

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0122	I	FROM 1/1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 10:26

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 HINSDALE HOSPITAL 14-0122

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	485,065	144,319	0	
2	SUBPROVIDER	0	0	0	0	
2.01	SUBPROVIDER II	0	-390	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	484,675	144,319	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: 120 NORTH OAK STREET P.O. BOX:  
 1.01 CITY: HINSDALE STATE: IL ZIP CODE: 60521- COUNTY: DUPAGE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVII	XIX
02.00 HOSPITAL	ADVENTIST HINSDALE HOSPITAL	14-0122		7/1/1966	N	P	0
03.00 SUBPROVIDER	HINSDALE HOSPITAL PSYCH SUB	14-S122		1/1/1984	N	P	0
03.01 SUBPROVIDER 2	HINSDALE HOSPITAL REHAB SUB II	14-T122		1/1/1987	N	P	0
09.00 HOSPITAL-BASED HHA	HEALTH CARE AT HOME	14-7207		1/1/1994	N	P	N
12.00 HOSP-BASED HOSPIECE	ST THOMAS HOSPIECE	14-1507		1/1/2004			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER  
 20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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.

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.

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "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 §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, 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 PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

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

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).



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  
 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 Y 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? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10?  
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME  
 OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 108013

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? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 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? N 00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
50.00 HHA	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  
 MDH PERIOD: / / BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 426,304  
 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. Y

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		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.		Y			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).		N			
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)		Y			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N		0	

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

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		4/ 5/2011
---	--	---	--	-----------

MI SCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.		Y		
--	--	---	--	--





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	103,823,395	108,125	103,931,520	3,596,506.00	28.90	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,625,273		1,625,273	26,340.75	61.70	DEPT 954 CFPC
5 PHYSICIAN - PART B	1,122,879		1,122,879	4,095.00	274.21	HFM/LEBEL/CARR
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	3,067,344		3,067,344	83,688.00	36.65	LINE 22 RES
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	12,443,043	1,250	12,444,293	394,997.00	31.50	FTE FROM HPM
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	197,805		197,805	2,774.00	71.31	HPM
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	45,225		45,225	277.00	163.27	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	15,633,563		15,633,563	220,226.00	70.99	CORPORATE SPREADSHEET
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,185,638		8,185,638			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	6,166,401		6,166,401			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	805,437		805,437			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	1,520,084		1,520,084			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	122,198	720,528	842,726	24,992.00	33.72	
22 ADMINISTRATIVE & GENERAL	11,796,784	-2,745,097	9,051,687	324,804.00	27.87	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,721,140	837,164	2,558,304	106,253.00	24.08	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,572,212		1,572,212	131,379.00	11.97	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,574,429	-863,562	710,867	40,356.00	17.61	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	289,269	863,562	1,152,831	76,725.00	15.03	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,444,406	480,536	2,924,942	73,100.00	40.01	
31 CENTRAL SERVICE AND SUPPLY	1,040,188		1,040,188	61,857.00	16.82	
32 PHARMACY	3,511,214	37,167	3,548,381	88,211.00	40.23	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,515,767	219,988	1,735,755	82,863.00	20.95	
34 SOCIAL SERVICE	1,319,548		1,319,548	40,199.00	32.83	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	98,007,899	108,125	98,116,024	3,482,382.25	28.17	
2 EXCLUDED AREA SALARIES	12,443,043	1,250	12,444,293	394,997.00	31.50	
3 SUBTOTAL SALARIES	85,564,856	106,875	85,671,731	3,087,385.25	27.75	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	15,876,593		15,876,593	223,277.00	71.11	
5 SUBTOTAL WAGE-RELATED COSTS	8,185,638		8,185,638		9.55	
6 TOTAL	109,627,087	106,875	109,733,962	3,310,662.25	33.15	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

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
12 TOTAL						
13 TOTAL OVERHEAD COSTS	26,907,155	-449,714	26,457,441	1,050,739.00	25.18	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		2,169.00	8.00	614.00
TOTAL 5				

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	2,791.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	35.40		35.40
6 DIRECTING NURSING SERVICE	30.51		30.51
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	17.13		17.13
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.48		2.48
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.23		.23
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.47		1.47
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.15		3.15
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		16974	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	21,764	1,225	909	510
22 SKILLED NURSING VISIT CHARGES	4,322,680	243,060	181,100	101,420
23 PHYSICAL THERAPY VISITS	15,648	54	173	412
24 PHYSICAL THERAPY VISIT CHARGES	3,110,020	10,720	34,480	82,120
25 OCCUPATIONAL THERAPY VISITS	2,202	9	3	37
26 OCCUPATIONAL THERAPY VISIT CHARGES	438,040	1,800	600	7,400
27 SPEECH PATHOLOGY VISITS	333	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	66,500	0	200	0
29 MEDICAL SOCIAL SERVICE VISITS	670	11	25	19
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	133,060	2,180	4,960	3,780
31 HOME HEALTH AIDE VISITS	2,471	92	4	55
32 HOME HEALTH AIDE VISIT CHARGES	269,641	10,057	440	6,050
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	43,088	1,391	1,115	1,033
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	8,339,941	267,817	221,780	200,770
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	2,552	0	402	85
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	29	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	275,929	33,800	15,680	2,216

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	24,408
22 SKILLED NURSING VISIT CHARGES	0	0	4,848,260
23 PHYSICAL THERAPY VISITS	0	0	16,287
24 PHYSICAL THERAPY VISIT CHARGES	0	0	3,237,340
25 OCCUPATIONAL THERAPY VISITS	0	0	2,251
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	447,840
27 SPEECH PATHOLOGY VISITS	0	0	334
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	66,700
29 MEDICAL SOCIAL SERVICE VISITS	0	0	725
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	143,980
31 HOME HEALTH AIDE VISITS	0	0	2,622
32 HOME HEALTH AIDE VISIT CHARGES	0	0	286,188
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	46,627
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	9,030,308
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	3,039
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	29
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	327,625

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	14-0122	PERIOD:	FROM 1/1/2010	TO 12/31/2010	PREPARED 5/27/2011
HOSPICE NO:	14-1507				WORKSHEET S-9

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	24,297	458		
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	24,297	458		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	11,957	36,712
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	11,957	36,712

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	816	19		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.78	24.11		
9 UNDUPLICATED CENSUS COUNT	791	19		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	209	1,044
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	57.21	35.16
9 UNDUPLICATED CENSUS COUNT	268	1,078

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	15,437,490
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	15,437,490
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)	.238812
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	67,865,391
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,207,070
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,884,103
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,270,938
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,207,070

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122

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

PREPARED 5/27/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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				27,861,524	27,861,524
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,195,311	10,195,311
5	0500 EMPLOYEE BENEFITS	122,198	4,918,901	5,041,099	12,454,358	17,495,457
6.05	1140 SHARED SERVICE	294,194	19,194	313,388	-617	312,771
6.06	0660 OTHER A&G	11,502,590	57,457,976	68,960,566	-28,998,061	39,962,505
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,721,140	6,157,835	7,878,975	3,054,720	10,933,695
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,572,212	526,121	2,098,333	-3,841	2,094,492
11	1100 DIETARY	1,574,429	1,092,303	2,666,732	-1,624,898	1,041,834
12	1200 CAFETERIA	289,269	103,581	392,850	1,622,886	2,015,736
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,444,406	409,297	2,853,703	473,137	3,326,840
15	1500 CENTRAL SERVICES & SUPPLY	1,040,188	28,104,988	29,145,176	-26,448,714	2,696,462
16	1600 PHARMACY	3,511,214	12,321,662	15,832,876	-12,163,590	3,669,286
17	1700 MEDICAL RECORDS & LIBRARY	1,515,767	738,132	2,253,899	274,861	2,528,760
18	1800 SOCIAL SERVICE	1,319,548	667,141	1,986,689	-1,109	1,985,580
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,067,344	1,081,297	4,148,641	-4,908	4,143,733
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,418,766	2,709,476	16,128,242	-700,753	15,427,489
26	2600 INTENSIVE CARE UNIT	10,348,010	1,746,752	12,094,762	-12,003	12,082,759
31	3100 SUBPROVIDER I	1,892,381	321,059	2,213,440	-534	2,212,906
31.01	3101 SUB II REHAB	1,087,209	315,735	1,402,944	-1,188	1,401,756
33	3300 NURSERY		15	15	1,206,264	1,206,279
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,000,894	2,106,130	8,107,024	-231,014	7,876,010
37.01	3701 DAY SURGERY					
37.02	3702 PRE-ADMIT TESTING					
38	3800 RECOVERY ROOM	789,768	82,130	871,898	-415	871,483
39	3900 DELIVERY ROOM & LABOR ROOM	2,806,903	1,128,822	3,935,725	-529,835	3,405,890
40	4000 ANESTHESIOLOGY	150,994	494,811	645,805	-3,874	641,931
41	4100 RADIOLOGY-DIAGNOSTIC	1,856,097	2,287,316	4,143,413	61,522	4,204,935
41.01	3230 CAT SCAN	446,578	84,713	531,291	-79,089	452,202
41.02	3630 ULTRASOUND	541,348	81,857	623,205	-653	622,552
41.03	3120 CARDIAC CATH	811,066	177,629	988,695	-29,070	959,625
41.04	3430 MRI	344,019	49,495	393,514	-68,809	324,705
41.05	4101 RADIOLOGY - WESTMONT					
41.06	4102 WESTMONT - MRI	409,344	121,459	530,803		530,803
41.07	4103 BMC RADIOLOGY					
41.08	3650 VASCULAR LAB	843,678	189,688	1,033,366	-2,646	1,030,720
41.09	4105 DUPAGE IMAGING	1,672,052	862,427	2,534,479	-447,232	2,087,247
41.10	4104 GRANT SQUARE IMAGING					
42	4200 RADIOLOGY-THERAPEUTIC	710,494	371,415	1,081,909	-324	1,081,585
43	4300 RADIO SOTOPE	285,029	38,417	323,446	-372	323,074
43.01	3470 LI THOTRIPSY					
44	4400 LABORATORY	5,842,454	4,898,096	10,740,550	-169,701	10,570,849
44.01	4401 PATHOLOGY					
44.02	4402 BMC LAB					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	678,155	343,121	1,021,276	-4,786	1,016,490
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	490,825	1,328,185	1,819,010	-48,519	1,770,491
49	4900 RESPIRATORY THERAPY	1,892,614	516,785	2,409,399	-111,613	2,297,786
50	5000 PHYSICAL THERAPY	1,838,142	421,049	2,259,191	-212,460	2,046,731
50.01	5001 PAULSEN REHAB CENTER					
50.02	5002 BMC PHYSICAL THERAPY					
51	5100 OCCUPATIONAL THERAPY	548,296	55,758	604,054	-120	603,934
51.01	5101 BMC OCCUP THERAPY					
52	5200 SPEECH PATHOLOGY	276,706	86,877	363,583	-492	363,091
53	5300 ELECTROCARDIOLOGY	808,640	342,195	1,150,835	-869	1,149,966
53.01	3140 CARDIAC REHAB	494,391	242,424	736,815	-180,962	555,853
53.02	3141 BMC CARDIAC REHAB					
53.03	5301 ADV HEART & VASCULAR	802,871	1,396,148	2,199,019	-139,209	2,059,810
54	5400 ELECTROENCEPHALOGRAPHY	196,763	64,526	261,289	-161	261,128
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				7,397,969	7,397,969
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				19,025,840	19,025,840
56	5600 DRUGS CHARGED TO PATIENTS				12,153,657	12,153,657
57	5700 RENAL DIALYSIS		280,943	280,943		280,943
58	5800 ASC (NON-DISTINCT PART)					
59	3280 SLEEP LAB	310	548,263	548,573	-30	548,543
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	434,147	200,392	634,539	-11,836	622,703
60.01	6001 PARTIAL HOSP - NEW DAY CENTER	923,193	373,389	1,296,582	-229,554	1,067,028
60.02	6002 O. P. T. I. O. N. S - OP PSYCH					
60.03	6003 PAIN MANAGEMENT CLINIC	193,229	93,193	286,422	825	287,247
60.04	6004 HEALTH & NUTRITION CENTER					
60.05	6005 CANCER CENTER					
60.06	6006 MATERNAL FETAL MED CTR	1,570,466	323,690	1,894,156	-470	1,893,686

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122

PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/27/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	2,979,611	1,601,775	4,581,386	-8,126	4,573,260
61.01 6101	BOLINGBROOK MED CENTER					
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RHC					
63.60 6320	FQHC					
	OTHER REIMBURS COST CNTRS					
69.10 6910	CMHC					
69.20 6920	OUTPATIENT PHYSICAL THERAPY					
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40 6940	OUTPATIENT SPEECH PATHOLOGY					
71 7100	HOME HEALTH AGENCY	6,424,696	1,873,937	8,298,633	-416,830	7,881,803
	SPEC PURPOSE COST CENTERS					
85.01 8510	PANCREAS ACQUISITION					
85.02 8520	INTESTINAL ACQUISITION					
85.03 8530	ISLET CELL ACQUISITION					
88 8800	INTEREST EXPENSE		28,945,775	28,945,775	-22,226,913	6,718,862
93 9300	HOSPICE	2,256,439	2,498,845	4,755,284	-639,194	4,116,090
95	SUBTOTALS	103,041,077	173,203,140	276,244,217	27,480	276,271,697
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,589	109,270	127,859		127,859
98 9800	PHYSICIANS' PRIVATE OFFICES	763,729	2,323,792	3,087,521	-27,480	3,060,041
98.01 9801	ST. THOMAS HOSPICE					
98.02 9802	DUPAGE IMAGING					
99.01 9901	LAGRANGE MEMORIAL					
99.02 9902	GLEN OAKS HOSPITAL					
99.03 9903	CHIPPewa VALLEY					
100 7950	OFFICE BUILDINGS					
101	TOTAL	103,823,395	175,636,202	279,459,597	-0-	279,459,597

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011  
I 14-0122 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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	-2,907,386	24,954,138
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-3,146,208	7,049,103
5 0500	EMPLOYEE BENEFITS	968,938	18,464,395
6.05 1140	SHARED SERVICE	-16,452	296,319
6.06 0660	OTHER A&G	-8,154,709	31,807,796
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-285,321	10,648,374
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		2,094,492
11 1100	DIETARY	-839	1,040,995
12 1200	CAFETERIA	-1,016,613	999,123
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-124,892	3,201,948
15 1500	CENTRAL SERVICES & SUPPLY		2,696,462
16 1600	PHARMACY		3,669,286
17 1700	MEDICAL RECORDS & LIBRARY	292,298	2,821,058
18 1800	SOCIAL SERVICE		1,985,580
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-135,762	4,007,971
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY)		
25 2500	ADULTS & PEDIATRICS	-42,348	15,385,141
26 2600	INTENSIVE CARE UNIT	-38,519	12,044,240
31 3100	SUBPROVIDER I		2,212,906
31.01 3101	SUB I I REHAB	-2,891	1,398,865
33 3300	NURSERY	-2,610	1,203,669
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		7,876,010
37.01 3701	DAY SURGERY		
37.02 3702	PRE-ADMIT TESTING		
38 3800	RECOVERY ROOM		871,483
39 3900	DELIVERY ROOM & LABOR ROOM		3,405,890
40 4000	ANESTHESIOLOGY		641,931
41 4100	RADIOLOGY-DIAGNOSTIC	-18,558	4,186,377
41.01 3230	CAT SCAN		452,202
41.02 3630	ULTRASOUND		622,552
41.03 3120	CARDIAC CATH	-390	959,235
41.04 3430	MRI		324,705
41.05 4101	RADIOLOGY - WESTMONT		
41.06 4102	WESTMONT - MRI	-1,400	529,403
41.07 4103	BMC RADIOLOGY		
41.08 3650	VASCULAR LAB		1,030,720
41.09 4105	DUPAGE IMAGING	-9,150	2,078,097
41.10 4104	GRANT SQUARE IMAGING		
42 4200	RADIOLOGY-THERAPEUTIC		1,081,585
43 4300	RADIOISOTOPE		323,074
43.01 3470	LITHOTRIPSY		
44 4400	LABORATORY	-24,875	10,545,974
44.01 4401	PATHOLOGY		
44.02 4402	BMC LAB		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	-3,301	1,013,189
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		1,770,491
49 4900	RESPIRATORY THERAPY	-200	2,297,586
50 5000	PHYSICAL THERAPY	-12,497	2,034,234
50.01 5001	PAULSEN REHAB CENTER		
50.02 5002	BMC PHYSICAL THERAPY		
51 5100	OCCUPATIONAL THERAPY		603,934
51.01 5101	BMC OCCUP THERAPY		
52 5200	SPEECH PATHOLOGY		363,091
53 5300	ELECTROCARDIOLOGY	-72,693	1,077,273
53.01 3140	CARDIAC REHAB	112,093	667,946
53.02 3141	BMC CARDIAC REHAB	-90	-90
53.03 5301	ADV HEART & VASCULAR		2,059,810
54 5400	ELECTROENCEPHALOGRAPHY		261,128
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2	7,397,967
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		19,025,840
56 5600	DRUGS CHARGED TO PATIENTS	-7,555,210	4,598,447
57 5700	RENAL DIALYSIS		280,943
58 5800	ASC (NON-DISTINCT PART)		
59 3280	SLEEP LAB		548,543
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-53,597	569,106
60.01 6001	PARTIAL HOSP - NEW DAY CENTER	-4,807	1,062,221
60.02 6002	O. P. T. I. O. N. S - OP PSYCH		
60.03 6003	PAIN MANAGEMENT CLINIC		287,247
60.04 6004	HEALTH & NUTRITION CENTER		
60.05 6005	CANCER CENTER		
60.06 6006	MATERNAL FETAL MED CTR	-97,955	1,795,731

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0122  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/27/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-8,646	4,564,614
61.01 6101	BOLINGBROOK MED CENTER		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY	5,714	7,887,517
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE	-6,718,862	-0-
93 9300	HOSPICE	-95,102	4,020,988
95	SUBTOTALS	-29,172,842	247,098,855
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		127,859
98 9800	PHYSICIANS' PRIVATE OFFICES		3,060,041
98.01 9801	ST. THOMAS HOSPICE		
98.02 9802	DUPAGE IMAGING		
99.01 9901	LAGRANGE MEMORIAL		
99.02 9902	GLEN OAKS HOSPITAL		
99.03 9903	CHIPPewa VALLEY		
100 7950	OFFICE BUILDINGS		
101	TOTAL	-29,172,842	250,286,755

