.857232		
101	SUBTOTAL	15,200,949	41,639,655	56,840,604			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,200,949	41,639,655	56,840,604			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,990,482	466,379	4,524,103			4,990,482
39	DELIVERY ROOM & LABOR ROO	139,044	24,293	114,751			139,044
40	ANESTHESIOLOGY	145,738	47,503	98,235			145,738
41	RADIOLOGY-DIAGNOSTIC	2,548,570	440,748	2,107,822			2,548,570
42	RADIOLOGY-THERAPEUTIC	559,370	46,833	512,537			559,370
43	RADIOISOTOPE	481,475	14,335	467,140			481,475
43	01 MRI	833,693	219,571	614,122			833,693
44	LABORATORY	2,506,481	114,418	2,392,063			2,506,481
47	BLOOD STORING, PROCESSING	215,613	6,944	208,669			215,613
49	RESPIRATORY THERAPY	672,000	36,699	635,301			672,000
50	PHYSICAL THERAPY	1,013,713	70,808	942,905			1,013,713
53	ELECTROCARDIOLOGY	91,642	4,420	87,222			91,642
54	ELECTROENCEPHALOGRAPHY	10,933	4,011	6,922			10,933
55	MEDICAL SUPPLIES CHARGED	355	19	336			355
56	DRUGS CHARGED TO PATIENTS	1,983,855	61,749	1,922,106			1,983,855
56	01 CARDIAC REHAB	118,692	13,181	105,511			118,692
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB	110,575	15,571	95,004			110,575
61	EMERGENCY	2,540,841	107,671	2,433,170			2,540,841
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	572,005		572,005			572,005
67	DURABLE MEDICAL EQUIP-SOL	544,770	34,935	509,835			544,770
101	SUBTOTAL	20,079,847	1,730,088	18,349,759			20,079,847
102	LESS OBSERVATION BEDS	572,005		572,005			572,005
103	TOTAL	19,507,842	1,730,088	17,777,754			19,507,842

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	11,789,669	.423293	.423293
39	DELIVERY ROOM & LABOR ROO	404,470	.343768	.343768
40	ANESTHESIOLOGY	683,302	.213285	.213285
41	RADIOLOGY-DIAGNOSTIC	9,308,506	.273789	.273789
42	RADIOLOGY-THERAPEUTIC	2,017,034	.277323	.277323
43	RADIOISOTOPE	902,327	.533593	.533593
43	01 MRI	2,697,401	.309073	.309073
44	LABORATORY	9,173,301	.273237	.273237
47	BLOOD STORING, PROCESSING	365,376	.590113	.590113
49	RESPIRATORY THERAPY	1,722,113	.390218	.390218
50	PHYSICAL THERAPY	2,026,307	.500276	.500276
53	ELECTROCARDIOLOGY	617,213	.148477	.148477
54	ELECTROENCEPHALOGRAPHY	24,725	.442184	.442184
55	MEDICAL SUPPLIES CHARGED	9,093	.039041	.039041
56	DRUGS CHARGED TO PATIENTS	4,327,317	.458449	.458449
56	01 CARDIAC REHAB	154,968	.765913	.765913
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	274,225	.403227	.403227
61	EMERGENCY	4,541,035	.559529	.559529
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	503,179	1.136782	1.136782
67	DURABLE MEDICAL EQUIP-SOL	635,499	.857232	.857232
101	SUBTOTAL	52,177,060		
102	LESS OBSERVATION BEDS	503,179		
103	TOTAL	51,673,881		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,990,482	466,379	4,524,103			4,990,482
39	DELIVERY ROOM & LABOR ROO	139,044	24,293	114,751			139,044
40	ANESTHESIOLOGY	145,738	47,503	98,235			145,738
41	RADIOLOGY-DIAGNOSTIC	2,548,570	440,748	2,107,822			2,548,570
42	RADIOLOGY-THERAPEUTIC	559,370	46,833	512,537			559,370
43	RADIOISOTOPE	481,475	14,335	467,140			481,475
43	01 MRI	833,693	219,571	614,122			833,693
44	LABORATORY	2,506,481	114,418	2,392,063			2,506,481
47	BLOOD STORING, PROCESSING	215,613	6,944	208,669			215,613
49	RESPIRATORY THERAPY	672,000	36,699	635,301			672,000
50	PHYSICAL THERAPY	1,013,713	70,808	942,905			1,013,713
53	ELECTROCARDIOLOGY	91,642	4,420	87,222			91,642
54	ELECTROENCEPHALOGRAPHY	10,933	4,011	6,922			10,933
55	MEDICAL SUPPLIES CHARGED	355	19	336			355
56	DRUGS CHARGED TO PATIENTS	1,983,855	61,749	1,922,106			1,983,855
56	01 CARDIAC REHAB	118,692	13,181	105,511			118,692
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB	110,575	15,571	95,004			110,575
61	EMERGENCY	2,540,841	107,671	2,433,170			2,540,841
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	572,005		572,005			572,005
67	DURABLE MEDICAL EQUIP-SOL	544,770	34,935	509,835			544,770
101	SUBTOTAL	20,079,847	1,730,088	18,349,759			20,079,847
102	LESS OBSERVATION BEDS	572,005		572,005			572,005
103	TOTAL	19,507,842	1,730,088	17,777,754			19,507,842

