

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		14-3025		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 2/2009 TIME 12: 02

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:
 SCHWAB REHAB HOSP & CARE NETWORK 14-3025
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-84,762	1,057	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	-84,762	1,057	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 REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

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). N / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	80	29,200			7,134		9,427
2 HMO					507		596
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200			7,134		9,427
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	80	29,200			7,134		9,427
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	21	7,665			3,915		
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	101						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			20,217				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			20,217				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			20,217			10.42	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,146				
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL						10.42	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					463	578	1,276
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	10.42	309.99			463	578	1,276
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		20.09					
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	10.42	330.08					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-3025 I
I I

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

I PREPARED 12/ 2/2009 I
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					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		507,882	507,882	972,112	1,479,994
3.01	0301	NEW CAP REL COSTS-BLDG & FIX		404,209	404,209	352,097	756,306
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		302,618	302,618	364,248	666,866
5	0500	EMPLOYEE BENEFITS	4,987	3,099,707	3,104,694	9,845	3,114,539
6	0600	ADMINISTRATIVE & GENERAL	5,223,603	7,732,840	12,956,443	-1,723,822	11,232,621
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT		1,164,963	1,164,963	-7,783	1,157,180
9	0900	LAUNDRY & LINEN SERVICE		215,116	215,116		215,116
10	1000	HOUSEKEEPING	482,359	252,412	734,771		734,771
11	1100	DIETARY	36,352	616,665	653,017		653,017
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	548,866	20,527	569,393	-311,382	258,011
15	1500	CENTRAL SERVICES & SUPPLY	271,388	490,260	761,648	-216,737	544,911
16	1600	PHARMACY		1,285,161	1,285,161		1,285,161
17	1700	MEDICAL RECORDS & LIBRARY	166,573	51,376	217,949	-32,010	185,939
18	1800	SOCIAL SERVICE	440,055	45,940	485,995	-44,557	441,438
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	722,554		722,554		722,554
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		47,330	47,330	155,360	202,690
24	2400	PARAMED ED PRGM-(SPECIFY)					
25	2500	ADULTS & PEDIATRICS	4,720,662	307,641	5,028,303	422,161	5,450,464
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY	1,277,267	349,511	1,626,778	-204,995	1,421,783
35	3500	NURSING FACILITY					
37	3700	ANCILLARY SRVC COST CNTRS					
38	3800	OPERATING ROOM				6,078	6,078
39	3900	RECOVERY ROOM					
40	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC		25,106	25,106	4,879	29,985
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	35,664	409,243	444,907		444,907
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	18,649	40,570	59,219	-59,219	
50	5000	PHYSICAL THERAPY	2,080,017	699,532	2,779,549	-88,214	2,691,335
51	5100	OCCUPATIONAL THERAPY	1,706,673	221,184	1,927,857	106,723	2,034,580
52	5200	SPEECH PATHOLOGY	642,122	267,193	909,315	-159,375	749,940
53	5300	ELECTROCARDIOLOGY		115	115		115
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				336,885	336,885
56	5600	DRUGS CHARGED TO PATIENTS				670,390	670,390
57	5700	RENAL DIALYSIS		169,111	169,111		169,111
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	276,852	13,494	290,346	19,838	310,184
60	6000	OUTPAT SERVICE COST CNTRS					
61	6000	CLINIC	52,808	713,116	765,924	-704,396	61,528
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500	OTHER REIMBURS COST CNTRS					
66	6600	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
88	8800	SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
95		SUBTOTALS	18,707,451	19,452,822	38,160,273	-131,874	38,028,399
96		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
97.01	9701	MARKETING	421	1,438	1,859	-294	1,565
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
99.01	9901	STEPS CLINIC	125,354	8,061	133,415		133,415
100	7952	GRANTS		299,212	299,212		299,212
100.01	7953	FUNDRAISING				73,567	73,567
100.02	7954	AMBULATORY SERVICES	131,397	46,297	177,694		177,694
100.03	7955	WEISS PROGRAM		341,822	341,822	58,601	400,423
101		TOTAL	18,964,623	20,149,652	39,114,275	-0-	39,114,275

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 2/2009
I 14-3025 I FROM 7/ 1/2008 I WORKSHEET A
I I TO 6/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-304,793	1,175,201
3.01	0301 NEW CAP REL COSTS-BLDG & FIX	-113,879	642,427
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		666,866
5	0500 EMPLOYEE BENEFITS	-126,741	2,987,798
6	0600 ADMINISTRATIVE & GENERAL	-635,055	10,597,566
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-29,816	1,127,364
9	0900 LAUNDRY & LINEN SERVICE		215,116
10	1000 HOUSEKEEPING		734,771
11	1100 DIETARY		653,017
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		258,011
15	1500 CENTRAL SERVICES & SUPPLY		544,911
16	1600 PHARMACY		1,285,161
17	1700 MEDICAL RECORDS & LIBRARY		185,939
18	1800 SOCIAL SERVICE	-20,861	420,577
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		722,554
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		202,690
24	2400 PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,255,794	4,194,670
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		1,421,783
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,078
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		29,985
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		444,907
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY	-1,269	2,690,066
51	5100 OCCUPATIONAL THERAPY	-1,407	2,033,173
52	5200 SPEECH PATHOLOGY	-2,918	747,022
53	5300 ELECTROCARDIOLOGY		115
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		336,885
56	5600 DRUGS CHARGED TO PATIENTS		670,390
57	5700 RENAL DIALYSIS		169,111
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-182,378	127,806
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-5,180	56,348
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
95	SUBTOTALS	-2,680,091	35,348,308
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 MARKETING		1,565
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 STEPS CLINIC	-7,525	125,890
100	7952 GRANTS	-299,212	
100.01	7953 FUNDRAISING		73,567
100.02	7954 AMBULATORY SERVICES		177,694
100.03	7955 WEISS PROGRAM	-400,423	
101	TOTAL	-3,387,251	35,727,024

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3025
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 12/2/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIX	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DI STINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DI STINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	MARKETING	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	STEPS CLINIC	9901	NONPAID WORKERS
100	GRANTS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUNDRAISING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.02	AMBULATORY SERVICES	7954	OTHER NONREIMBURSABLE COST CENTERS
100.03	WEISS PROGRAM	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
143025

