

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: 14-0046 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2011 TIME 15:55

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: GOOD SAMARITAN REGIONAL HEALTH CTR. 14-0046 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 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

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, and TOTAL with corresponding numerical values.

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.

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
26 01 OBSERVATION BED DAYS-SUB I	9	10	11	12	13	14	15
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	40,468,728		40,468,728	1,771,060.00	22.85	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	505,768		505,768	2,436.00	207.62	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,107,451	-234,659	1,872,792	46,703.00	40.10	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	299,734		299,734	3,644.00	82.25	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	212,341		212,341	1,704.00	124.61	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,039,797		4,039,797	76,072.00	53.10	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	17,150,722		17,150,722			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	841,173		841,173			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	64,927		64,927			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	111,046		111,046			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	457,186		457,186	18,481.00	24.74	
22 ADMINISTRATIVE & GENERAL	5,708,617	344,310	6,052,927	273,593.00	22.12	
22.01 A & G UNDER CONTRACT	200,000		200,000	1,100.00	181.82	
23 MAINTENANCE & REPAIRS	895,948	-409,538	486,410	26,394.00	18.43	
24 OPERATION OF PLANT		409,538	409,538	22,223.00	18.43	
25 LAUNDRY & LINEN SERVICE	70,557		70,557	5,564.00	12.68	
26 HOUSEKEEPING	773,694		773,694	65,858.00	11.75	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,079,577	-656,609	422,968	30,454.00	13.89	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		656,609	656,609	53,621.00	12.25	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	784,520		784,520	28,159.00	27.86	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	845,138		845,138	51,645.00	16.36	
34 SOCIAL SERVICE	345,281		345,281	16,463.00	20.97	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	40,668,728		40,668,728	1,772,160.00	22.95	
2 EXCLUDED AREA SALARIES	2,107,451	-234,659	1,872,792	46,703.00	40.10	
3 SUBTOTAL SALARIES	38,561,277	234,659	38,795,936	1,725,457.00	22.48	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,551,872		4,551,872	81,420.00	55.91	
5 SUBTOTAL WAGE-RELATED COSTS	17,215,649		17,215,649		44.37	
6 TOTAL	60,328,798	234,659	60,563,457	1,806,877.00	33.52	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	11,160,518	344,310	11,504,828	593,555.00	19.38	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	11,515,204
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	11,515,204
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.326346
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	51,584,917

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,834,531
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	19,028,978
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,210,031
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,834,531

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0046	FROM 1/1/2010	5/25/2011
	TO 12/31/2010	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,217,050	3,217,050	118,436	3,335,486
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,294,472	3,294,472	106,587	3,401,059
5	0500 EMPLOYEE BENEFITS	457,186	16,297,743	16,754,929		16,754,929
6.04	0640 ADMINISTRATION	918,967	93,858	1,012,825		1,012,825
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	702,786	339,265	1,042,051		1,042,051
6.06	0660 ADMINISTRATIVE & GENERAL	4,086,864	19,339,487	23,426,351	547,692	23,974,043
7	0700 MAINTENANCE & REPAIRS	895,948	2,192,722	3,088,670	-1,857,382	1,231,288
7.01	0701 BIOMEDICAL SERVICES		1,104,424	1,104,424		1,104,424
8	0800 OPERATION OF PLANT				1,857,382	1,857,382
9	0900 LAUNDRY & LINEN SERVICE	70,557	476,842	547,399		547,399
10	1000 HOUSEKEEPING	773,694	314,477	1,088,171	-110,105	978,066
11	1100 DIETARY	1,079,577	724,612	1,804,189	-1,133,387	670,802
12	1200 CAFETERIA				1,152,375	1,152,375
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	784,520	50,867	835,387		835,387
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	845,138	341,686	1,186,824		1,186,824
18	1800 SOCIAL SERVICE	345,281	11,090	356,371		356,371
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,317,258	1,306,106	10,623,364	-1,149,249	9,474,115
26	2600 INTENSIVE CARE UNIT	2,191,186	333,082	2,524,268	53,853	2,578,121
31	3100 SUBPROVIDER I	755,938	30,143	786,081		786,081
33	3300 NURSERY				746,411	746,411
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,503,572	8,725,306	13,228,878	-57,049	13,171,829
39	3900 DELIVERY ROOM & LABOR ROOM				564,398	564,398
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,714,456	686,690	2,401,146	-3,867	2,397,279
41.01	3230 CAT SCAN	266,691	140,699	407,390		407,390
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	245,912	88,096	334,008		334,008
41.97	3951 OTHER ANCILLARY SERVICE COST CENTERS					
44	4400 LABORATORY	1,516,965	3,218,754	4,735,719		4,735,719
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY	203,537	34,773	238,310		238,310
49	4900 RESPIRATORY THERAPY	877,147	244,052	1,121,199	-967	1,120,232
49.98	3952 OTHER ANCILLARY SERVICE COST CENTERS					
50	5000 PHYSICAL THERAPY	807,151	28,737	835,888		835,888
51	5100 OCCUPATIONAL THERAPY	347,711	8,174	355,885		355,885
52	5200 SPEECH PATHOLOGY	204,515	7,441	211,956		211,956
53	5300 ELECTROCARDIOLOGY	662,366	447,652	1,110,018		1,110,018
53.01	3120 CATH LAB	677,570	3,412,652	4,090,222	-34,810	4,055,412
54.01	5401 NEUROLOGY	34,564	14,848	49,412		49,412
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	188,519	270,879	459,398	-441,460	17,938
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS	1,318,230	5,059,157	6,377,387		6,377,387
59	3950 ACUTE DIALYSIS		556,581	556,581		556,581
59.97	3997 CARDIAC REHABILITATION					
59.98	3998 HYPERBARIC OXYGEN THERAPY					
59.99	3999 LIOTHOTRIPSY					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	62,103	7,241	69,344		69,344
60.01	6001 DIABETES EDUCATION	32,085	1,825	33,910		33,910
60.04	6005 ANTI COAGULATION CLINIC	66,612	487	67,099		67,099
60.05	6003 OUTPATIENT PSYCHIATRIC SERVICES					
61	6100 EMERGENCY	2,162,609	326,113	2,488,722		2,488,722
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RURAL HEALTH CLINIC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
90	9000 OTHER CAPITAL RELATED COSTS		101,493	101,493	-101,493	
95	SUBTOTALS	39,117,215	73,951,330	113,068,545	257,365	113,325,910
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	1,010,486	1,524,168	2,534,654		2,534,654
98.08	9808 FOUNDATION					
99.06	9906 OUTSIDE ACCOUNTING					
100	7950 CHILD CARE	341,027	24,391	365,418	-257,365	108,053
101	TOTAL	40,468,728	75,499,889	115,968,617	-0-	115,968,617

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0046
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,752,334	1,583,152
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	700,579	4,101,638
5	0500 EMPLOYEE BENEFITS	-5,228,026	11,526,903
6.04	0640 ADMIN TTING		1,012,825
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,042,051
6.06	0660 ADMINISTRATIVE & GENERAL	-4,957,754	19,016,289
7	0700 MAINTENANCE & REPAIRS	-95,695	1,135,593
7.01	0701 BIOMEDICAL SERVICES		1,104,424
8	0800 OPERATION OF PLANT		1,857,382
9	0900 LAUNDRY & LINEN SERVICE	-5,223	542,176
10	1000 HOUSEKEEPING	-202	977,864
11	1100 DIETARY		670,802
12	1200 CAFETERIA	-403,606	748,769
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		835,387
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-10	1,186,814
18	1800 SOCIAL SERVICE		356,371
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-92,163	9,381,952
26	2600 INTENSIVE CARE UNIT	-17,247	2,560,874
31	3100 SUBPROVIDER I	-79	786,002
33	3300 NURSERY		746,411
37	3700 ANCILLARY SRVC COST CNTRS OPERATING ROOM	-1,904	13,169,925
39	3900 DELIVERY ROOM & LABOR ROOM		564,398
40	4000 ANESTHESIOLOGY	-727,665	374,089
41	4100 RADIOLOGY-DIAGNOSTIC	-45,840	2,351,439
41.01	3230 CAT SCAN		407,390
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)		334,008
41.97	3951 OTHER ANCILLARY SERVICE COST CENTERS		
44	4400 LABORATORY	-961	4,734,758
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
48	4800 INTRAVENOUS THERAPY		238,310
49	4900 RESPIRATORY THERAPY	-12,350	1,107,882
49.98	3952 OTHER ANCILLARY SERVICE COST CENTERS		
50	5000 PHYSICAL THERAPY	-71	835,817
51	5100 OCCUPATIONAL THERAPY		355,885
52	5200 SPEECH PATHOLOGY	-50	211,906
53	5300 ELECTROCARDIOLOGY	-437,692	672,326
53.01	3120 CATH LAB		4,055,412
54.01	5401 NEUROLOGY	-13,269	36,143
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-17,938	
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS	-4,144	6,373,243
59	3950 ACUTE DIALYSIS		556,581
59.97	3997 CARDIAC REHABILITATION		
59.98	3998 HYPERBARIC OXYGEN THERAPY		
59.99	3999 LI THOTRI PSY		
60	6000 OUTPAT SERVICE COST CNTRS CLINIC		69,344
60.01	6001 DIABETES EDUCATION		33,910
60.04	6005 ANTI COAGULATION CLINIC		67,099
60.05	6003 OUTPATIENT PSYCHIATRIC SERVICES		
61	6100 EMERGENCY	-44,040	2,444,682
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RURAL HEALTH CLINIC		
63.60	6320 FQHC		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	9500 SUBTOTALS NONREIMBURS COST CENTERS	-13,157,684	100,168,226
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,534,654
98.08	9808 FOUNDATION		
99.06	9906 OUTSIDE ACCOUNTING		
100	7950 CHILD CARE		108,053
101	TOTAL	-13,157,684	102,810,933

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 OBSTETRICS UNIT COST	A	NURSERY	33	624,173	120,084
2		DELIVERY ROOM & LABOR ROOM	39	473,334	91,064
3 PLANT OPERATIONS	B	OPERATION OF PLANT	8	409,538	1,447,844
4 MATERIALS MANAGEMENT	C	ADMINISTRATIVE & GENERAL	6.06	99,677	
5		OPERATING ROOM	37	46,532	
6		RADIOLOGY-DIAGNOSTIC	41	3,155	
7		RESPIRATORY THERAPY	49	789	
8		CATH LAB	53.01	28,392	
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		175,561
10 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		59,799
11		NEW CAP REL COSTS-MVBLE EQUIP	4		63,731
12 SHARED DIETARY COST	E	CAFETERIA	12	656,609	495,766
13 MAILROOM COST	F	ADMINISTRATIVE & GENERAL	6.06	9,974	95
14 CHILD CARE DIETARY	G	DIETARY	11		18,988
15 EMPLOYEE CHILD CARE	H	ADMINISTRATIVE & GENERAL	6.06	234,659	3,718
16 IV PUMP EXPENSE	I	ADULTS & PEDIATRICS	25		159,406
17		INTENSIVE CARE UNIT	26		53,853
18		NURSERY	33		2,154
19 INVENTORY COST	J	ADMINISTRATIVE & GENERAL	6.06		212,994
20 DOCUMENT SHREDDING COST	K	ADMINISTRATIVE & GENERAL	6.06		110,105
36 TOTAL RECLASSIFICATIONS				2,586,832	3,015,162