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	11,789,669	.423293	.423293
39	DELIVERY ROOM & LABOR ROO	404,470	.343768	.343768
40	ANESTHESIOLOGY	683,302	.213285	.213285
41	RADIOLOGY-DIAGNOSTIC	9,308,506	.273789	.273789
42	RADIOLOGY-THERAPEUTIC	2,017,034	.277323	.277323
43	RADIOISOTOPE	902,327	.533593	.533593
43	01 MRI	2,697,401	.309073	.309073
44	LABORATORY	9,173,301	.273237	.273237
47	BLOOD STORING, PROCESSING	365,376	.590113	.590113
49	RESPIRATORY THERAPY	1,722,113	.390218	.390218
50	PHYSICAL THERAPY	2,026,307	.500276	.500276
53	ELECTROCARDIOLOGY	617,213	.148477	.148477
54	ELECTROENCEPHALOGRAPHY	24,725	.442184	.442184
55	MEDICAL SUPPLIES CHARGED	9,093	.039041	.039041
56	DRUGS CHARGED TO PATIENTS	4,327,317	.458449	.458449
56	01 CARDIAC REHAB	154,968	.765913	.765913
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	274,225	.403227	.403227
61	EMERGENCY	4,541,035	.559529	.559529
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	503,179	1.136782	1.136782
67	DURABLE MEDICAL EQUIP-SOL	635,499	.857232	.857232
101	SUBTOTAL	52,177,060		
102	LESS OBSERVATION BEDS	503,179		
103	TOTAL	51,673,881		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET C
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,990,482	11,789,669			
39	DELIVERY ROOM & LABOR ROO	139,044	404,470			
40	ANESTHESIOLOGY	145,738	683,302			
41	RADIOLOGY-DIAGNOSTIC	2,548,570	9,308,506			
42	RADIOLOGY-THERAPEUTIC	559,370	2,017,034			
43	RADIOISOTOPE	481,475	902,327			
43	01 MRI	833,693	2,697,401			
44	LABORATORY	2,506,481	9,173,301			
47	BLOOD STORING, PROCESSING	215,613	365,376			
49	RESPIRATORY THERAPY	672,000	1,722,113			
50	PHYSICAL THERAPY	1,013,713	2,026,307			
53	ELECTROCARDIOLOGY	91,642	617,213			
54	ELECTROENCEPHALOGRAPHY	10,933	24,725			
55	MEDICAL SUPPLIES CHARGED	355	9,093			
56	DRUGS CHARGED TO PATIENTS	1,983,855	4,327,317			
56	01 CARDIAC REHAB	118,692	154,968			
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	110,575	274,225			
61	EMERGENCY	2,540,841	4,541,035			
62	OBSERVATION BEDS (NON-DIS	572,005	503,179			
	OTHER REIMBURS COST CNTRS					
67	DURABLE MEDICAL EQUIP-SOL	544,770	635,499			
101	TOTAL	20,079,847	52,177,060			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2008 TO 4/30/2009
 PREPARED 8/20/2009
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	4,990,482	96,053	5,086,535	11,789,669			
39	DELIVERY ROOM & LABOR ROO	139,044		139,044	404,470			
40	ANESTHESIOLOGY	145,738	1,052,966	1,198,704	683,302			
41	RADIOLOGY-DIAGNOSTIC	2,548,570		2,548,570	9,308,506			
42	RADIOLOGY-THERAPEUTIC	559,370		559,370	2,017,034			
43	RADIOISOTOPE	481,475		481,475	902,327			
43	01 MRI	833,693		833,693	2,697,401			
44	LABORATORY	2,506,481	37,260	2,543,741	9,173,301			
47	BLOOD STORING, PROCESSING	215,613		215,613	365,376			
49	RESPIRATORY THERAPY	672,000		672,000	1,722,113			
50	PHYSICAL THERAPY	1,013,713		1,013,713	2,026,307			
53	ELECTROCARDIOLOGY	91,642		91,642	617,213			
54	ELECTROENCEPHALOGRAPHY	10,933		10,933	24,725			
55	MEDICAL SUPPLIES CHARGED	355		355	9,093			
56	DRUGS CHARGED TO PATIENTS	1,983,855		1,983,855	4,327,317			
56	01 CARDIAC REHAB	118,692	24,688	143,380	154,968			
	OUTPAT SERVICE COST CNTRS							
60	01 SLEEP LAB	110,575		110,575	274,225			
61	EMERGENCY	2,540,841	645,349	3,186,190	4,541,035			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	572,005		572,005	503,179			
67	DURABLE MEDICAL EQUIP-SOL	544,770		544,770	635,499			
101	TOTAL	20,079,847	1,856,316	21,936,163	52,177,060			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVI I I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVI I I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.458449
2	PROGRAM VACCINE CHARGES		1,525
3	PROGRAM COSTS		699

