

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0065 | PERIOD FROM 11/ 1/2009 TO 10/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 3/29/2011 TIME 11:09

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: ADVENTIST LA GRANGE MEMORIAL HOSPITAL 14-0065 FOR THE COST REPORTING PERIOD BEGINNING 11/ 1/2009 AND ENDING 10/31/2010 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 columns: TITLE V, A, B, C, D, E. Rows: 1 HOSPITAL, 100 TOTAL. Values: 0, -74,927, -23,590, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5101 S. WILLOW SPRINGS ROAD P.O. BOX:
 1.01 CITY: LAGRANGE STATE: IL ZIP CODE: 60525- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-0065	2.01	6/30/1966	VXVIII XIX 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 11/1/2009 TO: 10/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 1 2 3
 N Y N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N

37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y

38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N

38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N

38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N

38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y

40.01 NAME: ADVENTIST HEALTH SYSTEM FI/CONTRACTOR NAME FIRST COAST SERVICE OPTIONS FI/CONTRACTOR # 90

40.02 STREET: 111 NORTH ORLANDO AVE P.O. BOX:

40.03 CITY: WINTER PARK STATE: FL ZIP CODE: 32789-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y

42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y

42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y

42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N

44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y

45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000

45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?

45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?

45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?

46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 367,618
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/1/2011

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	173	63,145			23,859		1,654
2 HMO					1,174		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	173	63,145			23,859		1,654
6 INTENSIVE CARE UNIT	27	9,855			2,566		433
11 NURSERY							705
12 TOTAL	200	73,000			26,425		2,792
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OPT							
23 30 CMHC							
23 40 OPT							
24 RHC							
24 10 FOHC							
25 TOTAL	200						
26 OBSERVATION BED DAYS							295
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BESDS 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			30,321				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			30,321				
6 INTENSIVE CARE UNIT			8,664				
11 NURSERY			1,730				
12 TOTAL			40,715			20.82	
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OPT							
23 30 CMHC							
23 40 OPT							
24 RHC							
24 10 FOHC							
25 TOTAL						20.82	
26 OBSERVATION BED DAYS			3,140				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,215	913	8,653
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	20.82	935.01			5,215	913	8,653
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OPT							
23 30 CMHC							
23 40 OPT							
24 RHC							
24 10 FOHC							
25 TOTAL	20.82	935.01					
26 OBSERVATION BED DAYS							
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	56,594,792	229,698	56,824,490	1,948,065.00	29.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	335,336		335,336	4,831.00	69.41	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	2,126,688	-1,172,226	954,462	43,296.00	22.05	HPM Report
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	920,739		920,739	30,617.00	30.07	HPM Report
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	365		365	5.00	73.00	HSL REPORT
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,346,978		5,346,978	86,418.00	61.87	10-8013 COST RP
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	17,360,410		17,360,410			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	293,916		293,916			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS	107,045		107,045			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	304,681		304,681			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	61,739	411,642	473,381	14,844.00	31.89	
22 ADMINISTRATIVE & GENERAL	7,125,140	-1,358,430	5,766,710	204,063.00	28.26	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,519,197	464,219	1,983,416	77,239.00	25.68	
25 LAUNDRY & LINEN SERVICE	53,408		53,408	3,843.00	13.90	
26 HOUSEKEEPING	1,476,897		1,476,897	107,659.00	13.72	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,015,452	-775,164	240,288	17,782.00	13.51	
27.01 DIETARY UNDER CONTRACT	43,875		43,875	1,422.00	30.85	
28 CAFETERIA		775,164	775,164	57,363.00	13.51	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	839,245	286,427	1,125,672	25,127.00	44.80	
31 CENTRAL SERVICE AND SUPPLY	674,308		674,308	34,062.00	19.80	
32 PHARMACY	2,417,835	18,946	2,436,781	58,403.00	41.72	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,319,525	121,986	1,441,511	63,509.00	22.70	
34 SOCIAL SERVICE	906,967		906,967	25,962.00	34.93	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	54,176,643	1,401,924	55,578,567	1,901,360.00	29.23	
2 EXCLUDED AREA SALARIES	920,739		920,739	30,617.00	30.07	
3 SUBTOTAL SALARIES	53,255,904	1,401,924	54,657,828	1,870,743.00	29.22	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,347,343		5,347,343	86,423.00	61.87	
5 SUBTOTAL WAGE-RELATED COSTS	17,360,410		17,360,410		31.76	
6 TOTAL	75,963,657	1,401,924	77,365,581	1,957,166.00	39.53	
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	17,453,588	-55,210	17,398,378	691,278.00	25.17	

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	9,833,525
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	9,833,525
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)	.219755
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	39,111,610

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,594,972
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,741,177
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,678,957
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,594,972

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0065
 PERIOD: FROM 11/1/2009 TO 10/31/2010
 PREPARED: 3/29/2011
 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				18,569,865	18,569,865
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,758,575	2,758,575
5	0500 EMPLOYEE BENEFITS	61,739	2,807,249	2,868,988	6,906,173	9,775,161
6	0600 ADMINISTRATIVE & GENERAL	7,125,140	29,935,793	37,060,933	-10,205,489	26,855,444
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,519,197	4,271,303	5,790,500	1,620,817	7,411,317
9	0900 LAUNDRY & LINEN SERVICE	53,408	14,117	67,525		67,525
10	1000 HOUSEKEEPING	1,476,897	694,093	2,170,990		2,170,990
11	1100 DIETARY	1,015,452	1,213,232	2,228,684	-1,701,306	527,378
12	1200 CAFETERIA				1,701,306	1,701,306
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	839,245	142,052	981,297	302,511	1,283,808
15	1500 CENTRAL SERVICES & SUPPLY	674,308	935,030	1,609,338	-825,302	784,036
16	1600 PHARMACY	2,417,835	6,384,565	8,802,400	-6,291,951	2,510,449
17	1700 MEDICAL RECORDS & LIBRARY	1,319,525	520,421	1,839,946	152,769	1,992,715
18	1800 SOCIAL SERVICE	906,967	548,073	1,455,040		1,455,040
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,126,688	884,318	3,011,006	-1,172,226	1,838,780
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,172,226	1,172,226
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,941,049	1,480,121	12,421,170	610,775	13,031,945
26	2600 INTENSIVE CARE UNIT	2,832,658	601,402	3,434,060		3,434,060
33	3300 NURSERY		151,427	151,427	348,367	499,794
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,310,931	8,327,387	10,638,318	-7,094,811	3,543,507
37.01	3330 ENDOSCOPY	812,996	362,375	1,175,371	-180,069	995,302
37.02	3701 DAY SURGERY	1,068,142	172,445	1,240,587		1,240,587
38	3800 RECOVERY ROOM	510,261	69,050	579,311		579,311
39	3900 DELIVERY ROOM & LABOR ROOM	1,818,315	260,570	2,078,885	-1,000,745	1,078,140
41	4100 RADIOLOGY-DIAGNOSTIC	1,931,749	1,812,623	3,744,372	-1,313,395	2,430,977
41.01	3450 NUCLEAR MEDICINE	258,549	344,058	602,607	107,235	709,842
41.02	3630 ULTRASOUND	470,859	46,590	517,449	123,716	641,165
41.03	3230 CT SCAN	502,092	105,988	608,080	708,090	1,316,170
41.04	3430 MRI	322,133	60,390	382,523	244,580	627,103
41.05	4101 GRANT SQUARE IMAGING					
41.06	4102 WINDSOR MEDICAL RADIOLOGY					
41.07	3231 PET SCAN					
42	4200 RADIOLOGY-THERAPEUTIC	565,149	291,826	856,975	158,882	1,015,857
44	4400 LABORATORY	2,242,520	3,657,391	5,899,911	180,725	6,080,636
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	973,747	284,052	1,257,799		1,257,799
50	5000 PHYSICAL THERAPY	1,833,683	528,830	2,362,513	-21	2,362,492
50.01	5001 FAIRVIEW REHAB CTR					
50.02	5002 WESTCHESTER REHAB CTR					
50.03	5003 LAGRANGE REHAB CTR	726,624	73,567	800,191	-1,317	798,874
51	5100 OCCUPATIONAL THERAPY	402,233	33,548	435,781	-67	435,714
52	5200 SPEECH PATHOLOGY	94,244	24,271	118,515		118,515
53	5300 ELECTROCARDIOLOGY	620,848	2,077,517	2,698,365	-1,695,770	1,002,595
53.01	3650 VASCULAR LAB	866,333	1,878,537	2,744,870	-1,600,081	1,144,789
53.02	3140 CARDIAC REHAB	907,341	230,273	1,137,614		1,137,614
54	5400 ELECTROENCEPHALOGRAPHY	33,957	480,225	514,182		514,182
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				3,761,388	3,761,388
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				7,841,042	7,841,042
56	5600 DRUGS CHARGED TO PATIENTS				6,312,072	6,312,072
59	3350 HEMODIALYSIS		333,834	333,834		333,834
59.01	3950 LI THOTRI PSY		91,466	91,466		91,466
	OUTPAT SERVICE COST CNTRS					
60.01	6001 PAIN MGMT CLINIC				-6,822	-6,822
61	6100 EMERGENCY	2,474,041	831,396	3,305,437		3,305,437
61.01	4950 OP DEPARTMENT	617,198	532,131	1,149,329		1,149,329
61.02	4951 MEDICAL ONCOLOGY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FOHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OPT					
69.30	6930 CMHC					
69.40	6940 OPT					
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					
88	8800 INTEREST EXPENSE		21,008,793	21,008,793	-20,491,742	517,051
95	SUBTOTALS	55,674,053	94,502,329	150,176,382	-0-	150,176,382
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	206,433	188,397	394,830		394,830
98	9800 PHYSICIANS' PRIVATE OFFICES	77,508	985,074	1,062,582		1,062,582
98.01	9801 CFPC CLINIC	636,798	404,567	1,041,365		1,041,365
100	7950 OFFICE BUILDINGS		481,153	481,153		481,153

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0065
 PERIOD: FROM 11/1/2009 TO 10/31/2010
 PREPARED 3/29/2011 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	-7,100,362	11,469,503
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	1,023,724	3,782,299
5 0500	EMPLOYEE BENEFITS	-476,580	9,298,581
6 0600	ADMINISTRATIVE & GENERAL	-10,041,691	16,813,753
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-20	7,411,297
9 0900	LAUNDRY & LINEN SERVICE		67,525
10 1000	HOUSEKEEPING		2,170,990
11 1100	DIETARY	-261,094	266,284
12 1200	CAFETERIA		1,701,306
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-19,322	1,264,486
15 1500	CENTRAL SERVICES & SUPPLY		784,036
16 1600	PHARMACY		2,510,449
17 1700	MEDICAL RECORDS & LIBRARY	46,159	2,038,874
18 1800	SOCIAL SERVICE		1,455,040
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,838,780
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,172,226
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		13,031,945
26 2600	INTENSIVE CARE UNIT	-40,351	3,393,709
33 3300	NURSERY		499,794
37 3700	OPERATING ROOM	-141,588	3,401,919
37.01 3330	ENDOSCOPY	-2,204	993,098
37.02 3701	DAY SURGERY		1,240,587
38 3800	RECOVERY ROOM		579,311
39 3900	DELIVERY ROOM & LABOR ROOM		1,078,140
41 4100	RADIOLOGY-DIAGNOSTIC	-1,351	2,429,626
41.01 3450	NUCLEAR MEDICINE		709,842
41.02 3630	ULTRASOUND		641,165
41.03 3230	CT SCAN		1,316,170
41.04 3430	MRI		627,103
41.05 4101	GRANT SQUARE IMAGING		
41.06 4102	WINDSOR MEDICAL RADIOLOGY		
41.07 3231	PET SCAN		
42 4200	RADIOLOGY-THERAPEUTIC	-121,295	894,562
44 4400	LABORATORY	-790	6,079,846
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-12,695	1,245,104
50 5000	PHYSICAL THERAPY	-106,072	2,256,420
50.01 5001	FAIRVIEW REHAB CTR		
50.02 5002	WESTCHESTER REHAB CTR		
50.03 5003	LAGRANGE REHAB CTR	-11,487	787,387
51 5100	OCCUPATIONAL THERAPY		435,714
52 5200	SPEECH PATHOLOGY		118,515
53 5300	ELECTROCARDIOLOGY	-8,399	994,196
53.01 3650	VASCULAR LAB	-219	1,144,570
53.02 3140	CARDIAC REHAB	-48,071	1,089,543
54 5400	ELECTROENCEPHALOGRAPHY		514,182
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,761,388
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		7,841,042
56 5600	DRUGS CHARGED TO PATIENTS		6,312,072
59 3350	HEMODIALYSIS		333,834
59.01 3950	LITHOTRIPSY		91,466
60.01 6001	OUTPAT SERVICE COST CNTRS PAIN MGMT CLINIC	-1,120	-7,942
61 6100	EMERGENCY	-42,642	3,262,795
61.01 4950	OP DEPARTMENT		1,149,329
61.02 4951	MEDICAL ONCOLOGY		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
69.10 6910	OTHER REIMBURS COST CNTRS CMHC		
69.20 6920	OPT		
69.30 6930	CMHC		
69.40 6940	OPT		
71 7100	HOME HEALTH AGENCY		
85.01 8510	SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE	-517,051	-0-
95	SUBTOTALS	-17,884,521	132,291,861
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		394,830
98 9800	PHYSICIANS' PRIVATE OFFICES		1,062,582
98.01 9801	CFPC CLINIC		1,041,365
100 7950	OFFICE BUILDINGS		481,153