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

PREPARED 12/ 2/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 ORTHOTICS RESALE	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		330,322
2					
3					
4					
5 SPASTICITY PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56		670,390
6 FY 09 EQUIPMENT RENTAL RECLASS	C	NEW CAP REL COSTS-MVBLE EQUIP	4		242,518
7		NEW CAP REL COSTS-BLDG & FIXT	3		32,010
8					
9					
10					
11 PROPERTY INSURANCE	D	NEW CAP REL COSTS-BLDG & FIX	3.01		17,367
12		NEW CAP REL COSTS-BLDG & FIXT	3		44,206
13 WEISS PRINGE RECLASS	E	WEISS PROGRAM	100.03		58,601
14 INTEREST EXPENSE RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		895,896
15		NEW CAP REL COSTS-BLDG & FIX	3.01		334,730
16 RECLASS SINAI HEALTH SYSTEM EXPENSES	G	NEW CAP REL COSTS-MVBLE EQUIP	4		10,517
17		NEW CAP REL COSTS-MVBLE EQUIP	4		111,213
18		EMPLOYEE BENEFITS	5		68,446
19		EMPLOYEE BENEFITS	5	275,304	
20		ADMINISTRATIVE & GENERAL	6	378,508	
21		SOCIAL SERVICE	18	34,290	
22		MARKETING	97.01	20,703	
23		FUNDRAISING	100.01	58,930	
24 EXECUTIVE SALRIES RECLASS	H	NURSING ADMINISTRATION	14	41,215	
25 PHYSICIANS SALARY/TEACHING RECLASS	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	155,360	
26 SPLIT TIME BETWEEN DISCIPLINES	K	OCCUPATIONAL THERAPY	51	1,314	
27		SPEECH PATHOLOGY	52	817	
28		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	1,925	
29 OTHER ANCILLARY SERVICES-MSH RECLASS	O	ADULTS & PEDIATRICS	25		10,545
30		OPERATING ROOM	37		6,078
31		RADIOLOGY-DIAGNOSTIC	41		3,515
32		RADIOLOGY-DIAGNOSTIC	41		1,364
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,563
34 FY 09 FUNDRAISING	P	FUNDRAISING	100.01		14,637
35 RESPIRATORY CARE RECLASS	Q	ADULTS & PEDIATRICS	25	18,649	
1 RESPIRATORY CARE RECLASS	Q	ADULTS & PEDIATRICS	25	40,570	
2 FY09 SUB-ACUTE THERAPY RECLASS	R	PHYSICAL THERAPY	50	20,870	
3		OCCUPATIONAL THERAPY	51	146,984	
4		SPEECH PATHOLOGY	52	19,428	
5		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	17,913	
6 NURSING ADMIN, SALARIES RECLASS	S	ADULTS & PEDIATRICS	25	352,397	
7		SKILLED NURSING FACILITY	34	200	
36 TOTAL RECLASSIFICATIONS				1,585,377	2,858,918

(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:
143025

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

PREPARED 12/ 2/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 ORTHOTICS RESALE	A		50			105,028	
2			51			39,733	
3			52			179,620	
4			60			5,941	
5 SPASTICITY PHARMACY RECLASS	B		60			670,390	
6 FY 09 EQUIPMENT RENTAL RECLASS	C		6			16,156	14
7			8			7,783	14
8			17			32,010	
9			51			1,842	
10			15			216,737	
11 PROPERTY INSURANCE	D		6			61,573	12
12							12
13 WEISS PRINGE RECLASS	E		5			58,601	
14 INTEREST EXPENSE RECLASS	F		6			1,230,626	11
15							11
16 RECLASS SINAI HEALTH SYSTEM EXPENSES	G		5			275,304	14
17			18			34,290	14
18			97.01			20,703	
19			18			3,342	
20			97.01			294	
21			6			559,168	
22			6			64,810	
23							
24 EXECUTIVE SALRIES RECLASS	H		18		41,215		
25 PHYSICIANS SALARY/TEACHING RECLASS	I		6		155,360		
26 SPLIT TIME BETWEEN DISCIPLINES	K		50		4,056		
27							
28							
29 OTHER ANCILLARY SERVICES-MSH RECLASS	O		60			28,065	
30							
31							
32							
33							
34 FY 09 FUNDRAISING	P		6			14,637	
35 RESPIRATORY CARE RECLASS	Q		49		18,649		
1 RESPIRATORY CARE RECLASS	Q		49		40,570		
2 FY09 SUB-ACUTE THERAPY RECLASS	R		34		205,195		
3							
4							
5							
6 NURSING ADMIN, SALARIES RECLASS	S		14		352,597		
7							
36 TOTAL RECLASSIFICATIONS					817,642	3,626,653	

(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:
143025

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

PREPARED 12/ 2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : ORTHOTICS RESALE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	330,322
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			330,322

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICAL THERAPY	50	105,028	
OCCUPATIONAL THERAPY	51	39,733	
SPEECH PATHOLOGY	52	179,620	
CLINIC	60	5,941	
		330,322	

RECLASS CODE: B
EXPLANATION : SPASTICITY PHARMACY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	670,390
TOTAL RECLASSIFICATIONS FOR CODE B			670,390

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	670,390	
		670,390	

RECLASS CODE: C
EXPLANATION : FY 09 EQUIPMENT RENTAL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	242,518
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	32,010
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			274,528

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	16,156	
OPERATION OF PLANT	8	7,783	
MEDICAL RECORDS & LIBRARY	17	32,010	
OCCUPATIONAL THERAPY	51	1,842	
CENTRAL SERVICES & SUPPLY	15	216,737	
		274,528	

RECLASS CODE: D
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIX	3.01	17,367
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	44,206
TOTAL RECLASSIFICATIONS FOR CODE D			61,573

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	61,573	
		0	
		61,573	

RECLASS CODE: E
EXPLANATION : WEISS PRINGE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	WEISS PROGRAM	100.03	58,601
TOTAL RECLASSIFICATIONS FOR CODE E			58,601

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	58,601	
		58,601	

RECLASS CODE: F
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	895,896
2.00	NEW CAP REL COSTS-BLDG & FIX	3.01	334,730
TOTAL RECLASSIFICATIONS FOR CODE F			1,230,626

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,230,626	
		0	
		1,230,626	

RECLASS CODE: G
EXPLANATION : RECLASS SINAI HEALTH SYSTEM EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,517
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	111,213
3.00	EMPLOYEE BENEFITS	5	68,446
4.00	EMPLOYEE BENEFITS	5	275,304
5.00	ADMINISTRATIVE & GENERAL	6	378,508
6.00	SOCIAL SERVICE	18	34,290
7.00	MARKETING	97.01	20,703
8.00	FUNDRAISING	100.01	58,930
TOTAL RECLASSIFICATIONS FOR CODE G			957,911

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	275,304	
SOCIAL SERVICE	18	34,290	
MARKETING	97.01	20,703	
SOCIAL SERVICE	18	3,342	
MARKETING	97.01	294	
ADMINISTRATIVE & GENERAL	6	559,168	
ADMINISTRATIVE & GENERAL	6	64,810	
		0	
		957,911	

