

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		14-3026		FROM 9/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/18/2010 TIME 12:38

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: THE REHAB. INSTITUTE OF CHICAGO 14-3026 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2008 AND ENDING 8/31/2009 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	408,582	135,015	0		
100	TOTAL	0	408,582	135,015	0		

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 345 SUPERIOR P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60611- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-3026	2.01	9/ 1/1967	V XVIII XIX 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2008 TO: 8/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?				N
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).				
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.				1 N N 16974
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL				1
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO.				N
21.07	DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)				
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?				N
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.				N
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				/ / / /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.				/ / / /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)				/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).				/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?				Y
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?				Y
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.				Y
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.				N
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.				N
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)				Y N

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

TITLE XIX INPATIENT SERVICES

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

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

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	155	56,575					10,791
2 HMO					20,876		1,705
2 01 HMO - (IRF PPS SUBPROVIDER)					458		
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	155	56,575			20,876		10,791
12 TOTAL	155	56,575			20,876		10,791
13 RPCH VISITS							
25 TOTAL	155						
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 ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			51,534				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			51,534				
12 TOTAL			51,534			26.91	
13 RPCH VISITS							
25 TOTAL						26.91	
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO					1,326	529	2,595
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL	26.91	1,283.32			1,326	529	2,595
13 RPCH VISITS							
25 TOTAL	26.91	1,283.32					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,186,494	8,186,494
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,712,366	4,712,366
5	0500 EMPLOYEE BENEFITS	1,360,027	719,901	2,079,928	13,113,136	15,193,064
6.01	0630 PURCHASING, RECEIVING AND STORES	636,122	161,242	797,364	-114,241	683,123
6.02	0640 ADMINITTING	1,443,924	325,708	1,769,632	-267,173	1,502,459
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,235,465	1,154,573	2,390,038	-222,035	2,168,003
6.04	0660 ADMINISTRATIVE AND GENERAL	14,008,206	31,374,675	45,382,881	-9,302,621	36,080,260
8	0800 OPERATION OF PLANT	1,542,430	9,650,256	11,192,686	-5,106,059	6,086,627
9	0900 LAUNDRY & LINEN SERVICE				386,720	386,720
10	1000 HOUSEKEEPING	1,141,050	1,419,104	2,560,154	-617,622	1,942,532
11	1100 DIETARY	1,062,513	1,633,179	2,695,692	-1,667,714	1,027,978
12	1200 CAFETERIA				1,433,447	1,433,447
14	1400 NURSING ADMINISTRATION	713,277	146,651	859,928	-135,095	724,833
15	1500 CENTRAL SERVICES & SUPPLY	333,294	256,668	589,962	-66,033	523,929
16	1600 PHARMACY	951,075	4,861,623	5,812,698	-4,686,177	1,126,521
17	1700 MEDICAL RECORDS & LIBRARY	463,868	194,105	657,973	163,526	821,499
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	116,727	2,639,527	2,756,254	-20,012	2,736,242
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	37,318	28,560	65,878	447,765	513,643
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,351,879	6,898,215	20,250,094	-6,340,445	13,909,649
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC	196,312	222,514	418,826	1,667,873	2,086,699
41.01	3550 PSYCHOLOGY				1,333,977	1,333,977
41.02	3560 PULMONARY				458,994	458,994
44	4400 LABORATORY	259,735	491,879	751,614	-45,895	705,719
44.01	3951 VOCATIONAL REHABILITATION	378,883	243,392	622,275	-74,962	547,313
49	4900 RESPIRATORY THERAPY		69,329	69,329	875,181	944,510
50	5000 PHYSICAL THERAPY				6,131,518	6,131,518
50.01	3953 ALLIED HEALTH	11,642,893	3,174,635	14,817,528	-14,817,528	
51	5100 OCCUPATIONAL THERAPY				3,650,659	3,650,659
52	5200 SPEECH PATHOLOGY		72	72	1,402,787	1,402,859
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				998,719	998,719
56	5600 DRUGS CHARGED TO PATIENTS				4,472,107	4,472,107
59	3950 PROSTHETICS AND ORTHOTICS	1,479,068	2,349,663	3,828,731	-751,388	3,077,343
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	19,353,991	9,362,189	28,716,180	-1,298,535	27,417,645
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
95	SUBTOTALS NONREIMBURS COST CENTERS	71,708,057	77,377,660	149,085,717	3,901,734	152,987,451
97	9700 RESEARCH	8,612,450	10,509,745	19,122,195	-2,517,711	16,604,484
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 FOUNDATION	915,380	863,152	1,778,532	-163,859	1,614,673
98.02	9802 ACADEMY	1,190,461	850,495	2,040,956	-237,926	1,803,030
98.03	9803 PARTNERSHIP EXPENSE	4,934,019	1,401,032	6,335,051	-982,238	5,352,813
101	TOTAL	87,360,367	91,002,084	178,362,451	-0-	178,362,451

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3026
PERIOD: FROM 9/1/2008 TO 8/31/2009
PREPARED 1/18/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,351,282	6,835,212
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,712,366
5	0500 EMPLOYEE BENEFITS	-525	15,192,539
6.01	0630 PURCHASING, RECEIVING AND STORES		683,123
6.02	0640 ADMINITTING		1,502,459
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	-125,426	2,042,577
6.04	0660 ADMINISTRATIVE AND GENERAL	-10,922,413	25,157,847
8	0800 OPERATION OF PLANT	-1,113,373	4,973,254
9	0900 LAUNDRY & LINEN SERVICE		386,720
10	1000 HOUSEKEEPING	-204	1,942,328
11	1100 DIETARY	-28,663	999,315
12	1200 CAFETERIA	-762,948	670,499
14	1400 NURSING ADMINISTRATION	-4,304	720,529
15	1500 CENTRAL SERVICES & SUPPLY		523,929
16	1600 PHARMACY	-4,025	1,122,496
17	1700 MEDICAL RECORDS & LIBRARY	-63,499	758,000
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-59,441	2,676,801
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		513,643
25	2500 INPAT ROUTINE SRVC CNTRS		
	ADULTS & PEDIATRICS	-58,074	13,851,575
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC	-14,928	2,071,771
41.01	3550 PSYCHOLOGY	-108,210	1,225,767
41.02	3560 PULMONARY		458,994
44	4400 LABORATORY		705,719
44.01	3951 VOCATIONAL REHABILITATION	-575	546,738
49	4900 RESPIRATORY THERAPY		944,510
50	5000 PHYSICAL THERAPY	-497,379	5,634,139
50.01	3953 ALLIED HEALTH		
51	5100 OCCUPATIONAL THERAPY	-296,136	3,354,523
52	5200 SPEECH PATHOLOGY	-113,792	1,289,067
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		998,719
56	5600 DRUGS CHARGED TO PATIENTS		4,472,107
59	3950 PROSTHETICS AND ORTHOTICS	-12,964	3,064,379
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-8,500,334	18,917,311
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	9500 SUBTOTALS	-24,038,495	128,948,956
	NONREIMBURS COST CENTERS		
97	9700 RESEARCH		16,604,484
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 FOUNDATION		1,614,673
98.02	9802 ACADEMY		1,803,030
98.03	9803 PARTNERSHIP EXPENSE		5,352,813
101	TOTAL	-24,038,495	154,323,956

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3026
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/18/2010
 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	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.02	ADMITTING	0640	ADMITTING
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
25	INPAT ROUTINE SRVC C ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	PSYCHOLOGY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
41.02	PULMONARY	3560	PULMONARY FUNCTION TESTING
44	LABORATORY	4400	
44.01	VOCATIONAL REHABILITATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	ALLIED HEALTH	3953	OTHER ANCILLARY SERVICE COST CENTERS
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PROSTHETICS AND ORTHOTICS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	ACADEMY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	PARTNERSHIP EXPENSE	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		13,119,976
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		6,320,454
26		NEW CAP REL COSTS-MVBLE EQUIP	4		4,712,366
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DEPRECIATION	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,738,243
14					
15 AMORTIZATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		127,797
16					
17 ALLIED HEALTH - PT, OT, SP, PSYCH	E	PSYCHOLOGY	41.01	1,240,628	93,349
18		PHYSICAL THERAPY	50	5,702,448	429,070
19		OCCUPATIONAL THERAPY	51	3,395,194	255,465
20		SPEECH PATHOLOGY	52	1,304,623	98,164
21 NMH SERVICES	F	RESPIRATORY THERAPY	49		903,212
22		RADIOLOGY-DIAGNOSTIC	41		1,811,061
23					
24					
25 MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		998,719
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLIES	G				
2					
3 TRANSCRIPTION AND PHY PRACTICE	H	MEDICAL RECORDS & LIBRARY	17		248,317
4		CLINIC	60		1,552,243
5 LINEN	I	LAUNDRY & LINEN SERVICE	9		386,720
6 CAFETERIA	J	CAFETERIA	12	371,880	1,061,567
7 DRUGS	K	DRUGS CHARGED TO PATIENTS	56		4,472,107
8 PULMONARY	L	PULMONARY	41.02	287,312	171,682
9					
10 P&O PARAMEDICAL PROGRAM	M	PARAMED ED PRGM	24	449,169	4,800
36 TOTAL RECLASSIFICATIONS				12,751,254	38,505,312