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 OBSTETRICS UNIT COST	A	ADULTS & PEDIATRICS	25		624,173	120,084	
2		ADULTS & PEDIATRICS	25		473,334	91,064	
3 PLANT OPERATIONS	B	MAINTENANCE & REPAIRS	7		409,538	1,447,844	
4 MATERIALS MANAGEMENT	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		178,545		
5		OPERATING ROOM	37			103,581	
6		RADIOLOGY-DIAGNOSTIC	41			7,022	
7		RESPIRATORY THERAPY	49			1,756	
8		CATH LAB	53.01			63,202	
9							
10 INTEREST EXPENSE	D	ADMINISTRATIVE & GENERAL	6.06			123,530	11
11							11
12 SHARED DIETARY COST	E	DIETARY	11		656,609	495,766	
13 MAILROOM COST	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		9,974	95	
14 CHILD CARE DIETARY	G	CHILD CARE	100			18,988	
15 EMPLOYEE CHILD CARE	H	CHILD CARE	100		234,659	3,718	
16 IV PUMP EXPENSE	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			215,413	
17							
18							
19 INVENTORY COST	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			212,994	
20 DOCUMENT SHREDDING COST	K	HOUSEKEEPING	10			110,105	
36 TOTAL RECLASSIFICATIONS					2,586,832	3,015,162	

(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:
140046

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OBSTETRICS UNIT COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	744,257
2.00	DELIVERY ROOM & LABOR ROOM	39	564,398
TOTAL RECLASSIFICATIONS FOR CODE A			1,308,655

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	744,257	
ADULTS & PEDIATRICS	25	564,398	
			1,308,655

RECLASS CODE: B
EXPLANATION : PLANT OPERATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	1,857,382
TOTAL RECLASSIFICATIONS FOR CODE B			1,857,382

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	1,857,382	
			1,857,382

RECLASS CODE: C
EXPLANATION : MATERIALS MANAGEMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.06	99,677
2.00	OPERATING ROOM	37	46,532
3.00	RADIOLOGY-DIAGNOSTIC	41	3,155
4.00	RESPIRATORY THERAPY	49	789
5.00	CATH LAB	53.01	28,392
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	175,561
TOTAL RECLASSIFICATIONS FOR CODE C			354,106

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	178,545	
OPERATING ROOM	37	103,581	
RADIOLOGY-DIAGNOSTIC	41	7,022	
RESPIRATORY THERAPY	49	1,756	
CATH LAB	53.01	63,202	
			0
			354,106

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	59,799
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	63,731
TOTAL RECLASSIFICATIONS FOR CODE D			123,530

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6.06	123,530	
			0
			123,530

RECLASS CODE: E
EXPLANATION : SHARED DIETARY COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,152,375
TOTAL RECLASSIFICATIONS FOR CODE E			1,152,375

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,152,375	
			1,152,375

RECLASS CODE: F
EXPLANATION : MAILROOM COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.06	10,069
TOTAL RECLASSIFICATIONS FOR CODE F			10,069

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	10,069	
			10,069

RECLASS CODE: G
EXPLANATION : CHILD CARE DIETARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DIETARY	11	18,988
TOTAL RECLASSIFICATIONS FOR CODE G			18,988

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CHILD CARE	100	18,988	
			18,988

RECLASS CODE: H
EXPLANATION : EMPLOYEE CHILD CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6.06	238,377
TOTAL RECLASSIFICATIONS FOR CODE H			238,377

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CHILD CARE	100	238,377	
			238,377

RECLASS CODE: I
EXPLANATION : IV PUMP EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	159,406

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	215,413	

RECLASSIFICATIONS

PROVIDER NO:
140046

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/25/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : IV PUMP EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	INTENSIVE CARE UNIT	26	53,853			0	
3.00	NURSERY	33	2,154			0	
TOTAL RECLASSIFICATIONS FOR CODE I			215,413				215,413

RECLASS CODE: J
EXPLANATION : INVENTORY COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.06	212,994	MEDICAL SUPPLIES CHARGED TO PA	55	212,994	
TOTAL RECLASSIFICATIONS FOR CODE J			212,994				212,994

RECLASS CODE: K
EXPLANATION : DOCUMENT SHREDDING COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6.06	110,105	HOUSEKEEPING	10	110,105	
TOTAL RECLASSIFICATIONS FOR CODE K			110,105				110,105

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	864,622					864,622	
2 LAND IMPROVEMENTS	1,480,528					1,480,528	
3 BUILDINGS & FIXTURE	16,820,771	1,600,791		1,600,791		18,421,562	
4 BUILDING IMPROVEMEN	373,838	46,106		46,106	93,951	325,993	
5 FIXED EQUIPMENT	15,045,986	24,665,345		24,665,345	8,154	39,703,177	
6 MOVABLE EQUIPMENT	48,011,055	2,293,051		2,293,051	7,583,504	42,720,602	
7 SUBTOTAL	82,596,800	28,605,293		28,605,293	7,685,609	103,516,484	
8 RECONCILING ITEMS							
9 TOTAL	82,596,800	28,605,293		28,605,293	7,685,609	103,516,484	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	58,450,732		58,450,732	.577740			58,637	58,637
4	NEW CAP REL COSTS-MV	42,720,603		42,720,603	.422260			42,856	42,856
5	TOTAL	101,171,335		101,171,335	1.000000			101,493	101,493

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,400,985		123,530			58,637	1,583,152
4	NEW CAP REL COSTS-MV	3,935,252		123,530			42,856	4,101,638
5	TOTAL	5,336,237		247,060			101,493	5,684,790

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,217,050						3,217,050
4	NEW CAP REL COSTS-MV	3,294,472						3,294,472
5	TOTAL	6,511,522						6,511,522