RECLASS CODE: H
EXPLANATION : EXECUTIVE SALRIES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	41,215
TOTAL RECLASSIFICATIONS FOR CODE H			41,215

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	41,215	
		41,215	

RECLASSIFICATIONS

PROVIDER NO:
143025

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

PREPARED 12/2/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: PHYSICIANS SALARY/TEACHING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	155,360	ADMINISTRATIVE & GENERAL	6	155,360	
TOTAL RECLASSIFICATIONS FOR CODE I			155,360				

RECLASS CODE: K
EXPLANATION: SPLIT TIME BETWEEN DISCIPLINES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	1,314	PHYSICAL THERAPY	50	4,056	
2.00	SPEECH PATHOLOGY	52	817			0	
3.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	1,925			0	
TOTAL RECLASSIFICATIONS FOR CODE K			4,056	4,056			

RECLASS CODE: O
EXPLANATION: OTHER ANCILLARY SERVICES-MSH RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	10,545	CLINIC	60	28,065	
2.00	OPERATING ROOM	37	6,078			0	
3.00	RADIOLOGY-DIAGNOSTIC	41	3,515			0	
4.00	RADIOLOGY-DIAGNOSTIC	41	1,364			0	
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,563			0	
TOTAL RECLASSIFICATIONS FOR CODE O			28,065	28,065			

RECLASS CODE: P
EXPLANATION: FY 09 FUNDRAISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUNDRAISING	100.01	14,637	ADMINISTRATIVE & GENERAL	6	14,637	
TOTAL RECLASSIFICATIONS FOR CODE P			14,637	14,637			

RECLASS CODE: Q
EXPLANATION: RESPIRATORY CARE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	18,649	RESPIRATORY THERAPY	49	18,649	
2.00	ADULTS & PEDIATRICS	25	40,570	RESPIRATORY THERAPY	49	40,570	
TOTAL RECLASSIFICATIONS FOR CODE Q			59,219	59,219			

RECLASS CODE: R
EXPLANATION: FY09 SUB-ACUTE THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	20,870	SKILLED NURSING FACILITY	34	205,195	
2.00	OCCUPATIONAL THERAPY	51	146,984			0	
3.00	SPEECH PATHOLOGY	52	19,428			0	
4.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	17,913			0	
TOTAL RECLASSIFICATIONS FOR CODE R			205,195	205,195			

RECLASS CODE: S
EXPLANATION: NURSING ADMIN, SALARIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	352,397	NURSING ADMINISTRATION	14	352,597	
2.00	SKILLED NURSING FACILITY	34	200			0	
TOTAL RECLASSIFICATIONS FOR CODE S			352,597	352,597			

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	495,490					495,490	
2 LAND IMPROVEMENTS	95,260					95,260	
3 BUILDINGS & FIXTURE	27,200,774	193,493		193,493		27,394,267	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	6,187,900	420,720		420,720		6,608,620	
7 SUBTOTAL	33,979,424	614,213		614,213		34,593,637	
8 RECONCILING ITEMS							
9 TOTAL	33,979,424	614,213		614,213		34,593,637	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	507,882		591,103	44,206		32,010	1,175,201
3 01	NEW CAP REL COSTS-BL	404,209		220,851	17,367			642,427
4	NEW CAP REL COSTS-MV	302,618					364,248	666,866
5	TOTAL	1,214,709		811,954	61,573		396,258	2,484,494

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	507,882						507,882
3 01	NEW CAP REL COSTS-BL	404,209						404,209
4	NEW CAP REL COSTS-MV	302,618						302,618
5	TOTAL	1,214,709						1,214,709

* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,255,794			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 EXTENDED SVCS A8-1	B	-24,642	ADMINISTRATIVE & GENERAL	6	
38 ADMINISTRATION A8-1	B	-323	ADMINISTRATIVE & GENERAL	6	
39 CRITICAL PATHWAYS A8-1	B	-21,382	ADMINISTRATIVE & GENERAL	6	
40 MISCELLANEOUS INCOME A8-4	B	-6,145	ADMINISTRATIVE & GENERAL	6	
41 MISCELLANEOUS INCOME A8-4	B	-29,816	OPERATION OF PLANT	8	
42 TELEPHONE A8-6	A	-36,956	ADMINISTRATIVE & GENERAL	6	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 INVESTMENT INCOME A8-8	B	-304,793	NEW CAP REL COSTS-BLDG &	3	11
45 INVESTMENT INCOME A8-8	B	-113,879	NEW CAP REL COSTS-BLDG &	3.01	11
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OUTREACH SERVICES OFFSET A8-11	B	-7,525	STEPS CLINIC	99.01	
48 LAND LEASE OFFSET A8-12	B	-6,000	ADMINISTRATIVE & GENERAL	6	
49 GRANTS OFFSET A8-13	A	-299,212	GRANTS	100	
49.01 TRANS/AMBULANCE EXP OFFSET A8-14	A	-132,887	ADMINISTRATIVE & GENERAL	6	
49.02 TRANS/AMBULANCE EXP OFFSET A8-14	A	-20,861	SOCIAL SERVICE	18	
49.03 FY09 SCHWAB AT ANIXTER A8-17	A	-5,180	CLINIC	60	
49.04 FY09 SELF INSURANCE INTEREST A8-22	B	-4,470	ADMINISTRATIVE & GENERAL	6	
49.05 PHYSICIAN BILLING OFFSET A8-24	A	-77,250	ADMINISTRATIVE & GENERAL	6	
49.07 WEISS OFFSET A8-26	A	-400,423	WEISS PROGRAM	100.03	
49.08 OFFSET LOBBYISTS EXPENSE A8-29	A	-25,000	ADMINISTRATIVE & GENERAL	6	
49.09 PSYCHOLOGY PT B OFFSET A8-31	A	-182,378	PSYCHIATRIC/PSYCHOLOGICAL	59	
49.10 PSYCHOLOGY PT B OFFSET A8-31	A	-16,072	EMPLOYEE BENEFITS	5	
49.11 SELF INSURANCE EXPENSE OFFSET A8-33	A	-300,000	ADMINISTRATIVE & GENERAL	6	
49.12 OUTREACH SERV-NEW FOCUS A8-19	A	-1,269	PHYSICAL THERAPY	50	
49.15 OUTREACH SERV-NEW FOCUS A8-19	A	-1,407	OCCUPATIONAL THERAPY	51	
49.16 OUTREACH SERV-NEW FOCUS A8-19	A	-2,918	SPEECH PATHOLOGY	52	
49.17 FY 09 PART B FRINGE OFFSET A8-5	A	-110,669	EMPLOYEE BENEFITS	5	
49.18					
49.19					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,387,251			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	SINAI HEALTH SYSTEM	1,728,554	1,728,554	
2	6	ADMINISTRATIVE & GENERAL	MOUNT SINAI HOSPITAL	386,088	386,088	
3	6	ADMINISTRATIVE & GENERAL	SINAI MEDICAL GROUP	77,250	77,250	
4						
5		TOTALS		2,191,892	2,191,892	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	0.00	SINAI HEALTH SYSTEM	0.00	
2	E	0.00	MOUNT SINAI HOSPITAL	0.00	
3	E	0.00	SINAI MEDICAL GROUP	0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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
25	ADULTS & PEDIATRICS	2,292,105	1,255,794	1,036,311	177,200	24,200	2,061,654	103,083
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27								
28								
29								
30								
101	TOTAL	2,292,105	1,255,794	1,036,311		24,200	2,061,654	103,083