(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:
143026

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EMPLOYEE BENEFITS	A	PURCHASING, RECEIVING AND STORES	6.01		110,822	
2		ADMINISTRATIVE	6.02		240,030	
3		CASHIERING/ACCOUNTS RECEIVABLE	6.03		215,534	
4		ADMINISTRATIVE AND GENERAL	6.04		2,208,526	
5		OPERATION OF PLANT	8		266,867	
6		HOUSEKEEPING	10		201,697	
7		DIETARY	11		187,211	
8		NURSING ADMINISTRATION	14		120,718	
9		CENTRAL SERVICES & SUPPLY	15		58,735	
10		PHARMACY	16		166,858	
11		MEDICAL RECORDS & LIBRARY	17		82,622	
12		I&R SERVICES-SALARY & FRINGES APPRVD	22		20,012	
13		PARAMED PRGM	24		6,204	
14		ADULTS & PEDIATRICS	25		2,339,200	
15		RADIOLOGY-DIAGNOSTIC	41		34,395	
16		LABORATORY	44		45,895	
17		VOCATIONAL REHABILITATION	44.01		67,230	
18		ALLIED HEALTH	50.01		2,044,234	
19		PROSTHETICS AND ORTHOTICS	59		259,972	
20		CLINIC	60		1,821,377	
21		RESEARCH	97		1,463,045	
22		FOUNDATION	98.01		153,207	
23		ACADEMY	98.02		203,378	
24		PARTNERSHIP EXPENSE	98.03		802,207	
25 DEPRECIATION	B	EMPLOYEE BENEFITS	5		6,840	9
26		PURCHASING, RECEIVING AND STORES	6.01		3,419	9
27		ADMINISTRATIVE	6.02		27,143	9
28		CASHIERING/ACCOUNTS RECEIVABLE	6.03		6,501	9
29		ADMINISTRATIVE AND GENERAL	6.04		3,675,256	9
30		OPERATION OF PLANT	8		4,839,192	9
31		HOUSEKEEPING	10		29,105	9
32		DIETARY	11		47,056	9
33		NURSING ADMINISTRATION	14		14,377	9
34		CENTRAL SERVICES & SUPPLY	15		5,233	9
35		PHARMACY	16		47,097	9
1 DEPRECIATION	B	MEDICAL RECORDS & LIBRARY	17		2,169	9
2		ADULTS & PEDIATRICS	25		121,384	9
3		RADIOLOGY-DIAGNOSTIC	41		108,766	9
4		VOCATIONAL REHABILITATION	44.01		7,732	9
5		RESPIRATORY THERAPY	49		8,450	9
6		ALLIED HEALTH	50.01		238,587	9
7		PROSTHETICS AND ORTHOTICS	59		37,397	9
8		CLINIC	60		700,829	9
9		FOUNDATION	98.01		10,652	9
10		ACADEMY	98.02		33,861	9
11		PARTNERSHIP EXPENSE	98.03		9,911	9
12		RESEARCH	97		1,051,863	9
13 INTEREST	C	ADMINISTRATIVE AND GENERAL	6.04		1,568,747	11
14		PARTNERSHIP EXPENSE	98.03		169,496	11
15 AMORTIZATION	D	ADMINISTRATIVE AND GENERAL	6.04		48,261	9
16		CLINIC	60		79,536	9
17 ALLIED HEALTH - PT, OT, SP, PSYCH	E	ALLIED HEALTH	50.01	11,642,893	876,048	
18						
19						
20						
21 NMH SERVICES	F	ADULTS & PEDIATRICS	25		2,708,203	
22		ALLIED HEALTH	50.01		3,281	
23		RESEARCH	97		2,555	
24		PARTNERSHIP EXPENSE	98.03		234	
25 MEDICAL SUPPLIES	G	ADMINISTRATIVE AND GENERAL	6.04		1,271	
26		HOUSEKEEPING	10		100	
27		CENTRAL SERVICES & SUPPLY	15		2,065	
28		PHARMACY	16		115	
29		ADULTS & PEDIATRICS	25		925,279	
30		RADIOLOGY-DIAGNOSTIC	41		27	
31		RESPIRATORY THERAPY	49		19,581	
32		ALLIED HEALTH	50.01		12,485	
33		PROSTHETICS AND ORTHOTICS	59		50	
34		CLINIC	60		36,421	
35		RESEARCH	97		248	

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8 9	
1 MEDICAL SUPPLIES	G	ACADEMY	98.02	687	
2		PARTNERSHIP EXPENSE	98.03	390	
3 TRANSCRIPTION AND PHY PRACTICE	H	ADMINISTRATIVE AND GENERAL	6.04	1,800,560	
4					
5 LINEN	I	HOUSEKEEPING	10	386,720	
6 CAFETERIA	J	DIETARY	11	371,880	1,061,567
7 DRUGS	K	PHARMACY	16		4,472,107
8 PULMONARY	L	ADULTS & PEDIATRICS	25	162,449	83,930
9		CLINIC	60	124,863	87,752
10 P&O PARAMEDICAL PROGRAM	M	PROSTHETICS AND ORTHOTICS	59	449,169	4,800
36 TOTAL RECLASSIFICATIONS				12,751,254	38,505,312

(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:
143026

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	13,119,976	PURCHASING, RECEIVING AND STOR	6.01	110,822	
2.00			0	ADMINISTRATIVE AND GENERAL	6.02	240,030	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.03	215,534	
4.00			0	OPERATION OF PLANT	8	266,867	
5.00			0	HOUSEKEEPING	10	201,697	
6.00			0	DIETARY	11	187,211	
7.00			0	NURSING ADMINISTRATION	14	120,718	
8.00			0	CENTRAL SERVICES & SUPPLY	15	58,735	
9.00			0	PHARMACY	16	166,858	
10.00			0	MEDICAL RECORDS & LIBRARY	17	82,622	
11.00			0	I&R SERVICES-SALARY & FRINGES	22	20,012	
12.00			0	PARAMED PRGM	24	6,204	
13.00			0	ADULTS & PEDIATRICS	25	2,339,200	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	34,395	
15.00			0	LABORATORY	44	45,895	
16.00			0	VOCATIONAL REHABILITATION	44.01	67,230	
17.00			0	ALLIED HEALTH	50.01	2,044,234	
18.00			0	PROSTHETICS AND ORTHOTICS	59	259,972	
19.00			0	CLINIC	60	1,821,377	
20.00			0	RESEARCH	97	1,463,045	
21.00			0	FOUNDATION	98.01	153,207	
22.00			0	ACADEMY	98.02	203,378	
23.00			0	PARTNERSHIP EXPENSE	98.03	802,207	
24.00			0				
TOTAL RECLASSIFICATIONS FOR CODE A			13,119,976				13,119,976

RECLASS CODE: B
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,320,454	EMPLOYEE BENEFITS	5	6,840	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,712,366	PURCHASING, RECEIVING AND STOR	6.01	3,419	
3.00			0	ADMINISTRATIVE AND GENERAL	6.02	27,143	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.03	6,501	
5.00			0	OPERATION OF PLANT	8	4,839,192	
6.00			0	HOUSEKEEPING	10	29,105	
7.00			0	DIETARY	11	47,056	
8.00			0	NURSING ADMINISTRATION	14	14,377	
9.00			0	CENTRAL SERVICES & SUPPLY	15	5,233	
10.00			0	PHARMACY	16	47,097	
11.00			0	MEDICAL RECORDS & LIBRARY	17	2,169	
12.00			0	ADULTS & PEDIATRICS	25	121,384	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	108,766	
14.00			0	VOCATIONAL REHABILITATION	44.01	7,732	
15.00			0	RESPIRATORY THERAPY	49	8,450	
16.00			0	ALLIED HEALTH	50.01	238,587	
17.00			0	PROSTHETICS AND ORTHOTICS	59	37,397	
18.00			0	CLINIC	60	700,829	
19.00			0	FOUNDATION	98.01	10,652	
20.00			0	ACADEMY	98.02	33,861	
21.00			0	PARTNERSHIP EXPENSE	98.03	9,911	
22.00			0	RESEARCH	97	1,051,863	
23.00			0				
TOTAL RECLASSIFICATIONS FOR CODE B			11,032,820				11,032,820