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 CAFETERIA RECLASS	A	CAFETERIA	12		775,164	926,142
2 PROP TAX RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3			58,717
3 MED SUPPLY RECLASS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,761,388
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15 DRUG RECLASS	D	DRUGS CHARGED TO PATIENTS	56			6,312,072
16 RECRUITMENT BONUSES	E	EMPLOYEE BENEFITS	5		12,100	
17		ADULTS & PEDIATRICS	25		12,800	
18		INTENSIVE CARE UNIT	26		2,500	
19		RECOVERY ROOM	38		2,500	
20		PHYSICAL THERAPY	50		2,250	
21		LAGRANGE REHAB CTR	50.03		5,500	
22		OCCUPATIONAL THERAPY	51		2,500	
23 DIR OF NURSE SALARY RECLASS	F	NURSING ADMINISTRATION	14		179,169	
24 RADIOLOGY SALARY	G	NUCLEAR MEDICINE	41.01		29,752	77,483
25		ULTRASOUND	41.02		34,324	89,392
26		CT SCAN	41.03		196,455	511,635
27		MRI	41.04		67,857	176,723
28		RADIOLOGY-THERAPEUTIC	42		44,147	114,975
29 NURSERY SALARY	H	ADULTS & PEDIATRICS	25		524,135	86,640
30		NURSERY	33		409,918	
31						
32 DEPRECIATION	I	NEW CAP REL COSTS-BLDG & FIXT	3			11,260,791
33		NEW CAP REL COSTS-MVBLE EQUIP	4			2,118,072
34 IMPLANTS	K	IMPL. DEV. CHARGED TO PATIENT	55.30			7,841,042
35						
1 IMPLANTS	K					
2						
3						
4 RESIDENCY RECLASS - NON-I/R	L	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,172,226	
5 INTEREST RECLASS	V	NEW CAP REL COSTS-BLDG & FIXT	3			1,885,153
6		NEW CAP REL COSTS-MVBLE EQUIP	4			640,503
7		ADMINISTRATIVE & GENERAL	6			5,318,423
8						
9 RECLASS SHARED SERVICE	W	NEW CAP REL COSTS-BLDG & FIXT	3			5,365,204
10		EMPLOYEE BENEFITS	5		399,542	6,506,631
11		ADMINISTRATIVE & GENERAL	6		2,796,213	3,803,926
12		OPERATION OF PLANT	8		464,219	1,156,598
13		NURSING ADMINISTRATION	14		107,258	16,084
14		PHARMACY	16		18,946	1,175
15		MEDICAL RECORDS & LIBRARY	17		121,986	30,783
16		RADIOLOGY-DIAGNOSTIC	41		154,350	31,325
17		ADMINISTRATIVE & GENERAL	6		189,548	
18		LABORATORY	44		102,508	78,217
19 ZERO OUT INTEREST LINE 88	Y	ADMINISTRATIVE & GENERAL	6			171
36 TOTAL RECLASSIFICATIONS					7,827,867	58,169,265

(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 CAFETERIA RECLASS	A	DIETARY	11		775,164	926,142	
2 PROP TAX RECLASS	B	INTEREST EXPENSE	88			58,717	13
3 MED SUPPLY RECLASS	C	CENTRAL SERVICES & SUPPLY	15			549,670	
4		OPERATING ROOM	37			2,375,714	
5		ENDOSCOPY	37.01			180,069	
6		DELIVERY ROOM & LABOR ROOM	39			41,603	
7		RADIOLOGY-DIAGNOSTIC	41			127,670	
8		RADIOLOGY-THERAPEUTIC	42			240	
9		PHYSICAL THERAPY	50			21	
10		LAGRANGE REHAB CTR	50.03			1,317	
11		OCCUPATIONAL THERAPY	51			67	
12		ELECTROCARDIOLOGY	53			196,716	
13		VASCULAR LAB	53.01			281,479	
14		PAIN MGMT CLINIC	60.01			6,822	
15 DRUG RECLASS	D	PHARMACY	16			6,312,072	
16 RECRUITMENT BONUSES	E	EMPLOYEE BENEFITS	5			12,100	
17		ADULTS & PEDIATRICS	25			12,800	
18		INTENSIVE CARE UNIT	26			2,500	
19		RECOVERY ROOM	38			2,500	
20		PHYSICAL THERAPY	50			2,250	
21		LAGRANGE REHAB CTR	50.03			5,500	
22		OCCUPATIONAL THERAPY	51			2,500	
23 DIR OF NURSE SALARY RECLASS	F	ADMINISTRATIVE & GENERAL	6		179,169		
24 RADIOLOGY SALARY	G	RADIOLOGY-DIAGNOSTIC	41		372,535	970,208	
25							
26							
27							
28							
29 NURSERY SALARY	H	NURSERY	33			61,551	
30		DELIVERY ROOM & LABOR ROOM	39		934,053	25,089	
31		INTEREST EXPENSE	88			12,588,775	9
32 DEPRECIATION	I	ADMINISTRATIVE & GENERAL	6			790,088	9
33		CENTRAL SERVICES & SUPPLY	15			275,632	
34 IMPLANTS	K	OPERATING ROOM	37			4,719,097	
35							
1 IMPLANTS	K	RADIOLOGY-DIAGNOSTIC	41			28,657	
2		ELECTROCARDIOLOGY	53			1,499,054	
3		VASCULAR LAB	53.01			1,318,602	
4 RESIDENCY RECLASS - NON-I/R	L	I&R SERVICES-SALARY & FRINGES APPRVD	22		1,172,226		
5 INTEREST RECLASS	V						11
6							11
7							
8		INTEREST EXPENSE	88			7,844,079	
9 RECLASS SHARED SERVICE	W						9
10							
11							
12							
13							
14							
15							
16							
17		ADMINISTRATIVE & GENERAL	6			189,548	
18		ADMINISTRATIVE & GENERAL	6		4,165,022	16,989,943	
19 ZERO OUT INTEREST LINE 88	Y	INTEREST EXPENSE	88			171	
36 TOTAL RECLASSIFICATIONS					7,598,169	58,398,963	

(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: 140065	PERIOD: FROM 11/ 1/2009 TO 10/31/2010	PREPARED 3/29/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,701,306	DIETARY	11	1,701,306	
TOTAL RECLASSIFICATIONS FOR CODE A			1,701,306				1,701,306

RECLASS CODE: B
EXPLANATION : PROP TAX RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	58,717	INTEREST EXPENSE	88	58,717	
TOTAL RECLASSIFICATIONS FOR CODE B			58,717				58,717

RECLASS CODE: C
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,761,388	CENTRAL SERVICES & SUPPLY	15	549,670	
2.00			0	OPERATING ROOM	37	2,375,714	
3.00			0	ENDOSCOPY	37.01	180,069	
4.00			0	DELIVERY ROOM & LABOR ROOM	39	41,603	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	127,670	
6.00			0	RADIOLOGY-THERAPEUTIC	42	240	
7.00			0	PHYSICAL THERAPY	50	21	
8.00			0	LAGRANGE REHAB CTR	50.03	1,317	
9.00			0	OCCUPATIONAL THERAPY	51	67	
10.00			0	ELECTROCARDIOLOGY	53	196,716	
11.00			0	VASCULAR LAB	53.01	281,479	
12.00			0	PAIN MGMT CLINIC	60.01	6,822	
TOTAL RECLASSIFICATIONS FOR CODE C			3,761,388				3,761,388

RECLASS CODE: D
EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	6,312,072	PHARMACY	16	6,312,072	
TOTAL RECLASSIFICATIONS FOR CODE D			6,312,072				6,312,072

RECLASS CODE: E
EXPLANATION : RECRUITMENT BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	12,100	EMPLOYEE BENEFITS	5	12,100	
2.00	ADULTS & PEDIATRICS	25	12,800	ADULTS & PEDIATRICS	25	12,800	
3.00	INTENSIVE CARE UNIT	26	2,500	INTENSIVE CARE UNIT	26	2,500	
4.00	RECOVERY ROOM	38	2,500	RECOVERY ROOM	38	2,500	
5.00	PHYSICAL THERAPY	50	2,250	PHYSICAL THERAPY	50	2,250	
6.00	LAGRANGE REHAB CTR	50.03	5,500	LAGRANGE REHAB CTR	50.03	5,500	
7.00	OCCUPATIONAL THERAPY	51	2,500	OCCUPATIONAL THERAPY	51	2,500	
TOTAL RECLASSIFICATIONS FOR CODE E			40,150				40,150

RECLASS CODE: F
EXPLANATION : DIR OF NURSE SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	179,169	ADMINISTRATIVE & GENERAL	6	179,169	
TOTAL RECLASSIFICATIONS FOR CODE F			179,169				179,169

RECLASS CODE: G
EXPLANATION : RADIOLOGY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NUCLEAR MEDICINE	41.01	107,235	RADIOLOGY-DIAGNOSTIC	41	1,342,743	
2.00	ULTRASOUND	41.02	123,716			0	
3.00	CT SCAN	41.03	708,090			0	
4.00	MRI	41.04	244,580			0	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140065	FROM 11/ 1/2009	3/29/2011
	TO 10/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : RADIOLOGY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
5.00	RADIOLOGY-THERAPEUTIC	42	159,122			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,342,743			1,342,743	

RECLASS CODE: H
EXPLANATION : NURSERY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	610,775			0	
2.00	NURSERY	33	409,918	NURSERY	33	61,551	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	959,142	
TOTAL RECLASSIFICATIONS FOR CODE H			1,020,693			1,020,693	

RECLASS CODE: I
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	11,260,791	INTEREST EXPENSE	88	12,588,775	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,118,072	ADMINISTRATIVE & GENERAL	6	790,088	
TOTAL RECLASSIFICATIONS FOR CODE I			13,378,863			13,378,863	

RECLASS CODE: K
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,841,042	CENTRAL SERVICES & SUPPLY	15	275,632	
2.00			0	OPERATING ROOM	37	4,719,097	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	28,657	
4.00			0	ELECTROCARDIOLOGY	53	1,499,054	
5.00			0	VASCULAR LAB	53.01	1,318,602	
TOTAL RECLASSIFICATIONS FOR CODE K			7,841,042			7,841,042	

RECLASS CODE: L
EXPLANATION : RESIDENCY RECLASS - NON-I/R

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	1,172,226	I&R SERVICES-SALARY & FRINGES	22	1,172,226	
TOTAL RECLASSIFICATIONS FOR CODE L			1,172,226			1,172,226	

RECLASS CODE: V
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,885,153			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	640,503			0	
3.00	ADMINISTRATIVE & GENERAL	6	5,318,423			0	
4.00			0	INTEREST EXPENSE	88	7,844,079	
TOTAL RECLASSIFICATIONS FOR CODE V			7,844,079			7,844,079	

RECLASS CODE: W
EXPLANATION : RECLASS SHARED SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,365,204			0	
2.00	EMPLOYEE BENEFITS	5	6,906,173			0	
3.00	ADMINISTRATIVE & GENERAL	6	6,600,139			0	
4.00	OPERATION OF PLANT	8	1,620,817			0	
5.00	NURSING ADMINISTRATION	14	123,342			0	
6.00	PHARMACY	16	20,121			0	
7.00	MEDICAL RECORDS & LIBRARY	17	152,769			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	185,675			0	
9.00	ADMINISTRATIVE & GENERAL	6	189,548	ADMINISTRATIVE & GENERAL	6	189,548	
10.00	LABORATORY	44	180,725	ADMINISTRATIVE & GENERAL	6	21,154,965	
TOTAL RECLASSIFICATIONS FOR CODE W			21,344,513			21,344,513	

RECLASSIFICATIONS

PROVIDER NO: 140065	PERIOD: FROM 11/ 1/2009 TO 10/31/2010	PREPARED 3/29/2011 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: Y
 EXPLANATION : ZERO OUT INTEREST LINE 88

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	171	6	INTEREST EXPENSE	171
TOTAL RECLASSIFICATIONS FOR CODE Y		171	88		171

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 IMPROVEMENT							
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	9,779,429					9,779,429	
2 LAND IMPROVEMENTS	6,072,154	211,343		211,343		6,283,497	
3 BUILDINGS & FIXTURE	199,448,079	527,521		527,521	20,053	199,955,547	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	28,672,124	491,341		491,341		29,163,465	
6 MOVABLE EQUIPMENT	36,098,441	2,119,773		2,119,773		38,218,214	
7 SUBTOTAL	280,070,227	3,349,978		3,349,978	20,053	283,400,152	
8 RECONCILING ITEMS							
9 TOTAL	280,070,227	3,349,978		3,349,978	20,053	283,400,152	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	228,417,763		228,417,763	.860440			
4	NEW CAP REL COSTS-MV	37,048,441		37,048,441	.139560			
5	TOTAL	265,466,204		265,466,204	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	9,525,633		1,885,153		58,717		11,469,503
4	NEW CAP REL COSTS-MV	3,141,796		640,503				3,782,299
5	TOTAL	12,667,429		2,525,656		58,717		15,251,802

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							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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).