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	63,731	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	59,799	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	A	116,240	ADMINISTRATIVE & GENERAL	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-17,938	MEDICAL SUPPLIES CHARGED	55	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,593,737			
13 SALE OF SCRAP, WASTE, ETC.	B	-9,580	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,982,269			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-392,910	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,144	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,354	ANESTHESIOLOGY	40	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,696	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	B	-1,932,183	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	B	-334,090	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 TELEPHONE COMMISSIONS	B	-55	ADMINISTRATIVE & GENERAL	6.06	
38 MANGEMENT FEES	B	-55,889	ADMINISTRATIVE & GENERAL	6.06	
39 MISC. REVENUE	B	-40,568	ADMINISTRATIVE & GENERAL	6.06	
40 RENT REVENUE	B	-95,070	MAINTENANCE & REPAIRS	7	
41 LAUNDRY REVENUE	B	-5,223	LAUNDRY & LINEN SERVICE	9	
42 VENDING COMMISSIONS	B	-202	HOUSEKEEPING	10	
43 OTHER ADJUSTMENTS (SPECIFY)	B	-5,141	ADMINISTRATIVE & GENERAL	6.06	
44 SUPPLY REVENUE	B	-1,500	OPERATING ROOM	37	
45 CARDIAC EXERCISE	B	-8,124	ELECTROCARDIOLOGY	53	
46 MANAGEMENT FEE	B	-7,642	NEUROLOGY	54.01	
47 EMS REVENUE	B	-3,910	EMERGENCY	61	
48 EXCESS PENSION EXPENSE	A	-766,000	EMPLOYEE BENEFITS	5	
49 RENTAL INCOME	B	-7,236	ADMINISTRATIVE & GENERAL	6.06	
49.01 PATIENT TELEPHONE COST	A	-35,969	ADMINISTRATIVE & GENERAL	6.06	
49.02 PATIENT TELEPHONE DEPRECIATION	A	-5,876	NEW CAP REL COSTS-MVBLE E	4	9
49.03 EMPLOYEE CHILD CARE	A	-207,354	ADMINISTRATIVE & GENERAL	6.06	
49.04 REAL ESTATE TAXES	A	-48	ADMINISTRATIVE & GENERAL	6.06	
49.05 ADVERTISING	A	-306,265	ADMINISTRATIVE & GENERAL	6.06	
49.06 PHYSICIAN RECRUITMENT	A	-459,913	ADMINISTRATIVE & GENERAL	6.06	
49.07 PHYSICIAN BENEFITS	A	-70,907	EMPLOYEE BENEFITS	5	
49.08 AHA LOBBING PORTION OF DUES	A	-4,000	ADMINISTRATIVE & GENERAL	6.06	
49.09 IHA LOBBING PORTION OF DUES	A	-28,000	ADMINISTRATIVE & GENERAL	6.06	
49.10 GIFTS & ENTERTAINMENT	A	-3,968	EMPLOYEE BENEFITS	5	
49.11 GIFTS & ENTERTAINMENT	A	-76,188	ADMINISTRATIVE & GENERAL	6.06	
49.12 GIFTS & ENTERTAINMENT	A	-625	MAINTENANCE & REPAIRS	7	
49.13 GIFTS & ENTERTAINMENT	A	-10	MEDICAL RECORDS & LIBRARY	17	
49.14 GIFTS & ENTERTAINMENT	A	-504	ADULTS & PEDIATRICS	25	
49.15 GIFTS & ENTERTAINMENT	A	-119	INTENSIVE CARE UNIT	26	
49.18 GIFTS & ENTERTAINMENT	A	-79	SUBPROVIDER I	31	
49.20 GIFTS & ENTERTAINMENT	A	-404	OPERATING ROOM	37	
49.21 GIFTS & ENTERTAINMENT	A	-961	LABORATORY	44	
49.22 GIFTS & ENTERTAINMENT	A	-21	RESPIRATORY THERAPY	49	
49.23 GIFTS & ENTERTAINMENT	A	-71	PHYSICAL THERAPY	50	
49.24 GIFTS & ENTERTAINMENT	A	-50	SPEECH PATHOLOGY	52	
49.25 GIFTS & ENTERTAINMENT	A	-644	EMERGENCY	61	
49.26 BAD DEBTS	A	-4,920,017	ADMINISTRATIVE & GENERAL	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,157,684			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	CORPORATE FEES	1,599,514	1,367,856	231,658	
2	6	ADMINISTRATIVE & GENERAL	DATA PROCESSING	7,431,859	6,355,499	1,076,360	
3	3	NEW CAP REL COSTS-BLDG &	DEPRECIATION	116,118		116,118	9
4	4	NEW CAP REL COSTS-MVBLE	E DEPRECIATION	980,746		980,746	9
4.01	5	EMPLOYEE BENEFITS	FLEX BENEFITS	5,121,365	9,508,516	-4,387,151	
5		TOTALS		15,249,602	17,231,871	-1,982,269	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00		0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	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	SQ FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.04	ADMITTING	6	ADMITTING CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	ENTERED
6.06	ADMINISTRATIVE & GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	TIME SPENT	ENTERED
7.01	BIOMEDICAL SERVICES	10	TIME SPENT	ENTERED
8	OPERATION OF PLANT	11	SQ FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	FTES SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	16	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	17	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	19	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	20	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	21	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	COSTED REQUIS	NOT ENTERED
21	NURSING SCHOOL	23	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	24	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	ADMI TTING
	0	1	2	3	4	5	6.04
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,583,152			1,583,152			
005 NEW CAP REL COSTS-MVBLE E	4,101,638				4,101,638		
006 EMPLOYEE BENEFITS	11,526,903			39,754	1,918	11,568,575	
006 04 ADMITTING	1,012,825			5,064	1,210	271,377	1,290,476
006 05 CASHIERING/ACCOUNTS RECEI	1,042,051			64,940	6,616	207,538	
006 06 ADMINISTRATIVE & GENERAL	19,016,289			448,615	281,371	1,303,528	
007 MAINTENANCE & REPAIRS	1,135,593			132,569		143,640	
007 01 BIOMEDICAL SERVICES	1,104,424			3,033			
008 OPERATION OF PLANT	1,857,382				601,756	120,939	
009 LAUNDRY & LINEN SERVICE	542,176			6,352		20,836	
010 HOUSEKEEPING	977,864			6,061	7,169	228,477	
011 DIETARY	670,802			19,589	10,358	124,905	86
012 CAFETERIA	748,769			42,609	22,534	193,901	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	835,387			10,602	86,970	231,674	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,186,814			23,279	286	249,575	
018 SOCIAL SERVICE	356,371			2,004	2,077	101,964	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,381,952			231,444	98,887	2,407,131	60,566
026 INTENSIVE CARE UNIT	2,560,874			36,812	58,293	647,073	16,072
031 SUBPROVIDER I	786,002			39,711	2,650	223,234	3,474
033 NURSERY	746,411			5,102	15,394	184,323	3,165
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	13,169,925			138,716	751,596	1,343,678	264,688
039 DELIVERY ROOM & LABOR ROO	564,398			9,660	19,088	139,779	26,821
040 ANESTHESIOLOGY	374,089			4,913	87,617		35,580
041 RADIOLOGY-DIAGNOSTIC	2,351,439			61,401	401,738	500,487	117,884
041 01 CAT SCAN	407,390			4,084	81,257	78,756	149,589
041 02 MAGNETIC RESONANCE IMAGIN	334,008			8,254	121,596	72,620	36,563
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	4,734,758			36,204	181,628	447,970	173,325
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	238,310			10,769	4,904	60,106	5,241
049 RESPIRATORY THERAPY	1,107,882			11,351	104,512	257,854	14,664
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	835,817			21,410	7,640	238,357	11,938
051 OCCUPATIONAL THERAPY	355,885			8,938		102,681	5,913
052 SPEECH PATHOLOGY	211,906			3,944	2,159	60,395	1,665
053 ELECTROCARDIOLOGY	672,326			20,532	96,482	186,533	39,188
053 01 CATH LAB	4,055,412			26,754	357,828	208,476	115,822
054 01 NEUROLOGY	36,143				4,154	10,207	928
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	6,373,243			10,716	320,667	389,283	140,528
059 ACUTE DIALYSIS	556,581			6,513			2,433
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	69,344			1,153		18,339	229
060 01 DIABETES EDUCATION	33,910					9,475	95
060 04 ANTI COAGULATION CLINIC	67,099					19,671	
060 05 OUTPATIENT PSYCHI ATRIC SE							
061 EMERGENCY	2,444,682			27,460	41,767	626,973	64,019
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTES TINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	100,168,226			1,530,312	3,782,122	11,431,755	1,290,476
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP				3,518			
098 PHYSICIANS' PRIVATE OFFIC	2,534,654			12,014	319,308	105,409	
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE	108,053			37,308	208	31,411	
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.04
102	NONREIMBURS COST CENTERS								
103	NEGATIVE COST CENTER								
	TOTAL	102,810,933				1,583,152	4,101,638	11,568,575	1,290,476

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.05	6a.05	6.06	7	7.01	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI	1,321,145						
006 06 ADMINISTRATIVE & GENERAL		21,049,803	21,049,803				
007 MAINTENANCE & REPAIRS		1,411,802	363,475	1,775,277			
007 01 BIOMEDICAL SERVICES		1,107,457	285,120		1,392,577		
008 OPERATION OF PLANT		2,580,077	664,254	429,371		3,673,702	
009 LAUNDRY & LINEN SERVICE		569,364	146,586	4,158		26,243	746,351
010 HOUSEKEEPING		1,219,571	313,985	31,184		25,041	2,985
011 DIETARY	88	825,828	212,614	42,826		80,932	1,410
012 CAFETERIA		1,007,813	259,466	93,414		176,044	3,068
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,164,633	299,841	1,109	740	43,805	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		1,459,954	375,872	13,721		96,180	
018 SOCIAL SERVICE		462,416	119,051	3,049		8,280	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 ADULTS & PEDIATRICS	61,958	12,241,938	3,151,748	408,858	113,982	956,233	410,495
026 INTENSIVE CARE UNIT	16,441	3,335,565	858,758	55,854	48,849	152,093	61,947
031 SUBPROVIDER I	3,554	1,058,625	272,548	32,709	4,811	164,069	63,440
033 NURSERY	3,237	957,632	246,547			21,079	22,390
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	270,736	15,939,339	4,103,656	161,603	287,545	573,116	68,664
039 DELIVERY ROOM & LABOR ROO	27,438	787,184	202,664		370	39,910	
040 ANESTHESIOLOGY	36,398	538,597	138,664		144,328	20,300	
041 RADIOLOGY-DIAGNOSTIC	121,641	3,554,590	915,147	8,870	311,598	253,682	26,123
041 01 CAT SCAN	153,027	874,103	225,042	27,858	35,897	16,872	
041 02 MAGNETIC RESONANCE IMAGIN	37,403	610,444	157,162	4,851	29,236	34,100	
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	177,308	5,751,193	1,480,673	37,837	50,330	149,578	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	5,361	324,691	83,593			44,495	
049 RESPIRATORY THERAPY	15,001	1,511,264	389,082	20,096	43,668	46,899	1,493
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	12,212	1,127,374	290,248	9,425	8,882	88,456	11,942
051 OCCUPATIONAL THERAPY	6,049	479,466	123,441	3,049	30,346	36,927	
052 SPEECH PATHOLOGY	1,704	281,773	72,544	2,356	4,441	16,293	
053 ELECTROCARDIOLOGY	40,088	1,055,149	271,653	14,968	83,266	84,828	2,985
053 01 CATH LAB	118,484	4,882,776	1,257,095	35,481	106,210	110,536	19,405
054 01 NEUROLOGY	949	52,381	13,486	970	3,331		1,493
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	143,757	7,378,194	1,899,553	10,810		44,272	
059 ACUTE DIALYSIS	2,489	568,016	146,239		14,063	26,911	3,731
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	235	89,300	22,991			4,763	
060 01 DIABETES EDUCATION	97	43,577	11,219				
060 04 ANTI COAGULATION CLINIC		86,770	22,339				
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	65,490	3,270,391	841,979	73,179	25,905	113,452	41,049
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,321,145	99,659,050	20,238,335	1,527,606	1,347,798	3,455,389	742,620
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,518	906			14,535	
098 PHYSICIANS' PRIVATE OFFIC		2,971,385	764,998	227,852		49,637	
098 08 FOUNDATION					44,779		
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE		176,980	45,564	19,819		154,141	3,731
101 CROSS FOOT ADJUSTMENT							

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		6.05	6a.05	6.06	7	7.01	8	9
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	1,321,145	102,810,933	21,049,803	1,775,277	1,392,577	3,673,702	746,351

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,592,766						
011 DIETARY	12,570	1,176,180					
012 CAFETERIA	27,387		1,567,192				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,025		35,108		1,546,261		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	6,147		64,278				
018 SOCIAL SERVICE			20,393				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	585,012	801,916	447,362		720,535		
026 INTENSIVE CARE UNIT	114,749	62,548	91,641		147,600		
031 SUBPROVIDER I	37,908	41,143	33,817		54,466		
033 NURSERY			26,073		41,993		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	166,961	55,667	245,495		395,400		
039 DELIVERY ROOM & LABOR ROO			19,619		31,599		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			89,576				
041 01 CAT SCAN	66,792		14,198				
041 02 MAGNETIC RESONANCE IMAGIN			12,391				
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	57,374		105,581				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			8,261				
049 RESPIRATORY THERAPY	3,113		53,952				
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	30,736		43,110				
051 OCCUPATIONAL THERAPY	30,736		14,972				
052 SPEECH PATHOLOGY			9,035				
053 ELECTROCARDIOLOGY	34,834		35,366				
053 01 CATH LAB	32,588	7,778	36,656				
054 01 NEUROLOGY	1,025		2,065				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	28,687		47,757				
059 ACUTE DIALYSIS	14,344						
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES EDUCATION			1,291				
060 04 ANTI COAGULATION CLINIC			1,807				
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	281,355	10,097	96,030		154,668		
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,533,343	979,149	1,555,834		1,546,261		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	28,687						
098 PHYSICIANS' PRIVATE OFFIC							
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE	30,736	197,031	11,358				
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		10	11	12	13	14	15	16
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	1,592,766	1,176,180	1,567,192		1,546,261		