RECLASS CODE: C
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,738,243	ADMINISTRATIVE AND GENERAL	6.04	1,568,747	
2.00			0	PARTNERSHIP EXPENSE	98.03	169,496	
TOTAL RECLASSIFICATIONS FOR CODE C			1,738,243				1,738,243

RECLASS CODE: D
EXPLANATION : AMORTIZATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	127,797	ADMINISTRATIVE AND GENERAL	6.04	48,261	
2.00			0	CLINIC	60	79,536	
TOTAL RECLASSIFICATIONS FOR CODE D			127,797				127,797

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : ALLIED HEALTH - PT, OT, SP, PSYCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCHOLOGY	41.01	1,333,977	ALLIED HEALTH	50.01	12,518,941	
2.00	PHYSICAL THERAPY	50	6,131,518			0	
3.00	OCCUPATIONAL THERAPY	51	3,650,659			0	
4.00	SPEECH PATHOLOGY	52	1,402,787			0	
TOTAL RECLASSIFICATIONS FOR CODE E			12,518,941				

RECLASS CODE: F
EXPLANATION : NMH SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	903,212	ADULTS & PEDIATRICS	25	2,708,203	
2.00	RADIOLOGY-DIAGNOSTIC	41	1,811,061	ALLIED HEALTH	50.01	3,281	
3.00			0	RESEARCH	97	2,555	
4.00			0	PARTNERSHIP EXPENSE	98.03	234	
TOTAL RECLASSIFICATIONS FOR CODE F			2,714,273	2,714,273			

RECLASS CODE: G
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	998,719	ADMINISTRATIVE AND GENERAL	6.04	1,271	
2.00			0	HOUSEKEEPING	10	100	
3.00			0	CENTRAL SERVICES & SUPPLY	15	2,065	
4.00			0	PHARMACY	16	115	
5.00			0	ADULTS & PEDIATRICS	25	925,279	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	27	
7.00			0	RESPIRATORY THERAPY	49	19,581	
8.00			0	ALLIED HEALTH	50.01	12,485	
9.00			0	PROSTHETICS AND ORTHOTICS	59	50	
10.00			0	CLINIC	60	36,421	
11.00			0	RESEARCH	97	248	
12.00			0	ACADEMY	98.02	687	
13.00			0	PARTNERSHIP EXPENSE	98.03	390	
TOTAL RECLASSIFICATIONS FOR CODE G			998,719	998,719			

RECLASS CODE: H
EXPLANATION : TRANSCRIPTION AND PHY PRACTICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	248,317	ADMINISTRATIVE AND GENERAL	6.04	1,800,560	
2.00	CLINIC	60	1,552,243			0	
TOTAL RECLASSIFICATIONS FOR CODE H			1,800,560	1,800,560			

RECLASS CODE: I
EXPLANATION : LINEN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	386,720	HOUSEKEEPING	10	386,720	
TOTAL RECLASSIFICATIONS FOR CODE I			386,720	386,720			

RECLASS CODE: J
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,433,447	DIETARY	11	1,433,447	
TOTAL RECLASSIFICATIONS FOR CODE J			1,433,447	1,433,447			

RECLASS CODE: K
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,472,107	PHARMACY	16	4,472,107	
TOTAL RECLASSIFICATIONS FOR CODE K			4,472,107	4,472,107			

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/ 1/2008
TO 8/31/2009

PREPARED 1/18/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : PULMONARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY	41.02	458,994	ADULTS & PEDIATRICS	25	246,379	
2.00			0	CLINIC	60	212,615	
TOTAL RECLASSIFICATIONS FOR CODE L			458,994				458,994

RECLASS CODE: M
EXPLANATION : P&O PARAMEDICAL PROGRAM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	453,969	PROSTHETICS AND ORTHOTICS	59	453,969	
TOTAL RECLASSIFICATIONS FOR CODE M			453,969				453,969

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DI SPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	3,871,840	168,946		168,946		4,040,786	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	3,871,840	168,946		168,946		4,040,786	
8	RECONCILING ITEMS							
9	TOTAL	3,871,840	168,946		168,946		4,040,786	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DI SPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	108,808,405	3,828,268		3,828,268	54,718	112,581,955	
4	BUILDING IMPROVEMENT	12,251,688				2,636,597	9,615,091	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	73,430,372	6,339,166		6,339,166	1,538,192	78,231,346	
7	SUBTOTAL	194,490,465	10,167,434		10,167,434	4,229,507	200,428,392	
8	RECONCILING ITEMS							
9	TOTAL	194,490,465	10,167,434		10,167,434	4,229,507	200,428,392	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	6,448,251		386,961				6,835,212
4	NEW CAP REL COSTS-MV	4,712,366						4,712,366
5	TOTAL	11,160,617		386,961				11,547,578

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	THE COST CENTER	
	1	2	3	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	B	-1,351,282	NEW CAP REL COSTS-BLDG &	3	11
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	B	-559,914	OPERATION OF PLANT	8	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-533,717	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,952,161			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-748,081	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-14,867	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PARKING LOT VOC REHAB	B	-200	VOCATIONAL REHABILITATION	44.01	
38 REMOVE BAD DEBT EXPENSE	A	-2,002,339	ADMINISTRATIVE AND GENERA	6.04	
39 CONTRIBUTION EXPENSE	A	-160,000	ADMINISTRATIVE AND GENERA	6.04	
40 PRIVATE DUTY NURSING	A	-56,074	ADULTS & PEDIATRICS	25	
41 PRIVATE DUTY NURSING	A	-1,155	ADMINISTRATIVE AND GENERA	6.04	
42 PRIVATE DUTY NURSING	A	-721	NURSING ADMINISTRATIVE	14	
43 PROVIDER TAX	A	-7,740,371	ADMINISTRATIVE AND GENERA	6.04	
44 INTERNATIONAL RELATIONS	A	-310,674	ADMINISTRATIVE AND GENERA	6.04	
45 MARKETING	A	-197,587	ADMINISTRATIVE AND GENERA	6.04	
46 REFERRAL DEVELOPMENT	A	-3,583	NURSING ADMINISTRATIVE	14	
47 PHYSICIAN PROFESSIONAL FEES	A	-20,000	ADMINISTRATIVE AND GENERA	6.04	
48 NON OPERATING REVENUE	B	-525	EMPLOYEE BENEFITS	5	
49 NON OPERATING REVENUE	B	-125,426	CASHIERING/ACCOUNTS RECEI	6.03	
49.01 NON OPERATING REVENUE	B	-448,993	ADMINISTRATIVE AND GENERA	6.04	
49.02 NON OPERATING REVENUE	B	-19,742	OPERATION OF PLANT	8	
49.03 NON OPERATING REVENUE	B	-204	HOUSEKEEPING	10	
49.04 NON OPERATING REVENUE	B	-28,663	DIETARY	11	
49.05 NON OPERATING REVENUE	B	-4,025	PHARMACY	16	
49.06 NON OPERATING REVENUE	B	-63,499	MEDICAL RECORDS & LIBRARY	17	
49.07 NON OPERATING REVENUE	B	-59,441	I&R SERVICES-SALARY & FRI	22	
49.08 NON OPERATING REVENUE	B	-2,000	ADULTS & PEDIATRICS	25	
49.09 NON OPERATING REVENUE	B	-14,928	RADIOLOGY-DIAGNOSTIC	41	
49.10 NON OPERATING REVENUE	B	-375	VOCATIONAL REHABILITATION	44.01	
49.11 NON OPERATING REVENUE	B	-296,136	OCCUPATIONAL THERAPY	51	
49.12 NON OPERATING REVENUE	B	-108,210	PSYCHOLOGY	41.01	
49.13 NON OPERATING REVENUE	B	-497,379	PHYSICAL THERAPY	50	
49.14 NON OPERATING REVENUE	B	-113,792	SPEECH PATHOLOGY	52	
49.15 NON OPERATING REVENUE	B	-12,964	PROSTHETICS AND ORTHOTICS	59	
49.16 NON OPERATING REVENUE	B	-436,922	CLINIC	60	
49.17 DEPOSITION INCOME	B	-111,251	CLINIC	60	
49.18 DEPOSITION INCOME	B	-41,294	ADMINISTRATIVE AND GENERA	6.04	
49.19					
49.20					
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,038,495			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 1/18/2010
 I 14-3026 I FROM 9/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 8/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	PURCHASING, RECEIVING AND STORES	25	OTHER EXPENSE		ENTERED
6.02	ADMITTING	24	INPATIENT CHARGES		ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.04	ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	6,835,212				6,835,212		
004 NEW CAP REL COSTS-MVBLE E	4,712,366					4,712,366	
005 EMPLOYEE BENEFITS	15,192,539				70,905	6,840	15,270,284
006 01 PURCHASING, RECEIVING AND	683,123					3,419	112,950
006 02 ADMINITTING	1,502,459				35,058	27,143	256,385
006 03 CASHIERING/ACCOUNTS RECEI	2,042,577				70,117	6,501	219,371
006 04 ADMINISTRATIVE AND GENERA	25,157,847				1,026,523	2,278,549	2,487,311
008 OPERATION OF PLANT	4,973,254				623,882	131,375	273,875
009 LAUNDRY & LINEN SERVICE	386,720						
010 HOUSEKEEPING	1,942,328				35,452	29,105	202,606
011 DIETARY	999,315				309,814	47,056	122,629
012 CAFETERIA	670,499						66,031
014 NURSING ADMINISTRATION	720,529				26,294	14,377	126,650
015 CENTRAL SERVICES & SUPPLY	523,929				141,809	5,233	59,180
016 PHARMACY	1,122,496				28,362	47,097	168,874
017 MEDICAL RECORDS & LIBRARY	758,000				52,588	2,169	82,365
022 I&R SERVICES-SALARY & FRI	2,676,801				70,117		20,726
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM	513,643						86,381
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	13,851,575				1,742,325	121,384	2,370,773
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	2,071,771				52,588	108,766	34,857
041 01 PSYCHOLOGY	1,225,767				121,405	25,433	220,287
041 02 PULMONARY	458,994						
044 LABORATORY	705,719				28,047		46,119
044 01 VOCATIONAL REHABILITATION	546,738					7,732	67,275
049 RESPIRATORY THERAPY	944,510					8,450	
050 PHYSICAL THERAPY	5,634,139				558,059	116,860	1,012,532
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	3,354,523				332,267	69,548	602,854
052 SPEECH PATHOLOGY	1,289,067				190,773	26,746	231,650
055 MEDICAL SUPPLIES CHARGED	998,719						
056 DRUGS CHARGED TO PATIENTS	4,472,107						
059 PROSTHETICS AND ORTHOTICS	3,064,379				70,117	37,397	182,870
060 OUTPAT SERVICE COST CNTRS							
CLINIC	18,917,311				635,188	700,829	3,436,494
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	128,948,956				6,221,690	3,822,009	12,491,045
NONREIMBURS COST CENTERS							
097 RESEARCH	16,604,484				420,701	835,933	1,529,235
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	1,614,673				35,058	10,652	162,536
098 02 ACADEMY	1,803,030				157,763	33,861	211,379
098 03 PARTNERSHIP EXPENSE	5,352,813					9,911	876,089
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	154,323,956				6,835,212	4,712,366	15,270,284