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-190,486	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-64,724	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER	B	-233,276	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-227,396			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-1,501,073			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-258,821	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	421	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER OPERATING REVENUE	B	-20	OPERATION OF PLANT	8	
37.01 NON ALLOW BAD DEBT EXPENSE	A	-3,662,142	ADMINISTRATIVE & GENERAL	6	
37.04 GOOD WILL	A	-465,020	INTEREST EXPENSE	88	
38 ACCELERATED DEPRECIATION	A	-7,025,244	NEW CAP REL COSTS-BLDG &	3	9
39 OFFSET MARKETING DEPT 866	A	-689,755	ADMINISTRATIVE & GENERAL	6	
40 OTHER OPERATING REVENUE	B	-158,015	ADMINISTRATIVE & GENERAL	6	
41 NON ALLOWABLE INTERST EXPENSE	A	-2,991,887	ADMINISTRATIVE & GENERAL	6	
42 OTHER OPERATING REVENUE	B	-19,322	NURSING ADMINISTRATION	14	
43 OTHER OPERATING REVENUE	B	-1,351	RADIOLOGY-DIAGNOSTIC	41	
44 OTHER OPERATING REVENUE	B	-121,295	RADIOLOGY-THERAPEUTIC	42	
45 OTHER OPERATING REVENUE	B	-790	LABORATORY	44	
46 OTHER OPERATING REVENUE	B	-12,695	RESPIRATORY THERAPY	49	
47 OTHER OPERATING REVENUE	B	-106,072	PHYSICAL THERAPY	50	
48 OTHER OPERATING REVENUE	B	-11,487	LAGRANGE REHAB CTR	50.03	
48.01 OTHER OPERATING REVENUE	B	581	VASCULAR LAB	53.01	
48.02 OTHER OPERATING REVENUE	B	-48,071	CARDIAC REHAB	53.02	
48.03 OTHER OPERATING REVENUE	B	-1,120	PAIN MGMT CLINIC	60.01	
48.04 OTHER OPERATING REVENUE	B	-21,642	EMERGENCY	61	
48.05 BANK FEES	A	-31,796	INTEREST EXPENSE	88	
48.06 FEDERAL INCOME TAXES	A	-20,235	INTEREST EXPENSE	88	
48.07 LOBBYING EXPENSE	A	-2,312	ADMINISTRATIVE & GENERAL	6	
48.08 ADJ HHA EXPENSE	A	-17,203	ADMINISTRATIVE & GENERAL	6	
48.09 DIETARY REVENUE	B	-2,273	DIETARY	11	
48.10					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,884,521			

(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	3	NEW CAP REL COSTS-BLDG &	115,368		115,368	9
2	6	ADMINISTRATIVE & GENERAL	21,154,965	21,411,746	-256,781	
3	4	NEW CAP REL COSTS-MVBLE E	1,088,448		1,088,448	9
4	5	EMPLOYEE BENEFITS	238,818	715,398	-476,580	
4.01	6	ADMINISTRATIVE & GENERAL	7,112,622	9,129,888	-2,017,266	
4.02	17	MEDICAL RECORDS & LIBRARY	45,738		45,738	
5		TOTALS	29,755,959	31,257,032	-1,501,073	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	LAGRANGE MEMORIAL	0.00	HINSDALE HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT
2	B	LAGRANGE MEMORIAL	0.00	ADVENTIST HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT
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.

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 ADMIN & GENERAL	24,996		24,996	165,600	150	11,942	597
2								
3	26 ICU	100,381		100,381	165,600	754	60,030	3,002
4	37 OPERATING ROOM	141,588	141,588					
5	37 1 ENDOSCOPY	10,404		10,404	208,000	82	8,200	410
6	53 CARDIOLOGY SVCS	15,599		15,599	208,000	72	7,200	360
7	53 1 VASCULAR LAB	57,000		57,000	208,000	562	56,200	2,810
8	61 EMERGENCY	21,000	21,000					
9	61 1 AMBULATORY CARE	12,996		12,996	165,600	168	13,375	669
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	383,964	162,588	221,376		1,788	156,947	7,848

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	ADMIN & GENERAL				11,942	13,054	13,054
2								
3	26	ICU				60,030	40,351	40,351
4	37	OPERATING ROOM						141,588
5	37	1 ENDOSCOPY				8,200	2,204	2,204
6	53	CARDIOLOGY SVCS				7,200	8,399	8,399
7	53	1 VASCULAR LAB				56,200	800	800
8	61	EMERGENCY						21,000
9	61	1 AMBULATORY CARE				13,375		
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				156,947	64,808	227,396

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	ACCUM. COST	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	11	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	8	PATIENT DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	ENTERED
16	PHARMACY	13	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	8	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	17	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	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	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	11,469,503			11,469,503			
005 NEW CAP REL COSTS-MVBLE E	3,782,299				3,782,299		
006 EMPLOYEE BENEFITS	9,298,581			70,446	23,231	9,392,258	
007 ADMINISTRATIVE & GENERAL	16,813,753			1,784,874	588,598	961,161	20,148,386
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	7,411,297			2,321,771	765,653	330,584	10,829,305
010 LAUNDRY & LINEN SERVICE	67,525			57,681	19,021	8,902	153,129
011 HOUSEKEEPING	2,170,990			41,685	13,746	246,160	2,472,581
012 DIETARY	266,284			189,912	62,627	40,050	558,873
013 CAFETERIA	1,701,306			217,958	71,876	129,200	2,120,340
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,264,486					187,620	1,452,106
016 CENTRAL SERVICES & SUPPLY	784,036			49,047	16,174	112,390	961,647
017 PHARMACY	2,510,449			181,385	59,815	406,148	3,157,797
018 MEDICAL RECORDS & LIBRARY	2,038,874			186,946	61,649	240,262	2,527,731
020 SOCIAL SERVICE	1,455,040			318,251	104,950	151,168	2,029,409
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	1,838,780					159,084	1,997,864
024 I&R SERVICES-OTHER PRGM C	1,172,226					195,380	1,367,606
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	13,031,945			1,988,346	655,697	1,913,075	17,589,063
037 INTENSIVE CARE UNIT	3,393,709			211,947	69,894	472,547	4,148,097
037 NURSERY	499,794			34,561	11,397	68,323	614,075
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	3,401,919			633,165	208,799	385,172	4,629,055
037 02 ENDOSCOPY	993,098			109,085	35,973	135,505	1,273,661
037 03 DAY SURGERY	1,240,587			349,342	115,203	178,031	1,883,163
038 RECOVERY ROOM	579,311			43,194	14,244	85,464	722,213
039 DELIVERY ROOM & LABOR ROO	1,078,140			117,110	38,619	147,383	1,381,252
041 RADIOLOGY-DIAGNOSTIC	2,429,626			399,846	131,857	285,607	3,246,936
041 01 NUCLEAR MEDICINE	709,842			39,142	12,908	48,052	809,944
041 02 ULTRASOUND	641,165			26,192	8,637	84,201	760,195
041 03 CT SCAN	1,316,170			52,437	17,292	116,430	1,502,329
041 04 MRI	627,103					65,001	692,104
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	894,562			419,497	138,337	101,554	1,553,950
044 LABORATORY	6,079,846			421,536	139,010	390,855	7,031,247
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,245,104			104,212	34,366	162,298	1,545,980
050 PHYSICAL THERAPY	2,256,420			101,670	33,528	306,002	2,697,620
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR	787,387			291,661	96,181	122,026	1,297,255
051 OCCUPATIONAL THERAPY	435,714			9,561	3,153	67,458	515,886
052 SPEECH PATHOLOGY	118,515			8,687	2,865	15,708	145,775
053 ELECTROCARDIOLOGY	994,196			13,904	4,585	103,479	1,116,164
053 01 VASCULAR LAB	1,144,570			228,578	75,378	144,395	1,592,921
053 02 CARDIAC REHAB	1,089,543			80,562	26,567	151,230	1,347,902
054 ELECTROENCEPHALOGRAPHY	514,182			16,526	5,450	5,660	541,818
055 MEDICAL SUPPLIES CHARGED	3,761,388						3,761,388
055 30 IMPL. DEV. CHARGED TO PAT	7,841,042						7,841,042
056 DRUGS CHARGED TO PATIENTS	6,312,072						6,312,072
059 HEMODIALYSIS	333,834						333,834
059 01 LI THOTRI PSY	91,466						91,466
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC	-7,942						-7,942
061 EMERGENCY	3,262,795			348,786	115,019	412,358	4,138,958
061 01 OP DEPARTMENT	1,149,329					102,871	1,252,200
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	132,291,861			11,469,503	3,782,299	9,238,794	132,138,397
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	394,830					34,407	429,237
098 PHYSICIANS' PRIVATE OFFIC	1,062,582					12,919	1,075,501
098 01 CFPC CLINIC	1,041,365					106,138	1,147,503
100 OFFICE BUILDINGS	481,153						481,153

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	EMPLOYEE BENEFITS	SUBTOTAL
NONREIMBURS COST CENTERS									5a.00
CROSS FOOT ADJUSTMENT									
NEGATIVE COST CENTER									
101 TOTAL	135,271,791				11,469,503	3,782,299	9,392,258		135,271,791

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINISTRATIVE & GENERAL	20,148,386													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	1,895,161		12,724,466											
010 LAUNDRY & LINEN SERVICE	26,798		100,647		280,574									
011 HOUSEKEEPING	432,709		72,736				2,978,026							
012 DIETARY	97,804		331,376				78,626		1,066,679					
013 CAFETERIA	371,066		380,313				90,238						2,961,957	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	254,123												72,395	
016 CENTRAL SERVICES & SUPPLY	168,291		85,582				20,306						43,367	
017 PHARMACY	552,624		316,497				75,096						156,717	
018 MEDICAL RECORDS & LIBRARY	442,361		326,201				77,398						92,708	
020 SOCIAL SERVICE	355,153		555,313				131,760						58,330	
021 NONPHYSICIAN ANESTHETISTS														
022 NURSING SCHOOL														
023 I&R SERVICES-SALARY & FRI	349,632												61,384	
024 I&R SERVICES-OTHER PRGM C	239,335												75,389	
025 PARAMEDICAL PRGM-(SPECIFY)														
026 INPAT ROUTINE SRVC CNTRS														
033 ADULTS & PEDIATRICS	3,078,193		3,469,446		242,748		823,205		922,874				738,190	
037 INTENSIVE CARE UNIT	725,929		369,824		25,904		87,749		98,481				182,338	
037 NURSERY	107,465		60,305		11,922		14,309		45,324				26,363	
037 ANCILLARY SRVC COST CNTRS														
037 01 OPERATING ROOM	810,099		1,104,804				262,139						148,623	
037 02 ENDOSCOPY	222,894		190,342				45,163						52,286	
038 DAY SURGERY	329,559		609,564				144,633						68,695	
039 RECOVERY ROOM	126,389		75,370				17,883						32,977	
041 DELIVERY ROOM & LABOR ROO	241,723		204,343				48,485						56,870	
041 01 RADIOLOGY-DIAGNOSTIC	568,224		697,688				165,542						110,204	
041 02 NUCLEAR MEDICINE	141,743		68,299				16,206						18,542	
041 03 ULTRASOUND	133,036		45,702				10,844						32,490	
041 04 CT SCAN	262,912		91,497				21,710						44,926	
041 05 MRI	121,120												25,081	
041 06 GRANT SQUARE IMAGING														
041 07 WINDSOR MEDICAL RADIOLOGY														
042 PET SCAN														
044 RADIOLOGY-THERAPEUTIC	271,946		731,976				173,678						39,186	
044 LABORATORY	1,230,489		735,535				174,522						150,816	
046 30 BLOOD CLOTTING FACTORS AD														
049 RESPIRATORY THERAPY	270,551		181,839				43,145						62,625	
050 PHYSICAL THERAPY	472,092		177,403				42,093						118,074	
050 01 FAIRVIEW REHAB CTR														
050 02 WESTCHESTER REHAB CTR														
050 03 LAGRANGE REHAB CTR	227,024		508,918				120,752						47,085	
051 OCCUPATIONAL THERAPY	90,282		16,682				3,958						26,030	
052 SPEECH PATHOLOGY	25,511		15,157				3,596						6,061	
053 ELECTROCARDIOLOGY	195,332		24,261				5,756						39,929	
053 01 VASCULAR LAB	278,766		398,844				94,635						55,716	
053 02 CARDIAC REHAB	235,887		140,573				33,354						58,354	
054 ELECTROENCEPHALOGRAPHY	94,820		28,835				6,842						2,184	
055 MEDICAL SUPPLIES CHARGED	658,254													
055 30 IMPL. DEV. CHARGED TO PAT	1,372,206													
056 DRUGS CHARGED TO PATIENTS	1,104,632													
059 HEMODIALYSIS	58,422													
059 01 LI THOTRI PSY	16,007													
060 01 OUTPAT SERVICE COST CNTRS														
061 PAIN MGMT CLINIC														
061 EMERGENCY	724,330		608,594				144,403						159,113	
061 01 OP DEPARTMENT	219,139												39,694	
061 02 MEDICAL ONCOLOGY														
062 OBSERVATION BEDS (NON-DIS														
063 50 RHC														
063 60 FOHC														
069 OTHER REIMBURS COST CNTRS														
069 10 CMHC														
069 20 OPT														
069 30 CMHC														
069 40 OPT														
071 HOME HEALTH AGENCY														
085 SPEC PURPOSE COST CENTERS														
085 01 PANCREAS ACQUISITION														
085 02 INTESTINAL ACQUISITION														
085 03 ISLET CELL ACQUISITION														
095 SUBTOTALS	19,600,033		12,724,466		280,574		2,978,026		1,066,679				2,902,742	
096 NONREIMBURS COST CENTERS														
096 GIFT, FLOWER, COFFEE SHOP	75,118												13,276	
098 PHYSICIANS' PRIVATE OFFIC	188,216												4,985	
098 01 CFPC CLINIC	200,816												40,954	
100 OFFICE BUILDINGS	84,203													

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	20,148,386		12,724,466	280,574	2,978,026	1,066,679	2,961,957