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
007 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	2,016,152						
018 SOCIAL SERVICE		613,189					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	94,626		459,892				
026 INTENSIVE CARE UNIT	25,110		30,659				
031 SUBPROVIDER I	5,427						
033 NURSERY	4,944						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	413,636						
039 DELIVERY ROOM & LABOR ROO	41,905						
040 ANESTHESIOLOGY	55,589						
041 RADIOLOGY-DIAGNOSTIC	184,177						
041 01 CAT SCAN	233,712						
041 02 MAGNETIC RESONANCE IMAGIN	57,125						
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	270,796						
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	8,188						
049 RESPIRATORY THERAPY	22,910						
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	18,651						
051 OCCUPATIONAL THERAPY	9,239						
052 SPEECH PATHOLOGY	2,602						
053 ELECTROCARDIOLOGY	61,226						
053 01 CATH LAB	180,956						
054 01 NEUROLOGY	1,450						
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	219,555						
059 ACUTE DIALYSIS	3,801						
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	358						
060 01 DIABETES EDUCATION	149						
060 04 ANTI COAGULATION CLINIC							
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	100,020		122,638				
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	2,016,152		613,189				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE							
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
		17	18	20	21	22	23	24
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	2,016,152	613,189					

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 04 ADMINITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
007 01 BIOMEDICAL SERVICES			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	20,392,597		20,392,597
026 INTENSIVE CARE UNIT	4,985,373		4,985,373
031 SUBPROVIDER I	1,768,963		1,768,963
033 NURSERY	1,320,658		1,320,658
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	22,411,082		22,411,082
039 DELIVERY ROOM & LABOR ROO	1,123,251		1,123,251
040 ANESTHESIOLOGY	897,478		897,478
041 RADIOLOGY-DIAGNOSTIC	5,343,763		5,343,763
041 01 CAT SCAN	1,494,474		1,494,474
041 02 MAGNETIC RESONANCE IMAGIN	905,309		905,309
041 97 OTHER ANCILLARY SERVICE C			
044 LABORATORY	7,903,362		7,903,362
046 30 BLOOD CLOTTING FACTORS AD			
048 INTRAVENOUS THERAPY	469,228		469,228
049 RESPIRATORY THERAPY	2,092,477		2,092,477
049 98 OTHER ANCILLARY SERVICE C			
050 PHYSICAL THERAPY	1,628,824		1,628,824
051 OCCUPATIONAL THERAPY	728,176		728,176
052 SPEECH PATHOLOGY	389,044		389,044
053 ELECTROCARDIOLOGY	1,644,275		1,644,275
053 01 CATH LAB	6,669,481		6,669,481
054 01 NEUROLOGY	76,201		76,201
055 MEDICAL SUPPLIES CHARGED			
055 30 IMPL. DEV. CHARGED TO PAT			
056 DRUGS CHARGED TO PATIENTS	9,628,828		9,628,828
059 ACUTE DIALYSIS	777,105		777,105
059 97 CARDIAC REHABILITATION			
059 98 HYPERBARI C OXYGEN THERAPY			
059 99 LI THOTRI PSY			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	117,412		117,412
060 01 DIABETES EDUCATION	56,236		56,236
060 04 ANTI COAGULATION CLINIC	110,916		110,916
060 05 OUTPATIENT PSYCHIATRIC SE			
061 EMERGENCY	5,130,763		5,130,763
062 OBSERVATION BEDS (NON-DIS			
063 RURAL HEALTH CLINIC			
063 60 FOHC			
069 OTHER REIMBURS COST CNTRS			
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	98,065,276		98,065,276
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	18,959		18,959
098 PHYSICIANS' PRIVATE OFFIC	4,042,559		4,042,559
098 08 FOUNDATION	44,779		44,779
099 06 OUTSIDE ACCOUNTING			
100 CHILD CARE	639,360		639,360
101 CROSS FOOT ADJUSTMENT			

	COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP- DOWN ADJ	TOTAL
		25	26	27
102	NONREIMBURS COST CENTERS			
103	NEGATIVE COST CENTER			
	TOTAL	102,810,933		102,810,933

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	84			39,754	1,918	41,756	41,756
006 04 ADMINITTING	84			5,064	1,210	6,358	980
006 05 CASHIERING/ACCOUNTS RECEI				64,940	6,616	71,556	749
006 06 ADMINISTRATIVE & GENERAL	12,053			448,615	281,371	742,039	4,705
007 MAINTENANCE & REPAIRS	50,726			132,569		183,295	519
007 01 BIOMEDICAL SERVICES				3,033		3,033	
008 OPERATION OF PLANT					601,756	601,756	437
009 LAUNDRY & LINEN SERVICE				6,352		6,352	75
010 HOUSEKEEPING				6,061	7,169	13,230	825
011 DIETARY	506			19,589	10,358	30,453	451
012 CAFETERIA	1,102			42,609	22,534	66,245	700
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				10,602	86,970	97,572	836
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	114			23,279	286	23,679	901
018 SOCIAL SERVICE				2,004	2,077	4,081	368
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS	243,691			231,444	98,887	574,022	8,685
026 ADULTS & PEDIATRICS	100,285			36,812	58,293	195,390	2,336
031 INTENSIVE CARE UNIT				39,711	2,650	42,361	806
033 SUBPROVIDER I				5,102	15,394	22,649	665
037 NURSERY	2,153						
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	185,411			138,716	751,596	1,075,723	4,850
039 DELIVERY ROOM & LABOR ROO				9,660	19,088	28,748	505
040 ANESTHESIOLOGY	4,299			4,913	87,617	96,829	
041 RADIOLOGY-DIAGNOSTIC	22,003			61,401	401,738	485,142	1,807
041 01 CAT SCAN				4,084	81,257	85,341	284
041 02 MAGNETIC RESONANCE IMAGIN				8,254	121,596	129,850	262
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	297			36,204	181,628	218,129	1,617
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY				10,769	4,904	15,673	217
049 RESPIRATORY THERAPY	5,241			11,351	104,512	121,104	931
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	841			21,410	7,640	29,891	860
051 OCCUPATIONAL THERAPY				8,938		8,938	371
052 SPEECH PATHOLOGY				3,944	2,159	6,103	218
053 ELECTROCARDIOLOGY				20,532	96,482	117,014	673
053 01 CATH LAB	11,095			26,754	357,828	395,677	753
054 01 NEUROLOGY					4,154	4,154	37
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS				10,716	320,667	331,383	1,405
059 ACUTE DIALYSIS				6,513		6,513	
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				1,153		1,153	66
060 01 DIABETES EDUCATION							34
060 04 ANTI COAGULATION CLINIC							71
060 05 OUTPATIENT PSYCHI ATRIC SE							
061 EMERGENCY	105			27,460	41,767	69,332	2,263
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTES TINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	640,090			1,530,312	3,782,122	5,952,524	41,262
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,518		3,518	
098 PHYSICIANS' PRIVATE OFFIC	636,390			12,014	319,308	967,712	381
098 08 FOUNDATION	400					400	
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE				37,308	208	37,516	113
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	1,276,880			1,583,152	4,101,638	6,961,670	41,756

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.04	6.05	6.06	7	7.01	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADMINISTRATION	7,338						
006 05 CASHIERING/ACCOUNTS RECEIVABLE		72,305					
006 06 ADMINISTRATIVE & GENERAL			746,744				
007 MAINTENANCE & REPAIRS			12,894	196,708			
007 01 BIOMEDICAL SERVICES			10,114		13,147		
008 OPERATION OF PLANT			23,564	47,577		673,334	
009 LAUNDRY & LINEN SERVICE			5,200	461		4,810	16,898
010 HOUSEKEEPING			11,138	3,455		4,590	68
011 DIETARY		5	7,542	4,745		14,834	32
012 CAFETERIA			9,204	10,351		32,266	69
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			10,637	123	7	8,029	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			13,334	1,520		17,628	
018 SOCIAL SERVICE			4,223	338		1,518	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	348	3,393	111,806	45,303	1,076	175,264	9,295
026 INTENSIVE CARE UNIT	92	900	30,464	6,189	461	27,876	1,403
031 SUBPROVIDER I	20	195	9,668	3,624	45	30,071	1,436
033 NURSERY	18	177	8,746			3,863	507
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,446	14,784	145,597	17,906	2,715	105,043	1,555
039 DELIVERY ROOM & LABOR ROOM	154	1,503	7,189		3	7,315	
040 ANESTHESIOLOGY	204	1,993	4,919		1,363	3,721	
041 RADIOLOGY-DIAGNOSTIC	677	6,661	32,464	983	2,942	46,496	591
041 01 CAT SCAN	860	8,380	7,983	3,087	339	3,092	
041 02 MAGNETIC RESONANCE IMAGING	210	2,048	5,575	537	276	6,250	
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	996	9,710	52,526	4,192	475	27,415	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	30	294	2,965			8,155	
049 RESPIRATORY THERAPY	84	821	13,802	2,227	412	8,596	34
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	69	669	10,296	1,044	84	16,213	270
051 OCCUPATIONAL THERAPY	34	331	4,379	338	286	6,768	
052 SPEECH PATHOLOGY	10	93	2,573	261	42	2,986	
053 ELECTROCARDIOLOGY	225	2,195	9,637	1,659	786	15,548	68
053 01 CATH LAB	665	6,488	44,594	3,931	1,003	20,260	439
054 01 NEUROLOGY	5	52	478	107	31		34
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	807	7,873	67,385	1,198		8,114	
059 ACUTE DIALYSIS	14	136	5,188		133	4,932	84
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARIC OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1	13	816			873	
060 01 DIABETES EDUCATION	1	5	398				
060 04 ANTI COAGULATION CLINIC			792				
060 05 OUTPATIENT PSYCHIATRIC SE							
061 EMERGENCY	368	3,586	29,868	8,109	245	20,794	929
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	7,338	72,305	717,958	169,265	12,724	633,320	16,814
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			32			2,664	
098 PHYSICIANS' PRIVATE OFFICE			27,138	25,247		9,098	
098 08 FOUNDATION					423		
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE			1,616	2,196		28,252	84
101 CROSS FOOT ADJUSTMENTS							

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.04	6.05	6.06	7	7.01	8	9
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	7,338	72,305	746,744	196,708	13,147	673,334	16,898