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6a.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND	799,492						
006 02 ADMINISTRATION	11,076	1,832,121					
006 03 CASHIERING/ACCOUNTS RECEI	5,656		2,344,222				
006 04 ADMINISTRATIVE AND GENERA	123,579			31,073,809	31,073,809		
008 OPERATION OF PLANT	21,013			6,023,399	1,518,619	7,542,018	
009 LAUNDRY & LINEN SERVICE				386,720	97,500		484,220
010 HOUSEKEEPING	2,111			2,211,602	557,589	53,383	
011 DIETARY	45,755			1,524,569	384,374	466,510	
012 CAFETERIA	24,637			761,167	191,905		
014 NURSING ADMINISTRATION	531			888,381	223,979	39,593	
015 CENTRAL SERVICES & SUPPLY	64,179			794,330	200,266	213,533	
016 PHARMACY	7,166			1,373,995	346,412	42,707	
017 MEDICAL RECORDS & LIBRARY	14,957			910,079	229,449	79,185	
022 I&R SERVICES-SALARY & FRI	10,091			2,777,735	700,323	105,580	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM				600,024	151,278		
025 INPATIENT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	26,672	680,794	477,694	19,271,217	4,858,659	2,623,552	484,220
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	2,657	37,073	42,022	2,349,734	592,415	79,185	
041 01 PSYCHOLOGY	4,810	29,244	55,048	1,681,994	424,064	182,808	
041 02 PULMONARY		9,723	15,164	483,881	121,996		
044 LABORATORY	2,188	119,412	92,228	993,713	250,535	42,232	
044 01 VOCATIONAL REHABILITATION	2,444	218	14,110	638,517	160,983		
049 RESPIRATORY THERAPY	642	50,839	38,540	1,042,981	262,956		
050 PHYSICAL THERAPY	22,094	253,899	308,096	7,905,679	1,993,180	840,312	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	13,156	245,571	220,869	4,838,788	1,219,955	500,320	
052 SPEECH PATHOLOGY	5,106	92,607	81,651	1,917,600	483,465	287,261	
055 MEDICAL SUPPLIES CHARGED		58,225	41,009	1,097,953	276,816		
056 DRUGS CHARGED TO PATIENTS		232,498	201,757	4,906,362	1,236,992		
059 PROSTHETICS AND ORTHOTICS	10,887	22,018	96,709	3,484,377	878,481	105,580	
060 OUTPATIENT SERVICE COST CNTRS							
062 CLINIC	74,102		659,325	24,423,249	6,157,573	956,450	
OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	495,509	1,832,121	2,344,222	124,361,855	23,519,764	6,618,191	484,220
NONREIMBURS COST CENTERS							
097 RESEARCH	140,166			19,530,519	4,924,034	633,481	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	31,918			1,854,837	467,642	52,790	
098 02 ACADEMY	124,583			2,330,616	587,595	237,556	
098 03 PARTNERSHIP EXPENSE	7,316			6,246,129	1,574,774		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	799,492	1,832,121	2,344,222	154,323,956	31,073,809	7,542,018	484,220

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND							
006 02 ADMINISTRATION							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,822,574						
011 DIETARY	289,941	2,665,394					
012 CAFETERIA		2,665,394	3,618,466				
014 NURSING ADMINISTRATION	19,348		35,796	1,207,097			
015 CENTRAL SERVICES & SUPPLY	18,242		41,448		1,267,819		
016 PHARMACY	6,357		47,515			1,816,986	
017 MEDICAL RECORDS & LIBRARY	18,795		42,239				1,279,747
022 I&R SERVICES-SALARY & FRI	79,326		9,948				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM			22,759				
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,674,144		947,996	1,207,097			462,452
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	16,860		13,603				20,496
041 01 PSYCHOLOGY	33,721		72,723				32,026
041 02 PULMONARY	12,991						23,059
044 LABORATORY	7,186		21,741				17,934
044 01 VOCATIONAL REHABILITATION	32,891		27,507				60,208
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	210,891		334,223				121,698
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	87,894		198,989				96,077
052 SPEECH PATHOLOGY	44,776		76,453				81,986
055 MEDICAL SUPPLIES CHARGED					1,267,819		
056 DRUGS CHARGED TO PATIENTS						1,816,986	
059 PROSTHETICS AND ORTHOTICS	24,599		75,247				21,777
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC	167,221		893,849				335,629
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS	2,745,183	2,665,394	2,862,036	1,207,097	1,267,819	1,816,986	1,273,342
NONREIMBURS COST CENTERS							
097 RESEARCH	37,037		502,352				6,405
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	30,404		46,648				
098 02 ACADEMY	9,950		54,561				
098 03 PARTNERSHIP EXPENSE			152,869				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,822,574	2,665,394	3,618,466	1,207,097	1,267,819	1,816,986	1,279,747

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI			I&R SERVICES- OTHER PRGM C GM		I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	22	23	24	25			
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND							
006 02 ADMINITTING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
022 I&R SERVICES-SALARY & FRI	3,672,912						
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM			774,061				
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,203,747		363,809	34,096,893	-2,203,747	31,893,146	
ANCILLARY SRVC COST CNTRS							
RADIOLOGY-DIAGNOSTIC				3,072,293		3,072,293	
041 01 PSYCHOLOGY				2,427,336		2,427,336	
041 02 PULMONARY				641,927		641,927	
044 LABORATORY				1,333,341		1,333,341	
044 01 VOCATIONAL REHABILITATION				920,106		920,106	
049 RESPIRATORY THERAPY				1,305,937		1,305,937	
050 PHYSICAL THERAPY	1,101,874			12,507,857	-1,101,874	11,405,983	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY				6,942,023		6,942,023	
052 SPEECH PATHOLOGY				2,891,541		2,891,541	
055 MEDICAL SUPPLIES CHARGED				2,642,588		2,642,588	
056 DRUGS CHARGED TO PATIENTS				7,960,340		7,960,340	
059 PROSTHETICS AND ORTHOTICS				4,590,061		4,590,061	
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC			410,252	33,344,223		33,344,223	
OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,305,621		774,061	114,676,466	-3,305,621	111,370,845	
NONREIMBURS COST CENTERS							
097 RESEARCH				25,633,828		25,633,828	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION				2,452,321		2,452,321	
098 02 ACADEMY				3,220,278		3,220,278	
098 03 PARTNERSHIP EXPENSE	367,291			8,341,063	-367,291	7,973,772	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,672,912		774,061	154,323,956	-3,672,912	150,651,044	