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		1,778,624					
016 CENTRAL SERVICES & SUPPLY			1,279,193				
017 PHARMACY			2,497	4,261,228			
018 MEDICAL RECORDS & LIBRARY					3,466,399		
020 SOCIAL SERVICE				14,854		3,144,819	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,538,838	30,091	65	329,674		2,720,850
026 INTENSIVE CARE UNIT		164,211	7,802	59	49,517		290,344
033 NURSERY		75,575	819		10,458		133,625
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			392,186	48,545	320,711		
037 02 ENDOSCOPY			13,561	807	63,646		
037 03 DAY SURGERY			3,116	7,365	9,621		
038 RECOVERY ROOM			1,469		30,012		
039 DELIVERY ROOM & LABOR ROO			4,392	3	23,782		
041 RADIOLOGY-DIAGNOSTIC			8,883	2,555	156,377		
041 01 NUCLEAR MEDICINE			24	456	45,954		
041 02 ULTRASOUND			326	758	53,017		
041 03 CT SCAN			1,018	20,551	303,442		
041 04 MRI			226	13,660	104,812		
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC			640	61	68,190		
044 LABORATORY			5,892	50	478,205		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY			2,186		89,319		
050 PHYSICAL THERAPY			374	191	50,678		
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR			374	146	21,078		
051 OCCUPATIONAL THERAPY			32		10,020		
052 SPEECH PATHOLOGY			16		4,489		
053 ELECTROCARDIOLOGY			90,594	7,737	129,760		
053 01 VASCULAR LAB			85,886	2,052	155,472		
053 02 CARDIAC REHAB			1,141	1,016	108,143		
054 ELECTROENCEPHALOGRAPHY			22		19,831		
055 MEDICAL SUPPLIES CHARGED			197,793		28,549		
055 30 IMPL. DEV. CHARGED TO PAT			412,321		164,030		
056 DRUGS CHARGED TO PATIENTS				4,120,681	323,473		
059 HEMODIALYSIS					7,302		
059 01 LI THOTRI PSY					2,492		
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC							
061 EMERGENCY			11,950	1,889	270,105		
061 01 OP DEPARTMENT			2,703	287	34,240		
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTESITINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		1,778,624	1,278,334	4,243,788	3,466,399	3,144,819	
096 NONREIMBURS COST CENTERS							
098 GI FT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC			674	17,440			
100 OFFICE BUILDINGS			185				

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL		1,778,624	1,279,193	4,261,228	3,466,399	3,144,819	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI		2,408,880					
024 I&R SERVICES-OTHER PRGM C			1,682,330				
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		2,009,222	1,403,214		34,895,673	-3,412,436	31,483,237
037 INTENSIVE CARE UNIT					6,150,255		6,150,255
037 NURSERY					1,100,240		1,100,240
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		139,163	97,189		7,952,514	-236,352	7,716,162
037 02 ENDOSCOPY		9,940	6,942		1,879,242	-16,882	1,862,360
037 03 DAY SURGERY					3,055,716		3,055,716
038 RECOVERY ROOM					1,006,313		1,006,313
039 DELIVERY ROOM & LABOR ROO					1,960,850		1,960,850
041 RADIOLOGY-DIAGNOSTIC		48,521	33,886		5,038,816	-82,407	4,956,409
041 01 NUCLEAR MEDICINE					1,101,168		1,101,168
041 02 ULTRASOUND					1,036,368		1,036,368
041 03 CT SCAN					2,248,385		2,248,385
041 04 MRI					957,003		957,003
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC					2,839,627		2,839,627
044 LABORATORY					9,806,756		9,806,756
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY					2,195,645		2,195,645
050 PHYSICAL THERAPY					3,558,525		3,558,525
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR					2,222,632		2,222,632
051 OCCUPATIONAL THERAPY					662,890		662,890
052 SPEECH PATHOLOGY					200,605		200,605
053 ELECTROCARDIOLOGY		69,395	48,465		1,727,393	-117,860	1,609,533
053 01 VASCULAR LAB					2,664,292		2,664,292
053 02 CARDIAC REHAB					1,926,370		1,926,370
054 ELECTROENCEPHALOGRAPHY					694,352		694,352
055 MEDICAL SUPPLIES CHARGED					4,645,984		4,645,984
055 30 IMPL. DEV. CHARGED TO PAT					9,789,599		9,789,599
056 DRUGS CHARGED TO PATIENTS					11,860,858		11,860,858
059 HEMODIALYSIS					399,558		399,558
059 01 LI THOTRI PSY					109,965		109,965
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC					-7,942		-7,942
061 EMERGENCY		132,639	92,634		6,284,615	-225,273	6,059,342
061 01 OP DEPARTMENT					1,548,263		1,548,263
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		2,408,880	1,682,330		131,512,530	-4,091,210	127,421,320
096 NONREIMBURS COST CENTERS							
096 GI FT. FLOWER, COFFEE SHOP					517,631		517,631
098 PHYSICIANS' PRIVATE OFFIC					1,268,702		1,268,702
098 01 CFPC CLINIC					1,407,387		1,407,387
100 OFFICE BUILDINGS					565,541		565,541

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL		2,408,880	1,682,330		135,271,791	-4,091,210	131,180,581

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE E 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 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				70,446	23,231	93,677	93,677
007 ADMINISTRATIVE & GENERAL				1,784,874	588,598	2,373,472	9,584
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				2,321,771	765,653	3,087,424	3,296
010 LAUNDRY & LINEN SERVICE				57,681	19,021	76,702	89
011 HOUSEKEEPING				41,685	13,746	55,431	2,455
012 DIETARY				189,912	62,627	252,539	399
013 CAFETERIA				217,958	71,876	289,834	1,288
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							1,871
016 CENTRAL SERVICES & SUPPLY				49,047	16,174	65,221	1,121
017 PHARMACY				181,385	59,815	241,200	4,050
018 MEDICAL RECORDS & LIBRARY				186,946	61,649	248,595	2,396
020 SOCIAL SERVICE				318,251	104,950	423,201	1,507
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							1,586
024 I&R SERVICES-OTHER PRGM C							1,948
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS				1,988,346	655,697	2,644,043	19,099
037 INTENSIVE CARE UNIT				211,947	69,894	281,841	4,712
037 NURSERY				34,561	11,397	45,958	681
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				633,165	208,799	841,964	3,841
037 02 ENDOSCOPY				109,085	35,973	145,058	1,351
037 03 DAY SURGERY				349,342	115,203	464,545	1,775
038 04 RECOVERY ROOM				43,194	14,244	57,438	852
039 05 DELIVERY ROOM & LABOR ROO				117,110	38,619	155,729	1,470
041 06 RADIOLOGY-DIAGNOSTIC				399,846	131,857	531,703	2,848
041 01 NUCLEAR MEDICINE				39,142	12,908	52,050	479
041 02 ULTRASOUND				26,192	8,637	34,829	840
041 03 CT SCAN				52,437	17,292	69,729	1,161
041 04 MRI							648
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 08 RADIOLOGY-THERAPEUTIC				419,497	138,337	557,834	1,013
044 09 LABORATORY				421,536	139,010	560,546	3,897
046 30 BLOOD CLOTTING FACTORS AD							
049 01 RESPIRATORY THERAPY				104,212	34,366	138,578	1,618
050 02 PHYSICAL THERAPY				101,670	33,528	135,198	3,051
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR				291,661	96,181	387,842	1,217
051 04 OCCUPATIONAL THERAPY				9,561	3,153	12,714	673
052 05 SPEECH PATHOLOGY				8,687	2,865	11,552	157
053 06 ELECTROCARDIOLOGY				13,904	4,585	18,489	1,032
053 01 VASCULAR LAB				228,578	75,378	303,956	1,440
053 02 CARDIAC REHAB				80,562	26,567	107,129	1,508
054 03 ELECTROENCEPHALOGRAPHY				16,526	5,450	21,976	56
055 04 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 05 DRUGS CHARGED TO PATIENTS							
059 06 HEMODIALYSIS							
059 01 LI THOTRI PSY							
060 01 OUTPAT SERVICE COST CNTRS							
061 01 PAIN MGMT CLINIC							
061 02 EMERGENCY				348,786	115,019	463,805	4,112
061 03 OP DEPARTMENT							1,026
061 04 MEDICAL ONCOLOGY							
062 05 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 01 HOME HEALTH AGENCY							
085 02 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 04 SUBTOTALS				11,469,503	3,782,299	15,251,802	92,147
096 05 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							343
098 02 PHYSICIANS' PRIVATE OFFIC							129
098 01 CFPC CLINIC							1,058
100 02 OFFICE BUILDINGS							

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
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				11,469,503	3,782,299	15,251,802	93,677

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN HOUSEKEEPING		DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	2,383,056						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	224,156		3,314,876				
010 LAUNDRY & LINEN SERVICE	3,170		26,220	106,181			
011 HOUSEKEEPING	51,180		18,948		128,014		
012 DIETARY	11,568		86,328		3,380	354,214	
013 CAFETERIA	43,889		99,076		3,879		437,966
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	30,057						10,705
016 CENTRAL SERVICES & SUPPLY	19,905		22,295		873		6,413
017 PHARMACY	65,363		82,451		3,228		23,174
018 MEDICAL RECORDS & LIBRARY	52,322		84,979		3,327		13,709
020 SOCIAL SERVICE	42,007		144,666		5,664		8,625
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	41,354						9,077
024 I&R SERVICES-OTHER PRGM C	28,308						11,148
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	364,028		903,831	91,866	35,387	306,460	109,138
037 INTENSIVE CARE UNIT	85,861		96,343	9,803	3,772	32,703	26,962
037 NURSERY	12,711		15,710	4,512	615	15,051	3,898
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	95,817		287,815		11,268		21,977
037 02 ENDOSCOPY	26,364		49,586		1,941		7,732
037 03 DAY SURGERY	38,980		158,799		6,217		10,158
038 RECOVERY ROOM	14,949		19,635		769		4,876
039 DELIVERY ROOM & LABOR ROO	28,591		53,234		2,084		8,409
041 RADIOLOGY-DIAGNOSTIC	67,208		181,756		7,116		16,296
041 01 NUCLEAR MEDICINE	16,765		17,793		697		2,742
041 02 ULTRASOUND	15,735		11,906		466		4,804
041 03 CT SCAN	31,097		23,836		933		6,643
041 04 MRI	14,326						3,709
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	32,165		190,689		7,466		5,794
044 LABORATORY	145,540		191,616		7,502		22,301
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	32,000		47,371		1,855		9,260
050 PHYSICAL THERAPY	55,838		46,216		1,809		17,460
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR	26,852		132,579		5,191		6,962
051 OCCUPATIONAL THERAPY	10,678		4,346		170		3,849
052 SPEECH PATHOLOGY	3,017		3,949		155		896
053 ELECTROCARDIOLOGY	23,103		6,320		247		5,904
053 01 VASCULAR LAB	32,972		103,904		4,068		8,239
053 02 CARDIAC REHAB	27,900		36,621		1,434		8,629
054 ELECTROENCEPHALOGRAPHY	11,215		7,512		294		323
055 MEDICAL SUPPLIES CHARGED	77,857						
055 30 IMPL. DEV. CHARGED TO PAT	162,302						
056 DRUGS CHARGED TO PATIENTS	130,654						
059 HEMODIALYSIS	6,910						
059 01 LI THOTRI PSY	1,893						
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC							
061 EMERGENCY	85,672		158,546		6,207		23,528
061 01 OP DEPARTMENT	25,919						5,870
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	2,318,198		3,314,876	106,181	128,014	354,214	429,210
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	8,885						1,963
098 PHYSICIANS' PRIVATE OFFIC	22,262						737
098 01 CFPC CLINIC	23,752						6,056
100 OFFICE BUILDINGS	9,959						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	2,383,056		3,314,876	106,181	128,014	354,214	437,966

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		42,633						
016 CENTRAL SERVICES & SUPPLY			115,828					
017 PHARMACY			226	419,692				
018 MEDICAL RECORDS & LIBRARY					405,328			
019 SOCIAL SERVICE				1,463		627,133		
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		36,886	2,724	6	38,548		542,586	
033 INTENSIVE CARE UNIT		3,936	706	6	5,790		57,900	
037 NURSERY		1,811	74		1,223		26,647	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM			35,508	4,781	37,500			
037 02 ENDOSCOPY			1,228	79	7,442			
037 03 DAY SURGERY			282	725	1,125			
038 RECOVERY ROOM			133		3,509			
039 DELIVERY ROOM & LABOR ROO			398		2,781			
041 RADIOLOGY-DIAGNOSTIC			804	252	18,285			
041 01 NUCLEAR MEDICINE			2	45	5,373			
041 02 ULTRASOUND			30	75	6,199			
041 03 CT SCAN			92	2,024	35,481			
041 04 MRI			20	1,345	12,255			
041 05 GRANT SQUARE IMAGING								
041 06 WINDSOR MEDICAL RADIOLOGY								
041 07 PET SCAN								
042 RADIOLOGY-THERAPEUTIC			58	6	7,973			
044 LABORATORY			533	5	55,923			
046 30 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY			198		10,444			
050 PHYSICAL THERAPY			34	19	5,926			
050 01 FAIRVIEW REHAB CTR								
050 02 WESTCHESTER REHAB CTR								
050 03 LAGRANGE REHAB CTR			34	14	2,465			
051 OCCUPATIONAL THERAPY			3		1,172			
052 SPEECH PATHOLOGY			1		525			
053 ELECTROCARDIOLOGY			8,202	762	15,173			
053 01 VASCULAR LAB			7,776	202	18,179			
053 02 CARDIAC REHAB			103	100	12,645			
054 ELECTROENCEPHALOGRAPHY			2		2,319			
055 MEDICAL SUPPLIES CHARGED			17,908		3,338			
055 30 IMPL. DEV. CHARGED TO PAT			37,344		19,180			
056 DRUGS CHARGED TO PATIENTS				405,851	37,823			
059 HEMODIALYSIS					854			
059 01 LI THOTRI PSY					291			
060 01 OUTPAT SERVICE COST CNTRS								
061 PAIN MGMT CLINIC								
061 EMERGENCY			1,082	186	31,583			
061 01 OP DEPARTMENT			245	28	4,004			
061 02 MEDICAL ONCOLOGY								
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
069 10 CMHC								
069 20 OPT								
069 30 CMHC								
069 40 OPT								
071 HOME HEALTH AGENCY								
085 01 SPEC PURPOSE COST CENTERS								
085 02 PANCREAS ACQUISITION								
085 03 INTES TINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS		42,633	115,750	417,974	405,328	627,133		
096 NONREIMBURS COST CENTERS								
098 GI FT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 CFPC CLINIC			61	1,718				
100 OFFICE BUILDINGS			17					