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADMIN TTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINI STRATIVE & GENERAL							
007 MAI NTENANCE & REPAIRS							
007 01 BIOMEDI CAL SERVI CES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	33,306						
011 DIETARY	263	58,325					
012 CAFETERIA	573		119,408				
013 MAI NTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATION	21		2,675		119,900		
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	129		4,897				
018 SOCIAL SERVICE			1,554				
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I & R SERVICES-SALARY & FRI							
023 I & R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,233	39,766	34,085		55,873		
026 INTENSIVE CARE UNIT	2,399	3,102	6,982		11,445		
031 SUBPROVIDER I	793	2,040	2,577		4,223		
033 NURSERY			1,987		3,256		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,491	2,760	18,705		30,660		
039 DELIVERY ROOM & LABOR ROO			1,495		2,450		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					6,825		
041 01 CAT SCAN	1,397				1,082		
041 02 MAGNETIC RESONANCE IMAGIN					944		
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	1,200		8,044				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			629				
049 RESPIRATORY THERAPY	65		4,111				
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	643		3,285				
051 OCCUPATIONAL THERAPY	643		1,141				
052 SPEECH PATHOLOGY			688				
053 ELECTROCARDIOLOGY	728		2,695				
053 01 CATH LAB	681	386	2,793				
054 01 NEUROLOGY	21		157				
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	600		3,639				
059 ACUTE DIALYSIS	300						
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES EDUCATION			98				
060 04 ANTI COAGULATION CLINIC			138				
060 05 OUTPATIENT PSYCHI ATRIC SE							
061 EMERGENCY	5,883	501	7,317		11,993		
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	32,063	48,555	118,543		119,900		
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	600						
098 PHYSICIANS' PRIVATE OFFIC							
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE	643	9,770	865				
101 CROSS FOOT ADJUSTMENTS							

	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
102 NONREIMBURS COST CENTERS	10	11	12	13	14	15	16
103 NEGATIVE COST CENTER							
TOTAL	33,306	58,325	119,408		119,900		

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0046
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/25/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED PRGM-(SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 04 ADM ITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	62,088						
018 SOCIAL SERVICE		12,082					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,914		9,062				
026 INTENSIVE CARE UNIT			604				
031 SUBPROVIDER I							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,732						
039 DELIVERY ROOM & LABOR ROO	1,291						
040 ANESTHESIOLOGY	1,712						
041 RADIOLOGY-DIAGNOSTIC	5,673						
041 01 CAT SCAN	7,198						
041 02 MAGNETIC RESONANCE IMAGIN	1,759						
041 97 OTHER ANCILLARY SERVICE C							
044 LABORATORY	8,340						
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	252						
049 RESPIRATORY THERAPY	706						
049 98 OTHER ANCILLARY SERVICE C							
050 PHYSICAL THERAPY	574						
051 OCCUPATIONAL THERAPY	285						
052 SPEECH PATHOLOGY	80						
053 ELECTROCARDIOLOGY	1,886						
053 01 CATH LAB	5,573						
054 01 NEUROLOGY	45						
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	6,762						
059 ACUTE DIALYSIS	117						
059 97 CARDIAC REHABILITATION							
059 98 HYPERBARI C OXYGEN THERAPY							
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11						
060 01 DIABETES EDUCATION	5						
060 04 ANTI COAGULATION CLINIC							
060 05 OUTPATIENT PSYCHI ATRIC SE							
061 EMERGENCY	3,081		2,416				
062 OBSERVATION BEDS (NON-DIS							
063 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTES TINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	62,088		12,082				
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE							
101 CROSS FOOT ADJUSTMENTS							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	17	18	20	21	22	23	24
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL	62,088	12,082					

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 04 ADMINITTING			
006 05 CASHIERING/ACCOUNTS RECEI			
006 06 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
007 01 BIOMEDICAL SERVICES			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM-(SPECIFY)			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	1,083,125		1,083,125
026 INTENSIVE CARE UNIT	290,416		290,416
031 SUBPROVIDER I	98,026		98,026
033 NURSERY	42,020		42,020
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	1,437,967		1,437,967
039 DELIVERY ROOM & LABOR ROO	50,653		50,653
040 ANESTHESIOLOGY	110,741		110,741
041 RADIOLOGY-DIAGNOSTIC	590,261		590,261
041 01 CAT SCAN	119,043		119,043
041 02 MAGNETIC RESONANCE IMAGIN	147,711		147,711
041 97 OTHER ANCILLARY SERVICE C			
044 LABORATORY	332,644		332,644
046 30 BLOOD CLOTTING FACTORS AD			
048 INTRAVENOUS THERAPY	28,215		28,215
049 RESPIRATORY THERAPY	152,893		152,893
049 98 OTHER ANCILLARY SERVICE C			
050 PHYSICAL THERAPY	63,898		63,898
051 OCCUPATIONAL THERAPY	23,514		23,514
052 SPEECH PATHOLOGY	13,054		13,054
053 ELECTROCARDIOLOGY	153,114		153,114
053 01 CATH LAB	483,243		483,243
054 01 NEUROLOGY	5,121		5,121
055 MEDICAL SUPPLIES CHARGED			
055 30 IMPL. DEV. CHARGED TO PAT			
056 DRUGS CHARGED TO PATIENTS	429,166		429,166
059 ACUTE DIALYSIS	17,417		17,417
059 97 CARDIAC REHABILITATION			
059 98 HYPERBARIC OXYGEN THERAPY			
059 99 LI THOTRI PSY			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	2,933		2,933
060 01 DIABETES EDUCATION	541		541
060 04 ANTI COAGULATION CLINIC	1,001		1,001
060 05 OUTPATIENT PSYCHIATRIC SE			
061 EMERGENCY	166,685		166,685
062 OBSERVATION BEDS (NON-DIS			
063 RURAL HEALTH CLINIC			
063 60 FOHC			
069 OTHER REIMBURS COST CNTRS			
069 10 CMHC			
069 20 OUTPATIENT PHYSICAL THERA			
069 30 OUTPATIENT OCCUPATIONAL T			
069 40 OUTPATIENT SPEECH PATHOLO			
071 HOME HEALTH AGENCY			
085 SPEC PURPOSE COST CENTERS			
085 01 PANCREAS ACQUISITION			
085 02 INTESTINAL ACQUISITION			
085 03 ISLET CELL ACQUISITION			
095 SUBTOTALS	5,843,402		5,843,402
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP	6,214		6,214
098 PHYSICIANS' PRIVATE OFFIC	1,030,176		1,030,176
098 08 FOUNDATION	823		823
099 06 OUTSIDE ACCOUNTING			
100 CHILD CARE	81,055		81,055
101 CROSS FOOT ADJUSTMENTS			

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
102 NONREIMBURS COST CENTERS			
103 NEGATIVE COST CENTER			
103 TOTAL	6,961,670		6,961,670

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQ FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE ADMITTING (GROSS SALARIES) (ADMITTING CHARGES)	FITS
	1	2	3	4	5	6.04
NONREIMBURS COST CENT						
098 08 FOUNDATION						
099 06 OUTSIDE ACCOUNTING						
100 CHILD CARE			6,925	150	106,368	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH B, PART I)			1,583,152	4,101,638	11,568,575	1,290,476
104 UNIT COST MULTIPLIER (WRKSH B, PT I)			5.387436	1.389624	.295307	.004177
105 COST TO BE ALLOCATED (WRKSH B, PART II)						
106 UNIT COST MULTIPLIER (WRKSH B, PT II)						
107 COST TO BE ALLOCATED (WRKSH B, PART III)					41,756	7,338
108 UNIT COST MULTIPLIER (WRKSH B, PT III)					.001066	.000024

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIVE MAINTENANCE & BIOMEDICAL SE OPERATIONS OF LAUNDRY & LINEN SERVICE				
	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(TIME)SPENT	(TIME)SPENT	(SQ FEET)	(POUNDS OF)LAUNDRY
	6.05	6a.06	6.06	7	7.01	8	9
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R	309,190,309						
006 06 ADMINISTRATIVE & GENE		-21,049,803	81,761,130				
007 MAINTENANCE & REPAIRS			1,411,802	12,809			
007 01 BIOMEDICAL SERVICES			1,107,457		3,763		
008 OPERATION OF PLANT			2,580,077	3,098		165,046	
009 LAUNDRY & LINEN SERVI			569,364	30		1,179	888,477
010 HOUSEKEEPING			1,219,571	225		1,125	3,554
011 DIETARY	20,493		825,828	309		3,636	1,679
012 CAFETERIA			1,007,813	674		7,909	3,652
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO			1,164,633	8	2	1,968	
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB			1,459,954	99		4,321	
018 SOCIAL SERVICE			462,416	22		372	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICALS	14,499,793		12,241,938	2,950	308	42,960	488,662
026 INTENSIVE CARE UNIT	3,847,698		3,335,565	403	132	6,833	73,744
031 SUBPROVIDER I	831,635		1,058,625	236	13	7,371	75,521
033 NURSERY	757,653		957,632			947	26,654
037 ANCILLARY SRVC COST C							
039 OPERATING ROOM	63,365,774		15,939,339	1,166	777	25,748	81,740
040 DELIVERY ROOM & LABOR	6,421,166		787,184		1	1,793	
041 ANESTHESIOLOGY	8,518,090		538,597		390	912	
041 RADIOLOGY-DIAGNOSTIC	28,467,371		3,554,590	64	842	11,397	31,097
041 01 CAT SCAN	35,812,516		874,103	201	97	758	
041 02 MAGNETIC RESONANCE IM	8,753,390		610,444	35	79	1,532	
041 97 OTHER ANCILLARY SERVI							
044 LABORATORY	41,494,995		5,751,193	273	136	6,720	
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	1,254,703		324,691			1,999	
049 RESPIRATORY THERAPY	3,510,595		1,511,264	145	118	2,107	1,777
049 98 OTHER ANCILLARY SERVI							
050 PHYSICAL THERAPY	2,857,935		1,127,374	68	24	3,974	14,216
051 OCCUPATIONAL THERAPY	1,415,688		479,466	22	82	1,659	
052 SPEECH PATHOLOGY	398,678		281,773	17	12	732	
053 ELECTROCARDIOLOGY	9,381,785		1,055,149	108	225	3,811	3,554
053 01 CATH LAB	27,728,424		4,882,776	256	287	4,966	23,100
054 01 NEUROLOGY	222,154		52,381	7	9	1,777	
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	33,643,179		7,378,194	78		1,989	
059 ACUTE DIALYSIS	582,428		568,016		38	1,209	4,442
059 97 CARDIAC REHABILITATIO							
059 98 HYPERBARIC OXYGEN THE							
059 99 LITHOTRIPSY							
060 OUTPAT SERVICE COST C							
060 CLINIC	54,896		89,300			214	
060 01 DIABETES EDUCATION	22,814		43,577				
060 04 ANTI COAGULATION CLINI			86,770				
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	15,326,456		3,270,391	528	70	5,097	48,866
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	309,190,309	-21,049,803	78,609,247	11,022	3,642	155,238	884,035
096 NONREIMBURS COST CENT			3,518			653	
098 GIFT, FLOWER, COFFEE			2,971,385	1,644		2,230	
098 PHYSICIANS' PRIVATE O							