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	393				70,905	6,840	78,138
006 01 PURCHASING, RECEIVING AND	123					3,419	3,542
006 02 ADMINITTING					35,058	27,143	62,201
006 03 CASHIERING/ACCOUNTS RECEI					70,117	6,501	76,618
006 04 ADMINISTRATIVE AND GENERA	1,253,772				1,026,523	2,278,549	4,558,844
008 OPERATION OF PLANT	135,747				623,882	131,375	891,004
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,350				35,452	29,105	65,907
011 DIETARY	1,225				309,814	47,056	358,095
012 CAFETERIA							
014 NURSING ADMINISTRATION					26,294	14,377	40,671
015 CENTRAL SERVICES & SUPPLY					141,809	5,233	147,042
016 PHARMACY	775				28,362	47,097	76,234
017 MEDICAL RECORDS & LIBRARY	6,897				52,588	2,169	61,654
022 I&R SERVICES-SALARY & FRI	9,393				70,117		79,510
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,088				1,742,325	121,384	1,864,797
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	8,885				52,588	108,766	170,239
041 01 PSYCHOLOGY	26,082				121,405	25,433	172,920
041 02 PULMONARY							
044 LABORATORY					28,047		28,047
044 01 VOCATIONAL REHABILITATION	88,791					7,732	96,523
049 RESPIRATORY THERAPY						8,450	8,450
050 PHYSICAL THERAPY	119,885				558,059	116,860	794,804
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	71,379				332,267	69,548	473,194
052 SPEECH PATHOLOGY	27,428				190,773	26,746	244,947
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 PROSTHETICS AND ORTHOTICS					70,117	37,397	107,514
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,565,293				635,188	700,829	2,901,310
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,318,506				6,221,690	3,822,009	13,362,205
NONREIMBURS COST CENTERS							
097 RESEARCH	379,904				420,701	835,933	1,636,538
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION					35,058	10,652	45,710
098 02 ACADEMY	6,954				157,763	33,861	198,578
098 03 PARTNERSHIP EXPENSE	66,845					9,911	76,756
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,772,209				6,835,212	4,712,366	15,319,787

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	6.01	6.02	6.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	78,138						
006 01 PURCHASING, RECEIVING AND	578	4,120					
006 02 ADMINISTRATION	1,313	57	63,571				
006 03 CASHIERING/ACCOUNTS RECEI	1,123	29		77,770			
006 04 ADMINISTRATIVE AND GENERA	12,733	637			4,572,214		
008 OPERATION OF PLANT	1,402	108			223,450	1,115,964	
009 LAUNDRY & LINEN SERVICE					14,346		14,346
010 HOUSEKEEPING	1,037	11			82,044	7,899	
011 DIETARY	628	236			56,557	69,028	
012 CAFETERIA	338	127			28,237		
014 NURSING ADMINISTRATION	648	3			32,956	5,858	
015 CENTRAL SERVICES & SUPPLY	303	331			29,467	31,596	
016 PHARMACY	865	37			50,971	6,319	
017 MEDICAL RECORDS & LIBRARY	422	77			33,761	11,717	
022 I&R SERVICES-SALARY & FRI	106	52			103,046	15,622	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM	442				22,259		
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	12,137	137	23,603	15,823	714,904	388,198	14,346
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	178	14	1,287	1,392	87,168	11,717	
041 01 PSYCHOLOGY	1,128	25	1,015	1,823	62,397	27,049	
041 02 PULMONARY			338	502	17,951		
044 LABORATORY	236	11	4,145	3,055	36,864	6,249	
044 01 VOCATIONAL REHABILITATION	344	13	8	467	23,687		
049 RESPIRATORY THERAPY		3	1,765	1,277	38,691		
050 PHYSICAL THERAPY	5,184	114	8,814	10,205	293,277	124,338	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	3,086	68	8,525	7,316	179,505	74,030	
052 SPEECH PATHOLOGY	1,186	26	3,215	2,705	71,137	42,505	
055 MEDICAL SUPPLIES CHARGED			2,021	1,358	40,731		
056 DRUGS CHARGED TO PATIENTS			8,071	6,683	182,011		
059 PROSTHETICS AND ORTHOTICS	936	56	764	3,203	129,260	15,622	
060 OUTPAT SERVICE COST CNTRS							
CLINIC	17,557	382		21,961	906,032	141,522	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	63,910	2,554	63,571	77,770	3,460,709	979,269	14,346
NONREIMBURS COST CENTERS							
097 RESEARCH	7,829	722			724,524	93,734	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	832	164			68,809	7,811	
098 02 ACADEMY	1,082	642			86,459	35,150	
098 03 PARTNERSHIP EXPENSE	4,485	38			231,713		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	78,138	4,120	63,571	77,770	4,572,214	1,115,964	14,346

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	03 NEW CAP REL COSTS-BLDG &							
004	04 NEW CAP REL COSTS-MVBLE E							
005	05 EMPLOYEE BENEFITS							
006	01 PURCHASING, RECEIVING AND							
006	02 ADMINITTING							
006	03 CASHIERING/ACCOUNTS RECEI							
006	04 ADMINISTRATIVE AND GENERA							
008	08 OPERATION OF PLANT							
009	09 LAUNDRY & LINEN SERVICE							
010	10 HOUSEKEEPING	156,898						
011	11 DIETARY	16,117	500,661					
012	12 CAFETERIA		500,661	529,363				
014	14 NURSING ADMINISTRATION	1,075		5,237	86,448			
015	15 CENTRAL SERVICES & SUPPLY	1,014		6,064		215,817		
016	16 PHARMACY	353		6,951			141,730	
017	17 MEDICAL RECORDS & LIBRARY	1,045		6,179				114,855
022	22 I&R SERVICES-SALARY & FRI	4,409		1,455				
023	23 I&R SERVICES-OTHER PRGM C							
024	24 PARAMED ED PRGM			3,330				
025	25 INPAT ROUTINE SRVC CNTRS							
	ADULTS & PEDIATRICS	93,063		138,686	86,448			41,504
	ANCILLARY SRVC COST CNTRS							
041	41 RADIOLOGY-DIAGNOSTIC	937		1,990				1,840
041	01 PSYCHOLOGY	1,874		10,639				2,874
041	02 PULMONARY	722						2,069
044	44 LABORATORY	399		3,181				1,610
044	01 VOCATIONAL REHABILITATION	1,828		4,024				5,404
049	49 RESPIRATORY THERAPY							
050	50 PHYSICAL THERAPY	11,723		48,895				10,922
050	01 ALLIED HEALTH							
051	51 OCCUPATIONAL THERAPY	4,886		29,111				8,623
052	52 SPEECH PATHOLOGY	2,489		11,185				7,358
055	55 MEDICAL SUPPLIES CHARGED					215,817		
056	56 DRUGS CHARGED TO PATIENTS						141,730	
059	59 PROSTHETICS AND ORTHOTICS	1,367		11,008				1,954
060	60 OUTPAT SERVICE COST CNTRS							
062	62 CLINIC	9,295		130,766				30,122
	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	95 SUBTOTALS	152,596	500,661	418,701	86,448	215,817	141,730	114,280
	NONREIMBURS COST CENTERS							
097	97 RESEARCH	2,059		73,492				575
098	98 PHYSICIANS' PRIVATE OFFIC							
098	01 FOUNDATION	1,690		6,824				
098	02 ACADEMY	553		7,982				
098	03 PARTNERSHIP EXPENSE			22,364				
101	101 CROSS FOOT ADJUSTMENTS							
102	102 NEGATIVE COST CENTER							
103	103 TOTAL	156,898	500,661	529,363	86,448	215,817	141,730	114,855