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20	
101 NONREIMBURS COST CENTERS								
102 CROSS FOOT ADJUSTMENTS								
103 NEGATIVE COST CENTER								
TOTAL		42,633	115,828	419,692	405,328	627,133		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	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						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL		52,017				
023	I&R SERVICES-SALARY & FRI			41,404			
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS				5,094,602		5,094,602
033	INTENSIVE CARE UNIT				610,335		610,335
037	NURSERY				128,891		128,891
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				1,340,471		1,340,471
037	01 ENDOSCOPY				240,781		240,781
037	02 DAY SURGERY				682,606		682,606
038	RECOVERY ROOM				102,161		102,161
039	DELIVERY ROOM & LABOR ROO				252,696		252,696
041	RADIOLOGY-DIAGNOSTIC				826,268		826,268
041	01 NUCLEAR MEDICINE				95,946		95,946
041	02 ULTRASOUND				74,884		74,884
041	03 CT SCAN				170,996		170,996
041	04 MRI				32,303		32,303
041	05 GRANT SQUARE IMAGING						
041	06 WINDSOR MEDICAL RADIOLOGY						
041	07 PET SCAN						
042	RADIOLOGY-THERAPEUTIC				802,998		802,998
044	LABORATORY				987,863		987,863
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY				241,324		241,324
050	PHYSICAL THERAPY				265,551		265,551
050	01 FAIRVIEW REHAB CTR						
050	02 WESTCHESTER REHAB CTR						
050	03 LAGRANGE REHAB CTR				563,156		563,156
051	OCCUPATIONAL THERAPY				33,605		33,605
052	SPEECH PATHOLOGY				20,252		20,252
053	ELECTROCARDIOLOGY				79,232		79,232
053	01 VASCULAR LAB				480,736		480,736
053	02 CARDIAC REHAB				196,069		196,069
054	ELECTROENCEPHALOGRAPHY				43,697		43,697
055	MEDICAL SUPPLIES CHARGED				99,103		99,103
055	30 IMPL. DEV. CHARGED TO PAT				218,826		218,826
056	DRUGS CHARGED TO PATIENTS				574,328		574,328
059	HEMODIALYSIS				7,764		7,764
059	01 LI THOTRI PSY				2,184		2,184
060	OUTPAT SERVICE COST CNTRS						
061	01 PAIN MGMT CLINIC						
061	EMERGENCY				774,721		774,721
061	01 OP DEPARTMENT				37,092		37,092
061	02 MEDICAL ONCOLOGY						
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
069	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OPT						
069	30 CMHC						
069	40 OPT						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS				15,081,441		15,081,441
096	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP				11,191		11,191
098	PHYSICIANS' PRIVATE OFFIC				23,128		23,128
098	01 CFPC CLINIC				32,645		32,645
100	OFFICE BUILDINGS				9,976		9,976

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
CROSS FOOT ADJUSTMENTS		52,017	41,404		93,421		93,421
NEGATIVE COST CENTER							
TOTAL		52,017	41,404		15,251,802		15,251,802

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E OSTS	EMPLOYEE BENEFITS	RECONCILIATION
	(ACCU. T	COS(SQUARE)FEET	(SQUARE)FEET	(SQUARE)FEET	(GROSS SALARIES)	
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			433,083			
004 NEW CAP REL COSTS-MVB				433,083		
005 EMPLOYEE BENEFITS			2,660	2,660	56,351,109	
006 ADMINSTRATIVE & GENE			67,396	67,396	5,766,710	-20,148,386
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			87,669	87,669	1,983,416	
009 LAUNDRY & LINEN SERVI			2,178	2,178	53,408	
010 HOUSEKEEPING			1,574	1,574	1,476,897	
011 DIETARY			7,171	7,171	240,288	
012 CAFETERIA			8,230	8,230	775,164	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO					1,125,672	
015 CENTRAL SERVICES & SU			1,852	1,852	674,308	
016 PHARMACY			6,849	6,849	2,436,781	
017 MEDICAL RECORDS & LIB			7,059	7,059	1,441,511	
018 SOCIAL SERVICE			12,017	12,017	906,967	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					954,462	
023 I&R SERVICES-OTHER PR					1,172,226	
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			75,079	75,079	11,477,984	
026 INTENSIVE CARE UNIT			8,003	8,003	2,835,158	
033 NURSERY			1,305	1,305	409,918	
ANCILLARY SRVC COST C						
037 OPERATING ROOM			23,908	23,908	2,310,931	
037 01 ENDOSCOPY			4,119	4,119	812,996	
037 02 DAY SURGERY			13,191	13,191	1,068,142	
038 RECOVERY ROOM			1,631	1,631	512,761	
039 DELIVERY ROOM & LABOR			4,422	4,422	884,262	
041 RADIOLOGY-DIAGNOSTIC			15,098	15,098	1,713,564	
041 01 NUCLEAR MEDICINE			1,478	1,478	288,301	
041 02 ULTRASOUND			989	989	505,183	
041 03 CT SCAN			1,980	1,980	698,547	
041 04 MRI					389,990	
041 05 GRANT SQUARE IMAGING						
041 06 WINDSOR MEDICAL RADIO						
041 07 PET SCAN						
042 RADIOLOGY-THERAPEUTIC			15,840	15,840	609,296	
044 LABORATORY			15,917	15,917	2,345,028	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			3,935	3,935	973,747	
050 PHYSICAL THERAPY			3,839	3,839	1,835,933	
050 01 FAIRVIEW REHAB CTR						
050 02 WESTCHESTER REHAB CTR						
050 03 LAGRANGE REHAB CTR			11,013	11,013	732,124	
051 OCCUPATIONAL THERAPY			361	361	404,733	
052 SPEECH PATHOLOGY			328	328	94,244	
053 ELECTROCARDIOLOGY			525	525	620,848	
053 01 VASCULAR LAB			8,631	8,631	866,333	
053 02 CARDIAC REHAB			3,042	3,042	907,341	
054 ELECTROENCEPHALOGRAPH			624	624	33,957	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 HEMODIALYSIS						
059 01 LI THOTRIPSY						
OUTPAT SERVICE COST C						
060 01 PAIN MGMT CLINIC						7,942
061 EMERGENCY			13,170	13,170	2,474,041	
061 01 OP DEPARTMENT					617,198	
061 02 MEDICAL ONCOLOGY						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OPT						
069 30 CMHC						
069 40 OPT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			433,083	433,083	55,430,370	-20,140,444
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					206,433	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(ACCUM. T	COS(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
098 NONREIMBURS COST CENT						
098 01 PHYSICIANS' PRIVATE O					77,508	
100 CFPC CLINIC					636,798	
101 OFFICE BUILDINGS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED			11,469,503	3,782,299	9,392,258	
(WRKSH T B, PART I)						
104 UNIT COST MULTIPLIER			26.483383		.166674	
(WRKSH T B, PT I)				8.733428		
105 COST TO BE ALLOCATED						
(WRKSH T B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSH T B, PT II)						
107 COST TO BE ALLOCATED					93,677	
(WRKSH T B, PART III)						
108 UNIT COST MULTIPLIER					.001662	
(WRKSH T B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES)
	6	7	8	9	10	11	12
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 ADMINISTRATIVE & GENERAL	115,131,347						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,829,305		275,358				
009 LAUNDRY & LINEN SERVICE	153,129		2,178	40,715			
010 HOUSEKEEPING	2,472,581		1,574		271,606		
011 DIETARY	558,873		7,171		7,171	40,715	
012 CAFETERIA	2,120,340		8,230		8,230		46,055,226
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	1,452,106						1,125,672
015 CENTRAL SERVICES & SUPPLIES	961,647		1,852		1,852		674,308
016 PHARMACY	3,157,797		6,849		6,849		2,436,781
017 MEDICAL RECORDS & LIBRARY	2,527,731		7,059		7,059		1,441,511
018 SOCIAL SERVICE	2,029,409		12,017		12,017		906,967
020 NONPHYSICIAN ANESTHESIA							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	1,997,864						954,462
023 I&R SERVICES-OTHER PERSONNEL	1,367,606						1,172,226
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	17,589,063		75,079	35,226	75,079	35,226	11,477,984
026 INTENSIVE CARE UNIT	4,148,097		8,003	3,759	8,003	3,759	2,835,158
033 NURSERY	614,075		1,305	1,730	1,305	1,730	409,918
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	4,629,055		23,908		23,908		2,310,931
037 01 ENDOSCOPY	1,273,661		4,119		4,119		812,996
037 02 DAY SURGERY	1,883,163		13,191		13,191		1,068,142
038 RECOVERY ROOM	722,213		1,631		1,631		512,761
039 DELIVERY ROOM & LABOR	1,381,252		4,422		4,422		884,262
041 RADIOLOGY-DIAGNOSTIC	3,246,936		15,098		15,098		1,713,564
041 01 NUCLEAR MEDICINE	809,944		1,478		1,478		288,301
041 02 ULTRASOUND	760,195		989		989		505,183
041 03 CT SCAN	1,502,329		1,980		1,980		698,547
041 04 MRI	692,104						389,990
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	1,553,950		15,840		15,840		609,296
044 LABORATORY	7,031,247		15,917		15,917		2,345,028
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,545,980		3,935		3,935		973,747
050 PHYSICAL THERAPY	2,697,620		3,839		3,839		1,835,933
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR	1,297,255		11,013		11,013		732,124
051 OCCUPATIONAL THERAPY	515,886		361		361		404,733
052 SPEECH PATHOLOGY	145,775		328		328		94,244
053 ELECTROCARDIOLOGY	1,116,164		525		525		620,848
053 01 VASCULAR LAB	1,592,921		8,631		8,631		866,333
053 02 CARDIAC REHAB	1,347,902		3,042		3,042		907,341
054 ELECTROENCEPHALOGRAPH	541,818		624		624		33,957
055 MEDICAL SUPPLIES CHARACTER	3,761,388						
055 30 IMPL. DEV. CHARGED TO	7,841,042						
056 DRUGS CHARGED TO PATIENT	6,312,072						
059 HEMODIALYSIS	333,834						
059 01 LIOTHOTRI PSY	91,466						
060 OUTPAT SERVICE COST CENTER							
060 01 PAIN MGMT CLINIC							
061 EMERGENCY	4,138,958		13,170		13,170		2,474,041
061 01 OP DEPARTMENT	1,252,200						617,198
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	111,997,953		275,358	40,715	271,606	40,715	45,134,487
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	429,237						206,433

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES)
		6	7	8	9	10	11	12
098	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE OFFICE	1,075,501						77,508
098	CFPC CLINIC	1,147,503						636,798
100	OFFICE BUILDINGS	481,153						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	20,148,386		12,724,466	280,574	2,978,026	1,066,679	2,961,957
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)				6.891170		26.198674	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.175003		46.210628		10.964507		.064313
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,383,056		3,314,876	106,181	128,014	354,214	437,966
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020699		12.038423	2.607909	.471322	8.699840	.009510