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011  
 I 14-0122 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.05	SHARED SERVICE	1140	MANAGEMENT SERVICES
6.06	OTHER A&G	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
31.01	SUB I REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	DAY SURGERY	3701	OPERATING ROOM
37.02	PRE-ADMIT TESTING	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	ULTRASOUND	3630	ULTRASOUND
41.03	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
41.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.05	RADIOLOGY - WESTMONT	4101	RADIOLOGY-DIAGNOSTIC
41.06	WESTMONT - MRI	4102	RADIOLOGY-DIAGNOSTIC
41.07	BMC RADIOLOGY	4103	RADIOLOGY-DIAGNOSTIC
41.08	VASCULAR LAB	3650	VASCULAR LAB
41.09	DUPAGE IMAGING	4105	RADIOLOGY-DIAGNOSTIC
41.10	GRANT SQUARE IMAGING	4104	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	LI THOTRI PSY	3470	NUCLEAR MEDICINE-THERAPEUTIC
44	LABORATORY	4400	
44.01	PATHOLOGY	4401	LABORATORY
44.02	BMC LAB	4402	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	PAULSEN REHAB CENTER	5001	PHYSICAL THERAPY
50.02	BMC PHYSICAL THERAPY	5002	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
51.01	BMC OCCUP THERAPY	5101	OCCUPATIONAL THERAPY
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
53.02	BMC CARDIAC REHAB	3141	CARDIOLOGY
53.03	ADV HEART & VASCULAR	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	SLEEP LAB	3280	EKG AND EEG
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSP - NEW DAY CENTER	6001	CLINIC
60.02	O. P. T. I. O. N. S - OP PSYCH	6002	CLINIC
60.03	PAIN MANAGEMENT CLINIC	6003	CLINIC
60.04	HEALTH & NUTRITION CENTER	6004	CLINIC
60.05	CANCER CENTER	6005	CLINIC
60.06	MATERNAL FETAL MED CTR	6006	CLINIC
61	EMERGENCY	6100	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0122  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
61.01	BOLINGBROOK MED CENTER	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	SLEET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	ST. THOMAS HOSPICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	DUPAGE IMAGING	9802	PHYSICIANS' PRIVATE OFFICES
99.01	LAGRANGE MEMORIAL	9901	NONPAID WORKERS
99.02	GLEN OAKS HOSPITAL	9902	NONPAID WORKERS
99.03	CHIPPewa VALLEY	9903	NONPAID WORKERS
100	OFFICE BUILDIINGS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY RECLASS	A	ADULTS & PEDIATRICS	25		124,246
2		NURSERY	33	944,273	261,991
3					
4 RECRUITMENT BONUSES	B	NURSING ADMINISTRATION	14	10,500	
5		PHARMACY	16	3,000	
6		ADULTS & PEDIATRICS	25	18,500	
7		INTENSIVE CARE UNIT	26	36,375	
8		CARDIAC CATH	41.03	2,000	
9		LABORATORY	44	5,000	
10		PHYSICAL THERAPY	50	16,500	
11		OCCUPATIONAL THERAPY	51	11,000	
12		EMERGENCY	61	4,000	
13		HOME HEALTH AGENCY	71	1,250	
14 DRUGS BILLABLE RECLASS	C	DRUGS CHARGED TO PATIENTS	56		12,477,625
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 MED SUPPLIES BILLABLE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		26,699,338
30					
31					
32					
33					
34					
35					
1 MED SUPPLIES BILLABLE	D				
2					
3					
4					
5					
6 CAFETERIA RECLASS	E	CAFETERIA	12	863,562	760,284
7 PROPERTY TAXES	F	OPERATION OF PLANT	8		135,167
8 DEPRECIATION RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		13,677,553
9		NEW CAP REL COSTS-MVBLE EQUIP	4		7,622,081
10					
11					
12 SHARED SERVICE RECLASS	H	NEW CAP REL COSTS-BLDG & FIXT	3		9,675,520
13		OTHER A&G	6.06		299,415
14		EMPLOYEE BENEFITS	5	720,528	11,733,950
15		OPERATION OF PLANT	8	837,164	2,085,790
16		NURSING ADMINISTRATION	14	193,427	29,006
17		PHARMACY	16	34,167	2,119
18		MEDICAL RECORDS & LIBRARY	17	219,988	55,513
19		RADIOLOGY-DIAGNOSTIC	41	278,353	56,490
20		LABORATORY	44	184,861	141,055
21		OTHER A&G	6.06	5,042,645	6,859,937
22 NURSING ADMIN	I	NURSING ADMINISTRATION	14	276,609	
23 INTEREST EXP	J				
24		NEW CAP REL COSTS-BLDG & FIXT	3		986,450
25		NEW CAP REL COSTS-MVBLE EQUIP	4		1,270,287
26		OTHER A&G	6.06		162,952
27 RECLASS MISC INT	K	OTHER A&G	6.06		101,745
28 RECLASS STATE ASSE	L	OTHER A&G	6.06		58,000
29 PROPRTY/AUTO INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		345,564
30		NEW CAP REL COSTS-MVBLE EQUIP	4		22,942
31 RENTS AND LEASES	O	NEW CAP REL COSTS-BLDG & FIXT	3		3,176,437
32		PAIN MANAGEMENT CLINIC	60.03		3,816
33		NEW CAP REL COSTS-MVBLE EQUIP	4		1,280,001
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
1 RENTS AND LEASES	1	2	3	4	5
2	0				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RENTS AND LEASES	0				
2					
3					
4					
5					
6					
7					
8					
9					
10 IMPLANTS		P IMPL. DEV. CHARGED TO PATIENT	55.30		19,025,840
36 TOTAL RECLASSIFICATIONS				9,703,702	119,131,114

(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:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 NURSERY RELCASS	A	ADULTS & PEDIATRICS	25		813,660		
2							
3		DELIVERY ROOM & LABOR ROOM	39		130,613	386,237	
4 RECRUITMENT BONUSES	B	NURSING ADMINISTRATION	14			10,500	
5		PHARMACY	16			3,000	
6		ADULTS & PEDIATRICS	25			18,500	
7		INTENSIVE CARE UNIT	26			36,375	
8		CARDIAC CATH	41.03			2,000	
9		LABORATORY	44			5,000	
10		PHYSICAL THERAPY	50			16,500	
11		OCCUPATIONAL THERAPY	51			11,000	
12		EMERGENCY	61			4,000	
13		HOME HEALTH AGENCY	71			1,250	
14 DRUGS BILLABLE RECLASS	C	CENTRAL SERVICES & SUPPLY	15			4,526	
15		PHARMACY	16			12,184,747	
16		ADULTS & PEDIATRICS	25			118	
17		INTENSIVE CARE UNIT	26			831	
18		OPERATING ROOM	37			15,645	
19		RADIOLOGY-DIAGNOSTIC	41			83,359	
20		CAT SCAN	41.01			78,249	
21		CARDIAC CATH	41.03			27,589	
22		MRI	41.04			68,466	
23		LABORATORY	44			943	
24		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			3,887	
25		BLOOD STORING, PROCESSING & TRANS.	47			179	
26		PHYSICAL THERAPY	50			28	
27		ADV HEART & VASCULAR	53.03			8,204	
28		HOME HEALTH AGENCY	71			854	
29 MED SUPPLIES BILLABLE	D	OTHER A&G	6.06			19,154	
30		CENTRAL SERVICES & SUPPLY	15			26,444,188	
31		PHARMACY	16			15,129	
32		ADULTS & PEDIATRICS	25			798	
33		INTENSIVE CARE UNIT	26			619	
34		OPERATING ROOM	37			20,292	
35		BLOOD STORING, PROCESSING & TRANS.	47			48,080	
1 MED SUPPLIES BILLABLE	D	CARDIAC REHAB	53.01			432	
2		CLINIC	60			11,366	
3		PAIN MANAGEMENT CLINIC	60.03			2,991	
4		HOME HEALTH AGENCY	71			134,565	
5		HOSPICE	93			1,724	
6 CAFETERIA RECLASS	E	DIETARY	11		863,562	760,284	
7 PROPERTY TAXES	F	INTEREST EXPENSE	88			135,167	
8 DEPRECIATION RECLASS	G						11
9							11
10		OTHER A&G	6.06			1,787,322	
11		INTEREST EXPENSE	88			19,512,312	
12 SHARED SERVICE RECLASS	H	OTHER A&G	6.06		7,511,133	30,639,380	9
13		OTHER A&G	6.06			299,415	
14							
15							
16							
17							
18							
19							
20							
21							
22 NURSING ADMIN	I	OTHER A&G	6.06		276,609		
23 INTEREST EXP	J	INTEREST EXPENSE	88			2,419,689	
24							11
25							11
26							
27 RECLASS MISC INT	K	INTEREST EXPENSE	88			101,745	
28 RECLASS STATE ASSE	L	INTEREST EXPENSE	88			58,000	13
29 PROPRTY/AUTO INSURANCE	N	OTHER A&G	6.06			345,564	13
30		OTHER A&G	6.06			22,942	13
31 RENTS AND LEASES	O	EMPLOYEE BENEFITS	5			120	10
32		SHARED SERVICE	6.05			617	
33		OTHER A&G	6.06			621,236	10
34		OPERATION OF PLANT	8			3,401	
35		HOUSEKEEPING	10			3,841	

RECLASSIFICATIONS

PROVIDER NO:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 RENTS AND LEASES	0			11		1,052	
2				12		960	
3				14		25,905	
4				55		275,529	
5				56		323,968	
6				17		640	
7				18		1,109	
8				22		4,908	
9				25		10,423	
10				26		10,553	
11				31		534	
12				31.01		1,188	
13				37		195,077	
14				38		415	
15				39		12,985	
16				40		3,874	
17				41		189,962	
18				41.01		840	
19				41.02		653	
20				41.03		1,481	
21				41.04		343	
22				41.08		2,646	
23				41.09		447,232	
24				42		324	
25				43		372	
26				44		494,674	
27				46		899	
28				47		260	
29				49		111,613	
30				50		212,432	
31				51		120	
32				52		492	
33				53		869	
34				53.01		180,530	
35				54		161	
1 RENTS AND LEASES	0			59		30	
2				60		470	
3				60.01		229,554	
4				60.06		470	
5				71		281,411	
6				93		637,470	
7				98		27,480	
8				53.03		131,005	
9				61		8,126	
10 IMPLANTS	P			55		19,025,840	
36 TOTAL RECLASSIFICATIONS						9,595,577	119,239,239

(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:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	124,246	ADULTS & PEDIATRICS	25	813,660	
2.00	NURSERY	33	1,206,264			0	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	516,850	
TOTAL RECLASSIFICATIONS FOR CODE A			1,330,510	1,330,510			

RECLASS CODE: B  
EXPLANATION : RECRUITMENT BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	10,500	NURSING ADMINISTRATION	14	10,500	
2.00	PHARMACY	16	3,000	PHARMACY	16	3,000	
3.00	ADULTS & PEDIATRICS	25	18,500	ADULTS & PEDIATRICS	25	18,500	
4.00	INTENSIVE CARE UNIT	26	36,375	INTENSIVE CARE UNIT	26	36,375	
5.00	CARDIAC CATH	41.03	2,000	CARDIAC CATH	41.03	2,000	
6.00	LABORATORY	44	5,000	LABORATORY	44	5,000	
7.00	PHYSICAL THERAPY	50	16,500	PHYSICAL THERAPY	50	16,500	
8.00	OCCUPATIONAL THERAPY	51	11,000	OCCUPATIONAL THERAPY	51	11,000	
9.00	EMERGENCY	61	4,000	EMERGENCY	61	4,000	
10.00	HOME HEALTH AGENCY	71	1,250	HOME HEALTH AGENCY	71	1,250	
TOTAL RECLASSIFICATIONS FOR CODE B			108,125	108,125			

RECLASS CODE: C  
EXPLANATION : DRUGS BILLABLE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	12,477,625	CENTRAL SERVICES & SUPPLY	15	4,526	
2.00			0	PHARMACY	16	12,184,747	
3.00			0	ADULTS & PEDIATRICS	25	118	
4.00			0	INTENSIVE CARE UNIT	26	831	
5.00			0	OPERATING ROOM	37	15,645	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	83,359	
7.00			0	CAT SCAN	41.01	78,249	
8.00			0	CARDIAC CATH	41.03	27,589	
9.00			0	MRI	41.04	68,466	
10.00			0	LABORATORY	44	943	
11.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	3,887	
12.00			0	BLOOD STORING, PROCESSING & TR	47	179	
13.00			0	PHYSICAL THERAPY	50	28	
14.00			0	ADV HEART & VASCULAR	53.03	8,204	
15.00			0	HOME HEALTH AGENCY	71	854	
TOTAL RECLASSIFICATIONS FOR CODE C			12,477,625	12,477,625			

RECLASS CODE: D  
EXPLANATION : MED SUPPLIES BILLABLE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	26,699,338	OTHER A&G	6.06	19,154	
2.00			0	CENTRAL SERVICES & SUPPLY	15	26,444,188	
3.00			0	PHARMACY	16	15,129	
4.00			0	ADULTS & PEDIATRICS	25	798	
5.00			0	INTENSIVE CARE UNIT	26	619	
6.00			0	OPERATING ROOM	37	20,292	
15.00			0	BLOOD STORING, PROCESSING & TR	47	48,080	
16.00			0	CARDIAC REHAB	53.01	432	
17.00			0	CLINIC	60	11,366	
18.00			0	PAIN MANAGEMENT CLINIC	60.03	2,991	
19.00			0	HOME HEALTH AGENCY	71	134,565	
20.00			0	HOSPICE	93	1,724	
TOTAL RECLASSIFICATIONS FOR CODE D			26,699,338	26,699,338			

RECLASS CODE: E  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,623,846	DIETARY	11	1,623,846	
TOTAL RECLASSIFICATIONS FOR CODE E			1,623,846	1,623,846			

RECLASSIFICATIONS

PROVIDER NO: 140122

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

PREPARED 5/27/2011 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION: PROPERTY TAXES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for OPERATION OF PLANT and INTEREST EXPENSE.

RECLASS CODE: G
EXPLANATION: DEPRECIATION RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for NEW CAP REL COSTS-BLDG & FIXT, NEW CAP REL COSTS-MVBLE EQUIP, and INTEREST EXPENSE.

RECLASS CODE: H
EXPLANATION: SHARED SERVICE RECLASS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for NEW CAP REL COSTS-BLDG & FIXT, OTHER A&G, EMPLOYEE BENEFITS, OPERATION OF PLANT, NURSING ADMINISTRATION, PHARMACY, MEDICAL RECORDS & LIBRARY, RADIOLOGY-DIAGNOSTIC, LABORATORY, and OTHER A&G.

RECLASS CODE: I
EXPLANATION: NURSING ADMIN

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for NURSING ADMINISTRATION and OTHER A&G.

RECLASS CODE: J
EXPLANATION: INTEREST EXP

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for NEW CAP REL COSTS-BLDG & FIXT, NEW CAP REL COSTS-MVBLE EQUIP, and OTHER A&G.

RECLASS CODE: K
EXPLANATION: RECLASS MISC INT

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for OTHER A&G and INTEREST EXPENSE.

RECLASS CODE: L
EXPLANATION: RECLASS STATE ASSE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for OTHER A&G and INTEREST EXPENSE.

RECLASS CODE: N
EXPLANATION: PROPRTY/AUTO INSURANCE

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT, DECREASE, LINE, AMOUNT. Includes rows for NEW CAP REL COSTS-BLDG & FIXT and OTHER A&G.

RECLASSIFICATIONS

PROVIDER NO:  
140122

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

PREPARED 5/27/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: N  
EXPLANATION : PROPRTY/AUTO INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,942	OTHER A&G	6.06	22,942	
TOTAL RECLASSIFICATIONS FOR CODE N			368,506				368,506

RECLASS CODE: 0  
EXPLANATION : RENTS AND LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,176,437	EMPLOYEE BENEFITS	5	120	
2.00	PAIN MANAGEMENT CLINIC	60.03	3,816	SHARED SERVICE	6.05	617	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,280,001	OTHER A&G	6.06	621,236	
4.00			0	OPERATION OF PLANT	8	3,401	
5.00			0	HOUSEKEEPING	10	3,841	
6.00			0	DIETARY	11	1,052	
7.00			0	CAFETERIA	12	960	
8.00			0	NURSING ADMINISTRATION	14	25,905	
9.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	275,529	
10.00			0	DRUGS CHARGED TO PATIENTS	56	323,968	
11.00			0	MEDICAL RECORDS & LIBRARY	17	640	
12.00			0	SOCIAL SERVICE	18	1,109	
13.00			0	I&R SERVICES-SALARY & FRINGES	22	4,908	
14.00			0	ADULTS & PEDIATRICS	25	10,423	
15.00			0	INTENSIVE CARE UNIT	26	10,553	
16.00			0	SUBPROVIDER I	31	534	
17.00			0	SUB II REHAB	31.01	1,188	
18.00			0	OPERATING ROOM	37	195,077	
19.00			0	RECOVERY ROOM	38	415	
20.00			0	DELIVERY ROOM & LABOR ROOM	39	12,985	
21.00			0	ANESTHESIOLOGY	40	3,874	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	189,962	
23.00			0	CAT SCAN	41.01	840	
24.00			0	ULTRASOUND	41.02	653	
25.00			0	CARDIAC CATH	41.03	1,481	
26.00			0	MRI	41.04	343	
27.00			0	VASCULAR LAB	41.08	2,646	
28.00			0	DUPAGE IMAGING	41.09	447,232	
29.00			0	RADIOLOGY-THERAPEUTIC	42	324	
30.00			0	RADIOISOTOPE	43	372	
31.00			0	LABORATORY	44	494,674	
32.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	899	
33.00			0	BLOOD STORING, PROCESSING & TR	47	260	
34.00			0	RESPIRATORY THERAPY	49	111,613	
35.00			0	PHYSICAL THERAPY	50	212,432	
36.00			0	OCCUPATIONAL THERAPY	51	120	
37.00			0	SPEECH PATHOLOGY	52	492	
38.00			0	ELECTROCARDIOLOGY	53	869	
39.00			0	CARDIAC REHAB	53.01	180,530	
40.00			0	ELECTROENCEPHALOGRAPHY	54	161	
41.00			0	SLEEP LAB	59	30	
42.00			0	CLINIC	60	470	
43.00			0	PARTIAL HOSP - NEW DAY CENTER	60.01	229,554	
44.00			0	MATERNAL FETAL MED CTR	60.06	470	
45.00			0	HOME HEALTH AGENCY	71	281,411	
46.00			0	HOSPICE	93	637,470	
47.00			0	PHYSICIANS' PRIVATE OFFICES	98	27,480	
48.00			0	ADV HEART & VASCULAR	53.03	131,005	
49.00			0	EMERGENCY	61	8,126	
TOTAL RECLASSIFICATIONS FOR CODE 0			4,460,254				4,460,254

RECLASS CODE: P  
EXPLANATION : IMPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	19,025,840	MEDICAL SUPPLIES CHARGED TO PA	55	19,025,840	
TOTAL RECLASSIFICATIONS FOR CODE P			19,025,840				19,025,840

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	8,391,042	4,660,284		4,660,284		13,051,326	
2 LAND IMPROVEMENTS	574,140					574,140	
3 BUILDINGS & FIXTURE	222,252,210	7,500,968		7,500,968	1,767,727	227,985,451	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	29,770,798	187,345		187,345	951	29,957,192	
6 MOVABLE EQUIPMENT	67,365,571	5,711,690		5,711,690	304,031	72,773,230	
7 SUBTOTAL	328,353,761	18,060,287		18,060,287	2,072,709	344,341,339	
8 RECONCILING ITEMS							
9 TOTAL	328,353,761	18,060,287		18,060,287	2,072,709	344,341,339	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	252,597,148		252,597,148	.789458				
4	NEW CAP REL COSTS-MV	67,365,571		67,365,571	.210542				
5	TOTAL	319,962,719		319,962,719	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	6,768,134	3,176,437	14,664,003		345,564		24,954,138
4	NEW CAP REL COSTS-MV	-3,146,208	1,280,001	8,892,368		22,942		7,049,103
5	TOTAL	3,621,926	4,456,438	23,556,371		368,506		32,003,241