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 PURCHASING, RECEIVING AND						
006 02 ADMITTING						
006 03 CASHIERING/ACCOUNTS RECEI						
006 04 ADMINISTRATIVE AND GENERA						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	204,200					
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM			26,031			
025 INPAT ROUTINE SRVC CNTRS				3,393,646		3,393,646
ADULTS & PEDIATRICS						
ANCILLARY SRVC COST CNTRS						
041 RADIOLOGY-DIAGNOSTIC				276,762		276,762
041 01 PSYCHOLOGY				281,744		281,744
041 02 PULMONARY				21,582		21,582
044 LABORATORY				83,797		83,797
044 01 VOCATIONAL REHABILITATION				132,298		132,298
049 RESPIRATORY THERAPY				50,186		50,186
050 PHYSICAL THERAPY				1,308,276		1,308,276
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				788,344		788,344
052 SPEECH PATHOLOGY				386,753		386,753
055 MEDICAL SUPPLIES CHARGED				259,927		259,927
056 DRUGS CHARGED TO PATIENTS				338,495		338,495
059 PROSTHETICS AND ORTHOTICS				271,684		271,684
060 OUTPAT SERVICE COST CNTRS						
062 CLINIC				4,158,947		4,158,947
OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS				11,752,441		11,752,441
NONREIMBURS COST CENTERS						
097 RESEARCH				2,539,473		2,539,473
098 PHYSICIANS' PRIVATE OFFIC						
098 01 FOUNDATION				131,840		131,840
098 02 ACADEMY				330,446		330,446
098 03 PARTNERSHIP EXPENSE				335,356		335,356
101 CROSS FOOT ADJUSTMENTS	204,200		26,031	230,231		230,231
102 NEGATIVE COST CENTER						
103 TOTAL	204,200		26,031	15,319,787		15,319,787

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD				347,040		
004 NEW CAP REL COSTS-MVB					4,712,366	
005 EMPLOYEE BENEFITS					6,840	86,000,342
006 01 PURCHASING, RECEIVING					3,419	636,122
006 02 ADMINITTING				1,780	27,143	1,443,925
006 03 CASHIERING/ACCOUNTS R				3,560	6,501	1,235,466
006 04 ADMINISTRATIVE AND GE				52,119	2,278,549	14,008,206
008 OPERATION OF PLANT				31,676	131,375	1,542,430
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING				1,800	29,105	1,141,050
011 DIETARY				15,730	47,056	690,633
012 CAFETERIA						371,880
014 NURSING ADMINISTRATION				1,335	14,377	713,277
015 CENTRAL SERVICES & SU				7,200	5,233	333,294
016 PHARMACY				1,440	47,097	951,075
017 MEDICAL RECORDS & LIB				2,670	2,169	463,868
022 I&R SERVICES-SALARY &				3,560		116,727
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM						486,487
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS				88,462	121,384	13,351,879
041 ANCILLARY SRVC COST C						
RADIOLOGY-DIAGNOSTIC				2,670	108,766	196,312
041 01 PSYCHOLOGY				6,164	25,433	1,240,628
041 02 PULMONARY						
044 LABORATORY				1,424		259,735
044 01 VOCATIONAL REHABILITA					7,732	378,883
049 RESPIRATORY THERAPY					8,450	
050 PHYSICAL THERAPY				28,334	116,860	5,702,448
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				16,870	69,548	3,395,194
052 SPEECH PATHOLOGY				9,686	26,746	1,304,623
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 PROSTHETICS AND ORTHO				3,560	37,397	1,029,899
060 OUTPAT SERVICE COST C						
CLINIC				32,250	700,829	19,353,991
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS				315,890	3,822,009	70,348,032
NONREIMBURS COST CENT						
097 RESEARCH				21,360	835,933	8,612,450
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION				1,780	10,652	915,380
098 02 ACADEMY				8,010	33,861	1,190,461
098 03 PARTNERSHIP EXPENSE					9,911	4,934,019
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				6,835,212	4,712,366	15,270,284
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					1.000000	
(WRKSHT B, PT I)				19.695747		.177561
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						78,138
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000909
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		ADMINISTRATIVE OPERATION OF PLANT AND GENERAL		LAUNDRY & LINEN SERVICE	
	(OTHER EXPENSE)	(INPATIENT CHARGES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	6.01	6.02	6.03	6a.04	6.04	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 PURCHASING, RECEIVING	1,189,010							
006 02 ADMINISTRATION	16,472	132,778,687						
006 03 CASHIERING/ACCOUNTS R	8,411		242,654,350					
006 04 ADMINISTRATIVE AND GE	183,788			-31,073,809	123,250,147			
008 OPERATION OF PLANT	31,251				6,023,399	254,305		
009 LAUNDRY & LINEN SERVI					386,720		46,398	
010 HOUSEKEEPING	3,139				2,211,602	1,800		
011 DIETARY	68,047				1,524,569	15,730		
012 CAFETERIA	36,640				761,167			
014 NURSING ADMINISTRATION	790				888,381	1,335		
015 CENTRAL SERVICES & SU	95,447				794,330	7,200		
016 PHARMACY	10,657				1,373,995	1,440		
017 MEDICAL RECORDS & LIB	22,244				910,079	2,670		
022 I&R SERVICES-SALARY &	15,007				2,777,735	3,560		
023 I&R SERVICES-OTHER PR								
024 PARAMEDICAL PRGM					600,024			
025 INPAT ROUTINE SRVC CN	39,667	49,337,048	49,445,645		19,271,217	88,462	46,398	
ADULTS & PEDIATRICS								
ANCILLARY SRVC COST C								
041 RADIOLOGY-DIAGNOSTIC	3,951	2,686,852	4,349,663		2,349,734	2,670		
041 01 PSYCHOLOGY	7,153	2,119,427	5,697,963		1,681,994	6,164		
041 02 PULMONARY		704,663	1,569,607		483,881			
044 LABORATORY	3,254	8,654,315	9,546,400		993,713	1,424		
044 01 VOCATIONAL REHABILITA	3,635	15,797	1,460,555		638,517			
049 RESPIRATORY THERAPY	955	3,684,486	3,989,198		1,042,981			
050 PHYSICAL THERAPY	32,858	18,401,164	31,890,705		7,905,679	28,334		
050 01 ALLIED HEALTH								
051 OCCUPATIONAL THERAPY	19,566	17,797,580	22,861,872		4,838,788	16,870		
052 SPEECH PATHOLOGY	7,593	6,711,660	8,451,659		1,917,600	9,686		
055 MEDICAL SUPPLIES CHAR		4,219,811	4,244,793		1,097,953			
056 DRUGS CHARGED TO PATI		16,850,157	20,883,678		4,906,362			
059 PROSTHETICS AND ORTHO	16,191	1,595,727	10,010,216		3,484,377	3,560		
OUTPUT SERVICE COST C								
060 CLINIC	110,205		68,252,396		24,423,249	32,250		
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	736,921	132,778,687	242,654,350	-31,073,809	93,288,046	223,155	46,398	
NONREIMBURS COST CENT								
097 RESEARCH	208,458				19,530,519	21,360		
098 PHYSICIANS' PRIVATE O								
098 01 FOUNDATION	47,469				1,854,837	1,780		
098 02 ACADEMY	185,281				2,330,616	8,010		
098 03 PARTNERSHIP EXPENSE	10,881				6,246,129			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	799,492	1,832,121	2,344,222		31,073,809	7,542,018	484,220	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.013798				29.657372		
(WRKSHT B, PT I)	.672401		.009661		.252120		10.436226	
COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	4,120	63,571	77,770		4,572,214	1,115,964	14,346	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000479				4.388290		
(WRKSHT B, PT III)	.003465		.000320		.037097		.309194	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(TIME)SPENT
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING							
006 02 ADMINITTING							
006 03 CASHIERING/ACCOUNTS R							
006 04 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	10,212						
011 DIETARY	1,049	154,602					
012 CAFETERIA		154,602	96,031				
014 NURSING ADMINISTRATION	70		950	410,109			
015 CENTRAL SERVICES & SU	66		1,100		100		
016 PHARMACY	23		1,261			100	
017 MEDICAL RECORDS & LIB	68		1,121				999
022 I&R SERVICES-SALARY &	287		264				
023 I&R SERVICES-OTHER PR							
024 PARAMED PRGM			604				
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	6,057		25,159	410,109			361
ANCILLARY SRVC COST C							
041 RADIOLOGY-DIAGNOSTIC	61		361				16
041 01 PSYCHOLOGY	122		1,930				25
041 02 PULMONARY	47						18
044 LABORATORY	26		577				14
044 01 VOCATIONAL REHABILI TA	119		730				47
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	763		8,870				95
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	318		5,281				75
052 SPEECH PATHOLOGY	162		2,029				64
055 MEDICAL SUPPLIES CHAR					100		
056 DRUGS CHARGED TO PATI						100	
059 PROSTHETICS AND ORTHO	89		1,997				17
060 OUTPAT SERVICE COST C							
CLINIC	605		23,722				262
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	9,932	154,602	75,956	410,109	100	100	994
NONREIMBURS COST CENT							
097 RESEARCH	134		13,332				5
098 PHYSICIANS' PRIVATE O							
098 01 FOUNDATION	110		1,238				
098 02 ACADEMY	36		1,448				
098 03 PARTNERSHIP EXPENSE			4,057				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,822,574	2,665,394	3,618,466	1,207,097	1,267,819	1,816,986	1,279,747
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		17.240359		2.943357		18,169.860000	
(WRKSHT B, PT I)	276.397767		37.680187		12,678.190000		1,281.028028
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	156,898	500,661	529,363	86,448	215,817	141,730	114,855
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.238386		.210793		1,417.300000	
(WRKSHT B, PT III)	15.364081		5.512418		2,158.170000		114.969970