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	SE OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(TIME)SPENT	(TIME)SPENT	(SQ FEET)	(POUNDS OF)LAUNDRY)
	NONREIMBURS COST CENT	6.05	6a.06	6.06	7	7.01	8	9
098	08 FOUNDATION					121		
099	06 OUTSIDE ACCOUNTING							
100	CHILD CARE			176,980	143		6,925	4,442
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	1,321,145		21,049,803	1,775,277	1,392,577	3,673,702	746,351
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.004273		.257455	138.596065	370.070954	22.258655	.840034
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	72,305		746,744	196,708	13,147	673,334	16,898
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000234		.009133	15.357015	3.493755	4.079675	.019019

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	10	11	12	13	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMINISTRATIVE & GENE							
007 01 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	40,420						
011 DIETARY	319	157,261					
012 CAFETERIA	695		6,071				
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	26		136		773,552		
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	156		249				
018 SOCIAL SERVICE			79				
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN	14,846	107,220	1,733		360,464		
026 ADULTS & PEDIATRICS	2,912	8,363	355		73,840		
031 INTENSIVE CARE UNIT	962	5,501	131		27,248		
033 SUBPROVIDER I			101		21,008		
037 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	4,237	7,443	951		197,808		
039 DELIVERY ROOM & LABOR			76		15,808		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			347				
041 01 CAT SCAN	1,695		55				
041 02 MAGNETIC RESONANCE IM			48				
041 97 OTHER ANCILLARY SERVI							
044 LABORATORY	1,456		409				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY			32				
049 RESPIRATORY THERAPY	79		209				
049 98 OTHER ANCILLARY SERVI							
050 PHYSICAL THERAPY	780		167				
051 OCCUPATIONAL THERAPY	780		58				
052 SPEECH PATHOLOGY			35				
053 ELECTROCARDIOLOGY	884		137				
053 01 CATH LAB	827	1,040	142				
054 01 NEUROLOGY	26		8				
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	728		185				
059 ACUTE DIALYSIS	364						
059 97 CARDIAC REHABILITATIO							
059 98 HYPERBARIC OXYGEN THE							
059 99 LITHOTRIpsy							
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 DIABETES EDUCATION			5				
060 04 ANTI COAGULATION CLINI			7				
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	7,140	1,350	372		77,376		
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	38,912	130,917	6,027		773,552		
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	728						

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COSTED)REQUIS.
	(HOURS OF SERVICE	(MEALS)SERVED	(FTES)SERVED	(NUMBER)HOUSED	(HOURS OF)SERVICE	(COSTED)REQUIS.	(COSTED)REQUIS.
NONREIMBURS COST CENT	10	11	12	13	14	15	16
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE	780	26,344	44				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,592,766	1,176,180	1,567,192		1,546,261		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	39.405393	7.479159	258.143963		1.998910		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	33,306	58,325	119,408		119,900		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.823998	.370880	19.668588		.154999		

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS REVENUE	(TIME SPENT	(COSTED)REQUIS	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME
	17	18	20	21	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 04 ADMIN TTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 ADMIN ISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL SERVICES							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMIN ISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	308,924,521						
018 SOCIAL SERVICE		100					
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	14,499,793		75				
026 INTENSIVE CARE UNIT	3,847,698		5				
031 SUBPROVIDER I	831,635						
033 NURSERY	757,653						
ANCILLARY SRVC COST C							
037 OPERATING ROOM	63,365,774						
039 DELIVERY ROOM & LABOR	6,421,166						
040 ANESTHESIOLOGY	8,518,090						
041 RADIOLOGY-DIAGNOSTIC	28,222,076						
041 01 CAT SCAN	35,812,516						
041 02 MAGNETIC RESONANCE IM	8,753,390						
041 97 OTHER ANCILLARY SERVI							
044 LABORATORY	41,494,995						
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY	1,254,703						
049 RESPIRATORY THERAPY	3,510,595						
049 98 OTHER ANCILLARY SERVI							
050 PHYSICAL THERAPY	2,857,935						
051 OCCUPATIONAL THERAPY	1,415,688						
052 SPEECH PATHOLOGY	398,678						
053 ELECTROCARDIOLOGY	9,381,785						
053 01 CATH LAB	27,728,424						
054 01 NEUROLOGY	222,154						
055 MEDICAL SUPPLIES CHAR							
055 30 I MPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	33,643,179						
059 ACUTE DIALYSIS	582,428						
059 97 CARDIAC REHABILITATIO							
059 98 HYPERBARIC OXYGEN THE							
059 99 LITHOTRIpsy							
OUTPAT SERVICE COST C							
060 CLINIC	54,896						
060 01 DIABETES EDUCATION	22,814						
060 04 ANTI COAGULATION CLINI							
060 05 OUTPATIENT PSYCHIATRI							
061 EMERGENCY	15,326,456		20				
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	308,924,521		100				
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS REVENUE	(TIME SPENT	(COSTED)REQUIS	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME
NONREIMBURS COST CENT	17	18	20	21	22	23	24
098 08 FOUNDATION							
099 06 OUTSIDE ACCOUNTING							
100 CHILD CARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)	2,016,152	613,189					
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	.006526	6,131.890000					
105 COST TO BE ALLOCATED (WRKSH B, PART II)							
106 UNIT COST MULTIPLIER (WRKSH B, PT II)							
107 COST TO BE ALLOCATED (WRKSH B, PART III)	62,088	12,082					
108 UNIT COST MULTIPLIER (WRKSH B, PT III)	.000201	120.820000					

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	13,600,149		13,600,149			
26	INTENSIVE CARE UNIT	3,762,297		3,762,297			
31	SUBPROVIDER I	831,635		831,635			
33	NURSERY	733,172		733,172			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	30,441,106	30,951,196	61,392,302	.365047	.365047	.365047
39	DELIVERY ROOM & LABOR ROO	4,295,731	1,912,819	6,208,550	.180920	.180920	.180920
40	ANESTHESIOLOGY	3,496,324	4,738,113	8,234,437	.108991	.108991	.115478
41	RADIOLOGY-DIAGNOSTIC	6,569,438	21,286,202	27,855,640	.191838	.191838	.192321
41	01 CAT SCAN	8,652,315	26,264,977	34,917,292	.042800	.042800	.042800
41	02 MAGNETIC RESONANCE IMAGIN	925,514	7,520,993	8,446,507	.107181	.107181	.107181
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY	20,739,539	19,619,580	40,359,119	.195826	.195826	.195826
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	7,877	1,236,458	1,244,335	.377091	.377091	.377091
49	RESPIRATORY THERAPY	2,976,117	451,283	3,427,400	.610514	.610514	.610514
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY	2,159,323	632,278	2,791,601	.583473	.583473	.583473
51	OCCUPATIONAL THERAPY	1,154,033	235,337	1,389,370	.524105	.524105	.524105
52	SPEECH PATHOLOGY	228,185	168,600	396,785	.980491	.980491	.980491
53	ELECTROCARDIOLOGY	4,241,612	3,799,857	8,041,469	.204474	.204474	.205599
53	01 CATH LAB	20,178,609	7,129,585	27,308,194	.244230	.244230	.244230
54	01 NEUROLOGY	143,102	73,118	216,220	.352423	.352423	.378448
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	21,294,501	11,643,351	32,937,852	.292333	.292333	.292333
59	ACUTE DIALYSIS	541,033	10,000	551,033	1.410269	1.410269	1.410269
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARI C OXYGEN THERAPY						
59	99 LITHOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION	100	22,389	22,489	2.500600	2.500600	2.500600
60	04 ANTI COAGULATION CLINIC	148	54,120	54,268	2.043856	2.043856	2.043856
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	3,396,874	11,669,109	15,065,983	.340553	.340553	.340553
62	OBSERVATION BEDS (NON-DIS	71,777	634,518	706,295	.683750	.683750	.683750
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	150,440,511	150,053,883	300,494,394			
102	LESS OBSERVATION BEDS						
103	TOTAL	150,440,511	150,053,883	300,494,394			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,411,082	1,437,967	20,973,115			22,411,082
39	DELIVERY ROOM & LABOR ROO	1,123,251	50,653	1,072,598			1,123,251
40	ANESTHESIOLOGY	897,478	110,741	786,737			897,478
41	RADIOLOGY-DIAGNOSTIC	5,343,763	590,261	4,753,502			5,343,763
41	01 CAT SCAN	1,494,474	119,043	1,375,431			1,494,474
41	02 MAGNETIC RESONANCE IMAGIN	905,309	147,711	757,598			905,309
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY	7,903,362	332,644	7,570,718			7,903,362
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	469,228	28,215	441,013			469,228
49	RESPIRATORY THERAPY	2,092,477	152,893	1,939,584			2,092,477
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY	1,628,824	63,898	1,564,926			1,628,824
51	OCCUPATIONAL THERAPY	728,176	23,514	704,662			728,176
52	SPEECH PATHOLOGY	389,044	13,054	375,990			389,044
53	ELECTROCARDIOLOGY	1,644,275	153,114	1,491,161			1,644,275
53	01 CATH LAB	6,669,481	483,243	6,186,238			6,669,481
54	01 NEUROLOGY	76,201	5,121	71,080			76,201
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	9,628,828	429,166	9,199,662			9,628,828
59	ACUTE DIALYSIS	777,105	17,417	759,688			777,105
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	117,412	2,933	114,479			117,412
60	01 DIABETES EDUCATION	56,236	541	55,695			56,236
60	04 ANTI COAGULATION CLINIC	110,916	1,001	109,915			110,916
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	5,130,763	166,685	4,964,078			5,130,763
62	OBSERVATION BEDS (NON-DIS	482,929	25,650	457,279			482,929
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	70,080,614	4,355,465	65,725,149			70,080,614
102	LESS OBSERVATION BEDS	482,929	25,650	457,279			482,929
103	TOTAL	69,597,685	4,329,815	65,267,870			69,597,685