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

DESCRPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-3,120,442	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-4,018,305	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER	B	-515,467	OTHER A&G	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-424,934	OTHER A&G	6.06	
9 TELEPHONE SERVICES	A	-135,407	OTHER A&G	6.06	
10 TELEVISION AND RADIO SERVICE	A	-55,174	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-23,455			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	767,747			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,016,613	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-2	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-2,894,892	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,150	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-839	DIETARY	11	
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	-1,957	EMPLOYEE BENEFITS	5	
37.01 OTHER OPERATING REVENUE	B	-16,452	SHARED SERVICE	6.05	
37.02 OTHER OPERATING REVENUE	B	-1,241,631	OTHER A&G	6.06	
38 OTHER OPERATING REVENUE	B	-124,892	NURSING ADMINISTRATION	14	
38.01 OTHER OPERATING REVENUE	B	-135,762	I & R SERVICES-SALARY & FRI	22	
38.02 OTHER OPERATING REVENUE	B	-23,293	ADULTS & PEDIATRICS	25	
38.03 OTHER OPERATING REVENUE	B	-38,519	INTENSIVE CARE UNIT	26	
38.04 OTHER OPERATING REVENUE	B	-2,891	SUB I I REHAB	31.01	
38.05 OTHER OPERATING REVENUE	B	-2,610	NURSERY	33	
38.06 OTHER OPERATING REVENUE	B	-18,558	RADIOLOGY-DIAGNOSTIC	41	
38.07 OTHER OPERATING REVENUE	B	-390	CARDIAC CATH	41.03	
38.08 OTHER OPERATING REVENUE	B	-1,400	WESTMONT - MRI	41.06	
38.09 OTHER OPERATING REVENUE	B	-9,150	DUPAGE IMAGING	41.09	
38.10 OTHER OPERATING REVENUE	B	-1,420	LABORATORY	44	
38.11 OTHER OPERATING REVENUE	B	-3,301	WHOLE BLOOD & PACKED RED	46	
38.12 OTHER OPERATING REVENUE	B	-200	RESPIRATORY THERAPY	49	
38.13 OTHER OPERATING REVENUE	B	-12,497	PHYSICAL THERAPY	50	
38.14 OTHER OPERATING REVENUE	B	112,093	CARDIAC REHAB	53.01	
38.15 OTHER OPERATING REVENUE	B	-90	BMC CARDIAC REHAB	53.02	
38.16 OTHER OPERATING REVENUE	B	-53,597	CLINIC	60	
38.17 BAD DEBT	A	-5,456,730	OTHER A&G	6.06	
38.18 OTHER OPERATING REVENUE	B	-4,807	PARTIAL HOSP - NEW DAY CE	60.01	
38.19 OFFSET NON ALLOW INTEREST	A	-6,204,316	INTEREST EXPENSE	88	
38.20 MARKETING DEPT	A	1,246,238	OTHER A&G	6.06	
38.21 OTHER OPERATING REVENUE	B	-1,418	MATERNAL FETAL MED CTR	60.06	
38.22 OTHER OPERATING REVENUE	B	-8,646	EMERGENCY	61	
38.23 OTHER OPERATING REVENUE	B	-15,302	HOME HEALTH AGENCY	71	
38.24 OFFSET BANK FEES	A	-68,976	INTEREST EXPENSE	88	
38.25 OTHER OPERATING REVENUE	B	-111,115	HOSPICE	93	
38.26 OTHER OPERATING REVENUE	B	-230,147	OPERATION OF PLANT	8	
38.27					
38.28					
38.29					
38.30					
39					
40 OFFSET PROF COLL FEES	A	-19,055	ADULTS & PEDIATRICS	25	
41 OFFSET COLLECTION FEES	A	-72,693	ELECTROCARDIOLOGY	53	
42 OFFSET COLLECTION FEES	A	-96,537	MATERNAL FETAL MED CTR	60.06	
43 OP PHARMACY	A	-4,660,318	DRUGS CHARGED TO PATIENTS	56	
44					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
49.03					

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0122

PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/27/2011  
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	
49.04 FEDERAL INCOME TAXES	A	-445,570	INTEREST EXPENSE	88	
50 TOTAL (SUM OF LINES 1 THRU 49)		-29,172,842			

- (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	9
1	3	NEW CAP REL COSTS-BLDG &	213,056		213,056	9
2	4	NEW CAP REL COSTS-MVBLE E	872,097		872,097	9
3	5	EMPLOYEE BENEFITS	970,895		970,895	
4	6	OTHER A&G	16,635,149	16,578,245	56,904	
4.01	17	MEDICAL RECORDS & LIBRARY	301,448		301,448	
4.02	71	HOME HEALTH AGENCY	398,441	377,425	21,016	
4.03	93	HOSPICE	228,315	212,302	16,013	
4.04	6	OTHER A&G	38,150,511	39,834,193	-1,683,682	
5		TOTALS	57,769,912	57,002,165	767,747	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	ADVENTIST HEALTH SYS		0.00	MANAGEMENT COMPANY
2	B	AHS SUNBLET		0.00	MANAGEMENT COMP - HOME HL
3				0.00	
4				0.00	
5				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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0122  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/27/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	LABORATORY	23,455	23,455					
101	TOTAL	23,455	23,455					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0122

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

PREPARED 5/27/2011 WORKSHEET A-8-2 GROUP 1

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	44	LABORATORY						23,455
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						23,455

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0122  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	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	4	GROSS SALARIES	ENTERED
6.05	SHARED SERVICE	-5	ACCUM. COST	NOT ENTERED
6.06	OTHER A&G	-6	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	11	PATIENT DAYS	ENTERED
12	CAFETERIA	12	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	13	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	14	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUI S.	ENTERED
16	PHARMACY	16	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 6a.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 &	24,954,138			24,954,138			
005 NEW CAP REL COSTS-MVBLE E	7,049,103				7,049,103		
006 EMPLOYEE BENEFITS	18,464,395			700,599	197,907	19,362,901	
006 05 SHARED SERVICE	296,319					54,931	351,250
006 06 OTHER A&G	31,807,796			7,166,967	2,024,543	2,147,741	43,147,047
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,648,374					321,368	10,969,742
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,094,492			208,725	58,961	293,560	2,655,738
011 DIETARY	1,040,995			548,369	154,904	293,974	2,038,242
012 CAFETERIA	999,123			376,904	106,469	54,012	1,536,508
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,201,948			176,878	49,965	456,415	3,885,206
015 CENTRAL SERVICES & SUPPLY	2,696,462			973,455	274,984		3,944,901
016 PHARMACY	3,669,286			260,339	73,541		4,003,166
017 MEDICAL RECORDS & LIBRARY	2,821,058			566,540	160,037	283,021	3,830,656
018 SOCIAL SERVICE	1,985,580			101,487	28,668	246,383	2,362,118
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,007,971					572,728	4,580,699
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,385,141			4,166,723	1,177,026	2,505,548	23,234,438
026 INTENSIVE CARE UNIT	12,044,240			793,823	224,241	1,932,160	14,994,464
031 SUBPROVIDER I	2,212,906			486,075	137,308	353,342	3,189,631
031 01 SUB I I REHAB	1,398,865			450,603	127,287	203,001	2,179,756
033 NURSERY	1,203,669			205,922	58,169		1,467,760
037 ANCILLARY SRVC COST CNTRS							
037 01 DAY SURGERY	7,876,010			1,239,593	350,163	894,224	10,359,990
037 02 PRE-ADMIT TESTING						132,683	132,683
038 RECOVERY ROOM	871,483			157,692	44,545	93,567	1,221,184
039 DELIVERY ROOM & LABOR ROO	3,405,890			514,105	145,226	524,099	4,589,320
040 ANESTHESIOLOGY	641,931			39,145	11,058	28,193	720,327
041 RADIOLOGY-DIAGNOSTIC	4,186,377			542,908	153,362	346,567	5,229,214
041 01 CAT SCAN	452,202			105,740	29,870	83,384	671,196
041 02 ULTRASOUND	622,552			108,736	30,716	101,079	863,083
041 03 CARDIAC CATH	959,235			243,521	68,790	151,441	1,422,987
041 04 MRI	324,705			312,242	88,203	64,235	789,385
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	529,403					76,432	605,835
041 07 BMC RADIOLOGY				94,625	26,730		121,355
041 08 VASCULAR LAB	1,030,720			29,673	8,382	157,530	1,226,305
041 09 DUPAGE IMAGING	2,078,097					312,202	2,390,299
041 10 GRANT SQUARE IMAGING				24,164	6,826		30,990
042 RADIOLOGY-THERAPEUTIC	1,081,585			389,372	109,991	132,662	1,713,610
043 RADIOISOTOPE	323,074			229,313	64,777	53,220	670,384
043 01 LI THOTRIPSY							
044 LABORATORY	10,545,974			744,094	210,193	1,090,891	12,591,152
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	1,013,189					126,624	1,139,813
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	1,770,491					91,646	1,862,137
049 RESPIRATORY THERAPY	2,297,586			99,941	28,231	353,385	2,779,143
050 PHYSICAL THERAPY	2,034,234			424,603	119,943	343,214	2,921,994
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	603,934					102,377	706,311
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	363,091					51,666	414,757
053 ELECTROCARDIOLOGY	1,077,273			13,532	3,822	150,988	1,245,615
053 01 CARDIAC REHAB	667,946			4,543	1,283	92,277	766,049
053 02 BMC CARDIAC REHAB	-90					34	-56
053 03 ADV HEART & VASCULAR	2,059,810					149,910	2,209,720
054 ELECTROENCEPHALOGRAPHY	261,128			128,744	36,368	36,739	462,979
055 MEDICAL SUPPLIES CHARGED	7,397,967					194,222	7,592,189
055 30 IMPL. DEV. CHARGED TO PAT	19,025,840						19,025,840
056 DRUGS CHARGED TO PATIENTS	4,598,447					655,607	5,254,054
057 RENAL DIALYSIS	280,943						280,943
058 ASC (NON-DISTINCT PART)				205,101	57,937		263,038
059 SLEEP LAB	548,543					58	548,601
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	569,106			209,933	59,302	81,063	919,404
060 02 PARTIAL HOSP - NEW DAY CE	1,062,221			436,540	123,315	172,377	1,794,453
060 03 O. P. T. I. O. N. S - OP PSYCH							
060 04 PAIN MANAGEMENT CLINIC	287,247			209,498	59,180	36,079	592,004
060 05 HEALTH & NUTRITION CENTER							
060 06 CANCER CENTER				31,413	8,874		40,287

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 6a.00
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR	1,795,731					293,234	2,088,965
061 01 EMERGENCY	4,564,614			552,622	156,106	556,347	5,829,689
061 01 BOLI NGBROOK MED CENTER				633,763	179,027		812,790
062 01 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY	7,887,517					1,199,606	9,087,123
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 01 HOSPICE	4,020,988					421,318	4,442,306
095 01 SUBTOTALS	247,098,855			24,908,565	7,036,230	19,216,828	246,894,336
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	127,859			45,573	12,873	3,471	189,776
098 01 PHYSICIANS' PRIVATE OFFIC	3,060,041					142,602	3,202,643
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	250,286,755			24,954,138	7,049,103	19,362,901	250,286,755

COST CENTER DESCRIPTION	SHARED SERVICE	SUBTOTAL	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.05	6a.05	6.06	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE	351,250						
006 06 OTHER A&G	60,712	43,207,759	43,207,759				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	15,412	10,985,154	2,292,085		13,277,239		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,731	2,659,469	554,906		162,191		3,376,566
011 DIETARY	2,864	2,041,106	425,883		426,114		109,706
012 CAFETERIA	2,159	1,538,667	321,047		292,876		75,403
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,459	3,890,665	811,799		137,444		35,386
015 CENTRAL SERVICES & SUPPLY	5,543	3,950,444	824,272		756,430		194,749
016 PHARMACY	5,624	4,008,790	836,446		202,298		52,083
017 MEDICAL RECORDS & LIBRARY	5,382	3,836,038	800,401		440,234		113,341
018 SOCIAL SERVICE	3,319	2,365,437	493,556		78,861		20,303
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	6,436	4,587,135	957,119				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	32,644	23,267,082	4,854,840		3,237,782		833,592
026 INTENSIVE CARE UNIT	21,067	15,015,531	3,133,036		616,846		158,811
031 SUBPROVIDER I	4,481	3,194,112	666,461		377,708		97,244
031 01 SUB I I REHAB	3,063	2,182,819	455,452		350,144		90,147
033 NURSERY	2,062	1,469,822	306,683		160,013		41,197
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,556	10,374,546	2,164,680		963,234		247,992
037 01 DAY SURGERY	186	132,869	27,724				
037 02 PRE-ADMIT TESTING	131	93,698	19,550				
038 RECOVERY ROOM	1,716	1,222,900	255,162		122,535		31,548
039 DELIVERY ROOM & LABOR ROO	6,448	4,595,768	958,921		399,489		102,851
040 ANESTHESIOLOGY	1,012	721,339	150,510		30,418		7,831
041 RADIOLOGY-DIAGNOSTIC	7,347	5,236,561	1,092,624		421,870		108,614
041 01 CAT SCAN	943	672,139	140,244		82,166		21,154
041 02 ULTRASOUND	1,213	864,296	180,338		84,494		21,754
041 03 CARDIAC CATH	1,999	1,424,986	297,328		189,230		48,719
041 04 MRI	1,109	790,494	164,939		242,630		62,467
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	851	606,686	126,587				
041 07 BMC RADIOLOGY	171	121,526	25,357		73,529		18,931
041 08 VASCULAR LAB	1,723	1,228,028	256,232		23,058		5,936
041 09 DUPAGE IMAGING	3,358	2,393,657	499,444				
041 10 GRANT SQUARE IMAGING	44	31,034	6,475		18,777		4,834
042 RADIOLOGY-THERAPEUTIC	2,408	1,716,018	358,052		302,565		77,897
043 RADIOISOTOPE	942	671,326	140,074		178,189		45,876
043 01 LI THOTRIPSY							
044 LABORATORY	17,691	12,608,843	2,630,873		578,204		148,863
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	1,601	1,141,414	238,159				
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	2,616	1,864,753	389,086				
049 RESPIRATORY THERAPY	3,905	2,783,048	580,691		77,660		19,994
050 PHYSICAL THERAPY	4,105	2,926,099	610,539		329,941		84,946
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	992	707,303	147,581				
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	583	415,340	86,662				
053 ELECTROCARDIOLOGY	1,750	1,247,365	260,266		10,515		2,707
053 01 CARDIAC REHAB	1,076	767,125	160,063		3,530		909
053 02 BMC CARDIAC REHAB		-56					
053 03 ADV HEART & VASCULAR	3,105	2,212,825	461,713				
054 ELECTROENCEPHALOGRAPHY	650	463,629	96,738		100,041		25,756
055 MEDICAL SUPPLIES CHARGED	10,667	7,602,856	1,586,359				
055 30 IMPL. DEV. CHARGED TO PAT	26,731	19,052,571	3,975,376				
056 DRUGS CHARGED TO PATIENTS	7,382	5,261,436	1,097,814				
057 RENAL DIALYSIS	395	281,338	58,702				
058 ASC (NON-DI STINCT PART)	370	263,408	54,961		159,375		41,032
059 SLEEP LAB	771	549,372	114,628				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,292	920,696	192,106		163,130		41,999
060 01 PARTIAL HOSP - NEW DAY CE	2,521	1,796,974	374,944		339,216		87,334
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	832	592,836	123,697		162,792		41,912
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER	57	40,344	8,418		24,409		6,284

COST CENTER DESCRIPTION	SHARED SERVICE	SUBTOTAL	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.05	6a.05	6.06	7	8	9	10
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR	2,935	2,091,900	436,481				
061 01 EMERGENCY	8,191	5,837,880	1,218,091		429,419		110,557
062 01 BOLLINGBROOK MED CENTER	1,142	813,932	169,829		492,470		126,790
063 50 OBSERVATION BEDS (NON-DIS RHC)							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY	12,767	9,099,890	1,898,719				
085 01 SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 01 HOSPICE	6,241	4,448,547	928,203				
095 01 SUBTOTALS	346,483	246,889,569	42,498,926		13,241,827		3,367,449
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	267	190,043	39,653		35,412		9,117
098 01 PHYSICIANS' PRIVATE OFFICE	4,500	3,207,143	669,180				
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	351,250	250,286,755	43,207,759		13,277,239		3,376,566

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	3,002,809						
012 CAFETERIA		2,227,993					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		64,867		4,940,161			
015 CENTRAL SERVICES & SUPPLY		54,899			5,780,794		
016 PHARMACY		78,288			4,807	5,182,712	
017 MEDICAL RECORDS & LIBRARY		73,543					5,263,557
018 SOCIAL SERVICE		35,683				1,338	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		74,263					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,016,980	364,602		1,699,143	60,987	572	274,480
026 INTENSIVE CARE UNIT	527,852	265,506		1,237,369	56,025	1,143	221,097
031 SUBPROVIDER I	280,694	52,075			1,132	7	44,691
031 01 SUB I I REHAB	177,283	30,015			3,130		20,128
033 NURSERY		23,776		110,802			20,171
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		133,740		623,263	1,901,550	9,235	801,474
037 01 DAY SURGERY		18,275		85,167	5,895	2	
037 02 PRE-ADMIT TESTING		15,045		70,100	224		
038 RECOVERY ROOM		19,678		91,677	2,146		62,870
039 DELIVERY ROOM & LABOR ROO		67,359		313,927	31,835	893	58,920
040 ANESTHESIOLOGY		6,572		30,652	22,819	47,971	112,764
041 RADIOLOGY-DIAGNOSTIC		70,313			243,694	32,498	168,101
041 01 CAT SCAN		11,205			10,979	31,702	346,389
041 02 ULTRASOUND		12,146			673	99	78,123
041 03 CARDIAC CATH		17,444			487,120	10,641	397,669
041 04 MRI		6,775			1,063	29,032	134,227
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI		10,780			535	231	49,345
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB		18,460			4,002	848	76,162
041 09 DUPAGE IMAGING		51,576			3,148	437	106,712
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC		15,451			1,342	20	82,954
043 RADIOISOTOPE		5,796			899	4,439	55,592
043 01 LI THOTRI PSY							4,977
044 LABORATORY		243,631			31,413	384	924,132
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED		21,690			17,178	1,570	
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING		14,971			6,827	107	
049 RESPIRATORY THERAPY		53,588			5,865	61	133,779
050 PHYSICAL THERAPY		47,275			763	11	51,917
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY		13,328			91		15,594
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY		6,719			2,719		12,700
053 ELECTROCARDIOLOGY		23,813			1,638	421	116,839
053 01 CARDIAC REHAB		13,605			313		5,796
053 02 BMC CARDIAC REHAB							
053 03 ADV HEART & VASCULAR		8,510			765		
054 ELECTROENCEPHALOGRAPHY		6,645			1,125		27,244
055 MEDICAL SUPPLIES CHARGED					807,835		42,620
055 30 I MPL. DEV. CHARGED TO PAT					2,002,975		
056 DRUGS CHARGED TO PATIENTS						4,811,551	391,239
057 RENAL DIALYSIS							5,099
058 ASC (NON-DI STINCT PART)							
059 SLEEP LAB		18			43		12,868
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		9,784		45,562	3,899	90	13,479
060 01 PARTIAL HOSP - NEW DAY CE		32,489		151,376	237	150	45,266
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC		5,519		25,697	1,569	14,794	24,157
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR		16,558		77,160	454	112	57,646
061 01 EMERGENCY		81,167		378,266	22,957	1,237	266,336
061 01 BOLLINGBROOK MED CENTER							
062 062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 20 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 071 HOME HEALTH AGENCY					19,438	1,535	
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 093 HOSPICE					5,793	154,888	
095 095 SUBTOTALS	3,002,809	2,197,442		4,940,161	5,777,902	5,158,019	5,263,557
096 096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		1,348					
098 098 PHYSICIANS' PRIVATE OFFICE		29,203			2,892	24,693	
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 099 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPEWA VALLEY							
100 100 OFFICE BUILDINGS							
101 101 CROSS FOOT ADJUSTMENT							
102 102 NEGATIVE COST CENTER							
103 103 TOTAL	3,002,809	2,227,993		4,940,161	5,780,794	5,182,712	5,263,557

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	2,995,178						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI				5,618,517			
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,011,853			4,598,994			43,220,907
026 INTENSIVE CARE UNIT	526,511			341,870			22,101,597
031 SUBPROVIDER I	279,981						4,994,105
031 01 SUB I REHAB	176,833						3,485,951
033 NURSERY							2,132,464
037 ANCILLARY SRVC COST CNTRS							
037 01 DAY SURGERY				281,866			17,501,580
037 02 PRE-ADMIT TESTING							269,932
038 RECOVERY ROOM							198,617
039 DELIVERY ROOM & LABOR ROO							1,808,516
040 ANESTHESIOLOGY							6,529,963
041 RADIOLOGY-DIAGNOSTIC							1,130,876
041 01 CAT SCAN							7,374,275
041 02 ULTRASOUND							1,315,978
041 03 CARDIAC CATH							1,241,923
041 04 MRI							2,873,137
041 05 RADIOLOGY - WESTMONT							1,431,627
041 06 WESTMONT - MRI							794,164
041 07 BMC RADIOLOGY							239,343
041 08 VASCULAR LAB							1,612,726
041 09 DUPAGE IMAGING							3,054,974
041 10 GRANT SQUARE IMAGING							61,120
042 RADIOLOGY-THERAPEUTIC							2,554,299
043 RADIOISOTOPE							1,102,191
043 01 LI THOTRI PSY							4,977
044 LABORATORY							17,166,343
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED							1,420,011
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING							2,275,744
049 RESPIRATORY THERAPY							3,654,686
050 PHYSICAL THERAPY							4,051,491
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							883,897
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY							524,140
053 ELECTROCARDIOLOGY							1,663,564
053 01 CARDIAC REHAB							951,341
053 02 BMC CARDIAC REHAB							-56
053 03 ADV HEART & VASCULAR							2,683,813
054 ELECTROENCEPHALOGRAPHY							721,178
055 MEDICAL SUPPLIES CHARGED							10,039,670
055 30 IMPL. DEV. CHARGED TO PAT							25,030,922
056 DRUGS CHARGED TO PATIENTS							11,562,040
057 RENAL DIALYSIS							345,139
058 ASC (NON-DI STINCT PART)							518,776
059 SLEEP LAB							676,929
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							1,390,745
060 01 PARTIAL HOSP - NEW DAY CE							2,827,986
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC							992,973
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER							79,455