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25	ADULTS & PEDIATRICS				2,061,654		1,255,794
2								
3								
4								
5								
6								
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11								
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24								
25								
26								
27								
28								
29								
30								
101	TOTAL					2,061,654		1,255,794

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 2/2009
 I 14-3025 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	BLANK	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	BLANK	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQ FT 1 NE W BLDG	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIX	4	SQ FT 2 OLD BLDG	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	SQ FT TTL	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-7	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	5	SQ FT TTL	ENTERED
8	OPERATION OF PLANT	8	SQ FT TTL	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQ FT TTL	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	13	BLANK	NOT ENTERED
14	NURSING ADMINISTRATION	14	ASSIGNED TIME	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIREMENTS	ENTERED
16	PHARMACY	16	PHARMACY REVENUE	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	REVENUE	ENTERED
18	SOCIAL SERVICE	18	ASSIGNED TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	BLANK	NOT ENTERED
21	NURSING SCHOOL	21	BLANK	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	TIME SPENT	ENTERED
24	PARAMEDICAL PRGM-(SPECIFY)	23	BLANK	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	1,175,201			1,175,201			
004 NEW CAP REL COSTS-BLDG &	642,427				642,427		
004 01 NEW CAP REL COSTS-MVBLE E	666,866					666,866	
005 EMPLOYEE BENEFITS	2,987,798				8,039	3,731	2,999,568
006 ADMINISTRATIVE & GENERAL	10,597,566			83,904	184,009	111,717	838,158
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,127,364			135,335	59,726	70,180	
009 LAUNDRY & LINEN SERVICE	215,116			28,286	2,971	10,254	
010 HOUSEKEEPING	734,771			23,649	4,601	9,556	74,226
011 DIETARY	653,017				54,759	25,411	5,594
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	258,011				3,147	1,461	36,545
015 CENTRAL SERVICES & SUPPLY	544,911			31,427	23,574	20,801	41,762
016 PHARMACY	1,285,161						
017 MEDICAL RECORDS & LIBRARY	185,939				20,326	9,432	25,633
018 SOCIAL SERVICE	420,577			16,041		5,033	66,651
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	722,554						111,188
023 I&R SERVICES-OTHER PRGM C	202,690				15,952	7,403	23,907
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,194,670			369,306	109,125	166,517	789,765
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	1,421,783				63,190	29,324	165,003
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	6,078						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	29,985				3,944	1,830	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	444,907				3,501	1,625	5,488
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	2,690,066			260,555	60,282	109,729	322,665
051 OCCUPATIONAL THERAPY	2,033,173			160,199	17,924	58,583	285,447
052 SPEECH PATHOLOGY	747,022			29,688		9,315	101,926
053 ELECTROCARDIOLOGY	115						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	336,885						
056 DRUGS CHARGED TO PATIENTS	670,390						
057 RENAL DIALYSIS	169,111				3,931	1,824	
058 ASC (NON-DI STINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	127,806			13,535		4,247	45,655
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	56,348						8,126
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	35,348,308			1,151,925	639,001	657,973	2,947,739
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					1,732	804	
097 RESEARCH							
097 01 MARKETING	1,565				1,694	786	3,251
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 STEPS CLINIC	125,890			23,276		7,303	19,290
100 GRANTS							
100 01 FUNDRAISING	73,567						9,068
100 02 AMBULATORY SERVICES	177,694						20,220
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	35,727,024			1,175,201	642,427	666,866	2,999,568

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	11,815,354	11,815,354					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,392,605	688,121		2,080,726			
010 LAUNDRY & LINEN SERVICE	256,627	126,806		44,334	427,767		
011 HOUSEKEEPING	846,803	418,427		41,316		1,306,546	
012 DIETARY	738,781	365,050		109,871		71,953	1,285,655
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	299,164	147,824		6,315		4,136	
016 CENTRAL SERVICES & SUPPLY	662,475	327,345		89,936		58,898	
017 PHARMACY	1,285,161	635,030					
018 MEDICAL RECORDS & LIBRARY	241,330	119,247		40,783		26,708	
019 SOCIAL SERVICE	508,302	251,165		21,761		14,251	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	833,742	411,973					
023 I&R SERVICES-OTHER PRGM C	249,952	123,508		32,008		20,961	
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,629,383	2,781,621		719,968	305,280	471,497	1,024,807
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY	1,679,300	829,784		126,788	68,646	83,031	260,848
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM	6,078	3,003					
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC	35,759	17,669		7,913		5,182	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY	455,521	225,084		7,025		4,601	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY	3,443,297	1,701,419		474,434	26,930	310,700	
049 OCCUPATIONAL THERAPY	2,555,326	1,262,650		253,297	22,574	165,880	
050 SPEECH PATHOLOGY	887,951	438,759		40,276		26,376	
051 ELECTROCARDIOLOGY	115	57					
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED	336,885	166,463					
054 DRUGS CHARGED TO PATIENTS	670,390	331,256					
055 RENAL DIALYSIS	174,866	86,406		7,888		5,166	
056 ASC (NON-DIAGNOSTIC PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL	191,243	94,498		18,363		12,025	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC	64,474	31,858					
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS	35,260,884	11,585,023		2,042,276	423,430	1,281,365	1,285,655
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP	2,536	1,253		3,475		2,276	
072 RESEARCH							
073 MARKETING	7,296	3,605		3,399		2,226	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC	175,759	86,847		31,576	3,300	20,679	
077 GRANTS							
078 FUNDRAISING	82,635	40,832					
079 AMBULATORY SERVICES	197,914	97,794			1,037		
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL	35,727,024	11,815,354		2,080,726	427,767	1,306,546	1,285,655