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	61,392,302	.365047	.365047
39	DELIVERY ROOM & LABOR ROO	6,208,550	.180920	.180920
40	ANESTHESIOLOGY	8,234,437	.108991	.108991
41	RADIOLOGY-DIAGNOSTIC	27,855,640	.191838	.191838
41	01 CAT SCAN	34,917,292	.042800	.042800
41	02 MAGNETIC RESONANCE IMAGIN	8,446,507	.107181	.107181
41	97 OTHER ANCILLARY SERVICE C			
44	LABORATORY	40,359,119	.195826	.195826
46	30 BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,244,335	.377091	.377091
49	RESPIRATORY THERAPY	3,427,400	.610514	.610514
49	98 OTHER ANCILLARY SERVICE C			
50	PHYSICAL THERAPY	2,791,601	.583473	.583473
51	OCCUPATIONAL THERAPY	1,389,370	.524105	.524105
52	SPEECH PATHOLOGY	396,785	.980491	.980491
53	ELECTROCARDIOLOGY	8,041,469	.204474	.204474
53	01 CATH LAB	27,308,194	.244230	.244230
54	01 NEUROLOGY	216,220	.352423	.352423
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	32,937,852	.292333	.292333
59	ACUTE DIALYSIS	551,033	1.410269	1.410269
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETES EDUCATION	22,489	2.500600	2.500600
60	04 ANTI COAGULATION CLINIC	54,268	2.043856	2.043856
60	05 OUTPATIENT PSYCHIATRIC SE			
61	EMERGENCY	15,065,983	.340553	.340553
62	OBSERVATION BEDS (NON-DIS	706,295	.683750	.683750
63	50 RURAL HEALTH CLINIC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	281,567,141		
102	LESS OBSERVATION BEDS	706,295		
103	TOTAL	280,860,846		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,411,082	1,437,967	20,973,115	143,797	1,216,441	21,050,844
39	DELIVERY ROOM & LABOR ROO	1,123,251	50,653	1,072,598	5,065	62,211	1,055,975
40	ANESTHESIOLOGY	897,478	110,741	786,737	11,074	45,631	840,773
41	RADIOLOGY-DIAGNOSTIC	5,343,763	590,261	4,753,502	59,026	275,703	5,009,034
41 01	CAT SCAN	1,494,474	119,043	1,375,431	11,904	79,775	1,402,795
41 02	MAGNETIC RESONANCE IMAGIN	905,309	147,711	757,598	14,771	43,941	846,597
41 97	OTHER ANCILLARY SERVICE C						
44	LABORATORY	7,903,362	332,644	7,570,718	33,264	439,102	7,430,996
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	469,228	28,215	441,013	2,822	25,579	440,827
49	RESPIRATORY THERAPY	2,092,477	152,893	1,939,584	15,289	112,496	1,964,692
49 98	OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY	1,628,824	63,898	1,564,926	6,390	90,766	1,531,668
51	OCCUPATIONAL THERAPY	728,176	23,514	704,662	2,351	40,870	684,955
52	SPEECH PATHOLOGY	389,044	13,054	375,990	1,305	21,807	365,932
53	ELECTROCARDIOLOGY	1,644,275	153,114	1,491,161	15,311	86,487	1,542,477
53 01	CATH LAB	6,669,481	483,243	6,186,238	48,324	358,802	6,262,355
54 01	NEUROLOGY	76,201	5,121	71,080	512	4,123	71,566
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	9,628,828	429,166	9,199,662	42,917	533,580	9,052,331
59	ACUTE DIALYSIS	777,105	17,417	759,688	1,742	44,062	731,301
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARI C OXYGEN THERAPY						
59 99	LITHOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	117,412	2,933	114,479	293	6,640	110,479
60 01	DIABETES EDUCATION	56,236	541	55,695	54	3,230	52,952
60 04	ANTI COAGULATION CLINIC	110,916	1,001	109,915	100	6,375	104,441
60 05	OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	5,130,763	166,685	4,964,078	16,669	287,917	4,826,177
62	OBSERVATION BEDS (NON-DIS	482,929	25,650	457,279	2,565	26,522	453,842
63 50	RURAL HEALTH CLINIC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	70,080,614	4,355,465	65,725,149	435,545	3,812,060	65,833,009
102	LESS OBSERVATION BEDS	482,929	25,650	457,279	2,565	26,522	453,842
103	TOTAL	69,597,685	4,329,815	65,267,870	432,980	3,785,538	65,379,167

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	61,392,302	.342891	.362705
39	DELIVERY ROOM & LABOR ROO	6,208,550	.170084	.180104
40	ANESTHESIOLOGY	8,234,437	.102104	.107646
41	RADIOLOGY-DIAGNOSTIC	27,855,640	.179821	.189719
41	01 CAT SCAN	34,917,292	.040175	.042459
41	02 MAGNETIC RESONANCE IMAGIN	8,446,507	.100230	.105433
41	97 OTHER ANCILLARY SERVICE C			
44	LABORATORY	40,359,119	.184122	.195002
46	30 BLOOD CLOTTING FACTORS AD			
48	INTRAVENOUS THERAPY	1,244,335	.354267	.374824
49	RESPIRATORY THERAPY	3,427,400	.573231	.606054
49	98 OTHER ANCILLARY SERVICE C			
50	PHYSICAL THERAPY	2,791,601	.548670	.581184
51	OCCUPATIONAL THERAPY	1,389,370	.492997	.522413
52	SPEECH PATHOLOGY	396,785	.922243	.977202
53	ELECTROCARDIOLOGY	8,041,469	.191815	.202570
53	01 CATH LAB	27,308,194	.229321	.242460
54	01 NEUROLOGY	216,220	.330987	.350055
55	MEDICAL SUPPLIES CHARGED			
55	30 IMPL. DEV. CHARGED TO PAT			
56	DRUGS CHARGED TO PATIENTS	32,937,852	.274831	.291030
59	ACUTE DIALYSIS	551,033	1.327146	1.407108
59	97 CARDIAC REHABILITATION			
59	98 HYPERBARIC OXYGEN THERAPY			
59	99 LI THOTRI PSY			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETES EDUCATION	22,489	2.354573	2.498199
60	04 ANTI COAGULATION CLINIC	54,268	1.924541	2.042014
60	05 OUTPATIENT PSYCHIATRIC SE			
61	EMERGENCY	15,065,983	.320336	.339446
62	OBSERVATION BEDS (NON-DIS	706,295	.642567	.680118
63	50 RURAL HEALTH CLINIC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	281,567,141		
102	LESS OBSERVATION BEDS	706,295		
103	TOTAL	280,860,846		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,083,125		1,083,125
26	INTENSIVE CARE UNIT				290,416		290,416
31	SUBPROVIDER I				98,026		98,026
33	NURSERY				42,020		42,020
101	TOTAL				1,513,587		1,513,587

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,267	14,692			46.55	683,913
26	INTENSIVE CARE UNIT	3,149	2,130			92.22	196,429
31	SUBPROVIDER I	1,791	1,313			54.73	71,860
33	NURSERY	1,461				28.76	
101	TOTAL	29,668	18,135				952,202

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,267	
26	INTENSIVE CARE UNIT					3,149	
31	SUBPROVIDER I					1,791	
33	NURSERY					1,461	
101	TOTAL					29,668	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	14,692	
26	INTENSIVE CARE UNIT	2,130	
31	SUBPROVIDER I	1,313	
33	NURSERY		
101	TOTAL	18,135	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	04 ANTI COAGULATION CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			61,392,302			16,489,222	
39	DELIVERY ROOM & LABOR ROO			6,208,550			9,043	
40	ANESTHESIOLOGY			8,234,437			1,256,470	
41	RADIOLOGY-DIAGNOSTIC			27,855,640			4,530,101	
41 01	CAT SCAN			34,917,292			5,242,699	
41 02	MAGNETIC RESONANCE IMAGIN			8,446,507			514,539	
41 97	OTHER ANCILLARY SERVICE C							
44	LABORATORY			40,359,119			13,246,491	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,244,335			3,923	
49	RESPIRATORY THERAPY			3,427,400			2,059,972	
49 98	OTHER ANCILLARY SERVICE C							
50	PHYSICAL THERAPY			2,791,601			1,146,866	
51	OCCUPATIONAL THERAPY			1,389,370			345,855	
52	SPEECH PATHOLOGY			396,785			104,738	
53	ELECTROCARDIOLOGY			8,041,469			2,897,398	
53 01	CATH LAB			27,308,194			11,907,878	
54 01	NEUROLOGY			216,220			114,032	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			32,937,852			12,749,673	
59	ACUTE DIALYSIS			551,033			452,785	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LI THOTRI PSY							
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETES EDUCATION			22,489			25	
60 04	ANTI COAGULATION CLINIC			54,268			118	
60 05	OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			15,065,983			1,810,700	
62	OBSERVATION BEDS (NON-DIS			706,295			18,759	
63 50	RURAL HEALTH CLINIC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			281,567,141			74,901,287	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	9,663,387					
39	DELIVERY ROOM & LABOR ROO	17,251					
40	ANESTHESIOLOGY	1,387,109					
41	RADIOLOGY-DIAGNOSTIC	9,755,518					
41 01	CAT SCAN	8,319,794					
41 02	MAGNETIC RESONANCE IMAGIN	2,839,744					
41 97	OTHER ANCILLARY SERVICE C						
44	LABORATORY	706,604					
46 30	BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY	682,771					
49	RESPIRATORY THERAPY	207,923					
49 98	OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY	1,092					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,515,996					
53 01	CATH LAB	5,153,257					
54 01	NEUROLOGY	27,606					
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	4,968,384					
59	ACUTE DIALYSIS	9,618					
59 97	CARDIAC REHABILITATION						
59 98	HYPERBARI C OXYGEN THERAPY						
59 99	LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	DIABETES EDUCATION	155					
60 04	ANTI COAGULATION CLINIC						
60 05	OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY	2,556,977					
62	OBSERVATION BEDS (NON-DIS	201,720					
63 50	RURAL HEALTH CLINIC						
63 60	FOHC						
101	OTHER REIMBURS COST CNTRS TOTAL	48,014,906					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				3,527,590	
39 DELIVERY ROOM & LABOR ROOM				3,121	
40 ANESTHESIOLOGY				151,182	
41 RADIOLOGY-DIAGNOSTIC				1,871,479	
41 01 CAT SCAN				356,087	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				304,367	
41 97 OTHER ANCILLARY SERVICE COST CENTERS					
44 LABORATORY				138,371	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY				257,467	
49 RESPIRATORY THERAPY				126,940	
49 98 OTHER ANCILLARY SERVICE COST CENTERS					
50 PHYSICAL THERAPY				637	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				309,982	
53 01 CATH LAB				1,258,580	
54 01 NEUROLOGY				9,729	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				1,452,423	
59 ACUTE DIALYSIS				13,564	
59 97 CARDIAC REHABILITATION					
59 98 HYPERBARIC OXYGEN THERAPY					
59 99 LI THOTRI PSY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES EDUCATION				388	
60 04 ANTI COAGULATION CLINIC					
60 05 OUTPATIENT PSYCHIATRIC SERVICES					
61 EMERGENCY				870,786	
62 OBSERVATION BEDS (NON-DISTINCT PART)				137,926	
63 50 RURAL HEALTH CLINIC					
63 60 FOHC					
101 SUBTOTAL				10,790,619	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				10,790,619	