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
060 06 OUTPAT SERVICE COST CNTRS							2,680,311
061 06 MATERNAL FETAL MED CTR							
061 01 EMERGENCY				395,787			8,741,697
062 01 BOLLINGBROOK MED CENTER							1,603,021
062 60 OBSERVATION BEDS (NON-DIS)							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 20 CMHC							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY							11,019,582
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTTESTINAL ACQUISITION							
093 03 ISLET CELL ACQUISITION							
093 01 HOSPICE							5,537,431
095 01 SUBTOTALS	2,995,178			5,618,517			246,078,071
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP							275,573
098 02 PHYSICIANS' PRIVATE OFFICE							3,933,111
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	2,995,178			5,618,517			250,286,755

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 05 SHARED SERVICE		
006 06 OTHER A&G		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
024 PARAMED ED PRGM-(SPECIFY)		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-4,598,994	38,621,913
026 INTENSIVE CARE UNIT	-341,870	21,759,727
031 SUBPROVIDER I		4,994,105
031 01 SUB I REHAB		3,485,951
033 NURSERY		2,132,464
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	-281,866	17,219,714
037 01 DAY SURGERY		269,932
037 02 PRE-ADMIT TESTING		198,617
038 RECOVERY ROOM		1,808,516
039 DELIVERY ROOM & LABOR ROO		6,529,963
040 ANESTHESIOLOGY		1,130,876
041 RADIOLOGY-DIAGNOSTIC		7,374,275
041 01 CAT SCAN		1,315,978
041 02 ULTRASOUND		1,241,923
041 03 CARDIAC CATH		2,873,137
041 04 MRI		1,431,627
041 05 RADIOLOGY - WESTMONT		
041 06 WESTMONT - MRI		794,164
041 07 BMC RADIOLOGY		239,343
041 08 VASCULAR LAB		1,612,726
041 09 DUPAGE IMAGING		3,054,974
041 10 GRANT SQUARE IMAGING		61,120
042 RADIOLOGY-THERAPEUTIC		2,554,299
043 RADIOISOTOPE		1,102,191
043 01 LI THOTRI PSY		4,977
044 LABORATORY		17,166,343
044 01 PATHOLOGY		
044 02 BMC LAB		
046 WHOLE BLOOD & PACKED RED		1,420,011
046 30 BLOOD CLOTTING FACTORS AD		
047 BLOOD STORING, PROCESSING		2,275,744
049 RESPIRATORY THERAPY		3,654,686
050 PHYSICAL THERAPY		4,051,491
050 01 PAULSEN REHAB CENTER		
050 02 BMC PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		883,897
051 01 BMC OCCUP THERAPY		
052 SPEECH PATHOLOGY		524,140
053 ELECTROCARDIOLOGY		1,663,564
053 01 CARDIAC REHAB		951,341
053 02 BMC CARDIAC REHAB		-56
053 03 ADV HEART & VASCULAR		2,683,813
054 ELECTROENCEPHALOGRAPHY		721,178
055 MEDICAL SUPPLIES CHARGED		10,039,670
055 30 IMPL. DEV. CHARGED TO PAT		25,030,922
056 DRUGS CHARGED TO PATIENTS		11,562,040
057 RENAL DIALYSIS		345,139
058 ASC (NON-DI STINCT PART)		518,776
059 SLEEP LAB		676,929
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		1,390,745
060 01 PARTIAL HOSP - NEW DAY CE		2,827,986
060 02 O. P. T. I. O. N. S - OP PSYCH		
060 03 PAIN MANAGEMENT CLINIC		992,973
060 04 HEALTH & NUTRITION CENTER		
060 05 CANCER CENTER		79,455

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
060 06 OUTPAT SERVICE COST CNTRS		
061 06 MATERNAL FETAL MED CTR		2,680,311
061 01 EMERGENCY	-395,787	8,345,910
062 01 BOLLINGBROOK MED CENTER		1,603,021
062 06 OBSERVATION BEDS (NON-DIS		
063 50 RHC		
063 60 FOHC		
069 10 OTHER REIMBURS COST CNTRS		
069 20 CMHC		
069 30 OUTPATIENT PHYSICAL THERA		
069 40 OUTPATIENT OCCUPATIONAL T		
071 40 OUTPATIENT SPEECH PATHOLO		
071 01 HOME HEALTH AGENCY		11,019,582
085 01 SPEC PURPOSE COST CENTERS		
085 02 PANCREAS ACQUISITION		
085 03 INTTESTINAL ACQUISITION		
093 03 ISLET CELL ACQUISITION		
093 01 HOSPICE		5,537,431
095 01 SUBTOTALS	-5,618,517	240,459,554
096 01 NONREIMBURS COST CENTERS		
098 01 GIFT, FLOWER, COFFEE SHOP		275,573
098 02 PHYSICIANS' PRIVATE OFFIC		3,933,111
098 01 ST. THOMAS HOSPICE		
098 02 DUPAGE IMAGING		
099 01 LAGRANGE MEMORIAL		
099 02 GLEN OAKS HOSPITAL		
099 03 CHI PPEWA VALLEY		
100 01 OFFICE BUILDINGS		
101 01 CROSS FOOT ADJUSTMENT		
102 01 NEGATIVE COST CENTER		
103 01 TOTAL	-5,618,517	244,668,238



COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR							13,607
061 01 EMERGENCY				552,622	156,106	708,728	25,815
062 01 BOLI NGBROOK MED CENTER				633,763	179,027	812,790	
062 062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 20 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 071 HOME HEALTH AGENCY							55,664
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 093 HOSPICE							19,550
095 095 SUBTOTALS				24,908,565	7,036,230	31,944,795	891,728
096 096 NONREIMBURS COST CENTERS							
098 098 GIFT, FLOWER, COFFEE SHOP				45,573	12,873	58,446	161
098 098 PHYSICIANS' PRIVATE OFFIC							6,617
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 100 OFFICE BUILDINGS							
101 101 CROSS FOOT ADJUSTMENTS							
102 102 NEGATIVE COST CENTER							
103 103 TOTAL				24,954,138	7,049,103	32,003,241	898,506

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SHARED SERVICE	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6.06	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE	2,549						
006 06 OTHER A&G	482	9,291,650					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	110	492,904		507,926			
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	27	119,330		6,205		406,870	
011 DIETARY	20	91,584		16,301		13,219	838,038
012 CAFETERIA	15	69,040		11,204		9,086	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	39	174,574		5,258		4,264	
015 CENTRAL SERVICES & SUPPLY	39	177,256		28,938		23,467	
016 PHARMACY	40	179,874		7,739		6,276	
017 MEDICAL RECORDS & LIBRARY	38	172,123		16,841		13,657	
018 SOCIAL SERVICE	24	106,137		3,017		2,447	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	46	205,825					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	232	1,044,010		123,860		100,445	562,909
026 INTENSIVE CARE UNIT	150	673,747		23,598		19,136	147,315
031 SUBPROVIDER I	32	143,320		14,449		11,718	78,337
031 01 SUB I I REHAB	22	97,943		13,395		10,863	49,477
033 NURSERY	15	65,951		6,121		4,964	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	104	465,506		36,849		29,883	
037 02 DAY SURGERY	1	5,962					
037 02 PRE-ADMIT TESTING	1	4,204					
038 RECOVERY ROOM	12	54,872		4,688		3,801	
039 DELIVERY ROOM & LABOR ROO	46	206,212		15,283		12,393	
040 ANESTHESIOLOGY	7	32,366		1,164		944	
041 RADIOLOGY-DIAGNOSTIC	52	234,964		16,139		13,088	
041 01 CAT SCAN	7	30,159		3,143		2,549	
041 02 ULTRASOUND	9	38,781		3,232		2,621	
041 03 CARDIAC CATH	14	63,939		7,239		5,870	
041 04 MRI	8	35,469		9,282		7,527	
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	6	27,222					
041 07 BMC RADIOLOGY	1	5,453		2,813		2,281	
041 08 VASCULAR LAB	12	55,102		882		715	
041 09 DUPAGE IMAGING	24	107,403					
041 10 GRANT SQUARE IMAGING		1,392		718		583	
042 RADIOLOGY-THERAPEUTIC	17	76,998		11,575		9,387	
043 RADIOISOTOPE	7	30,122		6,817		5,528	
043 01 LI THOTRIPSY							
044 LABORATORY	126	565,759		22,119		17,938	
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	11	51,215					
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	19	83,671					
049 RESPIRATORY THERAPY	28	124,875		2,971		2,409	
050 PHYSICAL THERAPY	29	131,294		12,622		10,236	
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	7	31,737					
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	4	18,636					
053 ELECTROCARDIOLOGY	12	55,969		402		326	
053 01 CARDIAC REHAB	8	34,421		135		110	
053 02 BMC CARDIAC REHAB							
053 03 ADV HEART & VASCULAR	22	99,289					
054 ELECTROENCEPHALOGRAPHY	5	20,803		3,827		3,104	
055 MEDICAL SUPPLIES CHARGED	76	341,140					
055 30 IMPL. DEV. CHARGED TO PAT	190	854,889					
056 DRUGS CHARGED TO PATIENTS	53	236,081					
057 RENAL DIALYSIS	3	12,624					
058 ASC (NON-DISTINCT PART)	3	11,819		6,097		4,944	
059 SLEEP LAB	5	24,650					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	9	41,312		6,241		5,061	
060 01 PARTIAL HOSP - NEW DAY CE	18	80,630		12,977		10,524	
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	6	26,601		6,228		5,050	
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER		1,810		934		757	

COST CENTER DESCRIPTION	SHARED SERVICE	OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6.06	7	8	9	10	11
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR	21	93,864					
061 01 EMERGENCY	58	261,946		16,428		13,322	
062 01 BOLLINGBROOK MED CENTER	8	36,521		18,840		15,278	
063 50 OBSERVATION BEDS (NON-DIS RHC)							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY	91	408,312					
085 01 SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 01 HOSPICE	44	199,606					
095 01 SUBTOTALS	2,515	9,139,218		506,571		405,771	838,038
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	2	8,527		1,355		1,099	
098 01 PHYSICIANS' PRIVATE OFFICE	32	143,905					
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	2,549	9,291,650		507,926		406,870	838,038

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	575,224						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	16,747		448,903				
015 CENTRAL SERVICES & SUPPLY	14,174			1,492,313			
016 PHARMACY	20,212			1,241	549,262		
017 MEDICAL RECORDS & LIBRARY	18,987					961,356	
018 SOCIAL SERVICE	9,213				142		262,568
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	19,173						
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	94,133		154,399	15,744	61	50,146	176,366
026 INTENSIVE CARE UNIT	68,548		112,437	14,463	121	40,393	46,156
031 SUBPROVIDER I	13,445			292	1	8,165	24,544
031 01 SUB I I REHAB	7,749			808		3,677	15,502
033 NURSERY	6,139		10,068			3,685	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	34,529		56,635	490,885	979	146,426	
037 02 DAY SURGERY	4,718		7,739	1,522			
037 02 PRE-ADMIT TESTING	3,884		6,370	58			
038 RECOVERY ROOM	5,080		8,331	554		11,486	
039 DELIVERY ROOM & LABOR ROO	17,391		28,526	8,218	95	10,764	
040 ANESTHESIOLOGY	1,697		2,785	5,891	5,084	20,601	
041 RADIOLOGY-DIAGNOSTIC	18,153			62,910	3,444	30,711	
041 01 CAT SCAN	2,893			2,834	3,360	63,284	
041 02 ULTRASOUND	3,136			174	11	14,273	
041 03 CARDIAC CATH	4,504			125,750	1,128	72,652	
041 04 MRI	1,749			274	3,077	24,523	
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	2,783			138	25	9,015	
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB	4,766			1,033	90	13,915	
041 09 DUPAGE IMAGING	13,316			813	46	19,496	
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC	3,989			346	2	15,155	
043 RADIOISOTOPE	1,497			232	470	10,156	
043 01 LI THOTRIPSY						909	
044 LABORATORY	62,901			8,109	41	168,563	
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED RED	5,600			4,434	166		
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	3,865			1,762	11		
049 RESPIRATORY THERAPY	13,835			1,514	6	24,441	
050 PHYSICAL THERAPY	12,206			197	1	9,485	
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	3,441			24		2,849	
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	1,735			702		2,320	
053 ELECTROCARDIOLOGY	6,148			423	45	21,346	
053 01 CARDIAC REHAB	3,512			81		1,059	
053 02 BMC CARDIAC REHAB							
053 03 ADV HEART & VASCULAR	2,197			198			
054 ELECTROENCEPHALOGRAPHY	1,716			290		4,977	
055 MEDICAL SUPPLIES CHARGED				208,543		7,787	
055 30 IMPL. DEV. CHARGED TO PAT				517,069			
056 DRUGS CHARGED TO PATIENTS					509,924	71,478	
057 RENAL DIALYSIS						932	
058 ASC (NON-DI STINCT PART)							
059 SLEEP LAB	5			11		2,351	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,526		4,140	1,006	10	2,463	
060 01 PARTIAL HOSP - NEW DAY CE	8,388		13,755	61	16	8,270	
060 02 O. P. T. I. O. N. S - OP PSYCH							
060 03 PAIN MANAGEMENT CLINIC	1,425		2,335	405	1,568	4,413	
060 04 HEALTH & NUTRITION CENTER							
060 05 CANCER CENTER							

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR	4,275		7,011	117	12	10,532	
061 01 EMERGENCY	20,956		34,372	5,926	131	48,658	
061 01 BOLINGBROOK MED CENTER							
062 02 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 20 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY				5,018	163		
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 01 HOSPICE				1,496	16,415		
095 01 SUBTOTALS	567,336		448,903	1,491,566	546,645	961,356	262,568
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP	348						
098 01 PHYSICIANS' PRIVATE OFFIC	7,540			747	2,617		
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	575,224		448,903	1,492,313	549,262	961,356	262,568



COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
060 06 OUTPAT SERVICE COST CNTRS							
061 06 MATERNAL FETAL MED CTR						129,439	
061 01 EMERGENCY						1,136,340	
062 01 BOLLINGBROOK MED CENTER						883,437	
062 60 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 01 HOME HEALTH AGENCY						469,248	
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 01 HOSPICE						237,111	
095 01 SUBTOTALS						31,520,226	
096 01 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP						69,938	
098 01 PHYSICIANS' PRIVATE OFFIC						161,458	
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPEWA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENTS			251,619			251,619	
102 01 NEGATIVE COST CENTER							
103 01 TOTAL			251,619			32,003,241	

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	05 SHARED SERVICE	
006	06 OTHER A&G	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	7,782,349
026	INTENSIVE CARE UNIT	2,253,783
031	SUBPROVIDER I	934,082
031	01 SUB I REHAB	786,746
033	NURSERY	361,034
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,893,045
037	01 DAY SURGERY	26,099
037	02 PRE-ADMIT TESTING	18,859
038	RECOVERY ROOM	297,904
039	DELIVERY ROOM & LABOR ROO	982,578
040	ANESTHESIOLOGY	122,050
041	RADIOLOGY-DIAGNOSTIC	1,091,812
041	01 CAT SCAN	247,708
041	02 ULTRASOUND	206,379
041	03 CARDIAC CATH	600,434
041	04 MRI	485,335
041	05 RADIOLOGY - WESTMONT	
041	06 WESTMONT - MRI	42,736
041	07 BMC RADIOLOGY	131,903
041	08 VASCULAR LAB	121,880
041	09 DUPAGE IMAGING	155,585
041	10 GRANT SQUARE IMAGING	33,683
042	RADIOLOGY-THERAPEUTIC	622,988
043	RADIOISOTOPE	351,388
043	01 LI THOTRI PSY	909
044	LABORATORY	1,850,462
044	01 PATHOLOGY	
044	02 BMC LAB	
046	WHOLE BLOOD & PACKED RED	67,302
046	30 BLOOD CLOTTING FACTORS AD	
047	BLOOD STORING, PROCESSING	93,581
049	RESPIRATORY THERAPY	314,649
050	PHYSICAL THERAPY	736,542
050	01 PAULSEN REHAB CENTER	
050	02 BMC PHYSICAL THERAPY	
051	OCCUPATIONAL THERAPY	42,808
051	01 BMC OCCUP THERAPY	
052	SPEECH PATHOLOGY	25,794
053	ELECTROCARDIOLOGY	109,031
053	01 CARDIAC REHAB	49,434
053	02 BMC CARDIAC REHAB	2
053	03 ADV HEART & VASCULAR	108,662
054	ELECTROENCEPHALOGRAPHY	201,539
055	MEDICAL SUPPLIES CHARGED	566,558
055	30 IMPL. DEV. CHARGED TO PAT	1,372,148
056	DRUGS CHARGED TO PATIENTS	847,957
057	RENAL DIALYSIS	13,559
058	ASC (NON-DISTINCT PART)	285,901
059	SLEEP LAB	27,025
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	335,764
060	01 PARTIAL HOSP - NEW DAY CE	702,493
060	02 O. P. T. I. O. N. S - OP PSYCH	
060	03 PAIN MANAGEMENT CLINIC	318,383
060	04 HEALTH & NUTRITION CENTER	
060	05 CANCER CENTER	43,788

TOTAL

		27
	OUTPAT SERVICE COST CNTRS	
060	06 MATERNAL FETAL MED CTR	129,439
061	EMERGENCY	1,136,340
061	01 BOLLINGBROOK MED CENTER	883,437
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FOHC	
	OTHER REIMBURS COST CNTRS	
069	10 CMHC	
069	20 OUTPATIENT PHYSICAL THERA	
069	30 OUTPATIENT OCCUPATIONAL T	
069	40 OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	469,248
	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
085	02 INTTESTINAL ACQUISITION	
085	03 ISLET CELL ACQUISITION	
093	HOSPICE	237,111
095	SUBTOTALS	31,520,226
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	69,938
098	PHYSICIANS' PRIVATE OFFIC	161,458
098	01 ST. THOMAS HOSPICE	
098	02 DUPAGE IMAGING	
099	01 LAGRANGE MEMORIAL	
099	02 GLEN OAKS HOSPITAL	
099	03 CHIPPEWA VALLEY	
100	OFFICE BUILDINGS	
101	CROSS FOOT ADJUSTMENTS	251,619
102	NEGATIVE COST CENTER	
103	TOTAL	32,003,241