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION			457,439				
016 CENTRAL SERVICES & SUPPLY				1,138,654			
017 PHARMACY					1,920,191		
018 MEDICAL RECORDS & LIBRARY						428,068	
019 SOCIAL SERVICE							795,479
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			365,951	109,354		194,790	636,383
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY			91,488	27,950		9,814	159,096
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM							
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						2,605	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY				24,318		11,599	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY				209,096		63,850	
049 OCCUPATIONAL THERAPY				79,103		52,137	
050 SPEECH PATHOLOGY				357,597		12,471	
051 ELECTROCARDIOLOGY				229		73	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED				317,401		8,837	
054 DRUGS CHARGED TO PATIENTS					1,920,191	60,874	
055 RENAL DIALYSIS				84		3,257	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						4,362	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC				11,828		3,399	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			457,439	1,136,960	1,920,191	428,068	795,479
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP							
072 RESEARCH							
073 MARKETING							
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC				1,694			
077 GRANTS							
078 FUNDRAISING							
079 AMBULATORY SERVICES							
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			457,439	1,138,654	1,920,191	428,068	795,479

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			1,245,715				
023 I&R SERVICES-OTHER PRGM C				426,429			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			1,245,715	426,429		13,911,178	-1,672,144
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY						3,336,745	
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM						9,081	
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						69,128	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY						728,148	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY						6,229,726	
049 OCCUPATIONAL THERAPY						4,390,967	
050 SPEECH PATHOLOGY						1,763,430	
051 ELECTROCARDIOLOGY						474	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED						829,586	
054 DRUGS CHARGED TO PATIENTS						2,982,711	
055 RENAL DIALYSIS						277,667	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						320,491	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC						111,559	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			1,245,715	426,429		34,960,891	-1,672,144
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP						9,540	
072 RESEARCH							
073 MARKETING						16,526	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC						319,855	
077 GRANTS							
078 FUNDRAISING						123,467	
079 AMBULATORY SERVICES						296,745	
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			1,245,715	426,429		35,727,024	-1,672,144

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	12,239,034
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	
034	SKILLED NURSING FACILITY	3,336,745
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	9,081
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	69,128
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	728,148
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	
050	PHYSICAL THERAPY	6,229,726
051	OCCUPATIONAL THERAPY	4,390,967
052	SPEECH PATHOLOGY	1,763,430
053	ELECTROCARDIOLOGY	474
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	829,586
056	DRUGS CHARGED TO PATIENTS	2,982,711
057	RENAL DIALYSIS	277,667
058	ASC (NON-DIAGNOSTIC PART)	
059	PSYCHIATRIC/PSYCHOLOGICAL	320,491
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	111,559
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	33,288,747
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,540
097	RESEARCH	
097	01 MARKETING	16,526
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
099	01 STEPS CLINIC	319,855
100	GRANTS	
100	01 FUNDRAISING	123,467
100	02 AMBULATORY SERVICES	296,745
100	03 WEISS PROGRAM	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	34,054,880

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	11,770						
007 ADMINSTRATIVE & GENERAL	3,286	382,916					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		22,301		287,542			
010 LAUNDRY & LINEN SERVICE		4,110		6,127	51,748		
011 HOUSEKEEPING	291	13,561		5,710		57,368	
012 DIETARY	22	11,831		15,183		3,159	110,365
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	143	4,791		873		182	
016 CENTRAL SERVICES & SUPPLY	164	10,609		12,429		2,586	
017 PHARMACY		20,581					
018 MEDICAL RECORDS & LIBRARY	101	3,865		5,636		1,173	
019 SOCIAL SERVICE	262	8,140		3,007		626	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	436	13,352					
023 I&R SERVICES-OTHER PRGM C	94	4,003		4,423		920	
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,100	90,140		99,493	36,931	20,702	87,973
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY	648	26,892		17,521	8,304	3,646	22,392
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM		97					
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC		573		1,094		228	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY	22	7,295		971		202	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY	1,266	55,141		65,563	3,258	13,642	
049 OCCUPATIONAL THERAPY	1,120	40,921		35,004	2,731	7,283	
050 SPEECH PATHOLOGY	400	14,220		5,566		1,158	
051 ELECTROCARDIOLOGY		2					
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED		5,395					
054 DRUGS CHARGED TO PATIENTS		10,736					
055 RENAL DIALYSIS		2,800		1,090		227	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL	179	3,063		2,538		528	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC	32	1,032					
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS	11,566	375,451		282,228	51,224	56,262	110,365
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP		41		480		100	
072 RESEARCH							
073 MARKETING	13	117		470		98	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC	76	2,815		4,364	399	908	
077 GRANTS							
078 FUNDRAISING	36	1,323					
079 AMBULATORY SERVICES	79	3,169			125		
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENTS							
082 NEGATIVE COST CENTER							
083 TOTAL	11,770	382,916		287,542	51,748	57,368	110,365

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION			10,597				
016 CENTRAL SERVICES & SUPPLY				101,590			
017 PHARMACY					20,581		
018 MEDICAL RECORDS & LIBRARY						40,533	
019 SOCIAL SERVICE							33,109
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			8,478	9,756		18,429	26,487
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY			2,119	2,494		930	6,622
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM							
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						247	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY				2,170		1,099	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY				18,655		6,050	
049 OCCUPATIONAL THERAPY				7,057		4,940	
050 SPEECH PATHOLOGY				31,907		1,182	
051 ELECTROCARDIOLOGY				20		7	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED				28,318		837	
054 DRUGS CHARGED TO PATIENTS					20,581	5,768	
055 RENAL DIALYSIS				7		309	
056 ASC (NON-DISTINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						413	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC				1,055		322	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			10,597	101,439	20,581	40,533	33,109
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP							
072 RESEARCH							
073 MARKETING							
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC				151			
077 GRANTS							
078 FUNDRAISING							
079 AMBULATORY SERVICES							
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENTS							
082 NEGATIVE COST CENTER							
083 TOTAL			10,597	101,590	20,581	40,533	33,109

TOTAL

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001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	1,046,437
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	
034	SKILLED NURSING FACILITY	184,082
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	97
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	7,916
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	16,885
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	
050	PHYSICAL THERAPY	594,141
051	OCCUPATIONAL THERAPY	335,762
052	SPEECH PATHOLOGY	93,436
053	ELECTROCARDIOLOGY	29
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	34,550
056	DRUGS CHARGED TO PATIENTS	37,085
057	RENAL DIALYSIS	10,188
058	ASC (NON-DISTINCT PART)	
059	PSYCHIATRIC/PSYCHOLOGICAL	24,503
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,441
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	2,387,552
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	3,157
097	RESEARCH	
097	01 MARKETING	3,178
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
099	01 STEPS CLINIC	39,292
100	GRANTS	
100	01 FUNDRAISING	1,359
100	02 AMBULATORY SERVICES	3,373
100	03 WEISS PROGRAM	
101	CROSS FOOT ADJUSTMENTS	46,583
102	NEGATIVE COST CENTER	
103	TOTAL	2,484,494