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	GENERAL SERVICE COST	22	23	24
001	01 OLD CAP REL COSTS-BLD			
002	01 OLD CAP REL COSTS-MVB			
003	01 NEW CAP REL COSTS-BLD			
004	01 NEW CAP REL COSTS-MVB			
005	01 EMPLOYEE BENEFITS			
006	01 PURCHASING, RECEIVING			
006	02 ADMINITTING			
006	03 CASHIERING/ACCOUNTS R			
006	04 ADMINISTRATIVE AND GE			
008	01 OPERATION OF PLANT			
009	01 LAUNDRY & LINEN SERVI			
010	01 HOUSEKEEPING			
011	01 DIETARY			
012	01 CAFETERIA			
014	01 NURSING ADMINISTRATION			
015	01 CENTRAL SERVICES & SU			
016	01 PHARMACY			
017	01 MEDICAL RECORDS & LIB			
022	01 I&R SERVICES-SALARY &	100		
023	01 I&R SERVICES-OTHER PR		100	
024	01 PARAMED ED PRGM			100
025	01 INPAT ROUTINE SRVC CN	60	60	47
	01 ADULTS & PEDIATRICS			
	01 ANCILLARY SRVC COST C			
041	01 RADIOLOGY-DIAGNOSTIC			
041	01 PSYCHOLOGY			
041	02 PULMONARY			
044	01 LABORATORY			
044	01 VOCATIONAL REHABILITA			
049	01 RESPIRATORY THERAPY			
050	01 PHYSICAL THERAPY	30	30	
050	01 ALLIED HEALTH			
051	01 OCCUPATIONAL THERAPY			
052	01 SPEECH PATHOLOGY			
055	01 MEDICAL SUPPLIES CHAR			
056	01 DRUGS CHARGED TO PATI			
059	01 PROSTHETICS AND ORTHO			
060	01 OUTPAT SERVICE COST C			53
062	01 CLINIC			
062	01 OBSERVATION BEDS (NON			
	01 SPEC PURPOSE COST CEN			
095	01 SUBTOTALS	90	90	100
	01 NONREIMBURS COST CENT			
097	01 RESEARCH			
098	01 PHYSICIANS' PRIVATE O			
098	01 FOUNDATION			
098	02 ACADEMY			
098	03 PARTNERSHIP EXPENSE	10	10	
101	01 CROSS FOOT ADJUSTMENT			
102	01 NEGATIVE COST CENTER			
103	01 COST TO BE ALLOCATED	3,672,912		774,061
	01 (PER WRKSHT B, PART			
104	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT I)	36,729.120000		7,740.610000
105	01 COST TO BE ALLOCATED			
	01 (PER WRKSHT B, PART			
106	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT I I)			
107	01 COST TO BE ALLOCATED	204,200		26,031
	01 (PER WRKSHT B, PART			
108	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT I I I)	2,042.000000		260.310000

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	49,445,645		49,445,645			
41	RADIOLOGY-DIAGNOSTIC	2,606,702	1,742,961	4,349,663	.706329	.706329	.706329
41 01	PSYCHOLOGY	2,119,427	3,578,536	5,697,963	.426001	.426001	.426001
41 02	PULMONARY	726,758	842,849	1,569,607	.408973	.408973	.408973
44	LABORATORY	8,654,315	892,085	9,546,400	.139670	.139670	.139670
44 01	VOCATIONAL REHABILITATION	15,759	1,444,796	1,460,555	.629970	.629970	.629970
49	RESPIRATORY THERAPY	3,775,932	213,266	3,989,198	.327368	.327368	.327368
50	PHYSICAL THERAPY	18,401,164	13,489,541	31,890,705	.357659	.357659	.357659
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	17,797,580	5,064,292	22,861,872	.303651	.303651	.303651
52	SPEECH PATHOLOGY	6,711,660	1,739,999	8,451,659	.342127	.342127	.342127
55	MEDICAL SUPPLIES CHARGED	4,225,404	19,389	4,244,793	.622548	.622548	.622548
56	DRUGS CHARGED TO PATIENTS	16,741,560	4,142,118	20,883,678	.381175	.381175	.381175
59	PROSTHETICS AND ORTHOTICS	1,590,133	8,420,083	10,010,216	.458538	.458538	.458538
60	OUTPAT SERVICE COST CNTRS CLINIC	14,243	68,238,153	68,252,396	.488543	.488543	.488543
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	132,826,282	109,828,068	242,654,350			
102	LESS OBSERVATION BEDS						
103	TOTAL	132,826,282	109,828,068	242,654,350			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	3,072,293	276,762	2,795,531			3,072,293
41 01	PSYCHOLOGY	2,427,336	281,744	2,145,592			2,427,336
41 02	PULMONARY	641,927	21,582	620,345			641,927
44	LABORATORY	1,333,341	83,797	1,249,544			1,333,341
44 01	VOCATIONAL REHABILITATION	920,106	132,298	787,808			920,106
49	RESPIRATORY THERAPY	1,305,937	50,186	1,255,751			1,305,937
50	PHYSICAL THERAPY	11,405,983	1,308,276	10,097,707			11,405,983
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,942,023	788,344	6,153,679			6,942,023
52	SPEECH PATHOLOGY	2,891,541	386,753	2,504,788			2,891,541
55	MEDICAL SUPPLIES CHARGED	2,642,588	259,927	2,382,661			2,642,588
56	DRUGS CHARGED TO PATIENTS	7,960,340	338,495	7,621,845			7,960,340
59	PROSTHETICS AND ORTHOTICS	4,590,061	271,684	4,318,377			4,590,061
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,344,223	4,158,947	29,185,276			33,344,223
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,477,699	8,358,795	71,118,904			79,477,699
102	LESS OBSERVATION BEDS						
103	TOTAL	79,477,699	8,358,795	71,118,904			79,477,699

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
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	4,349,663	.706329	.706329
41 01	PSYCHOLOGY	5,697,963	.426001	.426001
41 02	PULMONARY	1,569,607	.408973	.408973
44	LABORATORY	9,546,400	.139670	.139670
44 01	VOCATIONAL REHABILITATION	1,460,555	.629970	.629970
49	RESPIRATORY THERAPY	3,989,198	.327368	.327368
50	PHYSICAL THERAPY	31,890,705	.357659	.357659
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	22,861,872	.303651	.303651
52	SPEECH PATHOLOGY	8,451,659	.342127	.342127
55	MEDICAL SUPPLIES CHARGED	4,244,793	.622548	.622548
56	DRUGS CHARGED TO PATIENTS	20,883,678	.381175	.381175
59	PROSTHETICS AND ORTHOTICS	10,010,216	.458538	.458538
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	68,252,396	.488543	.488543
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	193,208,705		
102	LESS OBSERVATION BEDS			
103	TOTAL	193,208,705		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	3,072,293	276,762	2,795,531	27,676	162,141	2,882,476
41 01	PSYCHOLOGY	2,427,336	281,744	2,145,592	28,174	124,444	2,274,718
41 02	PULMONARY	641,927	21,582	620,345	2,158	35,980	603,789
44	LABORATORY	1,333,341	83,797	1,249,544	8,380	72,474	1,252,487
44 01	VOCATIONAL REHABILITATION	920,106	132,298	787,808	13,230	45,693	861,183
49	RESPIRATORY THERAPY	1,305,937	50,186	1,255,751	5,019	72,834	1,228,084
50	PHYSICAL THERAPY	12,507,857	1,308,276	11,199,581	130,828	649,576	11,727,453
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,942,023	788,344	6,153,679	78,834	356,913	6,506,276
52	SPEECH PATHOLOGY	2,891,541	386,753	2,504,788	38,675	145,278	2,707,588
55	MEDICAL SUPPLIES CHARGED	2,642,588	259,927	2,382,661	25,993	138,194	2,478,401
56	DRUGS CHARGED TO PATIENTS	7,960,340	338,495	7,621,845	33,850	442,067	7,484,423
59	PROSTHETICS AND ORTHOTICS	4,590,061	271,684	4,318,377	27,168	250,466	4,312,427
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,344,223	4,158,947	29,185,276	415,895	1,692,746	31,235,582
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	80,579,573	8,358,795	72,220,778	835,880	4,188,806	75,554,887
102	LESS OBSERVATION BEDS						
103	TOTAL	80,579,573	8,358,795	72,220,778	835,880	4,188,806	75,554,887