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	
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a. 05
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			516,358			
005 NEW CAP REL COSTS-MVB				516,358		
006 EMPLOYEE BENEFITS			14,497	14,497	103,701,197	
006 05 SHARED SERVICE					294,194	-351,250
006 06 OTHER A&G			148,301	148,301	11,502,590	
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT					1,721,140	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			4,319	4,319	1,572,212	
011 DIETARY			11,347	11,347	1,574,429	
012 CAFETERIA			7,799	7,799	289,269	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION			3,660	3,660	2,444,406	
015 CENTRAL SERVICES & SU			20,143	20,143		
016 PHARMACY			5,387	5,387		
017 MEDICAL RECORDS & LIB			11,723	11,723	1,515,767	
018 SOCIAL SERVICE			2,100	2,100	1,319,548	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					3,067,344	
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			86,219	86,219	13,418,766	
026 INTENSIVE CARE UNIT			16,426	16,426	10,348,010	
031 SUBPROVIDER I			10,058	10,058	1,892,381	
031 01 SUB I REHAB			9,324	9,324	1,087,209	
033 NURSERY			4,261	4,261		
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM			25,650	25,650	4,789,171	
037 02 DAY SURGERY					710,608	
037 02 PRE-ADMIT TESTING					501,115	
038 RECOVERY ROOM			3,263	3,263	789,768	
039 DELIVERY ROOM & LABOR			10,638	10,638	2,806,903	
040 ANESTHESIOLOGY			810	810	150,994	
041 RADIOLOGY-DIAGNOSTIC			11,234	11,234	1,856,097	
041 01 CAT SCAN			2,188	2,188	446,578	
041 02 ULTRASOUND			2,250	2,250	541,348	
041 03 CARDIAC CATH			5,039	5,039	811,066	
041 04 MRI			6,461	6,461	344,019	
041 05 RADIOLOGY - WESTMONT						
041 06 WESTMONT - MRI					409,344	
041 07 BMC RADIOLOGY			1,958	1,958		
041 08 VASCULAR LAB			614	614	843,678	
041 09 DUPAGE IMAGING					1,672,052	
041 10 GRANT SQUARE IMAGING			500	500		
042 RADIOLOGY-THERAPEUTIC			8,057	8,057	710,494	
043 RADIOISOTOPE			4,745	4,745	285,029	
043 01 LITHOTRIpsy						
044 LABORATORY			15,397	15,397	5,842,454	
044 01 PATHOLOGY						
044 02 BMC LAB						
046 WHOLE BLOOD & PACKED					678,155	
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES					490,825	
049 RESPIRATORY THERAPY			2,068	2,068	1,892,614	
050 PHYSICAL THERAPY			8,786	8,786	1,838,142	
050 01 PAULSEN REHAB CENTER						
050 02 BMC PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY					548,296	
051 01 BMC OCCUP THERAPY						
052 SPEECH PATHOLOGY					276,706	
053 ELECTROCARDIOLOGY			280	280	808,640	
053 01 CARDIAC REHAB			94	94	494,207	
053 02 BMC CARDIAC REHAB					184	56
053 03 ADV HEART & VASCULAR					802,871	
054 ELECTROENCEPHALOGRAPH			2,664	2,664	196,763	
055 MEDICAL SUPPLIES CHAR					1,040,188	
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI					3,511,214	
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR			4,244	4,244		
059 SLEEP LAB					310	
060 OUTPAT SERVICE COST C						
060 CLINIC			4,344	4,344	434,147	
060 01 PARTIAL HOSP - NEW DA			9,033	9,033	923,193	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.05
060 02 OUTPAT SERVICE COST C O.P.T.I.O.N.S - OP PS						
060 03 PAIN MANAGEMENT CLINI			4,335	4,335	193,229	
060 04 HEALTH & NUTRITION CE						
060 05 CANCER CENTER			650	650		
060 06 MATERNAL FETAL MED CT					1,570,466	
061 EMERGENCY			11,435	11,435	2,979,611	
061 01 BOLINGBROOK MED CENTE			13,114	13,114		
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 10 OTHER REIMBURS COST C CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY					6,424,696	
085 01 SPEC PURPOSE COST CEN PANCREAS ACQUISITION						
085 02 INTESITINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
093 HOSPICE					2,256,439	
095 SUBTOTALS			515,415	515,415	102,918,879	-351,194
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			943	943	18,589	
098 PHYSICIANS' PRIVATE O					763,729	
098 01 ST. THOMAS HOSPICE						
098 02 DUPAGE IMAGING						
099 01 LAGRANGE MEMORIAL						
099 02 GLEN OAKS HOSPITAL						
099 03 CHI PPEVA VALLEY						
100 OFFICE BUILDINGS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			24,954,138	7,049,103	19,362,901	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			48.327203	13.651581	.186718	
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)					898,506	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.008664	

COST CENTER DESCRIPTION	SHARED SERVICE		OTHER A&G	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)
	6.05	6a.06	6.06	7	8	9	10
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 05 SHARED SERVICE	249,935,561						
006 06 OTHER A&G	43,147,047	-43,207,759	207,079,052				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	10,969,742		10,985,154		353,560		
009 LAUNDRY & LINEN SERVICE						62,298	
010 HOUSEKEEPING	2,655,738		2,659,469		4,319		349,241
011 DIETARY	2,038,242		2,041,106		11,347		11,347
012 CAFETERIA	1,536,508		1,538,667		7,799		7,799
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,885,206		3,890,665		3,660		3,660
015 CENTRAL SERVICES & SUPPLIES	3,944,901		3,950,444		20,143		20,143
016 PHARMACY	4,003,166		4,008,790		5,387		5,387
017 MEDICAL RECORDS & LIBRARY	3,830,656		3,836,038		11,723		11,723
018 SOCIAL SERVICE	2,362,118		2,365,437		2,100		2,100
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	4,580,699		4,587,135				
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIC)							
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	23,234,438		23,267,082		86,219	38,853	86,219
026 INTENSIVE CARE UNIT	14,994,464		15,015,531		16,426	10,168	16,426
031 SUBPROVIDER I	3,189,631		3,194,112		10,058	5,407	10,058
031 01 SUBILI REHAB	2,179,756		2,182,819		9,324	3,415	9,324
033 NURSERY	1,467,760		1,469,822		4,261	4,455	4,261
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	10,359,990		10,374,546		25,650		25,650
037 01 DAY SURGERY	132,683		132,869				
037 02 PRE-ADMIT TESTING	93,567		93,698				
038 RECOVERY ROOM	1,221,184		1,222,900		3,263		3,263
039 DELIVERY ROOM & LABOR	4,589,320		4,595,768		10,638		10,638
040 ANESTHESIOLOGY	720,327		721,339		810		810
041 RADIOLOGY-DIAGNOSTIC	5,229,214		5,236,561		11,234		11,234
041 01 CAT SCAN	671,196		672,139		2,188		2,188
041 02 ULTRASOUND	863,083		864,296		2,250		2,250
041 03 CARDIAC CATH	1,422,987		1,424,986		5,039		5,039
041 04 MRI	789,385		790,494		6,461		6,461
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI	605,835		606,686				
041 07 BMC RADIOLOGY	121,355		121,526		1,958		1,958
041 08 VASCULAR LAB	1,226,305		1,228,028		614		614
041 09 DUPAGE IMAGING	2,390,299		2,393,657				
041 10 GRANT SQUARE IMAGING	30,990		31,034		500		500
042 RADIOLOGY-THERAPEUTIC	1,713,610		1,716,018		8,057		8,057
043 RADIOISOTOPE	670,384		671,326		4,745		4,745
043 01 LI THOTRI PSY							
044 LABORATORY	12,591,152		12,608,843		15,397		15,397
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED	1,139,813		1,141,414				
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCESSING	1,862,137		1,864,753				
049 RESPIRATORY THERAPY	2,779,143		2,783,048		2,068		2,068
050 PHYSICAL THERAPY	2,921,994		2,926,099		8,786		8,786
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY	706,311		707,303				
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY	414,757		415,340				
053 ELECTROCARDIOLOGY	1,245,615		1,247,365		280		280
053 01 CARDIAC REHAB	766,049		767,125		94		94
053 02 BMC CARDIAC REHAB		56					
053 03 ADV HEART & VASCULAR	2,209,720		2,212,825				
054 ELECTROENCEPHALOGRAPH	462,979		463,629		2,664		2,664
055 MEDICAL SUPPLIES CHAR	7,592,189		7,602,856				
055 30 IMPL. DEV. CHARGED TO PATIENT	19,025,840		19,052,571				
056 DRUGS CHARGED TO PATIENT	5,254,054		5,261,436				
057 RENAL DIALYSIS	280,943		281,338				
058 ASC (NON-DISTINCT PART)	263,038		263,408		4,244		4,244
059 SLEEP LAB	548,601		549,372				
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	919,404		920,696		4,344		4,344
060 01 PARTIAL HOSP - NEW DA	1,794,453		1,796,974		9,033		9,033

COST CENTER DESCRIPTION	SHARED SERVICE		OTHER A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	( ACCUM. COST )	RECONCILIATION	( ACCUM. COST )	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)
OUTPAT SERVICE COST C	6.05	6a.06	6.06	7	8	9	10
060 02 O.P.T.I.O.N.S - OP PS							
060 03 PAIN MANAGEMENT CLINI	592,004		592,836		4,335		4,335
060 04 HEALTH & NUTRITION CE							
060 05 CANCER CENTER	40,287		40,344		650		650
060 06 MATERNAL FETAL MED CT	2,088,965		2,091,900				
061 EMERGENCY	5,829,689		5,837,880		11,435		11,435
061 01 BOLINGBROOK MED CENTE	812,790		813,932		13,114		13,114
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY	9,087,123		9,099,890				
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
093 HOSPICE	4,442,306		4,448,547				
095 SUBTOTALS	246,543,142	-43,207,703	203,681,866		352,617	62,298	348,298
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	189,776		190,043		943		943
098 PHYSICIANS' PRIVATE O	3,202,643		3,207,143				
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHIPPewa VALLEY							
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)	351,250		43,207,759		13,277,239		3,376,566
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	.001405		.208653		37.553001		9.668298
105 COST TO BE ALLOCATED (WRKSH B, PART II)							
106 UNIT COST MULTIPLIER (WRKSH B, PT II)							
107 COST TO BE ALLOCATED (WRKSH B, PART III)	2,549		9,291,650		507,926		406,870
108 UNIT COST MULTIPLIER (WRKSH B, PT III)	.000010		.044870		1.436605		1.165012

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(PATIENT DAYS)	(FTES)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)
	11	12	13	14	15	16	17
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 05 SHARED SERVICE							
006 06 OTHER A&G							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	57,843						
012 CAFETERIA		120,695					
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		3,514		1,194,444			
015 CENTRAL SERVICES & SU		2,974			54,910,750		
016 PHARMACY		4,241			45,662	13,440,143	
017 MEDICAL RECORDS & LIB		3,984					907,225,909
018 SOCIAL SERVICE		1,933				3,469	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &		4,023					
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	38,853	19,751		410,823	579,308	1,483	47,307,820
026 INTENSIVE CARE UNIT	10,168	14,383		299,174	532,174	2,964	38,107,009
031 SUBPROVIDER I	5,407	2,821			10,756	18	7,702,695
031 01 SUB I REHAB	3,415	1,626			29,727		3,469,200
033 NURSERY		1,288		26,790			3,476,496
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		7,245		150,694	18,062,522	23,950	138,137,535
037 02 DAY SURGERY		990		20,592	55,996	5	
037 02 PRE-ADMIT TESTING		815		16,949	2,126		
038 RECOVERY ROOM		1,066		22,166	20,387		10,835,996
039 DELIVERY ROOM & LABOR		3,649		75,902	302,395	2,316	10,155,089
040 ANESTHESIOLOGY		356		7,411	216,757	124,401	19,435,371
041 RADIOLOGY-DIAGNOSTIC		3,809			2,314,809	84,275	28,972,871
041 01 CAT SCAN		607			104,289	82,211	59,701,732
041 02 ULTRASOUND		658			6,395	258	13,464,888
041 03 CARDIAC CATH		945			4,627,072	27,595	68,539,972
041 04 MRI		367			10,099	75,287	23,134,554
041 05 RADIOLOGY - WESTMONT							
041 06 WESTMONT - MRI		584			5,085	600	8,504,893
041 07 BMC RADIOLOGY							
041 08 VASCULAR LAB		1,000			38,013	2,198	13,126,937
041 09 DUPAGE IMAGING		2,794			29,902	1,132	18,392,216
041 10 GRANT SQUARE IMAGING							
042 RADIOLOGY-THERAPEUTIC		837			12,748	52	14,297,504
043 RADIOISOTOPE		314			8,536	11,511	9,581,537
043 01 LI THOTRI PSY							857,845
044 LABORATORY		13,198			298,385	996	159,307,057
044 01 PATHOLOGY							
044 02 BMC LAB							
046 WHOLE BLOOD & PACKED		1,175			163,170	4,071	
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCES		811			64,847	277	
049 RESPIRATORY THERAPY		2,903			55,715	159	23,057,348
050 PHYSICAL THERAPY		2,561			7,251	28	8,948,040
050 01 PAULSEN REHAB CENTER							
050 02 BMC PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY		722			866		2,687,659
051 01 BMC OCCUP THERAPY							
052 SPEECH PATHOLOGY		364			25,826		2,188,859
053 ELECTROCARDIOLOGY		1,290			15,559	1,093	20,137,728
053 01 CARDIAC REHAB		737			2,974		998,908
053 02 BMC CARDIAC REHAB							
053 03 ADV HEART & VASCULAR		461			7,268		
054 ELECTROENCEPHALOGRAPH		360			10,682		4,695,610
055 MEDICAL SUPPLIES CHAR					7,673,498		7,345,760
055 30 IMPL. DEV. CHARGED TO					19,025,840		
056 DRUGS CHARGED TO PATI						12,477,625	67,431,734
057 RENAL DIALYSIS							878,817
058 ASC (NON-DISTINCT PAR							
059 SLEEP LAB		1			405		2,217,782
060 OUTPAT SERVICE COST C							
060 CLINIC		530		11,016	37,033	234	2,323,194
060 01 PARTIAL HOSP - NEW DA		1,760		36,600	2,252	389	7,801,877

COST CENTER DESCRIPTION	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	11	12	13	14	15	16	17
060 02 OUTPAT SERVICE COST C							
060 03 O.P.T.I.O.N.S - OP PS							
060 04 PAIN MANAGEMENT CLINI		299		6,213	14,901	38,366	4,163,607
060 05 HEALTH & NUTRITION CE							
060 06 CANCER CENTER							
061 06 MATERNAL FETAL MED CT		897		18,656	4,315	290	9,935,583
061 01 EMERGENCY		4,397		91,458	218,062	3,207	45,904,186
061 01 BOLINGBROOK MED CENTE							
062 02 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST C							
069 20 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 01 HOME HEALTH AGENCY					184,642	3,981	
071 01 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
093 01 HOSPICE					55,031	401,666	
095 01 SUBTOTALS	57,843	119,040		1,194,444	54,883,280	13,376,107	907,225,909
096 01 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE		73					
098 01 PHYSICIANS' PRIVATE O		1,582			27,470	64,036	
098 01 ST. THOMAS HOSPICE							
098 02 DUPAGE IMAGING							
099 01 LAGRANGE MEMORIAL							
099 02 GLEN OAKS HOSPITAL							
099 03 CHI PPEVA VALLEY							
100 01 OFFICE BUILDINGS							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED	3,002,809	2,227,993		4,940,161	5,780,794	5,182,712	5,263,557
103 01 (WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER		18.459696		4.135950		.385614	
104 01 (WRKSHT B, PT I)	51.913092				.105276		.005802
105 01 COST TO BE ALLOCATED							
105 01 (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER							
106 01 (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED	838,038	575,224		448,903	1,492,313	549,262	961,356
107 01 (WRKSHT B, PART III)							
108 01 UNIT COST MULTIPLIER		4.765931		.375826		.040867	
108 01 (WRKSHT B, PT III)	14.488149				.027177		.001060

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	21	22	23	24
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 05 SHARED SERVICE						
006 06 OTHER A&G						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	57,843					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &				51,687		
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	38,853			42,308		
026 INTENSIVE CARE UNIT	10,168			3,145		
031 SUBPROVIDER I	5,407					
031 01 SUB I REHAB	3,415					
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM				2,593		
037 02 DAY SURGERY						
037 02 PRE-ADMIT TESTING						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC						
041 01 CAT SCAN						
041 02 ULTRASOUND						
041 03 CARDIAC CATH						
041 04 MRI						
041 05 RADIOLOGY - WESTMONT						
041 06 WESTMONT - MRI						
041 07 BMC RADIOLOGY						
041 08 VASCULAR LAB						
041 09 DUPAGE IMAGING						
041 10 GRANT SQUARE IMAGING						
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
043 01 LITHOTRIPSY						
044 LABORATORY						
044 01 PATHOLOGY						
044 02 BMC LAB						
046 WHOLE BLOOD & PACKED						
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
050 01 PAULSEN REHAB CENTER						
050 02 BMC PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
051 01 BMC OCCUP THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIAC REHAB						
053 02 BMC CARDIAC REHAB						
053 03 ADV HEART & VASCULAR						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
059 SLEEP LAB						
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 PARTIAL HOSP - NEW DA						

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
OUTPAT SERVICE COST C	18	20	21	22	23	24
060 02 O.P.T.I.O.N.S - OP PS						
060 03 PAIN MANAGEMENT CLINI						
060 04 HEALTH & NUTRITION CE						
060 05 CANCER CENTER						
060 06 MATERNAL FETAL MED CT						
061 EMERGENCY				3,641		
061 01 BOLINGBROOK MED CENTE						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITION						
085 03 ISLET CELL ACQUISITION						
093 HOSPICE						
095 SUBTOTALS	57,843			51,687		
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 ST. THOMAS HOSPICE						
098 02 DUPAGE IMAGING						
099 01 LAGRANGE MEMORIAL						
099 02 GLEN OAKS HOSPITAL						
099 03 CHIPPEWA VALLEY						
100 OFFICE BUILDINGS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,995,178			5,618,517		
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER				108.702711		
(WRKSHT B, PT I)	51.781166					
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	262,568			251,619		
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER				4.868129		
(WRKSHT B, PT III)	4.539322					

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL. 27 1	PT I THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	38,621,913		38,621,913		38,621,913
26	INTENSIVE CARE UNIT	21,759,727		21,759,727		21,759,727
31	SUBPROVIDER I	4,994,105		4,994,105		4,994,105
31	01 SUB II REHAB	3,485,951		3,485,951		3,485,951
33	NURSERY	2,132,464		2,132,464		2,132,464
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,219,714		17,219,714		17,219,714
37	01 DAY SURGERY	269,932		269,932		269,932
37	02 PRE-ADMIT TESTING	198,617		198,617		198,617
38	RECOVERY ROOM	1,808,516		1,808,516		1,808,516
39	DELIVERY ROOM & LABOR ROO	6,529,963		6,529,963		6,529,963
40	ANESTHESIOLOGY	1,130,876		1,130,876		1,130,876
41	RADIOLOGY-DIAGNOSTIC	7,374,275		7,374,275		7,374,275
41	01 CAT SCAN	1,315,978		1,315,978		1,315,978
41	02 ULTRASOUND	1,241,923		1,241,923		1,241,923
41	03 CARDIAC CATH	2,873,137		2,873,137		2,873,137
41	04 MRI	1,431,627		1,431,627		1,431,627
41	05 RADIOLOGY - WESTMONT					
41	06 WESTMONT - MRI	794,164		794,164		794,164
41	07 BMC RADIOLOGY	239,343		239,343		239,343
41	08 VASCULAR LAB	1,612,726		1,612,726		1,612,726
41	09 DUPAGE IMAGING	3,054,974		3,054,974		3,054,974
41	10 GRANT SQUARE IMAGING	61,120		61,120		61,120
42	RADIOLOGY-THERAPEUTIC	2,554,299		2,554,299		2,554,299
43	RADIO SOTOPE	1,102,191		1,102,191		1,102,191
43	01 LI THOTRI PSY	4,977		4,977		4,977
44	LABORATORY	17,166,343		17,166,343		17,166,343
44	01 PATHOLOGY					
44	02 BMC LAB					
46	WHOLE BLOOD & PACKED RED	1,420,011		1,420,011		1,420,011
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	2,275,744		2,275,744		2,275,744
49	RESPIRATORY THERAPY	3,654,686		3,654,686		3,654,686
50	PHYSICAL THERAPY	4,051,491		4,051,491		4,051,491
50	01 PAULSEN REHAB CENTER					
50	02 BMC PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY	883,897		883,897		883,897
51	01 BMC OCCUP THERAPY					
52	SPEECH PATHOLOGY	524,140		524,140		524,140
53	ELECTROCARDIOLOGY	1,663,564		1,663,564		1,663,564
53	01 CARDIAC REHAB	951,341		951,341		951,341
53	02 BMC CARDIAC REHAB					
53	03 ADV HEART & VASCULAR	2,683,813		2,683,813		2,683,813
54	ELECTROENCEPHALOGRAPHY	721,178		721,178		721,178
55	MEDICAL SUPPLIES CHARGED	10,039,670		10,039,670		10,039,670
55	30 IMPL. DEV. CHARGED TO PAT	25,030,922		25,030,922		25,030,922
56	DRUGS CHARGED TO PATIENTS	11,562,040		11,562,040		11,562,040
57	RENAL DIALYSIS	345,139		345,139		345,139
58	ASC (NON-DI STINCT PART)	518,776		518,776		518,776
59	SLEEP LAB	676,929		676,929		676,929
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,390,745		1,390,745		1,390,745
60	01 PARTIAL HOSP - NEW DAY CE	2,827,986		2,827,986		2,827,986
60	02 O. P. T. I. O. N. S - OP PSYCH					
60	03 PAIN MANAGEMENT CLINIC	992,973		992,973		992,973
60	04 HEALTH & NUTRITION CENTER					
60	05 CANCER CENTER	79,455		79,455		79,455
60	06 MATERNAL FETAL MED CTR	2,680,311		2,680,311		2,680,311
61	EMERGENCY	8,345,910		8,345,910		8,345,910
61	01 BOLINGBROOK MED CENTER	1,603,021		1,603,021		1,603,021
62	OBSERVATION BEDS (NON-DIS	3,005,827		3,005,827		3,005,827
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	226,908,424		226,908,424		226,908,424
102	LESS OBSERVATION BEDS	3,005,827		3,005,827		3,005,827
103	TOTAL	223,902,597		223,902,597		223,902,597