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (BLANK)	OLD CAP REL COSTS-MVBLE E (BLANK)	NEW CAP REL COSTS-BLDG & (SQ FT 1 NEW BLDG)	NEW CAP REL COSTS-BLDG & (SQ FT 2 OLD BLDG)	NEW CAP REL COSTS-MVBLE E (SQ FT TOTAL)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			62,861			
003 01 NEW CAP REL COSTS-BLD				50,823		
004 NEW CAP REL COSTS-MVB					113,684	
005 EMPLOYEE BENEFITS				636	636	19,492,637
006 ADMINISTRATIVE & GENERAL			4,488	14,557	19,045	5,446,751
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			7,239	4,725	11,964	
009 LAUNDRY & LINEN SERVICE			1,513	235	1,748	
010 HOUSEKEEPING			1,265	364	1,629	482,359
011 DIETARY				4,332	4,332	36,352
012 CAFETERIA						
013 MAINTENANCE OF PERSONNEL				249	249	237,484
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY			1,681	1,865	3,546	271,388
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY				1,608	1,608	166,573
018 SOCIAL SERVICE			858		858	433,130
020 NONPHYSICIAN ANESTHETIC						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						722,554
023 I&R SERVICES-OTHER PERSONNEL				1,262	1,262	155,360
024 PARAMEDICAL PROGRAMS (SPECIFIC)						
025 INPATIENT ROUTINE SERVICE CENTER			19,754	8,633	28,387	5,132,278
026 ADULTS & PEDIATRICS						
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
033 SURGICAL INTENSIVE CARE						
034 NURSERY						
034 SKILLED NURSING FACILITY				4,999	4,999	1,072,272
035 NURSING FACILITY						
037 ANCILLARY SERVICE COST CENTER						
038 OPERATING ROOM						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC				312	312	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY				277	277	35,664
045 PBP CLINICAL LAB SERVICE						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORAGE, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY			13,937	4,769	18,706	2,096,831
051 OCCUPATIONAL THERAPY			8,569	1,418	9,987	1,854,971
052 SPEECH PATHOLOGY			1,588		1,588	662,367
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS				311	311	
058 ASC (NON-DISTINCT) PARAPROFESSIONAL						
059 PSYCHIATRIC/PSYCHOLOGICAL			724		724	296,690
060 OUTPATIENT SERVICE COST CENTER						
061 CLINIC						52,808
061 EMERGENCY						
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 OTHER REIMBURSABLE COST CENTER						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIPMENT						
067 DURABLE MEDICAL EQUIPMENT						
070 I&R SERVICES-NOT APPROPRIATE SPECIFIC PURPOSE COST CENTER						
092 AMBULATORY SURGICAL CENTER						
095 SUBTOTALS			61,616	50,552	112,168	19,155,832
096 NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE				137	137	
097 RESEARCH						
097 01 MARKETING				134	134	21,124
098 PHYSICIANS' PRIVATE OFFICE						
099 NONPAID WORKERS						
099 01 STEPS CLINIC			1,245		1,245	125,354
100 GRANTS						
100 01 FUNDRAISING						58,930
100 02 AMBULATORY SERVICES						131,397
100 03 WEISS PROGRAM						
101 CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (BLANK)	OLD CAP REL C OSTS-MVBLE E (BLANK)	NEW CAP REL C OSTS-BLDG & (SQ FT 1 NE)W BLDG	NEW CAP REL C OSTS-BLDG & (SQ FT 2 OL)D BLDG	NEW CAP REL C OSTS-MVBLE E (SQ FT TTL)	EMPLOYEE BENE FITS ()	GROSS SALARIES ()
	1	2	3	3.01	4		5
NONREIMBURS COST CENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,175,201	642,427	666,866		2,999,568
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			18.695232	12.640478	5.865962		.153882
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							11,770
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							.000604