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

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 MAGNETIC RESONANCE IMAGIN										
41	97 OTHER ANCILLARY SERVICE C										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
49	98 OTHER ANCILLARY SERVICE C										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	ACUTE DIALYSIS										
59	97 CARDIAC REHABILITATION										
59	98 HYPERBARIC OXYGEN THERAPY										
59	99 LI THOTRI PSY										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 DIABETES EDUCATION										
60	04 ANTI COAGULATION CLINIC										
60	05 OUTPATIENT PSYCHIATRIC SE										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RURAL HEALTH CLINIC										
63	60 FOHC										
101	OTHER REIMBURS COST CNTRS										
	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			61,392,302				
39	DELIVERY ROOM & LABOR ROO			6,208,550				
40	ANESTHESIOLOGY			8,234,437				
41	RADIOLOGY-DIAGNOSTIC			27,855,640			20,531	
41 01	CAT SCAN			34,917,292			25,600	
41 02	MAGNETIC RESONANCE IMAGIN			8,446,507				
41 97	OTHER ANCILLARY SERVICE C							
44	LABORATORY			40,359,119			176,956	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,244,335				
49	RESPIRATORY THERAPY			3,427,400			40,287	
49 98	OTHER ANCILLARY SERVICE C							
50	PHYSICAL THERAPY			2,791,601			513,822	
51	OCCUPATIONAL THERAPY			1,389,370			531,860	
52	SPEECH PATHOLOGY			396,785			58,252	
53	ELECTROCARDIOLOGY			8,041,469			5,218	
53 01	CATH LAB			27,308,194			2,891	
54 01	NEUROLOGY			216,220				
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			32,937,852			200,333	
59	ACUTE DIALYSIS			551,033			8,576	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LITHOTRIpsy							
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETES EDUCATION			22,489				
60 04	ANTI COAGULATION CLINIC			54,268				
60 05	OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			15,065,983				
62	OBSERVATION BEDS (NON-DIS			706,295				
63 50	RURAL HEALTH CLINIC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			281,567,141			1,584,326	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARI C OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	04 ANTI COAGULATION CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,083,125		1,083,125
26	INTENSIVE CARE UNIT				290,416		290,416
31	SUBPROVIDER I				98,026		98,026
33	NURSERY				42,020		42,020
101	TOTAL				1,513,587		1,513,587

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,267	3,208			46.55	149,332
26	INTENSIVE CARE UNIT	3,149	339			92.22	31,263
31	SUBPROVIDER I	1,791	85			54.73	4,652
33	NURSERY	1,461	951			28.76	27,351
101	TOTAL	29,668	4,583				212,598

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0046
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/25/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,267	
26	INTENSIVE CARE UNIT					3,149	
31	SUBPROVIDER I					1,791	
33	NURSERY					1,461	
101	TOTAL					29,668	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		3,208
26	INTENSIVE CARE UNIT		339
31	SUBPROVIDER I		85
33	NURSERY		951
101	TOTAL		4,583

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARI C OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETES EDUCATION						
60	04 ANTI COAGULATION CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		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
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			61,392,302			3,134,976	
39	DELIVERY ROOM & LABOR ROO			6,208,550			2,634,706	
40	ANESTHESIOLOGY			8,234,437			894,252	
41	RADIOLOGY-DIAGNOSTIC			27,855,640			676,526	
41 01	CAT SCAN			34,917,292			896,238	
41 02	MAGNETIC RESONANCE IMAGIN			8,446,507			77,746	
41 97	OTHER ANCILLARY SERVICE C							
44	LABORATORY			40,359,119			2,631,161	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,244,335			1,790	
49	RESPIRATORY THERAPY			3,427,400			377,064	
49 98	OTHER ANCILLARY SERVICE C							
50	PHYSICAL THERAPY			2,791,601			76,714	
51	OCCUPATIONAL THERAPY			1,389,370			22,777	
52	SPEECH PATHOLOGY			396,785			5,124	
53	ELECTROCARDIOLOGY			8,041,469			303,109	
53 01	CATH LAB			27,308,194			1,501,635	
54 01	NEUROLOGY			216,220			9,754	
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			32,937,852			3,151,129	
59	ACUTE DIALYSIS			551,033			15,066	
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARI C OXYGEN THERAPY							
59 99	LITHOTRI PSY							
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETES EDUCATION			22,489				
60 04	ANTI COAGULATION CLINIC			54,268			15	
60 05	OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			15,065,983			449,251	
62	OBSERVATION BEDS (NON-DIS			706,295				
63 50	RURAL HEALTH CLINIC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			281,567,141			16,859,033	

TITLE XIX

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	04 ANTI COAGULATION CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 MAGNETIC RESONANCE IMAGIN										
41	97 OTHER ANCILLARY SERVICE C										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
49	98 OTHER ANCILLARY SERVICE C										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CATH LAB										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	ACUTE DIALYSIS										
59	97 CARDIAC REHABILITATION										
59	98 HYPERBARI C OXYGEN THERAPY										
59	99 LI THOTRI PSY										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 DIABETES EDUCATION										
60	04 ANTI COAGULATION CLINIC										
60	05 OUTPATIENT PSYCHIATRIC SE										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RURAL HEALTH CLINIC										
63	60 FOHC										
101	OTHER REIMBURS COST CNTRS										
	TOTAL										

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			61,392,302				
39	DELIVERY ROOM & LABOR ROO			6,208,550				
40	ANESTHESIOLOGY			8,234,437				
41	RADIOLOGY-DIAGNOSTIC			27,855,640			1,796	
41 01	CAT SCAN			34,917,292				
41 02	MAGNETIC RESONANCE IMAGIN			8,446,507				
41 97	OTHER ANCILLARY SERVICE C							
44	LABORATORY			40,359,119			4,569	
46 30	BLOOD CLOTTING FACTORS AD							
48	INTRAVENOUS THERAPY			1,244,335				
49	RESPIRATORY THERAPY			3,427,400			886	
49 98	OTHER ANCILLARY SERVICE C							
50	PHYSICAL THERAPY			2,791,601			32,710	
51	OCCUPATIONAL THERAPY			1,389,370			33,248	
52	SPEECH PATHOLOGY			396,785			6,032	
53	ELECTROCARDIOLOGY			8,041,469			214	
53 01	CATH LAB			27,308,194				
54 01	NEUROLOGY			216,220				
55	MEDICAL SUPPLIES CHARGED							
55 30	IMPL. DEV. CHARGED TO PAT							
56	DRUGS CHARGED TO PATIENTS			32,937,852			8,575	
59	ACUTE DIALYSIS			551,033				
59 97	CARDIAC REHABILITATION							
59 98	HYPERBARIC OXYGEN THERAPY							
59 99	LITHOTRIpsy							
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	DIABETES EDUCATION			22,489				
60 04	ANTI COAGULATION CLINIC			54,268				
60 05	OUTPATIENT PSYCHIATRIC SE							
61	EMERGENCY			15,065,983				
62	OBSERVATION BEDS (NON-DIS			706,295				
63 50	RURAL HEALTH CLINIC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			281,567,141			88,030	

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 MAGNETIC RESONANCE IMAGIN						
41	97 OTHER ANCILLARY SERVICE C						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	98 OTHER ANCILLARY SERVICE C						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	ACUTE DIALYSIS						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARI C OXYGEN THERAPY						
59	99 LI THOTRI PSY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES EDUCATION						
60	04 ANTI COAGULATION CLINIC						
60	05 OUTPATIENT PSYCHIATRIC SE						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RURAL HEALTH CLINIC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	551
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	876.46
85	OBSERVATION BED COST	482,929

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	20,392,597		482,929	
87	NEW CAPITAL-RELATED COST	1,083,125	.053114	482,929	25,650
88	NON PHYSICIAN ANESTHETIST	20,392,597		482,929	
89	MEDICAL EDUCATION	20,392,597		482,929	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	987.70
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,768,963			
87	NEW CAPITAL-RELATED COST	98,026	1,768,963		
88	NON PHYSICIAN ANESTHETIST		1,768,963	.055414	
89	MEDICAL EDUCATION		1,768,963		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	551
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	876.46
85	OBSERVATION BED COST	482,929

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	20,392,597		482,929	
87	NEW CAPITAL-RELATED COST	1,083,125	.053114	482,929	25,650
88	NON PHYSICIAN ANESTHETIST	20,392,597		482,929	
89	MEDICAL EDUCATION	20,392,597		482,929	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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		8,643,382	
26	INTENSIVE CARE UNIT		2,621,305	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.365047	16,489,222	6,019,341
39	DELIVERY ROOM & LABOR ROOM	.180920	9,043	1,636
40	ANESTHESIOLOGY	.115478	1,256,470	145,095
41	RADIOLOGY-DIAGNOSTIC	.192321	4,530,101	871,234
41 01	CAT SCAN	.042800	5,242,699	224,388
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.107181	514,539	55,149
41 97	OTHER ANCILLARY SERVICE COST CENTERS			
44	LABORATORY	.195826	13,246,491	2,594,007
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
48	INTRAVENOUS THERAPY	.377091	3,923	1,479
49	RESPIRATORY THERAPY	.610514	2,059,972	1,257,642
49 98	OTHER ANCILLARY SERVICE COST CENTERS			
50	PHYSICAL THERAPY	.583473	1,146,866	669,165
51	OCCUPATIONAL THERAPY	.524105	345,855	181,264
52	SPEECH PATHOLOGY	.980491	104,738	102,695
53	ELECTROCARDIOLOGY	.205599	2,897,398	595,702
53 01	CATH LAB	.244230	11,907,878	2,908,261
54 01	NEUROLOGY	.378448	114,032	43,155
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.292333	12,749,673	3,727,150
59	ACUTE DIALYSIS	1.410269	452,785	638,549
59 97	CARDIAC REHABILITATION			
59 98	HYPERBARI C OXYGEN THERAPY			
59 99	LITHOTRI PSY			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	DIABETES EDUCATION	2.500600	25	63
60 04	ANTI COAGULATION CLINIC	2.043856	118	241
60 05	OUTPATIENT PSYCHI ATRIC SERVICES			
61	EMERGENCY	.340553	1,810,700	616,639
62	OBSERVATION BEDS (NON-DISTINCT PART)	.683750	18,759	12,826
62 50	RURAL HEALTH CLINIC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		74,901,287	20,665,681
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		74,901,287	

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		28,553,374		7,546,343
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		28,553,374		7,546,343
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		153,727		34,084
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		28,707,101		7,580,427

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

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		1,862,864		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,862,864		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,866,220		

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
SUBPROVIDER 1

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)		1,866,220
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS		1,862,864
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM		3,356
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----			
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).		
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		71,246,879		559,167
2 NET INCOME (LOSS)		20,340,498		
3 TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		91,587,377		559,167
4				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		91,587,377		559,167
12				
13 TRANSFERS	3,879,502			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		3,879,502		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		87,707,875		559,167

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