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	42,047,071		42,047,071			
26	INTENSIVE CARE UNIT	38,372,285		38,372,285			
31	SUBPROVIDER I	7,831,000		7,831,000			
31	01 SUB II REHAB	4,433,089		4,433,089			
33	NURSERY	3,679,650		3,679,650			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,896,529	32,479,093	65,375,622	.263397	.263397	.263397
37	01 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM	6,140,596	6,022,213	12,162,809	.148692	.148692	.148692
39	DELIVERY ROOM & LABOR ROO	9,384,031	1,044,958	10,428,989	.626136	.626136	.626136
40	ANESTHESIOLOGY	13,137,761	9,719,089	22,856,850	.049476	.049476	.049476
41	RADIOLOGY-DIAGNOSTIC	8,228,305	12,649,042	20,877,347	.353219	.353219	.353219
41	01 CAT SCAN	19,756,594	35,161,430	54,918,024	.023963	.023963	.023963
41	02 ULTRASOUND	4,874,815	8,355,739	13,230,554	.093868	.093868	.093868
41	03 CARDIAC CATH	17,949,170	14,880,908	32,830,078	.087515	.087515	.087515
41	04 MRI	6,794,109	12,808,300	19,602,409	.073033	.073033	.073033
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	10,183	9,524,943	9,535,126	.083288	.083288	.083288
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB	7,856,478	7,584,821	15,441,299	.104442	.104442	.104442
41	09 DUPAGE IMAGING	25,630	19,055,971	19,081,601	.160101	.160101	.160101
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC	1,174,154	14,411,574	15,585,728	.163887	.163887	.163887
43	RADIOI SOTOPE	3,219,455	5,073,424	8,292,879	.132908	.132908	.132908
43	01 LI THOTRI PSY						
44	LABORATORY	61,003,442	106,770,746	167,774,188	.102318	.102318	.102318
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	22,943,323	1,320,417	24,263,740	.150623	.150623	.150623
50	PHYSICAL THERAPY	5,795,107	3,931,596	9,726,703	.416533	.416533	.416533
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	2,990,976	85,733	3,076,709	.287287	.287287	.287287
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	1,968,575	516,071	2,484,646	.210952	.210952	.210952
53	ELECTROCARDIOLOGY	10,619,159	9,779,739	20,398,898	.081552	.081552	.081552
53	01 CARDIAC REHAB	109,236	866,557	975,793	.974941	.974941	.974941
53	02 BMC CARDIAC REHAB						
53	03 ADV HEART & VASCULAR	28,739	10,734,026	10,762,765	.249361	.249361	.249361
54	ELECTROENCEPHALOGRAPHY	2,374,496	2,622,548	4,997,044	.144321	.144321	.144321
55	MEDICAL SUPPLIES CHARGED	26,264,534	21,287,739	47,552,273	.211129	.211129	.211129
55	30 IMPL. DEV. CHARGED TO PAT	52,189,754	21,462,759	73,652,513	.339852	.339852	.339852
56	DRUGS CHARGED TO PATIENTS	50,118,987	18,849,289	68,968,276	.167643	.167643	.167643
57	RENAL DIALYSIS	1,051,166	18,106	1,069,272	.322779	.322779	.322779
58	ASC (NON-DI STINCT PART)						
59	SLEEP LAB	9,150	3,174,684	3,183,834	.212614	.212614	.212614
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,392	4,635,222	4,640,614	.299690	.299690	.299690
60	01 PARTIAL HOSP - NEW DAY CE	5,238	4,838,422	4,843,660	.583853	.583853	.583853
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	44,367	4,979,131	5,023,498	.197666	.197666	.197666
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR	3,074,978	7,931,266	11,006,244	.243526	.243526	.243526
61	EMERGENCY	17,413,086	32,789,641	50,202,727	.166244	.166244	.166244
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS		6,384,467	6,384,467	.470803	.470803	.470803
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	485,820,610	451,749,664	937,570,274			
102	LESS OBSERVATION BEDS						
103	TOTAL	485,820,610	451,749,664	937,570,274			





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						
37	OPERATING ROOM	17,219,714	2,893,045	14,326,669			17,219,714
37	01 DAY SURGERY	269,932	26,099	243,833			269,932
37	02 PRE-ADMIT TESTING	198,617	18,859	179,758			198,617
38	RECOVERY ROOM	1,808,516	297,904	1,510,612			1,808,516
39	DELIVERY ROOM & LABOR ROO	6,529,963	982,578	5,547,385			6,529,963
40	ANESTHESIOLOGY	1,130,876	122,050	1,008,826			1,130,876
41	RADIOLOGY-DIAGNOSTIC	7,374,275	1,091,812	6,282,463			7,374,275
41	01 CAT SCAN	1,315,978	247,708	1,068,270			1,315,978
41	02 ULTRASOUND	1,241,923	206,379	1,035,544			1,241,923
41	03 CARDIAC CATH	2,873,137	600,434	2,272,703			2,873,137
41	04 MRI	1,431,627	485,335	946,292			1,431,627
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	794,164	42,736	751,428			794,164
41	07 BMC RADIOLOGY	239,343	131,903	107,440			239,343
41	08 VASCULAR LAB	1,612,726	121,880	1,490,846			1,612,726
41	09 DUPAGE IMAGING	3,054,974	155,585	2,899,389			3,054,974
41	10 GRANT SQUARE IMAGING	61,120	33,683	27,437			61,120
42	RADIOLOGY-THERAPEUTIC	2,554,299	622,988	1,931,311			2,554,299
43	RADIOISOTOPE	1,102,191	351,388	750,803			1,102,191
43	01 LI THOTRI PSY	4,977	909	4,068			4,977
44	LABORATORY	17,166,343	1,850,462	15,315,881			17,166,343
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED	1,420,011	67,302	1,352,709			1,420,011
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	2,275,744	93,581	2,182,163			2,275,744
49	RESPIRATORY THERAPY	3,654,686	314,649	3,340,037			3,654,686
50	PHYSICAL THERAPY	4,051,491	736,542	3,314,949			4,051,491
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	883,897	42,808	841,089			883,897
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	524,140	25,794	498,346			524,140
53	ELECTROCARDIOLOGY	1,663,564	109,031	1,554,533			1,663,564
53	01 CARDIAC REHAB	951,341	49,434	901,907			951,341
53	02 BMC CARDIAC REHAB		2	-2			
53	03 ADV HEART & VASCULAR	2,683,813	108,662	2,575,151			2,683,813
54	ELECTROENCEPHALOGRAPHY	721,178	201,539	519,639			721,178
55	MEDICAL SUPPLIES CHARGED	10,039,670	566,558	9,473,112			10,039,670
55	30 IMPL. DEV. CHARGED TO PAT	25,030,922	1,372,148	23,658,774			25,030,922
56	DRUGS CHARGED TO PATIENTS	11,562,040	847,957	10,714,083			11,562,040
57	RENAL DIALYSIS	345,139	13,559	331,580			345,139
58	ASC (NON-DISTINCT PART)	518,776	285,901	232,875			518,776
59	SLEEP LAB	676,929	27,025	649,904			676,929
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,390,745	335,764	1,054,981			1,390,745
60	01 PARTIAL HOSP - NEW DAY CE	2,827,986	702,493	2,125,493			2,827,986
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	992,973	318,383	674,590			992,973
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER	79,455	43,788	35,667			79,455
60	06 MATERNAL FETAL MED CTR	2,680,311	129,439	2,550,872			2,680,311
61	EMERGENCY	8,345,910	1,136,340	7,209,570			8,345,910
61	01 BOLINGBROOK MED CENTER	1,603,021	883,437	719,584			1,603,021
62	OBSERVATION BEDS (NON-DIS	3,005,827	605,677	2,400,150			3,005,827
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	155,914,264	19,301,550	136,612,714			155,914,264
102	LESS OBSERVATION BEDS	3,005,827	605,677	2,400,150			3,005,827
103	TOTAL	152,908,437	18,695,873	134,212,564			152,908,437

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	65,375,622	.263397	.263397
37	01 DAY SURGERY			
37	02 PRE-ADMIT TESTING			
38	RECOVERY ROOM	12,162,809	.148692	.148692
39	DELIVERY ROOM & LABOR ROO	10,428,989	.626136	.626136
40	ANESTHESIOLOGY	22,856,850	.049476	.049476
41	RADIOLOGY-DIAGNOSTIC	20,877,347	.353219	.353219
41	01 CAT SCAN	54,918,024	.023963	.023963
41	02 ULTRASOUND	13,230,554	.093868	.093868
41	03 CARDIAC CATH	32,830,078	.087515	.087515
41	04 MRI	19,602,409	.073033	.073033
41	05 RADIOLOGY - WESTMONT			
41	06 WESTMONT - MRI	9,535,126	.083288	.083288
41	07 BMC RADIOLOGY			
41	08 VASCULAR LAB	15,441,299	.104442	.104442
41	09 DUPAGE IMAGING	19,081,601	.160101	.160101
41	10 GRANT SQUARE IMAGING			
42	RADIOLOGY-THERAPEUTIC	15,585,728	.163887	.163887
43	RADIOISOTOPE	8,292,879	.132908	.132908
43	01 LI THOTRI PSY			
44	LABORATORY	167,774,188	.102318	.102318
44	01 PATHOLOGY			
44	02 BMC LAB			
46	WHOLE BLOOD & PACKED RED			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	24,263,740	.150623	.150623
50	PHYSICAL THERAPY	9,726,703	.416533	.416533
50	01 PAULSEN REHAB CENTER			
50	02 BMC PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY	3,076,709	.287287	.287287
51	01 BMC OCCUP THERAPY			
52	SPEECH PATHOLOGY	2,484,646	.210952	.210952
53	ELECTROCARDIOLOGY	20,398,898	.081552	.081552
53	01 CARDIAC REHAB	975,793	.974941	.974941
53	02 BMC CARDIAC REHAB			
53	03 ADV HEART & VASCULAR	10,762,765	.249361	.249361
54	ELECTROENCEPHALOGRAPHY	4,997,044	.144321	.144321
55	MEDICAL SUPPLIES CHARGED	47,552,273	.211129	.211129
55	30 IMPL. DEV. CHARGED TO PAT	73,652,513	.339852	.339852
56	DRUGS CHARGED TO PATIENTS	68,968,276	.167643	.167643
57	RENAL DIALYSIS	1,069,272	.322779	.322779
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	3,183,834	.212614	.212614
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,640,614	.299690	.299690
60	01 PARTIAL HOSP - NEW DAY CE	4,843,660	.583853	.583853
60	02 O. P. T. I. O. N. S - OP PSYCH			
60	03 PAIN MANAGEMENT CLINIC	5,023,498	.197666	.197666
60	04 HEALTH & NUTRITION CENTER			
60	05 CANCER CENTER			
60	06 MATERNAL FETAL MED CTR	11,006,244	.243526	.243526
61	EMERGENCY	50,202,727	.166244	.166244
61	01 BOLINGBROOK MED CENTER			
62	OBSERVATION BEDS (NON-DIS	6,384,467	.470803	.470803
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	841,207,179		
102	LESS OBSERVATION BEDS	6,384,467		
103	TOTAL	834,822,712		

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						
37	OPERATING ROOM	17,501,580	2,893,045	14,608,535			17,501,580
37	01 DAY SURGERY	269,932	26,099	243,833			269,932
37	02 PRE-ADMIT TESTING	198,617	18,859	179,758			198,617
38	RECOVERY ROOM	1,808,516	297,904	1,510,612			1,808,516
39	DELIVERY ROOM & LABOR ROO	6,529,963	982,578	5,547,385			6,529,963
40	ANESTHESIOLOGY	1,130,876	122,050	1,008,826			1,130,876
41	RADIOLOGY-DIAGNOSTIC	7,374,275	1,091,812	6,282,463			7,374,275
41	01 CAT SCAN	1,315,978	247,708	1,068,270			1,315,978
41	02 ULTRASOUND	1,241,923	206,379	1,035,544			1,241,923
41	03 CARDIAC CATH	2,873,137	600,434	2,272,703			2,873,137
41	04 MRI	1,431,627	485,335	946,292			1,431,627
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	794,164	42,736	751,428			794,164
41	07 BMC RADIOLOGY	239,343	131,903	107,440			239,343
41	08 VASCULAR LAB	1,612,726	121,880	1,490,846			1,612,726
41	09 DUPAGE IMAGING	3,054,974	155,585	2,899,389			3,054,974
41	10 GRANT SQUARE IMAGING	61,120	33,683	27,437			61,120
42	RADIOLOGY-THERAPEUTIC	2,554,299	622,988	1,931,311			2,554,299
43	RADIOISOTOPE	1,102,191	351,388	750,803			1,102,191
43	01 LI THOTRI PSY	4,977	909	4,068			4,977
44	LABORATORY	17,166,343	1,850,462	15,315,881			17,166,343
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED	1,420,011	67,302	1,352,709			1,420,011
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	2,275,744	93,581	2,182,163			2,275,744
49	RESPIRATORY THERAPY	3,654,686	314,649	3,340,037			3,654,686
50	PHYSICAL THERAPY	4,051,491	736,542	3,314,949			4,051,491
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	883,897	42,808	841,089			883,897
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	524,140	25,794	498,346			524,140
53	ELECTROCARDIOLOGY	1,663,564	109,031	1,554,533			1,663,564
53	01 CARDIAC REHAB	951,341	49,434	901,907			951,341
53	02 BMC CARDIAC REHAB		2	-2			
53	03 ADV HEART & VASCULAR	2,683,813	108,662	2,575,151			2,683,813
54	ELECTROENCEPHALOGRAPHY	721,178	201,539	519,639			721,178
55	MEDICAL SUPPLIES CHARGED	10,039,670	566,558	9,473,112			10,039,670
55	30 IMPL. DEV. CHARGED TO PAT	25,030,922	1,372,148	23,658,774			25,030,922
56	DRUGS CHARGED TO PATIENTS	11,562,040	847,957	10,714,083			11,562,040
57	RENAL DIALYSIS	345,139	13,559	331,580			345,139
58	ASC (NON-DISTINCT PART)	518,776	285,901	232,875			518,776
59	SLEEP LAB	676,929	27,025	649,904			676,929
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,390,745	335,764	1,054,981			1,390,745
60	01 PARTIAL HOSP - NEW DAY CE	2,827,986	702,493	2,125,493			2,827,986
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	992,973	318,383	674,590			992,973
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER	79,455	43,788	35,667			79,455
60	06 MATERNAL FETAL MED CTR	2,680,311	129,439	2,550,872			2,680,311
61	EMERGENCY	8,741,697	1,136,340	7,605,357			8,741,697
61	01 BOLINGBROOK MED CENTER	1,603,021	883,437	719,584			1,603,021
62	OBSERVATION BEDS (NON-DIS	3,005,827	605,677	2,400,150			3,005,827
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	156,591,917	19,301,550	137,290,367			156,591,917
102	LESS OBSERVATION BEDS	3,005,827	605,677	2,400,150			3,005,827
103	TOTAL	153,586,090	18,695,873	134,890,217			153,586,090

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	65,375,622	.267708	.267708
37	01 DAY SURGERY			
37	02 PRE-ADMIT TESTING			
38	RECOVERY ROOM	12,162,809	.148692	.148692
39	DELIVERY ROOM & LABOR ROO	10,428,989	.626136	.626136
40	ANESTHESIOLOGY	22,856,850	.049476	.049476
41	RADIOLOGY-DIAGNOSTIC	20,877,347	.353219	.353219
41	01 CAT SCAN	54,918,024	.023963	.023963
41	02 ULTRASOUND	13,230,554	.093868	.093868
41	03 CARDIAC CATH	32,830,078	.087515	.087515
41	04 MRI	19,602,409	.073033	.073033
41	05 RADIOLOGY - WESTMONT			
41	06 WESTMONT - MRI	9,535,126	.083288	.083288
41	07 BMC RADIOLOGY			
41	08 VASCULAR LAB	15,441,299	.104442	.104442
41	09 DUPAGE IMAGING	19,081,601	.160101	.160101
41	10 GRANT SQUARE IMAGING			
42	RADIOLOGY-THERAPEUTIC	15,585,728	.163887	.163887
43	RADIOISOTOPE	8,292,879	.132908	.132908
43	01 LI THOTRI PSY			
44	LABORATORY	167,774,188	.102318	.102318
44	01 PATHOLOGY			
44	02 BMC LAB			
46	WHOLE BLOOD & PACKED RED			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING			
49	RESPIRATORY THERAPY	24,263,740	.150623	.150623
50	PHYSICAL THERAPY	9,726,703	.416533	.416533
50	01 PAULSEN REHAB CENTER			
50	02 BMC PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY	3,076,709	.287287	.287287
51	01 BMC OCCUP THERAPY			
52	SPEECH PATHOLOGY	2,484,646	.210952	.210952
53	ELECTROCARDIOLOGY	20,398,898	.081552	.081552
53	01 CARDIAC REHAB	975,793	.974941	.974941
53	02 BMC CARDIAC REHAB			
53	03 ADV HEART & VASCULAR	10,762,765	.249361	.249361
54	ELECTROENCEPHALOGRAPHY	4,997,044	.144321	.144321
55	MEDICAL SUPPLIES CHARGED	47,552,273	.211129	.211129
55	30 IMPL. DEV. CHARGED TO PAT	73,652,513	.339852	.339852
56	DRUGS CHARGED TO PATIENTS	68,968,276	.167643	.167643
57	RENAL DIALYSIS	1,069,272	.322779	.322779
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	3,183,834	.212614	.212614
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,640,614	.299690	.299690
60	01 PARTIAL HOSP - NEW DAY CE	4,843,660	.583853	.583853
60	02 O. P. T. I. O. N. S - OP PSYCH			
60	03 PAIN MANAGEMENT CLINIC	5,023,498	.197666	.197666
60	04 HEALTH & NUTRITION CENTER			
60	05 CANCER CENTER			
60	06 MATERNAL FETAL MED CTR	11,006,244	.243526	.243526
61	EMERGENCY	50,202,727	.174128	.174128
61	01 BOLINGBROOK MED CENTER			
62	OBSERVATION BEDS (NON-DIS	6,384,467	.470803	.470803
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	841,207,179		
102	LESS OBSERVATION BEDS	6,384,467		
103	TOTAL	834,822,712		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				7,782,349		7,782,349
26	INTENSIVE CARE UNIT				2,253,783		2,253,783
31	SUBPROVIDER I				934,082		934,082
31 01	SUB II REHAB				786,746		786,746
33	NURSERY				361,034		361,034
101	TOTAL				12,117,994		12,117,994