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	519
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,102.13
85	OBSERVATION BED COST	572,005

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,892,615	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		502,848	
37	OPERATING ROOM	.423293	1,611,997	682,347
39	DELIVERY ROOM & LABOR ROOM	.343768		
40	ANESTHESIOLOGY	.213285	89,791	19,151
41	RADIOLOGY-DIAGNOSTIC	.273789	546,921	149,741
42	RADIOLOGY-THERAPEUTIC	.277323	177,129	49,122
43	RADIOISOTOPE	.533593	38,887	20,750
43	01 MRI	.309073	82,091	25,372
44	LABORATORY	.273237	824,069	225,166
47	BLOOD STORING, PROCESSING & TRANS.	.590113	101,518	59,907
49	RESPIRATORY THERAPY	.390218	1,123,350	438,351
50	PHYSICAL THERAPY	.500276	108,095	54,077
53	ELECTROCARDIOLOGY	.148477	50,544	7,505
54	ELECTROENCEPHALOGRAPHY	.442184	1,249	552
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.039041	6,111	239
56	DRUGS CHARGED TO PATIENTS	.458449	1,035,681	474,807
56	01 CARDIAC REHAB	.765913		
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	.403227		
61	EMERGENCY	.559529		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.136782		
67	DURABLE MEDICAL EQUIP-SOLD	.857232		
101	TOTAL		5,797,433	2,207,087
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,797,433	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.423293	367	155
39	DELIVERY ROOM & LABOR ROOM	.343768		
40	ANESTHESIOLOGY	.213285		
41	RADIOLOGY-DIAGNOSTIC	.273789	13,395	3,667
42	RADIOLOGY-THERAPEUTIC	.277323		
43	RADIOISOTOPE	.533593		
43	01 MRI	.309073		
44	LABORATORY	.273237	23,797	6,502
47	BLOOD STORING, PROCESSING & TRANS.	.590113		
49	RESPIRATORY THERAPY	.390218	66,505	25,951
50	PHYSICAL THERAPY	.500276	56,179	28,105
53	ELECTROCARDIOLOGY	.148477		
54	ELECTROENCEPHALOGRAPHY	.442184		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.039041		
56	DRUGS CHARGED TO PATIENTS	.458449	85,422	39,162
56	01 CARDIAC REHAB	.765913		
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	.403227		
61	EMERGENCY	.559529		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.136782		
67	DURABLE MEDICAL EQUIP-SOLD	.857232		
101	TOTAL		245,665	103,542
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		245,665	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,349,122
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)	6,349,122