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL		40,715					
015 NURSING ADMINISTRATION			24,326,242				
016 CENTRAL SERVICES & SUPPLY			47,489				
017 PHARMACY				6,527,361			
018 MEDICAL RECORDS & LIBRARY					579,869,289		
019 SOCIAL SERVICE				22,754		40,715	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS		35,226	572,231	100	55,147,839	35,226	
026 INTENSIVE CARE UNIT		3,759	148,375	90	8,283,166	3,759	
033 NURSERY		1,730	15,581		1,749,383	1,730	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM			7,458,143	74,362	53,648,487		
037 01 ENDOSCOPY			257,881	1,236	10,646,745		
037 02 DAY SURGERY			59,260	11,282	1,609,377		
038 RECOVERY ROOM			27,932		5,020,336		
039 DELIVERY ROOM & LABOR			83,528	4	3,978,212		
041 RADIOLOGY-DIAGNOSTIC			168,930	3,914	26,158,831		
041 01 NUCLEAR MEDICINE			462	698	7,687,202		
041 02 ULTRASOUND			6,203	1,161	8,868,612		
041 03 CT SCAN			19,356	31,480	50,759,742		
041 04 MRI			4,301	20,924	17,532,891		
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIO							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC			12,170	94	11,406,746		
044 LABORATORY			112,040	77	80,004,581		
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY			41,568		14,941,211		
050 PHYSICAL THERAPY			7,108	292	8,477,383		
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR			7,108	223	3,525,909		
051 OCCUPATIONAL THERAPY			617		1,676,170		
052 SPEECH PATHOLOGY			310		750,942		
053 ELECTROCARDIOLOGY			1,722,817	11,851	21,706,249		
053 01 VASCULAR LAB			1,633,276	3,143	26,007,357		
053 02 CARDIAC REHAB			21,698	1,557	18,090,105		
054 ELECTROENCEPHALOGRAPH			425		3,317,341		
055 MEDICAL SUPPLIES CHAR			3,761,388		4,775,707		
055 30 IMPL. DEV. CHARGED TO			7,841,042		27,438,955		
056 DRUGS CHARGED TO PATIENT				6,312,072	54,110,573		
059 HEMODIALYSIS					1,221,501		
059 01 LIOTHOTRIPSY					416,945		
060 01 OUTPAT SERVICE COST CENTER							
061 PAIN MGMT CLINIC							
061 EMERGENCY			227,257	2,894	45,183,109		
061 01 OP DEPARTMENT			51,404	439	5,727,682		
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		40,715	24,309,900	6,500,647	579,869,289	40,715	
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
098 NONREIMBURS COST CENT							
098 01 PHYSICIANS' PRIVATE OFFICE			12,826	26,714			
100 OFFICE BUILDINGS			3,516				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		1,778,624	1,279,193	4,261,228	3,466,399	3,144,819	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		43.684735	.052585	.652826	.005978	77.239813	
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)		42,633	115,828	419,692	405,328	627,133	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.047108	.004761	.064297	.000699	15.402996	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
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				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &		38,774		
023 I&R SERVICES-OTHER PR			38,774	
024 PARAMED ED PRGM-(SPEC				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		32,341	32,341	
033 INTENSIVE CARE UNIT				
037 NURSERY				
037 01 ANCILLARY SRVC COST C				
037 02 OPERATING ROOM		2,240	2,240	
037 03 ENDOSCOPY		160	160	
037 04 DAY SURGERY				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
041 RADIOLOGY-DIAGNOSTIC		781	781	
041 01 NUCLEAR MEDICINE				
041 02 ULTRASOUND				
041 03 CT SCAN				
041 04 MRI				
041 05 GRANT SQUARE IMAGING				
041 06 WINDSOR MEDICAL RADIO				
041 07 PET SCAN				
042 RADIOLOGY-THERAPEUTIC				
044 LABORATORY				
046 30 BLOOD CLOTTING FACTOR				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
050 01 FAIRVIEW REHAB CTR				
050 02 WESTCHESTER REHAB CTR				
050 03 LAGRANGE REHAB CTR				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		1,117	1,117	
053 01 VASCULAR LAB				
053 02 CARDIAC REHAB				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
059 HEMODIALYSIS				
059 01 LI THOTRI PSY				
060 01 OUTPAT SERVICE COST C				
061 PAIN MGMT CLINIC				
061 EMERGENCY		2,135	2,135	
061 01 OP DEPARTMENT				
061 02 MEDICAL ONCOLOGY				
062 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FOHC				
069 OTHER REIMBURS COST C				
069 10 CMHC				
069 20 OPT				
069 30 CMHC				
069 40 OPT				
071 HOME HEALTH AGENCY				
085 01 SPEC PURPOSE COST CEN				
085 02 PANCREAS ACQUISITION				
085 03 INTESTINAL ACQUISITIO				
095 03 ISLET CELL ACQUISITIO				
095 SUBTOTALS		38,774	38,774	
096 NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
098 NONREIMBURS COST CENT				
098 01 PHYSICIANS' PRIVATE O				
100 CFPC CLINIC				
101 OFFICE BUILDINGS				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
COST TO BE ALLOCATED		2,408,880	1,682,330	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		62.126167		
(WRKSHT B, PT I)			43.388095	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED		52,017	41,404	
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		1.341543		
(WRKSHT B, PT III)			1.067829	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	31,483,237		31,483,237		31,483,237
26	INTENSIVE CARE UNIT	6,150,255		6,150,255	40,351	6,190,606
33	NURSERY	1,100,240		1,100,240		1,100,240
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	7,716,162		7,716,162		7,716,162
37 01	ENDOSCOPY	1,862,360		1,862,360	2,204	1,864,564
37 02	DAY SURGERY	3,055,716		3,055,716		3,055,716
38	RECOVERY ROOM	1,006,313		1,006,313		1,006,313
39	DELIVERY ROOM & LABOR ROO	1,960,850		1,960,850		1,960,850
41	RADIOLOGY-DIAGNOSTIC	4,956,409		4,956,409		4,956,409
41 01	NUCLEAR MEDICINE	1,101,168		1,101,168		1,101,168
41 02	ULTRASOUND	1,036,368		1,036,368		1,036,368
41 03	CT SCAN	2,248,385		2,248,385		2,248,385
41 04	MRI	957,003		957,003		957,003
41 05	GRANT SQUARE IMAGING					
41 06	WINDSOR MEDICAL RADIOLOGY					
41 07	PET SCAN					
42	RADIOLOGY-THERAPEUTIC	2,839,627		2,839,627		2,839,627
44	LABORATORY	9,806,756		9,806,756		9,806,756
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,195,645		2,195,645		2,195,645
50	PHYSICAL THERAPY	3,558,525		3,558,525		3,558,525
50 01	FAIRVIEW REHAB CTR					
50 02	WESTCHESTER REHAB CTR					
50 03	LAGRANGE REHAB CTR	2,222,632		2,222,632		2,222,632
51	OCCUPATIONAL THERAPY	662,890		662,890		662,890
52	SPEECH PATHOLOGY	200,605		200,605		200,605
53	ELECTROCARDIOLOGY	1,609,533		1,609,533	8,399	1,617,932
53 01	VASCULAR LAB	2,664,292		2,664,292	800	2,665,092
53 02	CARDIAC REHAB	1,926,370		1,926,370		1,926,370
54	ELECTROENCEPHALOGRAPHY	694,352		694,352		694,352
55	MEDICAL SUPPLIES CHARGED	4,645,984		4,645,984		4,645,984
55 30	IMPL. DEV. CHARGED TO PAT	9,789,599		9,789,599		9,789,599
56	DRUGS CHARGED TO PATIENTS	11,860,858		11,860,858		11,860,858
59	HEMODIALYSIS	399,558		399,558		399,558
59 01	LITHOTRIpsy	109,965		109,965		109,965
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MGMT CLINIC					
61	EMERGENCY	6,059,342		6,059,342		6,059,342
61 01	OP DEPARTMENT	1,548,263		1,548,263		1,548,263
61 02	MEDICAL ONCOLOGY					
62	OBSERVATION BEDS (NON-DIS	2,954,395		2,954,395		2,954,395
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	130,383,657		130,383,657	51,754	130,435,411
102	LESS OBSERVATION BEDS	2,954,395		2,954,395		2,954,395
103	TOTAL	127,429,262		127,429,262	51,754	127,481,016

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	49,323,984		49,323,984			
26	INTENSIVE CARE UNIT	8,283,166		8,283,166			
33	NURSERY	1,749,383		1,749,383			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,080,803	25,567,684	53,648,487	.143828	.143828	.143828
37 01	ENDOSCOPY	3,018,470	7,628,275	10,646,745	.174923	.174923	.175130
37 02	DAY SURGERY	60,366	1,549,011	1,609,377	1.898695	1.898695	1.898695
38	RECOVERY ROOM	2,171,902	2,848,434	5,020,336	.200447	.200447	.200447
39	DELIVERY ROOM & LABOR ROO	3,103,195	875,017	3,978,212	.492897	.492897	.492897
41	RADIOLOGY-DIAGNOSTIC	7,548,775	18,610,056	26,158,831	.189474	.189474	.189474
41 01	NUCLEAR MEDICINE	3,587,643	4,099,559	7,687,202	.143247	.143247	.143247
41 02	ULTRASOUND	1,456,569	7,412,043	8,868,612	.116858	.116858	.116858
41 03	CT SCAN	17,569,725	33,190,017	50,759,742	.044295	.044295	.044295
41 04	MRI	5,511,609	12,021,282	17,532,891	.054583	.054583	.054583
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	380,857	11,025,889	11,406,746	.248943	.248943	.248943
44	LABORATORY	48,487,604	31,516,977	80,004,581	.122577	.122577	.122577
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	14,011,017	930,194	14,941,211	.146952	.146952	.146952
50	PHYSICAL THERAPY	4,063,864	4,413,519	8,477,383	.419767	.419767	.419767
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR		3,525,909	3,525,909	.630371	.630371	.630371
51	OCCUPATIONAL THERAPY	1,621,153	55,017	1,676,170	.395479	.395479	.395479
52	SPEECH PATHOLOGY	670,897	80,045	750,942	.267138	.267138	.267138
53	ELECTROCARDIOLOGY	15,177,458	6,528,791	21,706,249	.074151	.074151	.074538
53 01	VASCULAR LAB	15,053,951	10,953,406	26,007,357	.102444	.102444	.102475
53 02	CARDIAC REHAB	9,290,028	8,800,077	18,090,105	.106487	.106487	.106487
54	ELECTROENCEPHALOGRAPHY	471,227	2,846,114	3,317,341	.209310	.209310	.209310
55	MEDICAL SUPPLIES CHARGED	2,817,959	1,957,748	4,775,707	.972837	.972837	.972837
55 30	IMPL. DEV. CHARGED TO PAT	22,007,559	5,431,396	27,438,955	.356777	.356777	.356777
56	DRUGS CHARGED TO PATIENTS	43,208,399	10,902,174	54,110,573	.219197	.219197	.219197
59	HEMODIALYSIS	1,214,600	6,901	1,221,501	.327104	.327104	.327104
59 01	LITHOTRIPSY	12,915	404,030	416,945	.263740	.263740	.263740
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY	16,287,997	28,895,112	45,183,109	.134106	.134106	.134106
61 01	OP DEPARTMENT	4,284	5,723,398	5,727,682	.270312	.270312	.270312
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS		5,823,855	5,823,855	.507292	.507292	.507292
63	50 RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	326,247,359	253,621,930	579,869,289			
102	LESS OBSERVATION BEDS						
103	TOTAL	326,247,359	253,621,930	579,869,289			

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	49,323,984		49,323,984			
26	INTENSIVE CARE UNIT	8,283,166		8,283,166			
33	NURSERY	1,749,383		1,749,383			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,080,803	25,567,684	53,648,487	.148234	.148234	.148234
37 01	ENDOSCOPY	3,018,470	7,628,275	10,646,745	.176509	.176509	.176716
37 02	DAY SURGERY	60,366	1,549,011	1,609,377	1.898695	1.898695	1.898695
38	RECOVERY ROOM	2,171,902	2,848,434	5,020,336	.200447	.200447	.200447
39	DELIVERY ROOM & LABOR ROO	3,103,195	875,017	3,978,212	.492897	.492897	.492897
41	RADIOLOGY-DIAGNOSTIC	7,548,775	18,610,056	26,158,831	.192624	.192624	.192624
41 01	NUCLEAR MEDICINE	3,587,643	4,099,559	7,687,202	.143247	.143247	.143247
41 02	ULTRASOUND	1,456,569	7,412,043	8,868,612	.116858	.116858	.116858
41 03	CT SCAN	17,569,725	33,190,017	50,759,742	.044295	.044295	.044295
41 04	MRI	5,511,609	12,021,282	17,532,891	.054583	.054583	.054583
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	380,857	11,025,889	11,406,746	.248943	.248943	.248943
44	LABORATORY	48,487,604	31,516,977	80,004,581	.122577	.122577	.122577
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	14,011,017	930,194	14,941,211	.146952	.146952	.146952
50	PHYSICAL THERAPY	4,063,864	4,413,519	8,477,383	.419767	.419767	.419767
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR		3,525,909	3,525,909	.630371	.630371	.630371
51	OCCUPATIONAL THERAPY	1,621,153	55,017	1,676,170	.395479	.395479	.395479
52	SPEECH PATHOLOGY	670,897	80,045	750,942	.267138	.267138	.267138
53	ELECTROCARDIOLOGY	15,177,458	6,528,791	21,706,249	.079580	.079580	.079967
53 01	VASCULAR LAB	15,053,951	10,953,406	26,007,357	.102444	.102444	.102475
53 02	CARDIAC REHAB	9,290,028	8,800,077	18,090,105	.106487	.106487	.106487
54	ELECTROENCEPHALOGRAPHY	471,227	2,846,114	3,317,341	.209310	.209310	.209310
55	MEDICAL SUPPLIES CHARGED	2,817,959	1,957,748	4,775,707	.972837	.972837	.972837
55 30	IMPL. DEV. CHARGED TO PAT	22,007,559	5,431,396	27,438,955	.356777	.356777	.356777
56	DRUGS CHARGED TO PATIENTS	43,208,399	10,902,174	54,110,573	.219197	.219197	.219197
59	HEMODIALYSIS	1,214,600	6,901	1,221,501	.327104	.327104	.327104
59 01	LITHOTRIPSY	12,915	404,030	416,945	.263740	.263740	.263740
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY	16,287,997	28,895,112	45,183,109	.139092	.139092	.139092
61 01	OP DEPARTMENT	4,284	5,723,398	5,727,682	.270312	.270312	.270312
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS		5,823,855	5,823,855	.507292	.507292	.507292
63	50 RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	326,247,359	253,621,930	579,869,289			
102	LESS OBSERVATION BEDS						
103	TOTAL	326,247,359	253,621,930	579,869,289			