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		(ACCUM. COST)	(SQ FT TTL)	(SQ FT TTL)	(POUNDS OF LAUNDRY)	(SQ FT TTL)	(MEALS SERVED)
	6a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	-11,815,354	23,911,670					
007 MAINTENANCE & REPAIRS			94,003				
008 OPERATION OF PLANT		1,392,605	11,964	82,039			
009 LAUNDRY & LINEN SERVICE		256,627	1,748	1,748	443,438		
010 HOUSEKEEPING		846,803	1,629	1,629		78,662	
011 DIETARY		738,781	4,332	4,332		4,332	70,762
012 CAFETERIA							
013 MAINTENANCE OF PERSON			249	249		249	
014 NURSING ADMINISTRATION		299,164					
015 CENTRAL SERVICES & SU		662,475	3,546	3,546		3,546	
016 PHARMACY		1,285,161					
017 MEDICAL RECORDS & LIB		241,330	1,608	1,608		1,608	
018 SOCIAL SERVICE		508,302	858	858		858	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		833,742					
023 I&R SERVICES-OTHER PR		249,952	1,262	1,262		1,262	
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		5,629,383	28,387	28,387	316,463	28,387	56,405
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
034 SKILLED NURSING FACIL		1,679,300	4,999	4,999	71,161	4,999	14,357
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C		6,078					
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		35,759	312	312		312	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
044 LABORATORY		455,521	277	277		277	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		3,443,297	18,706	18,706	27,917	18,706	
051 OCCUPATIONAL THERAPY		2,555,326	9,987	9,987	23,401	9,987	
052 SPEECH PATHOLOGY		887,951	1,588	1,588		1,588	
053 ELECTROCARDIOLOGY		115					
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		336,885					
056 DRUGS CHARGED TO PATI		670,390					
057 RENAL DIALYSIS		174,866	311	311		311	
058 ASC (NON-DISTINCT PAR							
059 PSYCHIATRIC/PSYCHOLOG		191,243	724	724		724	
060 OUTPAT SERVICE COST C							
061 CLINIC		64,474					
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
092 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	-11,815,354	23,445,530	92,487	80,523	438,942	77,146	70,762
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		2,536	137	137		137	
097 RESEARCH							
097 01 MARKETING		7,296	134	134		134	
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
099 01 STEPS CLINIC		175,759	1,245	1,245	3,421	1,245	
100 GRANTS							
100 01 FUNDRAISING		82,635					
100 02 AMBULATORY SERVICES		197,914			1,075		
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE PERSONNEL (BLANK)	NURSING ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY REQ'S)	MEDICAL RECORDS & LIBRARY (REVENUE)	SOCIAL SERVICES (ASSIGNED TIME)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	23,975						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	311		10,000				
015 CENTRAL SERVICES & SUPPLY	629			571,941			
016 PHARMACY					10,000		
017 MEDICAL RECORDS & LIBRARY	380					75,670,647	
018 SOCIAL SERVICE	869						10,000
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL	995						
024 PARAMEDICAL PRGM-(SPEC PURPOSE)							
025 ADULTS & PEDIATRICS	9,561		8,000	54,928		34,433,924	8,000
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
033 NURSERY							
034 SKILLED NURSING FACILITY	2,009		2,000	14,039		1,734,821	2,000
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						460,577	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	99			12,215		2,050,311	
046 PBP CLINICAL LAB SERVICE							
047 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	3,886			105,028		11,286,832	
051 OCCUPATIONAL THERAPY	3,165			39,733		9,216,307	
052 SPEECH PATHOLOGY	1,011			179,620		2,204,481	
053 ELECTROCARDIOLOGY				115		12,885	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENT				159,429		1,562,172	
056 DRUGS CHARGED TO PATIENT					10,000	10,760,793	
057 RENAL DIALYSIS				42		575,664	
058 ASC (NON-DISTINCT PAR)							
059 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CENTER	361					771,010	
060 CLINIC	77			5,941		600,870	
061 EMERGENCY							
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE SPEC PURPOSE COST CENTER							
092 AMBULATORY SURGICAL CENTER							
095 SUBTOTALS	23,353		10,000	571,090	10,000	75,670,647	10,000
096 NONREIMBURSABLE COST CENTER							
097 GIFT, FLOWER, COFFEE	158						
097 RESEARCH							
097 01 MARKETING							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
099 01 STEPS CLINIC	170			851			
100 GRANTS							
100 01 FUNDRAISING							
100 02 AMBULATORY SERVICES	294						
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (ASSIGNED TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARMACY REQS)	MEDICAL RECORDS & LIBRARY (REVENUE)	SOCIAL SERVICE (ASSIGNED TIME)
	12	13	14	15	16	17	18
NONREIMBURS COST CENTER							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			457,439	1,138,654	1,920,191	428,068	795,479
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				1.990859	192.019100	.005657	79.547900
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			45.743900				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			10,597	101,590	20,581	40,533	33,109
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				1.177623	2.058100	.000536	3.310900

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (BLANK)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)	PARAMED ED PR GM-(SPECIFY) (BLANK)
	20	21	22	23	24
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &			10,000		
023 I&R SERVICES-OTHER PR				10,000	
024 PARAMED ED PRGM-(SPEC					
025 INPAT ROUTINE SRVC CN					
ADULTS & PEDIATRICS			10,000	10,000	
026 INTENSIVE CARE UNIT					
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
033 NURSERY					
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
037 ANCILLARY SRVC COST C					
OPERATING ROOM					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERV					
046 WHOLE BLOOD & PACKED					
047 BLOOD STORING, PROCES					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PAR					
059 PSYCHIATRIC/PSYCHOLOG					
OUTPAT SERVICE COST C					
060 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP					
067 DURABLE MEDICAL EQUIP					
070 I&R SERVICES-NOT APPR					
SPEC PURPOSE COST CEN					
092 AMBULATORY SURGICAL C					
095 SUBTOTALS			10,000	10,000	
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
097 RESEARCH					
097 01 MARKETING					
098 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
099 01 STEPS CLINIC					
100 GRANTS					
100 01 FUNDRAISING					
100 02 AMBULATORY SERVICES					
100 03 WEISS PROGRAM					
101 CROSS FOOT ADJUSTMENT					

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS (BLANK)	NURSING SCHOOL (BLANK)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)	PARAMED ED PRGM-(SPECIFY) (BLANK)
	20	21	22	23	24
102 NONREIMBURS COST CENT					
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (PER WRKSHT B, PART			1,245,715	426,429	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			124.571500	42.642900	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART			13,788	32,795	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			1.378800	3.279500	

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						
38	OPERATING ROOM	9,081	97	8,984			9,081
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	69,128	7,916	61,212			69,128
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	728,148	16,885	711,263			728,148
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	6,229,726	594,141	5,635,585			6,229,726
52	OCCUPATIONAL THERAPY	4,390,967	335,762	4,055,205			4,390,967
53	SPEECH PATHOLOGY	1,763,430	93,436	1,669,994			1,763,430
54	ELECTROCARDIOLOGY	474	29	445			474
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	829,586	34,550	795,036			829,586
57	DRUGS CHARGED TO PATIENTS	2,982,711	37,085	2,945,626			2,982,711
58	RENAL DIALYSIS	277,667	10,188	267,479			277,667
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	320,491	24,503	295,988			320,491
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	111,559	2,441	109,118			111,559
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,712,968	1,157,033	16,555,935			17,712,968
102	LESS OBSERVATION BEDS						
103	TOTAL	17,712,968	1,157,033	16,555,935			17,712,968

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			
38	OPERATING ROOM	25,381	.357787	.357787
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	499,557	.138379	.138379
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,050,311	.355140	.355140
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	10,946,299	.569117	.569117
52	OCCUPATIONAL THERAPY	9,093,021	.482894	.482894
53	SPEECH PATHOLOGY	2,204,481	.799930	.799930
54	ELECTROCARDIOLOGY	12,885	.036787	.036787
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,055,990	.403497	.403497
57	DRUGS CHARGED TO PATIENTS	10,988,604	.271437	.271437
58	RENAL DIALYSIS	575,664	.482342	.482342
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	771,010	.415677	.415677
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	373,059	.299038	.299038
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
101	DURABLE MEDICAL EQUIP-SOL			
102	SUBTOTAL	39,596,262		
103	LESS OBSERVATION BEDS			
	TOTAL	39,596,262		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,046,437		1,046,437
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				1,046,437		1,046,437

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	20,217	7,134			51.76	369,256
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	20,217	7,134				369,256

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,217	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY					5,146	
35	NURSING FACILITY						
101	TOTAL					25,363	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY		3,915
35	NURSING FACILITY		
101	TOTAL		11,049