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)	6,412,613
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	37,183
18.01	CAH ACTUAL BILLED COINSURANCE	2,681,938
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,693,492
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	3,693,492
24	PRIMARY PAYER PAYMENTS	583
25	SUBTOTAL	3,692,909

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	142,123
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	142,123
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	100,835
28	SUBTOTAL	3,835,032
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	3,835,032
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,000,640
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-165,608
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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		4,831,269		4,135,029
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	4/24/2009	198,171	11/6/2008	29,068
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	11/6/2008	15,366	4/24/2009	163,457
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		182,805		-134,389
4 TOTAL INTERIM PAYMENTS		5,014,074		4,000,640
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	10/11/2006		10/11/2006	
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)		38,911		165,608
7 TOTAL MEDICARE PROGRAM LIABILITY		5,052,985		3,835,032

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
14-1337	FROM 5/ 1/2008	8/20/2009
COMPONENT NO:	TO	WORKSHEET E-2
14-2337	4/30/2009	

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)	356,209	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	104,577	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	320	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	460,786	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	460,786	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	460,786	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	4,491	
14	80% OF PART B COSTS		
15	SUBTOTAL	456,295	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	456,295	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	473,434	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-17,139	
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
14-1337	FROM 5/ 1/2008	8/20/2009
COMPONENT NO:	TO 4/30/2009	WORKSHEET E-3
14-1337		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,505,039
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,505,039
5	PRIMARY PAYER PAYMENTS	198
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,559,889

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	
12	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	5,559,889
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	559,221
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,000,668
23	COINSURANCE	3,452
24	SUBTOTAL	4,997,216
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	55,769
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	55,769
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	44,445
26	SUBTOTAL	5,052,985
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	5,052,985
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,014,074
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	38,911
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,651,640			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,467,915			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	386,209			
8	PREPAID EXPENSES	312,505			
9	OTHER CURRENT ASSETS	467,497			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	9,285,766			
FIXED ASSETS					
12	LAND	607,110			
12.01	LAND IMPROVEMENTS	1,121,795			
13.01	LESS ACCUMULATED DEPRECIATION	-791,546			
14	BUILDINGS	35,033,436			
14.01	LESS ACCUMULATED DEPRECIATION	-18,309,388			
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	19,191,829			
18.01	LESS ACCUMULATED DEPRECIATION	-14,544,310			
19	MINOR EQUIPMENT DEPRECIABLE	213,674			
19.01	LESS ACCUMULATED DEPRECIATION	-136,720			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	22,385,880			
OTHER ASSETS					
22	INVESTMENTS	7,289,409			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	646,499			
26	TOTAL OTHER ASSETS	7,935,908			
27	TOTAL ASSETS	39,607,554			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,667,887			
29 SALARIES, WAGES & FEES PAYABLE	1,379,524			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	855,605			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,058,696			
36 TOTAL CURRENT LIABILITIES	4,961,712			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	3,351,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	3,351,000			
43 TOTAL LIABILITIES	8,312,712			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	31,294,842			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	31,294,842			
52 TOTAL LIABILITIES AND FUND BALANCES	39,607,554			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		30,243,800		
2 NET INCOME (LOSS)		650,142		
3 TOTAL		30,893,942		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 PRIOR PERIOD ADJUSTMENTS	400,900			
7				
8				
9				
10 TOTAL ADDITIONS		400,900		
11 SUBTOTAL		31,294,842		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 PRIOR PERIOD ADJUSTMENTS				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		31,294,842		

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

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	61,619,148
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	29,028,474
3	NET PATIENT REVENUES	32,590,674
4	LESS: TOTAL OPERATING EXPENSES	34,317,556
5	NET INCOME FROM SERVICE TO PATIENTS	-1,726,882
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	687,227
7	INCOME FROM INVESTMENTS	307,265
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
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	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,382,555
24.01	PROPERTY TAX	
25	TOTAL OTHER INCOME	2,377,047
26	TOTAL	650,165
	OTHER EXPENSES	
27	ROUNDING	23
28		
29		
30	TOTAL OTHER EXPENSES	23
31	NET INCOME (OR LOSS) FOR THE PERIOD	650,142