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	7,716,162	1,340,471	6,375,691			7,716,162
37 01	ENDOSCOPY	1,862,360	240,781	1,621,579			1,862,360
37 02	DAY SURGERY	3,055,716	682,606	2,373,110			3,055,716
38	RECOVERY ROOM	1,006,313	102,161	904,152			1,006,313
39	DELIVERY ROOM & LABOR ROO	1,960,850	252,696	1,708,154			1,960,850
41	RADIOLOGY-DIAGNOSTIC	4,956,409	826,268	4,130,141			4,956,409
41 01	NUCLEAR MEDICINE	1,101,168	95,946	1,005,222			1,101,168
41 02	ULTRASOUND	1,036,368	74,884	961,484			1,036,368
41 03	CT SCAN	2,248,385	170,996	2,077,389			2,248,385
41 04	MRI	957,003	32,303	924,700			957,003
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	2,839,627	802,998	2,036,629			2,839,627
44	LABORATORY	9,806,756	987,863	8,818,893			9,806,756
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,195,645	241,324	1,954,321			2,195,645
50	PHYSICAL THERAPY	3,558,525	265,551	3,292,974			3,558,525
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR	2,222,632	563,156	1,659,476			2,222,632
51	OCCUPATIONAL THERAPY	662,890	33,605	629,285			662,890
52	SPEECH PATHOLOGY	200,605	20,252	180,353			200,605
53	ELECTROCARDIOLOGY	1,609,533	79,232	1,530,301			1,609,533
53 01	VASCULAR LAB	2,664,292	480,736	2,183,556			2,664,292
53 02	CARDIAC REHAB	1,926,370	196,069	1,730,301			1,926,370
54	ELECTROENCEPHALOGRAPHY	694,352	43,697	650,655			694,352
55	MEDICAL SUPPLIES CHARGED	4,645,984	99,103	4,546,881			4,645,984
55 30	IMPL. DEV. CHARGED TO PAT	9,789,599	218,826	9,570,773			9,789,599
56	DRUGS CHARGED TO PATIENTS	11,860,858	574,328	11,286,530			11,860,858
59	HEMODIALYSIS	399,558	7,764	391,794			399,558
59 01	LITHOTRIPSY	109,965	2,184	107,781			109,965
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY	6,059,342	774,721	5,284,621			6,059,342
61 01	OP DEPARTMENT	1,548,263	37,092	1,511,171			1,548,263
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	2,954,395	478,080	2,476,315			2,954,395
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	91,649,925	9,725,693	81,924,232			91,649,925
102	LESS OBSERVATION BEDS	2,954,395	478,080	2,476,315			2,954,395
103	TOTAL	88,695,530	9,247,613	79,447,917			88,695,530

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	53,648,487	.143828	.143828
37 01	ENDOSCOPY	10,646,745	.174923	.174923
37 02	DAY SURGERY	1,609,377	1.898695	1.898695
38	RECOVERY ROOM	5,020,336	.200447	.200447
39	DELIVERY ROOM & LABOR ROO	3,978,212	.492897	.492897
41	RADIOLOGY-DIAGNOSTIC	26,158,831	.189474	.189474
41 01	NUCLEAR MEDICINE	7,687,202	.143247	.143247
41 02	ULTRASOUND	8,868,612	.116858	.116858
41 03	CT SCAN	50,759,742	.044295	.044295
41 04	MRI	17,532,891	.054583	.054583
41 05	GRANT SQUARE IMAGING			
41 06	WINDSOR MEDICAL RADIOLOGY			
41 07	PET SCAN			
42	RADIOLOGY-THERAPEUTIC	11,406,746	.248943	.248943
44	LABORATORY	80,004,581	.122577	.122577
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	14,941,211	.146952	.146952
50	PHYSICAL THERAPY	8,477,383	.419767	.419767
50 01	FAIRVIEW REHAB CTR			
50 02	WESTCHESTER REHAB CTR			
50 03	LAGRANGE REHAB CTR	3,525,909	.630371	.630371
51	OCCUPATIONAL THERAPY	1,676,170	.395479	.395479
52	SPEECH PATHOLOGY	750,942	.267138	.267138
53	ELECTROCARDIOLOGY	21,706,249	.074151	.074151
53 01	VASCULAR LAB	26,007,357	.102444	.102444
53 02	CARDIAC REHAB	18,090,105	.106487	.106487
54	ELECTROENCEPHALOGRAPHY	3,317,341	.209310	.209310
55	MEDICAL SUPPLIES CHARGED	4,775,707	.972837	.972837
55 30	IMPL. DEV. CHARGED TO PAT	27,438,955	.356777	.356777
56	DRUGS CHARGED TO PATIENTS	54,110,573	.219197	.219197
59	HEMODIALYSIS	1,221,501	.327104	.327104
59 01	LITHOTRIPSY	416,945	.263740	.263740
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MGMT CLINIC			
61	EMERGENCY	45,183,109	.134106	.134106
61 01	OP DEPARTMENT	5,727,682	.270312	.270312
61 02	MEDICAL ONCOLOGY			
62	OBSERVATION BEDS (NON-DIS	5,823,855	.507292	.507292
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	520,512,756		
102	LESS OBSERVATION BEDS	5,823,855		
103	TOTAL	514,688,901		

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	7,952,514	1,340,471	6,612,043	134,047	383,498	7,434,969
37 01	ENDOSCOPY	1,879,242	240,781	1,638,461	24,078	95,031	1,760,133
37 02	DAY SURGERY	3,055,716	682,606	2,373,110	68,261	137,640	2,849,815
38	RECOVERY ROOM	1,006,313	102,161	904,152	10,216	52,441	943,656
39	DELIVERY ROOM & LABOR ROO	1,960,850	252,696	1,708,154	25,270	99,073	1,836,507
41	RADIOLOGY-DIAGNOSTIC	5,038,816	826,268	4,212,548	82,627	244,328	4,711,861
41 01	NUCLEAR MEDICINE	1,101,168	95,946	1,005,222	9,595	58,303	1,033,270
41 02	ULTRASOUND	1,036,368	74,884	961,484	7,488	55,766	973,114
41 03	CT SCAN	2,248,385	170,996	2,077,389	17,100	120,489	2,110,796
41 04	MRI	957,003	32,303	924,700	3,230	53,633	900,140
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	2,839,627	802,998	2,036,629	80,300	118,124	2,641,203
44	LABORATORY	9,806,756	987,863	8,818,893	98,786	511,496	9,196,474
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,195,645	241,324	1,954,321	24,132	113,351	2,058,162
50	PHYSICAL THERAPY	3,558,525	265,551	3,292,974	26,555	190,992	3,340,978
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR	2,222,632	563,156	1,659,476	56,316	96,250	2,070,066
51	OCCUPATIONAL THERAPY	662,890	33,605	629,285	3,361	36,499	623,030
52	SPEECH PATHOLOGY	200,605	20,252	180,353	2,025	10,460	188,120
53	ELECTROCARDIOLOGY	1,727,393	79,232	1,648,161	7,923	95,593	1,623,877
53 01	VASCULAR LAB	2,664,292	480,736	2,183,556	48,074	126,646	2,489,572
53 02	CARDIAC REHAB	1,926,370	196,069	1,730,301	19,607	100,357	1,806,406
54	ELECTROENCEPHALOGRAPHY	694,352	43,697	650,655	4,370	37,738	652,244
55	MEDICAL SUPPLIES CHARGED	4,645,984	99,103	4,546,881	9,910	263,719	4,372,355
55 30	IMPL. DEV. CHARGED TO PAT	9,789,599	218,826	9,570,773	21,883	555,105	9,212,611
56	DRUGS CHARGED TO PATIENTS	11,860,858	574,328	11,286,530	57,433	654,619	11,148,806
59	HEMODIALYSIS	399,558	7,764	391,794	776	22,724	376,058
59 01	LITHTRIPTY	109,965	2,184	107,781	218	6,251	103,496
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY	6,284,615	774,721	5,509,894	77,472	319,574	5,887,569
61 01	OP DEPARTMENT	1,548,263	37,092	1,511,171	3,709	87,648	1,456,906
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	2,954,395	478,080	2,476,315	47,808	143,626	2,762,961
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	92,328,699	9,725,693	82,603,006	972,570	4,790,974	86,565,155
102	LESS OBSERVATION BEDS	2,954,395	478,080	2,476,315	47,808	143,626	2,762,961
103	TOTAL	89,374,304	9,247,613	80,126,691	924,762	4,647,348	83,802,194

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	53,648,487	.138587	.145735
37 01	ENDOSCOPY	10,646,745	.165321	.174247
37 02	DAY SURGERY	1,609,377	1.770757	1.856280
38	RECOVERY ROOM	5,020,336	.187967	.198412
39	DELIVERY ROOM & LABOR ROO	3,978,212	.461641	.486545
41	RADIOLOGY-DIAGNOSTIC	26,158,831	.180125	.189465
41 01	NUCLEAR MEDICINE	7,687,202	.134414	.141999
41 02	ULTRASOUND	8,868,612	.109726	.116014
41 03	CT SCAN	50,759,742	.041584	.043958
41 04	MRI	17,532,891	.051340	.054399
41 05	GRANT SQUARE IMAGING			
41 06	WINDSOR MEDICAL RADIOLOGY			
41 07	PET SCAN			
42	RADIOLOGY-THERAPEUTIC	11,406,746	.231547	.241903
44	LABORATORY	80,004,581	.114949	.121343
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	14,941,211	.137751	.145337
50	PHYSICAL THERAPY	8,477,383	.394105	.416634
50 01	FAIRVIEW REHAB CTR			
50 02	WESTCHESTER REHAB CTR			
50 03	LAGRANGE REHAB CTR	3,525,909	.587101	.614399
51	OCCUPATIONAL THERAPY	1,676,170	.371699	.393474
52	SPEECH PATHOLOGY	750,942	.250512	.264441
53	ELECTROCARDIOLOGY	21,706,249	.074811	.079215
53 01	VASCULAR LAB	26,007,357	.095726	.100595
53 02	CARDIAC REHAB	18,090,105	.099856	.105404
54	ELECTROENCEPHALOGRAPHY	3,317,341	.196617	.207992
55	MEDICAL SUPPLIES CHARGED	4,775,707	.915541	.970762
55 30	IMPL. DEV. CHARGED TO PAT	27,438,955	.335749	.355980
56	DRUGS CHARGED TO PATIENTS	54,110,573	.206037	.218135
59	HEMODIALYSIS	1,221,501	.307865	.326469
59 01	LITHOTRIPSY	416,945	.248225	.263217
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MGMT CLINIC			
61	EMERGENCY	45,183,109	.130305	.137378
61 01	OP DEPARTMENT	5,727,682	.254362	.269665
61 02	MEDICAL ONCOLOGY			
62	OBSERVATION BEDS (NON-DIS	5,823,855	.474421	.499083
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	520,512,756		
102	LESS OBSERVATION BEDS	5,823,855		
103	TOTAL	514,688,901		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,340,471	53,648,487	15,483,589		
37 01	ENDOSCOPY		240,781	10,646,745	2,077,258		
37 02	DAY SURGERY		682,606	1,609,377			
38	RECOVERY ROOM		102,161	5,020,336	1,226,379		
39	DELIVERY ROOM & LABOR ROO		252,696	3,978,212	4,430		
41	RADIOLOGY-DIAGNOSTIC		826,268	26,158,831	5,076,662		
41 01	NUCLEAR MEDICINE		95,946	7,687,202	2,518,030		
41 02	ULTRASOUND		74,884	8,868,612	833,603		
41 03	CT SCAN		170,996	50,759,742	11,395,221		
41 04	MRI		32,303	17,532,891	3,616,518		
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC		802,998	11,406,746	261,585		
44	LABORATORY		987,863	80,004,581	32,583,871		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		241,324	14,941,211	12,539,692		
50	PHYSICAL THERAPY		265,551	8,477,383	3,240,694		
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR		563,156	3,525,909			
51	OCCUPATIONAL THERAPY		33,605	1,676,170	1,288,154		
52	SPEECH PATHOLOGY		20,252	750,942	565,657		
53	ELECTROCARDIOLOGY		79,232	21,706,249	10,555,235		
53 01	VASCULAR LAB		480,736	26,007,357	9,096,177		
53 02	CARDIAC REHAB		196,069	18,090,105	2,370,764		
54	ELECTROENCEPHALOGRAPHY		43,697	3,317,341	356,872		
55	MEDICAL SUPPLIES CHARGED		99,103	4,775,707	1,532,111		
55 30	IMPL. DEV. CHARGED TO PAT		218,826	27,438,955	16,450,555		
56	DRUGS CHARGED TO PATIENTS		574,328	54,110,573	28,615,895		
59	HEMODIALYSIS		7,764	1,221,501	787,315		
59 01	LITHOTRIpsy		2,184	416,945			
60	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY		774,721	45,183,109	10,780,321		
61 01	OP DEPARTMENT		37,092	5,727,682	1,895		
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS		478,080	5,823,855			
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,725,693	520,512,756	173,258,483		

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 14-0065
PERIOD: FROM 11/1/2009 TO 10/31/2010
PREPARED 3/29/2011
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					33,461	
26	INTENSIVE CARE UNIT					8,664	
33	NURSERY					1,730	
101	TOTAL					43,855	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0065
 PERIOD: FROM 11/1/2009 TO 10/31/2010
 PREPARED 3/29/2011
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	23,859	
26	INTENSIVE CARE UNIT	2,566	
33	NURSERY		
101	TOTAL	26,425	