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
65	EMERGENCY						
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			25,381			123	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			499,557			215,273	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,050,311			568,415	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY							
51	PHYSICAL THERAPY			10,946,299			2,010,263	
52	OCCUPATIONAL THERAPY			9,093,021			1,895,766	
53	SPEECH PATHOLOGY			2,204,481			453,771	
54	ELECTROCARDIOLOGY			12,885			7,333	
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			2,055,990			456,607	
57	DRUGS CHARGED TO PATIENTS			10,988,604			3,035,760	
58	RENAL DIALYSIS			575,664			373,251	
59	ASC (NON-DISTINCT PART)							
60	PSYCHIATRIC/PSYCHOLOGICAL			771,010			269,697	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			373,059				
63	EMERGENCY							
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
101	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			39,596,262			9,286,259	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	6,717					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	19,671					
51	PHYSICAL THERAPY	2,161					
52	OCCUPATIONAL THERAPY	3,647					
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	87					
57	DRUGS CHARGED TO PATIENTS	50,843					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	72,941					
65	EMERGENCY						
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
101	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL	156,067					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
44	LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
59	PSYCHIATRIC/PSYCHOLOGICAL											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL											

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			25,381				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			499,557			57,201	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,050,311			309,371	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY							
51	PHYSICAL THERAPY			10,946,299			705,457	
52	OCCUPATIONAL THERAPY			9,093,021			745,167	
53	SPEECH PATHOLOGY			2,204,481			99,328	
54	ELECTROCARDIOLOGY			12,885			2,640	
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			2,055,990			232,849	
57	DRUGS CHARGED TO PATIENTS			10,988,604			1,534,710	
58	RENAL DIALYSIS			575,664				
59	ASC (NON-DISTINCT PART)							
60	PSYCHIATRIC/PSYCHOLOGICAL			771,010			1,366	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			373,059				
63	EMERGENCY							
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
101	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			39,596,262			3,688,089	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	605.38
85	OBSERVATION BED COST	

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	12,239,034			
87	NEW CAPITAL-RELATED COST	1,046,437	.085500		
88	NON PHYSICIAN ANESTHETIST	12,239,034			
89	MEDICAL EDUCATION	12,239,034			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	3,336,745
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	648.42
68	PROGRAM ROUTINE SERVICE COST	2,538,564
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,538,564
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	184,082
72	PER DIEM CAPITAL-RELATED COSTS	35.77
73	PROGRAM CAPITAL-RELATED COSTS	140,040
74	INPATIENT ROUTINE SERVICE COST	2,398,524
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,398,524
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,538,564
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,469,761
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,008,325

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85	OBSERVATION BED COST

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				

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 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)

- 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)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 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
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

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

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		12,952,423		67,270
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	3/23/2009	126,248		
ADJUSTMENTS TO PROVIDER .02	6/15/2009	643,378		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/23/2009	1,061,946		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-292,320		NONE
4 TOTAL INTERIM PAYMENTS		12,660,103		67,270
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		84,762		1,057
7 TOTAL MEDICARE PROGRAM LIABILITY		12,575,341		68,327

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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		8,089,777
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.1464
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		2,928,677
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		12,257,606
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		9.49
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		10.42
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		9.49
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		55.389041
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		.153175
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		1,239,152
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		12,257,606
5	PRIMARY PAYER PAYMENTS		18,609
6	SUBTOTAL		12,238,997
7	DEDUCTIBLES		167,432
8	SUBTOTAL		12,071,565
9	COINSURANCE		19,261
10	SUBTOTAL		12,052,304
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		122,681
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		85,877
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		12,138,181
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		437,160
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	12,575,341
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	12,660,103
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-84,762
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		11.59
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	10.73	10.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		10.42
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		10.42
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.42
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		10.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		10.42
3.10	SEE INSTRUCTIONS		10.42
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		10.00
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		8.48
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		9.62
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	9.37
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		9.37
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		119,164.93
3.18	SEE INSTRUCTIONS		1,116,575
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.46
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.46
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.45
3.22	SEE INSTRUCTIONS		.45
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		125,845.41
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		56,630
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,173,205

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		7,134
5	TOTAL INPATIENT DAYS		20,217
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.352871
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	413,990	413,990
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		507
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		20,217
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		25,265
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		575,664
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	10,812,229
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	18,609
16	TOTAL PART A REASONABLE COST	10,793,620

PART B REASONABLE COST

17	REASONABLE COST	51,733
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	51,733
20	TOTAL REASONABLE COST	10,845,353
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.995230
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.004770

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	439,255
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	437,160
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,095

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	10.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	11.59	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	10.73	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		43,664,140		379,000
2 NET INCOME (LOSS)		2,450,860		
3 TOTAL		46,115,000		379,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		46,115,000		379,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM			212,000	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				212,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		46,115,000		167,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				249,000
2 NET INCOME (LOSS)				
3 TOTAL				249,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				249,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM			1,000	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				1,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				248,000

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						
38	OPERATING ROOM	9,081	97	8,984	10	521	8,550
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	69,128	7,916	61,212	792	3,550	64,786
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	728,148	16,885	711,263	1,689	41,253	685,206
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	6,229,726	594,141	5,635,585	59,414	326,864	5,843,448
52	OCCUPATIONAL THERAPY	4,390,967	335,762	4,055,205	33,576	235,202	4,122,189
53	SPEECH PATHOLOGY	1,763,430	93,436	1,669,994	9,344	96,860	1,657,226
54	ELECTROCARDIOLOGY	474	29	445	3	26	445
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	829,586	34,550	795,036	3,455	46,112	780,019
57	DRUGS CHARGED TO PATIENTS	2,982,711	37,085	2,945,626	3,709	170,846	2,808,156
58	RENAL DIALYSIS	277,667	10,188	267,479	1,019	15,514	261,134
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	320,491	24,503	295,988	2,450	17,167	300,874
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	111,559	2,441	109,118	244	6,329	104,986
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
102	SUBTOTAL	17,712,968	1,157,033	16,555,935	115,705	960,244	16,637,019
103	LESS OBSERVATION BEDS						
	TOTAL	17,712,968	1,157,033	16,555,935	115,705	960,244	16,637,019

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	25,381	.336866	.357393
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	499,557	.129687	.136793
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,050,311	.334196	.354316
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	10,946,299	.533829	.563689
52	OCCUPATIONAL THERAPY	9,093,021	.453335	.479202
53	SPEECH PATHOLOGY	2,204,481	.751753	.795691
54	ELECTROCARDIOLOGY	12,885	.034536	.036554
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,055,990	.379389	.401817
57	DRUGS CHARGED TO PATIENTS	10,988,604	.255552	.271099
58	RENAL DIALYSIS	575,664	.453622	.480572
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	771,010	.390234	.412499
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	373,059	.281419	.298384
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	39,596,262		
102	LESS OBSERVATION BEDS			
103	TOTAL	39,596,262		