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
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	4,349,663	.662690	.699966
41 01	PSYCHOLOGY	5,697,963	.399216	.421056
41 02	PULMONARY	1,569,607	.384675	.407598
44	LABORATORY	9,546,400	.131200	.138792
44 01	VOCATIONAL REHABILITATION	1,460,555	.589627	.620912
49	RESPIRATORY THERAPY	3,989,198	.307852	.326110
50	PHYSICAL THERAPY	31,890,705	.367739	.388108
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	22,861,872	.284591	.300202
52	SPEECH PATHOLOGY	8,451,659	.320362	.337551
55	MEDICAL SUPPLIES CHARGED	4,244,793	.583869	.616425
56	DRUGS CHARGED TO PATIENTS	20,883,678	.358386	.379554
59	PROSTHETICS AND ORTHOTICS	10,010,216	.430803	.455824
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	68,252,396	.457648	.482449
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	193,208,705		
102	LESS OBSERVATION BEDS			
103	TOTAL	193,208,705		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-3026	FROM 9/ 1/2008	1/18/2010
COMPONENT NO:	TO 8/31/2009	WORKSHEET D
14-3026		PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO 7	COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC	.063628	99,062
41 01	PSYCHOLOGY	.049446	11,969
41 02	PULMONARY	.013750	3,555
44	LABORATORY	.008778	35,393
44 01	VOCATIONAL REHABILITATION	.090581	
49	RESPIRATORY THERAPY	.012580	5,594
50	PHYSICAL THERAPY	.041024	307,868
50 01	ALLIED HEALTH		
51	OCCUPATIONAL THERAPY	.034483	244,834
52	SPEECH PATHOLOGY	.045761	93,686
55	MEDICAL SUPPLIES CHARGED	.061234	133,718
56	DRUGS CHARGED TO PATIENTS	.016209	113,047
59	PROSTHETICS AND ORTHOTICS	.027141	233
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		48
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,049,007

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			363,809			363,809
101	TOTAL			363,809			363,809

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	51,534	7.06	20,876	147,385
101	TOTAL	51,534		20,876	147,385

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	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
41		ANCILLARY SRVC COST CNTRS										
		RADIOLOGY-DIAGNOSTIC										
41	01	PSYCHOLOGY										
41	02	PULMONARY										
44		LABORATORY										
44	01	VOCATIONAL REHABILITATION										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY										
50	01	ALLIED HEALTH										
51		OCCUPATIONAL THERAPY										
52		SPEECH PATHOLOGY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS										
59		PROSTHETICS AND ORTHOTICS										
		OUTPAT SERVICE COST CNTRS										
60		CLINIC					410,252					
62		OBSERVATION BEDS (NON-DIS										
		OTHER REIMBURS COST CNTRS										
101		TOTAL					410,252					

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
41	ANCILLARY SRVC COST CNTRS			4,349,663			1,556,901	
41	01 RADIOLOGY-DIAGNOSTIC			5,697,963			242,054	
41	02 PULMONARY			1,569,607			258,568	
44	LABORATORY			9,546,400			4,032,059	
44	01 VOCATIONAL REHABILITATION			1,460,555				
49	RESPIRATORY THERAPY			3,989,198			444,662	
50	PHYSICAL THERAPY			31,890,705			7,504,588	
50	01 ALLIED HEALTH							
51	OCCUPATIONAL THERAPY			22,861,872			7,100,131	
52	SPEECH PATHOLOGY			8,451,659			2,047,288	
55	MEDICAL SUPPLIES CHARGED			4,244,793			2,183,726	
56	DRUGS CHARGED TO PATIENTS			20,883,678			6,974,350	
59	PROSTHETICS AND ORTHOTICS			10,010,216			8,584	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	410,252	410,252	68,252,396	.006011	.006011	782	5
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	410,252	410,252	193,208,705			32,353,693	5

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
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	1,338,448					
41	01 PSYCHOLOGY	196,919					
41	02 PULMONARY	219,728					
44	LABORATORY	471					
44	01 VOCATIONAL REHABILITATION						
49	RESPIRATORY THERAPY	20,729					
50	PHYSICAL THERAPY	6,387					
50	01 ALLIED HEALTH						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,103					
56	DRUGS CHARGED TO PATIENTS	1,224,841					
59	PROSTHETICS AND ORTHOTICS	15,390					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,466,694			14,827		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	5,491,710			14,827		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-3026
 COMPONENT NO: 14-3026
 PERIOD: FROM 9/1/2008 TO 8/31/2009
 PREPARED 1/18/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,594,760	
41	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC	.706329	1,556,901	1,099,684
41 01	PSYCHOLOGY	.426001	242,054	103,115
41 02	PULMONARY	.408973	258,568	105,747
44	LABORATORY	.139670	4,032,059	563,158
44 01	VOCATIONAL REHABILITATION	.629970		
49	RESPIRATORY THERAPY	.327368	444,662	145,568
50	PHYSICAL THERAPY	.357659	7,504,588	2,684,083
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	.303651	7,100,131	2,155,962
52	SPEECH PATHOLOGY	.342127	2,047,288	700,433
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.622548	2,183,726	1,359,474
56	DRUGS CHARGED TO PATIENTS	.381175	6,974,350	2,658,448
59	PROSTHETICS AND ORTHOTICS	.458538	8,584	3,936
60	OUTPAT SERVICE COST CNTRS CLINIC	.488543	782	382
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		32,353,693	11,579,990
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		32,353,693	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		27,351,217		1,575,079
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.		752,353		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	9/15/2009	398,693	9/15/2009	5,863
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		398,693		5,863
4 TOTAL INTERIM PAYMENTS		28,502,263		1,580,942
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)		408,582		135,015
7 TOTAL MEDICARE PROGRAM LIABILITY		28,910,845		1,715,957

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		20,649,123
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0481
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		3,556,130
1.05	OUTLIER PAYMENTS		1,436,645
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		28,620,410
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.)		22.77
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.)		26.91
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)		22.77
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		141.189041
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		.144244
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		2,978,512
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		28,620,410
5	PRIMARY PAYER PAYMENTS		5,000
6	SUBTOTAL		28,615,410
7	DEDUCTIBLES		116,260
8	SUBTOTAL		28,499,150
9	COINSURANCE		624,187
10	SUBTOTAL		27,874,963
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		191,073
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		133,751
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		28,008,714
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		754,741
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		147,390
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	28,910,845
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	28,502,263
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	408,582
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.

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		28.25
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)	22.92	22.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		26.91
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		22.92
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.		
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.		25.32
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		25.32
3.10	SEE INSTRUCTIONS		21.57
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		21.57
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		21.28
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		21.96
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	21.60
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)		21.60
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		94,398.37
3.18	SEE INSTRUCTIONS		2,039,005
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,039,005

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		20,876
5	TOTAL INPATIENT DAYS		51,534
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.405092
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	825,985	825,985
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		458
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		51,534
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.		15,561
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
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)	24,499,729
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	5,000
16	TOTAL PART A REASONABLE COST	24,494,729

PART B REASONABLE COST

17	REASONABLE COST	2,817,829
18	PRIMARY PAYER PAYMENTS	633
19	TOTAL PART B REASONABLE COST	2,817,196
20	TOTAL REASONABLE COST	27,311,925
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.896851
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.103149

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)	841,546
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	754,741
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	86,805

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)	22.92	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	28.25	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.92	

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	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,711,000			
29 SALARIES, WAGES & FEES PAYABLE	11,166,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	8,102,000			
32 DEFERRED INCOME	2,461,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,165,000			
36 TOTAL CURRENT LIABILITIES	31,605,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	73,641,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	37,290,000			
42 TOTAL LONG-TERM LIABILITIES	110,931,000			
43 TOTAL LIABILITIES	142,536,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	89,909,000			
45 SPECIFIC PURPOSE FUND		9,953,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			43,816,000	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			20,082,000	
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	89,909,000	9,953,000	63,898,000	
52 TOTAL LIABILITIES AND FUND BALANCES	232,445,000	9,953,000	63,898,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		127,590,000		9,953,000
2 NET INCOME (LOSS)		-12,776,000		
3 TOTAL		114,814,000		9,953,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		114,814,000		9,953,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	24,905,000			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		24,905,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		89,909,000		9,953,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		72,746,000		
2 NET INCOME (LOSS)				
3 TOTAL		72,746,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		72,746,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	8,848,000			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		8,848,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		63,898,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	49,337,048		49,337,048
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	49,337,048		49,337,048
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	49,337,048		49,337,048
17 00 ANCILLARY SERVICES	99,270,446	52,259,719	151,530,165
18 00 OUTPATIENT SERVICES		69,304,576	69,304,576
24 00			
25 00 TOTAL PATIENT REVENUES	148,607,494	121,564,295	270,171,789

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		178,362,451	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)	636,451		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		636,451	
40 00 TOTAL OPERATING EXPENSES		177,726,000	