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						
37	01 ENDOSCOPY						
37	02 DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 CT SCAN						
41	04 MRI						
41	05 GRANT SQUARE IMAGING						
41	06 WINDSOR MEDICAL RADIOLOGY						
41	07 PET SCAN						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 FAIRVIEW REHAB CTR						
50	02 WESTCHESTER REHAB CTR						
50	03 LAGRANGE REHAB CTR						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 VASCULAR LAB						
53	02 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	HEMODIALYSIS						
59	01 LI THOTRIPSY						
60	OUTPAT SERVICE COST CNTRS						
60	01 PAIN MGMT CLINIC						
61	EMERGENCY						
61	01 OP DEPARTMENT						
61	02 MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	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			53,648,487			15,483,589	
37	OPERATING ROOM			10,646,745			2,077,258	
37	01 ENDOSCOPY			1,609,377				
37	02 DAY SURGERY			5,020,336			1,226,379	
38	RECOVERY ROOM			3,978,212			4,430	
39	DELIVERY ROOM & LABOR ROO			26,158,831			5,076,662	
41	RADIOLOGY-DIAGNOSTIC			7,687,202			2,518,030	
41	01 NUCLEAR MEDICINE			8,868,612			833,603	
41	02 ULTRASOUND			50,759,742			11,395,221	
41	03 CT SCAN			17,532,891			3,616,518	
41	04 MRI							
41	05 GRANT SQUARE IMAGING							
41	06 WINDSOR MEDICAL RADIOLOGY							
41	07 PET SCAN							
42	RADIOLOGY-THERAPEUTIC			11,406,746			261,585	
44	LABORATORY			80,004,581			32,583,871	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			14,941,211			12,539,692	
50	PHYSICAL THERAPY			8,477,383			3,240,694	
50	01 FAIRVIEW REHAB CTR							
50	02 WESTCHESTER REHAB CTR							
50	03 LAGRANGE REHAB CTR			3,525,909				
51	OCCUPATIONAL THERAPY			1,676,170			1,288,154	
52	SPEECH PATHOLOGY			750,942			565,657	
53	ELECTROCARDIOLOGY			21,706,249			10,555,235	
53	01 VASCULAR LAB			26,007,357			9,096,177	
53	02 CARDIAC REHAB			18,090,105			2,370,764	
54	ELECTROENCEPHALOGRAPHY			3,317,341			356,872	
55	MEDICAL SUPPLIES CHARGED			4,775,707			1,532,111	
55	30 IMPL. DEV. CHARGED TO PAT			27,438,955			16,450,555	
56	DRUGS CHARGED TO PATIENTS			54,110,573			28,615,895	
59	HEMODIALYSIS			1,221,501			787,315	
59	01 LITHOTRIPSY			416,945				
60	OUTPAT SERVICE COST CNTRS							
60	01 PAIN MGMT CLINIC							
61	EMERGENCY			45,183,109			10,780,321	
61	01 OP DEPARTMENT			5,727,682			1,895	
61	02 MEDICAL ONCOLOGY							
62	OBSERVATION BEDS (NON-DIS			5,823,855				
63	50 RHC							
63	60 FOHC							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL			520,512,756			173,258,483	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,541,428					
37 01	ENDOSCOPY	3,118,097					
37 02	DAY SURGERY	997,582					
38	RECOVERY ROOM	658,108					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	4,718,943					
41 01	NUCLEAR MEDICINE	1,745,244					
41 02	ULTRASOUND	1,324,310					
41 03	CT SCAN	11,426,665					
41 04	MRI	3,182,610					
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	5,920,868					
44	LABORATORY	2,129,810					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	573,427					
50	PHYSICAL THERAPY						
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	21,516					
53	ELECTROCARDIOLOGY	3,372,469					
53 01	VASCULAR LAB	7,292,600					
53 02	CARDIAC REHAB	1,732,835					
54	ELECTROENCEPHALOGRAPHY	844,791					
55	MEDICAL SUPPLIES CHARGED	524,538					
55 30	IMPL. DEV. CHARGED TO PAT	3,180,805					
56	DRUGS CHARGED TO PATIENTS	4,769,093					
59	HEMODIALYSIS						
59 01	LITHOTRIPSY	76,858					
60	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC						
61	EMERGENCY	5,586,114					
61 01	OP DEPARTMENT	3,418,325					
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	73,157,036					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 143828	. 143828			
37 01 ENDOSCOPY	. 174923	. 174923			
37 02 DAY SURGERY	1. 898695	1. 898695			
38 RECOVERY ROOM	. 200447	. 200447			
39 DELIVERY ROOM & LABOR ROOM	. 492897	. 492897			
41 RADIOLOGY-DIAGNOSTIC	. 189474	. 189474			
41 01 NUCLEAR MEDICINE	. 143247	. 143247			
41 02 ULTRASOUND	. 116858	. 116858			
41 03 CT SCAN	. 044295	. 044295			
41 04 MRI	. 054583	. 054583			
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC	. 248943	. 248943			
44 LABORATORY	. 122577	. 122577			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	. 146952	. 146952			
50 PHYSICAL THERAPY	. 419767	. 419767			
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR	. 630371	. 630371			
51 OCCUPATIONAL THERAPY	. 395479	. 395479			
52 SPEECH PATHOLOGY	. 267138	. 267138			
53 ELECTROCARDIOLOGY	. 074151	. 074151			
53 01 VASCULAR LAB	. 102444	. 102444			
53 02 CARDIAC REHAB	. 106487	. 106487			
54 ELECTROENCEPHALOGRAPHY	. 209310	. 209310			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 972837	. 972837			
55 30 IMPL. DEV. CHARGED TO PATIENT	. 356777	. 356777			
56 DRUGS CHARGED TO PATIENTS	. 219197	. 219197			
59 HEMODIALYSIS	. 327104	. 327104			
59 01 LI THOTRIPSY	. 263740	. 263740			
60 OUTPAT SERVICE COST CNTRS					
60 01 PAIN MGMT CLINIC					
61 EMERGENCY	. 134106	. 134106			
61 01 OP DEPARTMENT	. 270312	. 270312			
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 507292	. 507292			
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	All Other (1)	PPS Servi ces	Non-PPS	PPS Servi ces	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Servi ces	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,541,428	14,307		
37 01 ENDOSCOPY		3,118,097	1,192		
37 02 DAY SURGERY		997,582			
38 RECOVERY ROOM		658,108			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		4,718,943			
41 01 NUCLEAR MEDICINE		1,745,244			
41 02 ULTRASOUND		1,324,310			
41 03 CT SCAN		11,426,665			
41 04 MRI		3,182,610			
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC		5,920,868			
44 LABORATORY		2,129,810			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		573,427			
50 PHYSICAL THERAPY					
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		21,516			
53 ELECTROCARDIOLOGY		3,372,469	1,192		
53 01 VASCULAR LAB		7,292,600			
53 02 CARDIAC REHAB		1,732,835			
54 ELECTROENCEPHALOGRAPHY		844,791			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		524,538	3,577		
55 30 IMPL. DEV. CHARGED TO PATIENT		3,180,805			
56 DRUGS CHARGED TO PATIENTS		4,769,093			
59 HEMODIALYSIS					
59 01 LITHOTRIPSY		76,858			
60 OUTPAT SERVICE COST CNTRS					
60 01 PAIN MGMT CLINIC					
61 EMERGENCY		5,586,114			
61 01 OP DEPARTMENT		3,418,325			
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		73,157,036	20,268		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		73,157,036	20,268		

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

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				940,841	2,058
37 01 ENDOSCOPY				545,427	209
37 02 DAY SURGERY				1,894,104	
38 RECOVERY ROOM				131,916	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				894,117	
41 01 NUCLEAR MEDICINE				250,001	
41 02 ULTRASOUND				154,756	
41 03 CT SCAN				506,144	
41 04 MRI				173,716	
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC				1,473,959	
44 LABORATORY				261,066	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				84,266	
50 PHYSICAL THERAPY					
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				5,748	
53 ELECTROCARDIOLOGY				250,072	88
53 01 VASCULAR LAB				747,083	
53 02 CARDIAC REHAB				184,524	
54 ELECTROENCEPHALOGRAPHY				176,823	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				510,290	3,480
55 30 IMPL. DEV. CHARGED TO PATIENT				1,134,838	
56 DRUGS CHARGED TO PATIENTS				1,045,371	
59 HEMODIALYSIS					
59 01 LI THOTRI PSY				20,271	
60 OUTPAT SERVICE COST CNTRS					
60 01 PAIN MGMT CLINIC					
61 EMERGENCY				749,131	
61 01 OP DEPARTMENT				924,014	
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				13,058,478	5,835
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,058,478	5,835

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCI LLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
37 01 ENDOSCOPY			
37 02 DAY SURGERY			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 NUCLEAR MEDICINE			
41 02 ULTRASOUND			
41 03 CT SCAN			
41 04 MRI			
41 05 GRANT SQUARE IMAGING			
41 06 WINDSOR MEDICAL RADIOLOGY			
41 07 PET SCAN			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 FAIRVIEW REHAB CTR			
50 02 WESTCHESTER REHAB CTR			
50 03 LAGRANGE REHAB CTR			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 VASCULAR LAB			
53 02 CARDIAC REHAB			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
59 HEMODIALYSIS			
59 01 LI THOTRI PSY			
60 OUTPAT SERVICE COST CNTRS			
60 01 PAIN MGMT CLINIC			
61 EMERGENCY			
61 01 OP DEPARTMENT			
61 02 MEDICAL ONCOLOGY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 50 RHC			
63 60 FOHC			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	33,461
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	33,461
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	33,461
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	23,859
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	31,483,237
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	31,483,237

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	31,483,237

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					940.89
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					22,448,695
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					22,448,695

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	6,190,606	8,664	714.52	2,566	1,833,458
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					3,813,282
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,362,496
52	TOTAL PROGRAM EXCLUDABLE COST					6,175,778
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					48,372,068

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

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	3,140
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	940.89
85	OBSERVATION BED COST	2,954,395

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	31,483,237		2,954,395	
87	NEW CAPITAL-RELATED COST	5,094,602	.161820	2,954,395	478,080
88	NON PHYSICIAN ANESTHETIST	31,483,237		2,954,395	
89	MEDICAL EDUCATION	31,483,237		2,954,395	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	44,000,685	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	44,000,685	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,786,782	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,419,776	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	49,207,243	
17 PRIMARY PAYER PAYMENTS	3,738	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,203,505	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,812,132	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	192,039	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	361,779	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	253,245	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	261,029	
22 SUBTOTAL	45,452,579	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	45,452,579	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	45,527,506	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-74,927	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,831	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,058,478	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,667,204	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	839	.839
1.04	LINE 1.01 TIMES LINE 1.03.	10,956,063	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	9,831	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	38,500	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	38,500	
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	38,500	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	28,669	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,831	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,667,204	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	4,769	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,835,079	
19	SUBTOTAL (SEE INSTRUCTIONS)	8,837,187	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	340,163	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	9,177,350	
24	PRIMARY PAYER PAYMENTS	171	
25	SUBTOTAL	9,177,179	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	214,042	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	149,829	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	148,831	
28	SUBTOTAL	9,327,008	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	9,327,008	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	9,350,598	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	-23,590	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		45,663,699		9,296,167
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			7/23/2010	54,431
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/23/2010	136,193		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-136,193		54,431
4 TOTAL INTERIM PAYMENTS		45,527,506		9,350,598
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		74,927		23,590
7 TOTAL MEDICARE PROGRAM LIABILITY		45,452,579		9,327,008

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 XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		19.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	18.65	18.65
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		18.64
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		18.64
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		18.64
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		18.64
3.10	SEE INSTRUCTIONS		18.64
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		136,147.93
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		18.00
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		18.47
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		18.37
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		136,147.93
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,501,037
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,501,037

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		26,425
5	TOTAL INPATIENT DAYS		38,985
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.677825
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,695,265	1,695,265
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,174
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		38,985
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		64,674
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	54,547,846
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	3,738
16	TOTAL PART A REASONABLE COST	54,544,108

PART B REASONABLE COST

17	REASONABLE COST	13,068,309
18	PRIMARY PAYER PAYMENTS	171
19	TOTAL PART B REASONABLE COST	13,068,138
20	TOTAL REASONABLE COST	67,612,246
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.806719
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.193281

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,759,939
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,419,776
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	340,163

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.65	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	19.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.65	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	18.65
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	19.00
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	18.65

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	8,978,440			
29 SALARIES, WAGES & FEES PAYABLE	5,565,162			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	14,160,060			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,466,015			
36 TOTAL CURRENT LIABILITIES	31,169,677			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	145,284,553			
38 NOTES PAYABLE	1,072,772			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	146,357,325			
43 TOTAL LIABILITIES	177,527,002			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	39,790,975			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	39,790,975			
52 TOTAL LIABILITIES AND FUND BALANCES	217,317,977			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		36,276,776		
2 NET INCOME (LOSS)		3,053,947		
3 TOTAL		39,330,723		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 NET ASSETS	34,336,211			
7				
8				
9				
10 TOTAL ADDITIONS		34,336,211		
11 SUBTOTAL		73,666,934		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	22,760,229			
14 AHS TFERS	656,698			
15 CR YR	10,459,032			
16				
17				
18 TOTAL DEDUCTIONS		33,875,959		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		39,790,975		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	50,538,159		50,538,159
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	50,538,159		50,538,159
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,283,166		8,283,166
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,283,166		8,283,166
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	58,821,325		58,821,325
17 00 ANCILLARY SERVICES	266,733,827	258,854,386	525,588,213
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OPT			
21 30 CMHC			
21 40 OPT			
24 00			
25 00 TOTAL PATIENT REVENUES	325,555,152	258,854,386	584,409,538

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		153,156,312	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	3,662,142		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,662,142	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 BAD DEBT EXPENSE	3,662,142		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		3,662,142	
40 00 TOTAL OPERATING EXPENSES		153,156,312	

DESCRIPTION

1	TOTAL PATIENT REVENUES	584,409,538
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	431,758,230
3	NET PATIENT REVENUES	152,651,308
4	LESS: TOTAL OPERATING EXPENSES	153,156,312
5	NET INCOME FROM SERVICE TO PATIENTS	-505,004
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	258,821
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,395
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	184,689
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GIFT SHOP	
24.01	EMERGENCY SERVICES	21,642
24.02	RADIOLOGY	122,646
24.03	PHYSICAL THERAPY	117,559
24.04	ADMIN AND GENERAL	155,135
24.06	OFFICE BUILDING	2,614,563
24.07	ALL OTHER NON PATIENT REVENUE	81,501
25	TOTAL OTHER INCOME	3,558,951
26	TOTAL	3,053,947
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,053,947

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,367,635
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	197,894
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	106.81
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	18.37
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	4.97
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	167,371
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.96
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.86
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.82
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.60
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	53,882
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,786,782
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	