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	42,132	17,703			184.71	3,269,921
26	INTENSIVE CARE UNIT	10,168	3,875			221.65	858,894
31	SUBPROVIDER I	5,407	1,538			172.75	265,690
31 01	SUB.II REHAB	3,415	2,493			230.38	574,337
33	NURSERY	4,455				81.04	
101	TOTAL	65,577	25,609				4,968,842

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,893,045	65,375,622	12,780,283		
37 01	DAY SURGERY		26,099				
37 02	PRE-ADMIT TESTING		18,859				
38	RECOVERY ROOM		297,904	12,162,809	2,244,546		
39	DELIVERY ROOM & LABOR ROO		982,578	10,428,989	21,088		
40	ANESTHESIOLOGY		122,050	22,856,850	4,414,863		
41	RADIOLOGY-DIAGNOSTIC		1,091,812	20,877,347	4,249,947		
41 01	CAT SCAN		247,708	54,918,024	10,643,031		
41 02	ULTRASOUND		206,379	13,230,554	2,687,235		
41 03	CARDIAC CATH		600,434	32,830,078	15,156,205		
41 04	MRI		485,335	19,602,409	3,469,852		
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI		42,736	9,535,126			
41 07	BMC RADIOLOGY		131,903				
41 08	VASCULAR LAB		121,880	15,441,299	3,559,330		
41 09	DUPAGE IMAGING		155,585	19,081,601	130		
41 10	GRANT SQUARE IMAGING		33,683				
42	RADIOLOGY-THERAPEUTIC		622,988	15,585,728	582,802		
43	RADIOISOTOPE		351,388	8,292,879	2,035,635		
43 01	LITHOTRIpsy		909				
44	LABORATORY		1,850,462	167,774,188	29,855,484		
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED		67,302				
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING		93,581				
49	RESPIRATORY THERAPY		314,649	24,263,740	12,715,391		
50	PHYSICAL THERAPY		736,542	9,726,703	2,488,164		
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY		42,808	3,076,709	1,091,702		
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY		25,794	2,484,646	661,721		
53	ELECTROCARDIOLOGY		109,031	20,398,898	2,214,360		
53 01	CARDIAC REHAB		49,434	975,793	66,190		
53 02	BMC CARDIAC REHAB						
53 03	ADV HEART & VASCULAR		108,662	10,762,765			
54	ELECTROENCEPHALOGRAPHY		201,539	4,997,044	558,498		
55	MEDICAL SUPPLIES CHARGED		566,558	47,552,273	12,425,493		
55 30	IMPL. DEV. CHARGED TO PAT		1,372,148	73,652,513	21,341,674		
56	DRUGS CHARGED TO PATIENTS		847,957	68,968,276	23,329,191		
57	RENAL DIALYSIS		13,559	1,069,272	566,697		
58	ASC (NON-DISTINCT PART)		285,901				
59	SLEEP LAB		27,025	3,183,834			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		335,764	4,640,614			
60 01	PARTIAL HOSP - NEW DAY CE		702,493	4,843,660			
60 02	O. P. T. I. O. N. S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC		318,383	5,023,498			
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER		43,788				
60 06	MATERNAL FETAL MED CTR		129,439	11,006,244			
61	EMERGENCY		1,136,340	50,202,727	8,978,196		
61 01	BOLINGBROOK MED CENTER		883,437				
62	OBSERVATION BEDS (NON-DIS		605,677	6,384,467			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		19,301,548	841,207,179	178,137,708		



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

PROVIDER NO: 14-0122  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/27/2011  
 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					42,132	
26	INTENSIVE CARE UNIT					10,168	
31	SUBPROVIDER I					5,407	
31 01	SUB I.I REHAB					3,415	
33	NURSERY					4,455	
101	TOTAL					65,577	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	17,703	
26	INTENSIVE CARE UNIT	3,875	
31	SUBPROVIDER I	1,538	
31 01	SUB II REHAB	2,493	
33	NURSERY		
101	TOTAL	25,609	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 DAY SURGERY										
37	02 PRE-ADMIT TESTING										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 ULTRASOUND										
41	03 CARDIAC CATH										
41	04 MRI										
41	05 RADIOLOGY - WESTMONT										
41	06 WESTMONT - MRI										
41	07 BMC RADIOLOGY										
41	08 VASCULAR LAB										
41	09 DUPAGE IMAGING										
41	10 GRANT SQUARE IMAGING										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 LI THOTRI PSY										
44	LABORATORY										
44	01 PATHOLOGY										
44	02 BMC LAB										
46	WHOLE BLOOD & PACKED RED										
46	30 BLOOD CLOTTING FACTORS AD										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 PAULSEN REHAB CENTER										
50	02 BMC PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
51	01 BMC OCCUP THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC REHAB										
53	02 BMC CARDIAC REHAB										
53	03 ADV HEART & VASCULAR										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 PARTIAL HOSP - NEW DAY CE										
60	02 O. P. T. I. O. N. S - OP PSYCH										
60	03 PAIN MANAGEMENT CLINIC										
60	04 HEALTH & NUTRITION CENTER										
60	05 CANCER CENTER										
60	06 MATERNAL FETAL MED CTR										
61	EMERGENCY										
61	01 BOLINGBROOK MED CENTER										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FQHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			65,375,622			12,780,283	
37 01	DAY SURGERY							
37 02	PRE-ADMIT TESTING							
38	RECOVERY ROOM			12,162,809			2,244,546	
39	DELIVERY ROOM & LABOR ROO			10,428,989			21,088	
40	ANESTHESIOLOGY			22,856,850			4,414,863	
41	RADIOLOGY-DIAGNOSTIC			20,877,347			4,249,947	
41 01	CAT SCAN			54,918,024			10,643,031	
41 02	ULTRASOUND			13,230,554			2,687,235	
41 03	CARDIAC CATH			32,830,078			15,156,205	
41 04	MRI			19,602,409			3,469,852	
41 05	RADIOLOGY - WESTMONT							
41 06	WESTMONT - MRI			9,535,126				
41 07	BMC RADIOLOGY							
41 08	VASCULAR LAB			15,441,299			3,559,330	
41 09	DUPAGE IMAGING			19,081,601			130	
41 10	GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			15,585,728			582,802	
43	RADIOISOTOPE			8,292,879			2,035,635	
43 01	LITHOTRIpsy							
44	LABORATORY			167,774,188			29,855,484	
44 01	PATHOLOGY							
44 02	BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46 30	BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			24,263,740			12,715,391	
50	PHYSICAL THERAPY			9,726,703			2,488,164	
50 01	PAULSEN REHAB CENTER							
50 02	BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			3,076,709			1,091,702	
51 01	BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,484,646			661,721	
53	ELECTROCARDIOLOGY			20,398,898			2,214,360	
53 01	CARDIAC REHAB			975,793			66,190	
53 02	BMC CARDIAC REHAB							
53 03	ADV HEART & VASCULAR			10,762,765				
54	ELECTROENCEPHALOGRAPHY			4,997,044			558,498	
55	MEDICAL SUPPLIES CHARGED			47,552,273			12,425,493	
55 30	IMPL. DEV. CHARGED TO PAT			73,652,513			21,341,674	
56	DRUGS CHARGED TO PATIENTS			68,968,276			23,329,191	
57	RENAL DIALYSIS			1,069,272			566,697	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			3,183,834				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,640,614				
60 01	PARTIAL HOSP - NEW DAY CE			4,843,660				
60 02	O. P. T. I. O. N. S - OP PSYCH							
60 03	PAIN MANAGEMENT CLINIC			5,023,498				
60 04	HEALTH & NUTRITION CENTER							
60 05	CANCER CENTER							
60 06	MATERNAL FETAL MED CTR			11,006,244				
61	EMERGENCY			50,202,727			8,978,196	
61 01	BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,384,467				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			841,207,179			178,137,708	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	6,879,316					
37	02 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM	855,627					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	269,018					
41	RADIOLOGY-DIAGNOSTIC	3,075,824					
41	01 CAT SCAN	10,283,983					
41	02 ULTRASOUND	1,074,238					
41	03 CARDIAC CATH	2,521,184					
41	04 MRI	2,641,490					
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI	2,198,435					
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB	1,623,276					
41	09 DUPAGE IMAGING	6,490,954					
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC	5,241,506					
43	RADIOISOTOPE	1,589,068					
43	01 LI THOTRI PSY						
44	LABORATORY	2,931,355					
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	458,338					
50	PHYSICAL THERAPY						
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY	41,764					
53	ELECTROCARDIOLOGY	5,519,469					
53	01 CARDIAC REHAB	357,945					
53	02 BMC CARDIAC REHAB						
53	03 ADV HEART & VASCULAR	4,750,421					
54	ELECTROENCEPHALOGRAPHY	1,082,058					
55	MEDICAL SUPPLIES CHARGED	10,739,627					
55	30 IMPL. DEV. CHARGED TO PAT	3,775,541					
56	DRUGS CHARGED TO PATIENTS	6,525,576					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB	532,725					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,635,222					
60	01 PARTIAL HOSP - NEW DAY CE	337,367					
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC	4,979,131					
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR	200,982					
61	EMERGENCY	5,616,615					
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	97,228,055					

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	.263397	.263397			
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM	.148692	.148692			
39 DELIVERY ROOM & LABOR ROOM	.626136	.626136			
40 ANESTHESIOLOGY	.049476	.049476			
41 RADIOLOGY-DIAGNOSTIC	.353219	.353219			
41 01 CAT SCAN	.023963	.023963			
41 02 ULTRASOUND	.093868	.093868			
41 03 CARDIAC CATH	.087515	.087515			
41 04 MRI	.073033	.073033			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI	.083288	.083288			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB	.104442	.104442			
41 09 DUPAGE IMAGING	.160101	.160101			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC	.163887	.163887			
43 RADIOISOTOPE	.132908	.132908			
43 01 LI THOTRI PSY					
44 LABORATORY	.102318	.102318			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY	.150623	.150623			
50 PHYSICAL THERAPY	.416533	.416533			
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY	.287287	.287287			
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY	.210952	.210952			
53 ELECTROCARDIOLOGY	.081552	.081552			
53 01 CARDIAC REHAB	.974941	.974941			
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR	.249361	.249361			
54 ELECTROENCEPHALOGRAPHY	.144321	.144321			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.211129	.211129			
55 30 IMPL. DEV. CHARGED TO PATIENT	.339852	.339852			
56 DRUGS CHARGED TO PATIENTS	.167643	.167643			
57 RENAL DIALYSIS	.322779	.322779			
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB	.212614	.212614			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.299690	.299690			
60 01 PARTIAL HOSP - NEW DAY CENTER	.583853	.583853			
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC	.197666	.197666			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR	.243526	.243526			
61 EMERGENCY	.166244	.166244			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.470803	.470803			
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 B HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,879,316			
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM		855,627			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		269,018			
41 RADIOLOGY-DIAGNOSTIC		3,075,824			
41 01 CAT SCAN		10,283,983			
41 02 ULTRASOUND		1,074,238			
41 03 CARDIAC CATH		2,521,184			
41 04 MRI		2,641,490			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI		2,198,435			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB		1,623,276			
41 09 DUPAGE IMAGING		6,490,954			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC		5,241,506			
43 RADIOISOTOPE		1,589,068			
43 01 LI THOTRI PSY					
44 LABORATORY		2,931,355			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		458,338			
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY		41,764			
53 ELECTROCARDIOLOGY		5,519,469			
53 01 CARDIAC REHAB		357,945			
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR		4,750,421			
54 ELECTROENCEPHALOGRAPHY		1,082,058			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,739,627	41,112		
55 30 IMPL. DEV. CHARGED TO PATIENT		3,775,541			
56 DRUGS CHARGED TO PATIENTS		6,525,576	364		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB		532,725			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		4,635,222			
60 01 PARTIAL HOSP - NEW DAY CENTER		337,367			
60 02 O.P.T.I.O.N.S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC		4,979,131			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR		200,982			
61 EMERGENCY		5,616,615			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		97,228,055	41,476		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		97,228,055	41,476		

(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				1,811,991	
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM				127,225	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				13,310	
41 RADIOLOGY-DIAGNOSTIC				1,086,439	
41 01 CAT SCAN				246,435	
41 02 ULTRASOUND				100,837	
41 03 CARDIAC CATH				220,641	
41 04 MRI				192,916	
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI				183,103	
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB				169,538	
41 09 DUPAGE IMAGING				1,039,208	
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC				859,015	
43 RADIOISOTOPE				211,200	
43 01 LI THOTRI PSY					
44 LABORATORY				299,930	
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				69,036	
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY				8,810	
53 ELECTROCARDIOLOGY				450,124	
53 01 CARDIAC REHAB				348,975	
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR				1,184,570	
54 ELECTROENCEPHALOGRAPHY				156,164	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,267,447	8,680
55 30 IMPL. DEV. CHARGED TO PATIENT				1,283,125	
56 DRUGS CHARGED TO PATIENTS				1,093,967	61
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB				113,265	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,389,130	
60 01 PARTIAL HOSP - NEW DAY CENTER				196,973	
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC				984,205	
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR				48,944	
61 EMERGENCY				933,729	
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				17,090,252	8,741
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,090,252	8,741

(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

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 DAY SURGERY
- 37 02 PRE-ADMIT TESTING
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 41 02 ULTRASOUND
- 41 03 CARDIAC CATH
- 41 04 MRI
- 41 05 RADIOLOGY - WESTMONT
- 41 06 WESTMONT - MRI
- 41 07 BMC RADIOLOGY
- 41 08 VASCULAR LAB
- 41 09 DUPAGE IMAGING
- 41 10 GRANT SQUARE IMAGING
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 43 01 LI THOTRI PSY
- 44 LABORATORY
- 44 01 PATHOLOGY
- 44 02 BMC LAB
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 PAULSEN REHAB CENTER
- 50 02 BMC PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 51 01 BMC OCCUP THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC REHAB
- 53 02 BMC CARDIAC REHAB
- 53 03 ADV HEART & VASCULAR
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 SLEEP LAB
- OUTPAT SERVICE COST CNTRS
- CLINIC
- 60 01 PARTIAL HOSP - NEW DAY CENTER
- 60 02 O. P. T. I. O. N. S - OP PSYCH
- 60 03 PAIN MANAGEMENT CLINIC
- 60 04 HEALTH & NUTRITION CENTER
- 60 05 CANCER CENTER
- 60 06 MATERNAL FETAL MED CTR
- 61 EMERGENCY
- 61 01 BOLINGBROOK MED CENTER
- 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 SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 DAY SURGERY										
37	02 PRE-ADMIT TESTING										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 ULTRASOUND										
41	03 CARDIAC CATH										
41	04 MRI										
41	05 RADIOLOGY - WESTMONT										
41	06 WESTMONT - MRI										
41	07 BMC RADIOLOGY										
41	08 VASCULAR LAB										
41	09 DUPAGE IMAGING										
41	10 GRANT SQUARE IMAGING										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 LITHOTRIPSY										
44	LABORATORY										
44	01 PATHOLOGY										
44	02 BMC LAB										
46	WHOLE BLOOD & PACKED RED										
46	30 BLOOD CLOTTING FACTORS AD										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 PAULSEN REHAB CENTER										
50	02 BMC PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
51	01 BMC OCCUP THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC REHAB										
53	02 BMC CARDIAC REHAB										
53	03 ADV HEART & VASCULAR										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 PARTIAL HOSP - NEW DAY CE										
60	02 O. P. T. I. O. N. S - OP PSYCH										
60	03 PAIN MANAGEMENT CLINIC										
60	04 HEALTH & NUTRITION CENTER										
60	05 CANCER CENTER										
60	06 MATERNAL FETAL MED CTR										
61	EMERGENCY										
61	01 BOLINGBROOK MED CENTER										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FQHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM			65,375,622			3,540	
37	02 DAY SURGERY							
37	02 PRE-ADMIT TESTING							
38	RECOVERY ROOM			12,162,809			96,570	
39	DELIVERY ROOM & LABOR ROO			10,428,989				
40	ANESTHESIOLOGY			22,856,850			89,828	
41	RADIOLOGY-DIAGNOSTIC			20,877,347			15,279	
41	01 CAT SCAN			54,918,024			29,132	
41	02 ULTRASOUND			13,230,554			9,484	
41	03 CARDIAC CATH			32,830,078			14,125	
41	04 MRI			19,602,409			18,063	
41	05 RADIOLOGY - WESTMONT							
41	06 WESTMONT - MRI			9,535,126				
41	07 BMC RADIOLOGY							
41	08 VASCULAR LAB			15,441,299			2,431	
41	09 DUPAGE IMAGING			19,081,601			296	
41	10 GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			15,585,728				
43	RADIOISOTOPE			8,292,879			11,493	
43	01 LI THOTRI PSY							
44	LABORATORY			167,774,188			303,523	
44	01 PATHOLOGY							
44	02 BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			24,263,740			132,669	
50	PHYSICAL THERAPY			9,726,703			39,425	
50	01 PAULSEN REHAB CENTER							
50	02 BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			3,076,709			10,540	
51	01 BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,484,646				
53	ELECTROCARDIOLOGY			20,398,898			14,272	
53	01 CARDIAC REHAB			975,793				
53	02 BMC CARDIAC REHAB							
53	03 ADV HEART & VASCULAR			10,762,765				
54	ELECTROENCEPHALOGRAPHY			4,997,044			2,158	
55	MEDICAL SUPPLIES CHARGED			47,552,273			6,299	
55	30 IMPL. DEV. CHARGED TO PAT			73,652,513				
56	DRUGS CHARGED TO PATIENTS			68,968,276			442,800	
57	RENAL DIALYSIS			1,069,272			9,872	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			3,183,834				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,640,614				
60	01 PARTIAL HOSP - NEW DAY CE			4,843,660			5,238	
60	02 O. P. T. I. O. N. S - OP PSYCH							
60	03 PAIN MANAGEMENT CLINIC			5,023,498				
60	04 HEALTH & NUTRITION CENTER							
60	05 CANCER CENTER							
60	06 MATERNAL FETAL MED CTR			11,006,244				
61	EMERGENCY			50,202,727			115,421	
61	01 BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,384,467				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			841,207,179			1,372,458	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 DAY SURGERY						
37	02 PRE-ADMIT TESTING						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 ULTRASOUND						
41	03 CARDIAC CATH						
41	04 MRI						
41	05 RADIOLOGY - WESTMONT						
41	06 WESTMONT - MRI						
41	07 BMC RADIOLOGY						
41	08 VASCULAR LAB						
41	09 DUPAGE IMAGING						
41	10 GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 LI THOTRI PSY						
44	LABORATORY						
44	01 PATHOLOGY						
44	02 BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 PAULSEN REHAB CENTER						
50	02 BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51	01 BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	02 BMC CARDIAC REHAB						
53	03 ADV HEART & VASCULAR						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 PARTIAL HOSP - NEW DAY CE						
60	02 O. P. T. I. O. N. S - OP PSYCH						
60	03 PAIN MANAGEMENT CLINIC						
60	04 HEALTH & NUTRITION CENTER						
60	05 CANCER CENTER						
60	06 MATERNAL FETAL MED CTR						
61	EMERGENCY						
61	01 BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A      SUBPROVIDER 2      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		2,893,045	65,375,622	12,162		
37 01	DAY SURGERY		26,099				
37 02	PRE-ADMIT TESTING		18,859				
38	RECOVERY ROOM		297,904	12,162,809	1,953		
39	DELIVERY ROOM & LABOR ROO		982,578	10,428,989			
40	ANESTHESIOLOGY		122,050	22,856,850			2,619
41	RADIOLOGY-DIAGNOSTIC		1,091,812	20,877,347			54,264
41 01	CAT SCAN		247,708	54,918,024			75,632
41 02	ULTRASOUND		206,379	13,230,554			60,313
41 03	CARDIAC CATH		600,434	32,830,078			33,849
41 04	MRI		485,335	19,602,409			7,499
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI		42,736	9,535,126			
41 07	BMC RADIOLOGY		131,903				
41 08	VASCULAR LAB		121,880	15,441,299	13,985		
41 09	DUPAGE IMAGING		155,585	19,081,601			
41 10	GRANT SQUARE IMAGING		33,683				
42	RADIOLOGY-THERAPEUTIC		622,988	15,585,728	36,773		
43	RADIOISOTOPE		351,388	8,292,879	18,884		
43 01	LI THOTRI PSY		909				
44	LABORATORY		1,850,462	167,774,188	738,716		
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED		67,302				
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING		93,581				
49	RESPIRATORY THERAPY		314,649	24,263,740	410,851		
50	PHYSICAL THERAPY		736,542	9,726,703	1,065,511		
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY		42,808	3,076,709	1,016,879		
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY		25,794	2,484,646	559,233		
53	ELECTROCARDIOLOGY		109,031	20,398,898	14,675		
53 01	CARDIAC REHAB		49,434	975,793	110		
53 02	BMC CARDIAC REHAB						
53 03	ADV HEART & VASCULAR		108,662	10,762,765			
54	ELECTROENCEPHALOGRAPHY		201,539	4,997,044	6,393		
55	MEDICAL SUPPLIES CHARGED		566,558	47,552,273	75,964		
55 30	IMPL. DEV. CHARGED TO PAT		1,372,148	73,652,513	6,563		
56	DRUGS CHARGED TO PATIENTS		847,957	68,968,276	925,790		
57	RENAL DIALYSIS		13,559	1,069,272	15,513		
58	ASC (NON-DISTINCT PART)		285,901				
59	SLEEP LAB		27,025	3,183,834			
	OUTPAT SERVICE COST CNTRS						
	CLINIC		335,764	4,640,614			
60 01	PARTIAL HOSP - NEW DAY CE		702,493	4,843,660			
60 02	O. P. T. I. O. N. S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC		318,383	5,023,498			
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER		43,788				
60 06	MATERNAL FETAL MED CTR		129,439	11,006,244			
61	EMERGENCY		1,136,340	50,202,727	4,040		
61 01	BOLINGBROOK MED CENTER		883,437				
62	OBSERVATION BEDS (NON-DIS		605,677	6,384,467			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		19,301,548	841,207,179	5,158,171		



TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 DAY SURGERY										
37	02 PRE-ADMIT TESTING										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
41	02 ULTRASOUND										
41	03 CARDIAC CATH										
41	04 MRI										
41	05 RADIOLOGY - WESTMONT										
41	06 WESTMONT - MRI										
41	07 BMC RADIOLOGY										
41	08 VASCULAR LAB										
41	09 DUPAGE IMAGING										
41	10 GRANT SQUARE IMAGING										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
43	01 LITHOTRIPSY										
44	LABORATORY										
44	01 PATHOLOGY										
44	02 BMC LAB										
46	WHOLE BLOOD & PACKED RED										
46	30 BLOOD CLOTTING FACTORS AD										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 PAULSEN REHAB CENTER										
50	02 BMC PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
51	01 BMC OCCUP THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC REHAB										
53	02 BMC CARDIAC REHAB										
53	03 ADV HEART & VASCULAR										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 PARTIAL HOSP - NEW DAY CE										
60	02 O. P. T. I. O. N. S - OP PSYCH										
60	03 PAIN MANAGEMENT CLINIC										
60	04 HEALTH & NUTRITION CENTER										
60	05 CANCER CENTER										
60	06 MATERNAL FETAL MED CTR										
61	EMERGENCY										
61	01 BOLINGBROOK MED CENTER										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FQHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A SUBPROVIDER 2 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							
37	01 OPERATING ROOM			65,375,622			12,162	
37	02 DAY SURGERY							
37	02 PRE-ADMIT TESTING							
38	RECOVERY ROOM			12,162,809			1,953	
39	DELIVERY ROOM & LABOR ROO			10,428,989				
40	ANESTHESIOLOGY			22,856,850			2,619	
41	RADIOLOGY-DIAGNOSTIC			20,877,347			54,264	
41	01 CAT SCAN			54,918,024			75,632	
41	02 ULTRASOUND			13,230,554			60,313	
41	03 CARDIAC CATH			32,830,078			33,849	
41	04 MRI			19,602,409			7,499	
41	05 RADIOLOGY - WESTMONT							
41	06 WESTMONT - MRI			9,535,126				
41	07 BMC RADIOLOGY							
41	08 VASCULAR LAB			15,441,299			13,985	
41	09 DUPAGE IMAGING			19,081,601				
41	10 GRANT SQUARE IMAGING							
42	RADIOLOGY-THERAPEUTIC			15,585,728			36,773	
43	RADIOISOTOPE			8,292,879			18,884	
43	01 LI THOTRI PSY							
44	LABORATORY			167,774,188			738,716	
44	01 PATHOLOGY							
44	02 BMC LAB							
46	WHOLE BLOOD & PACKED RED							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY			24,263,740			410,851	
50	PHYSICAL THERAPY			9,726,703			1,065,511	
50	01 PAULSEN REHAB CENTER							
50	02 BMC PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY			3,076,709			1,016,879	
51	01 BMC OCCUP THERAPY							
52	SPEECH PATHOLOGY			2,484,646			559,233	
53	ELECTROCARDIOLOGY			20,398,898			14,675	
53	01 CARDIAC REHAB			975,793			110	
53	02 BMC CARDIAC REHAB							
53	03 ADV HEART & VASCULAR			10,762,765				
54	ELECTROENCEPHALOGRAPHY			4,997,044			6,393	
55	MEDICAL SUPPLIES CHARGED			47,552,273			75,964	
55	30 IMPL. DEV. CHARGED TO PAT			73,652,513			6,563	
56	DRUGS CHARGED TO PATIENTS			68,968,276			925,790	
57	RENAL DIALYSIS			1,069,272			15,513	
58	ASC (NON-DISTINCT PART)							
59	SLEEP LAB			3,183,834				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,640,614				
60	01 PARTIAL HOSP - NEW DAY CE			4,843,660				
60	02 O. P. T. I. O. N. S - OP PSYCH							
60	03 PAIN MANAGEMENT CLINIC			5,023,498				
60	04 HEALTH & NUTRITION CENTER							
60	05 CANCER CENTER							
60	06 MATERNAL FETAL MED CTR			11,006,244				
61	EMERGENCY			50,202,727			4,040	
61	01 BOLINGBROOK MED CENTER							
62	OBSERVATION BEDS (NON-DIS			6,384,467				
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			841,207,179			5,158,171	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	DAY SURGERY						
37 02	PRE-ADMIT TESTING						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	260					
41 01	CAT SCAN	1,652					
41 02	ULTRASOUND						
41 03	CARDIAC CATH						
41 04	MRI						
41 05	RADIOLOGY - WESTMONT						
41 06	WESTMONT - MRI						
41 07	BMC RADIOLOGY						
41 08	VASCULAR LAB						
41 09	DUPAGE IMAGING	290					
41 10	GRANT SQUARE IMAGING						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	LITHOTRIpsy						
44	LABORATORY						
44 01	PATHOLOGY						
44 02	BMC LAB						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	82					
50	PHYSICAL THERAPY						
50 01	PAULSEN REHAB CENTER						
50 02	BMC PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
51 01	BMC OCCUP THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,106					
53 01	CARDIAC REHAB						
53 02	BMC CARDIAC REHAB						
53 03	ADV HEART & VASCULAR	177					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	135					
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	36					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	PARTIAL HOSP - NEW DAY CE						
60 02	O. P. T. I. O. N. S - OP PSYCH						
60 03	PAIN MANAGEMENT CLINIC						
60 04	HEALTH & NUTRITION CENTER						
60 05	CANCER CENTER						
60 06	MATERNAL FETAL MED CTR						
61	EMERGENCY						
61 01	BOLINGBROOK MED CENTER						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	5,738					

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.263397	.263397			
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM	.148692	.148692			
39 DELIVERY ROOM & LABOR ROOM	.626136	.626136			
40 ANESTHESIOLOGY	.049476	.049476			
41 RADIOLOGY-DIAGNOSTIC	.353219	.353219			
41 01 CAT SCAN	.023963	.023963			
41 02 ULTRASOUND	.093868	.093868			
41 03 CARDIAC CATH	.087515	.087515			
41 04 MRI	.073033	.073033			
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI	.083288	.083288			
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB	.104442	.104442			
41 09 DUPAGE IMAGING	.160101	.160101			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC	.163887	.163887			
43 RADIOISOTOPE	.132908	.132908			
43 01 LI THOTRI PSY					
44 LABORATORY	.102318	.102318			
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY	.150623	.150623			
50 PHYSICAL THERAPY	.416533	.416533			
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY	.287287	.287287			
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY	.210952	.210952			
53 ELECTROCARDIOLOGY	.081552	.081552			
53 01 CARDIAC REHAB	.974941	.974941			
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR	.249361	.249361			
54 ELECTROENCEPHALOGRAPHY	.144321	.144321			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.211129	.211129			
55 30 IMPL. DEV. CHARGED TO PATIENT	.339852	.339852			
56 DRUGS CHARGED TO PATIENTS	.167643	.167643			
57 RENAL DIALYSIS	.322779	.322779			
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB	.212614	.212614			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.299690	.299690			
60 01 PARTIAL HOSP - NEW DAY CENTER	.583853	.583853			
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC	.197666	.197666			
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR	.243526	.243526			
61 EMERGENCY	.166244	.166244			
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.470803	.470803			
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 B

SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		260			
41 01 CAT SCAN		1,652			
41 02 ULTRASOUND					
41 03 CARDIAC CATH					
41 04 MRI					
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI					
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB					
41 09 DUPAGE IMAGING		290			
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 LI THOTRI PSY					
44 LABORATORY					
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY		82			
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,106			
53 01 CARDIAC REHAB					
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR		177			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		135			
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		36			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSP - NEW DAY CENTER					
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC					
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY					
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		5,738			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		5,738			

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

TITLE XVIII, PART B SUBPROVIDER 2

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					
37 01 DAY SURGERY					
37 02 PRE-ADMIT TESTING					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				92	
41 01 CAT SCAN				40	
41 02 ULTRASOUND					
41 03 CARDIAC CATH					
41 04 MRI					
41 05 RADIOLOGY - WESTMONT					
41 06 WESTMONT - MRI					
41 07 BMC RADIOLOGY					
41 08 VASCULAR LAB					
41 09 DUPAGE IMAGING				46	
41 10 GRANT SQUARE IMAGING					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 LI THOTRI PSY					
44 LABORATORY					
44 01 PATHOLOGY					
44 02 BMC LAB					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				12	
50 PHYSICAL THERAPY					
50 01 PAULSEN REHAB CENTER					
50 02 BMC PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
51 01 BMC OCCUP THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				253	
53 01 CARDIAC REHAB					
53 02 BMC CARDIAC REHAB					
53 03 ADV HEART & VASCULAR				44	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				29	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				6	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PARTIAL HOSP - NEW DAY CENTER					
60 02 O. P. T. I. O. N. S - OP PSYCH					
60 03 PAIN MANAGEMENT CLINIC					
60 04 HEALTH & NUTRITION CENTER					
60 05 CANCER CENTER					
60 06 MATERNAL FETAL MED CTR					
61 EMERGENCY					
61 01 BOLINGBROOK MED CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				522	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				522	

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

TITLE XVIII, PART B SUBPROVIDER 2

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 DAY SURGERY
- 37 02 PRE-ADMIT TESTING
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 41 02 ULTRASOUND
- 41 03 CARDIAC CATH
- 41 04 MRI
- 41 05 RADIOLOGY - WESTMONT
- 41 06 WESTMONT - MRI
- 41 07 BMC RADIOLOGY
- 41 08 VASCULAR LAB
- 41 09 DUPAGE IMAGING
- 41 10 GRANT SQUARE IMAGING
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 43 01 LI THOTRI PSY
- 44 LABORATORY
- 44 01 PATHOLOGY
- 44 02 BMC LAB
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 PAULSEN REHAB CENTER
- 50 02 BMC PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 51 01 BMC OCCUP THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC REHAB
- 53 02 BMC CARDIAC REHAB
- 53 03 ADV HEART & VASCULAR
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 SLEEP LAB
- OUTPAT SERVICE COST CNTRS
- CLINIC
- 60 01 PARTIAL HOSP - NEW DAY CENTER
- 60 02 O. P. T. I. O. N. S - OP PSYCH
- 60 03 PAIN MANAGEMENT CLINIC
- 60 04 HEALTH & NUTRITION CENTER
- 60 05 CANCER CENTER
- 60 06 MATERNAL FETAL MED CTR
- 61 EMERGENCY
- 61 01 BOLINGBROOK MED CENTER
- 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 II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				916.69
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				16,228,163
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				16,228,163

	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	21,759,727	10,168	2,140.02	3,875	8,292,578
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				4,128,815
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				3,244,262
52	TOTAL PROGRAM EXCLUDABLE COST				7,373,077
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				47,653,603

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	3,279
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	916.69
85	OBSERVATION BED COST	3,005,827

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	38,621,913		3,005,827	
87	NEW CAPITAL-RELATED COST	7,782,349	.201501	3,005,827	605,677
88	NON PHYSICIAN ANESTHETIST	38,621,913		3,005,827	
89	MEDICAL EDUCATION	38,621,913		3,005,827	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SUBPROVIDER I 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 923.64  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,420,558  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,420,558

	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 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					204,062
49 TOTAL PROGRAM INPATIENT COSTS					1,624,620

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 265,690  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 22,673  
 52 TOTAL PROGRAM EXCLUDABLE COST 288,363  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,336,257

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 SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	923.64
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,994,105			
87	NEW CAPITAL-RELATED COST	934,082	.187037		
88	NON PHYSICIAN ANESTHETIST	4,994,105			
89	MEDICAL EDUCATION	4,994,105			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				





TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,020.78
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,485,951			
87	NEW CAPITAL-RELATED COST	786,746	.225690		
88	NON PHYSICIAN ANESTHETIST	3,485,951			
89	MEDICAL EDUCATION	3,485,951			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I		2,223,995	
31 01	SUB I1 REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.263397	3,540	932
37 01	DAY SURGERY			
37 02	PRE-ADMIT TESTING			
38	RECOVERY ROOM	.148692	96,570	14,359
39	DELIVERY ROOM & LABOR ROOM	.626136		
40	ANESTHESIOLOGY	.049476	89,828	4,444
41	RADIOLOGY-DIAGNOSTIC	.353219	15,279	5,397
41 01	CAT SCAN	.023963	29,132	698
41 02	ULTRASOUND	.093868	9,484	890
41 03	CARDIAC CATH	.087515	14,125	1,236
41 04	MRI	.073033	18,063	1,319
41 05	RADIOLOGY - WESTMONT			
41 06	WESTMONT - MRI	.083288		
41 07	BMC RADIOLOGY			
41 08	VASCULAR LAB	.104442	2,431	254
41 09	DUPAGE IMAGING	.160101	296	47
41 10	GRANT SQUARE IMAGING			
42	RADIOLOGY-THERAPEUTIC	.163887		
43	RADIOISOTOPE	.132908	11,493	1,528
43 01	LITHOTRIPSY			
44	LABORATORY	.102318	303,523	31,056
44 01	PATHOLOGY			
44 02	BMC LAB			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.			
49	RESPIRATORY THERAPY	.150623	132,669	19,983
50	PHYSICAL THERAPY	.416533	39,425	16,422
50 01	PAULSEN REHAB CENTER			
50 02	BMC PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY	.287287	10,540	3,028
51 01	BMC OCCUP THERAPY			
52	SPEECH PATHOLOGY	.210952		
53	ELECTROCARDIOLOGY	.081552	14,272	1,164
53 01	CARDIAC REHAB	.974941		
53 02	BMC CARDIAC REHAB			
53 03	ADV HEART & VASCULAR	.249361		
54	ELECTROENCEPHALOGRAPHY	.144321	2,158	311
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.211129	6,299	1,330
55 30	IMPL. DEV. CHARGED TO PATIENT	.339852		
56	DRUGS CHARGED TO PATIENTS	.167643	442,800	74,232
57	RENAL DIALYSIS	.322779	9,872	3,186
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	.212614		
60	OUTPAT SERVICE COST CNTRS CLINIC	.299690		
60 01	PARTIAL HOSP - NEW DAY CENTER	.583853	5,238	3,058
60 02	O.P.T.I.O.N.S - OP PSYCH			
60 03	PAIN MANAGEMENT CLINIC	.197666		
60 04	HEALTH & NUTRITION CENTER			
60 05	CANCER CENTER			
60 06	MATERNAL FETAL MED CTR	.243526		
61	EMERGENCY	.166244	115,421	19,188
61 01	BOLINGBROOK MED CENTER			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.470803		
63 50	RHC			
63 60	FOHC			
101	OTHER REIMBURS COST CNTRS TOTAL		1,372,458	204,062
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,372,458	





CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	41,383,177	
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)	41,383,177	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,712,011	
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)	1,188,397	
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	46,283,585	
17 PRIMARY PAYER PAYMENTS	18,817	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,264,768	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,386,132	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	235,806	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	408,466	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	285,926	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	259,545	
22 SUBTOTAL	42,928,756	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	42,928,756	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	42,443,691	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	485,065	
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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		





TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	42,589,549	3	12,282,814
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	11/23/2010	145,858	11/23/2010	2,128
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-145,858		-2,128
4 TOTAL INTERIM PAYMENTS		42,443,691		12,280,686
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		485,065		144,319
7 TOTAL MEDICARE PROGRAM LIABILITY		42,928,756		12,425,005

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,283,510		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,283,510		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,283,510		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	3,639,489	3	570
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	11/ 4/2010	6,107	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		6,107	NONE
4 TOTAL INTERIM PAYMENTS		3,645,596		570
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)			390	
7 TOTAL MEDICARE PROGRAM LIABILITY			3,645,206	570

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 1

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,283,510
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,283,510
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

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



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,645,206
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,645,596
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-390
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVII I

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		25.75
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)	24.54	24.54
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		27.27
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		24.54
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.		27.27
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.		27.27
3.10	SEE INSTRUCTIONS		24.54
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.		
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)		24.85
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		24.39
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		24.59
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		134,917.17
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,317,613
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,317,613

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		25,609
5	TOTAL INPATIENT DAYS		57,843
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.442733
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,468,817	1,468,817
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,142
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		57,843
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.		56,245
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 XVII I ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
---	---	--	--

TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,069,272
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
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)	60,412,647
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	30,168
16	TOTAL PART A REASONABLE COST	60,382,479

PART B REASONABLE COST

17	REASONABLE COST	17,108,021
18	PRIMARY PAYER PAYMENTS	2,089
19	TOTAL PART B REASONABLE COST	17,105,932
20	TOTAL REASONABLE COST	77,488,411
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.779245
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.220755

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)	1,525,062
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,188,397
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	336,665

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)	24.54	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	25.75	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	24.54	

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)	25.56
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	25.75
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	25.56

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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





		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		143,641,261		
2	NET INCOME (LOSS)		5,325,338		
3	TOTAL		148,966,599		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	DONOR RESTRICTED CR YR	1,146,403,857			
7		4,035,785			
8					
9					
10	TOTAL ADDITIONS		1,150,439,642		
11	SUBTOTAL		1,299,406,241		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CR YR	4,035,786			
15					
16					
17					
18	TOTAL DEDUCTIONS		4,035,786		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,295,370,455		

		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	DONOR RESTRICTED CR YR				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CR YR				
15					
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	44,050,504		44,050,504
2 00 SUBPROVIDER I	7,836,238		7,836,238
2 01 SUB II REHAB	4,433,089		4,433,089
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,319,831		56,319,831
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	38,372,285		38,372,285
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	38,372,285		38,372,285
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	94,692,116		94,692,116
17 00 ANCILLARY SERVICES	386,793,722	479,910,886	866,704,608
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	481,485,838	479,910,886	961,396,724

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		279,459,597	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	5,456,730		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,456,730	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00	5,456,730		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		5,456,730	
40 00 TOTAL OPERATING EXPENSES		279,459,597	

DESCRIPTION

1	TOTAL PATIENT REVENUES	961,396,724
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	683,570,288
3	NET PATIENT REVENUES	277,826,436
4	LESS: TOTAL OPERATING EXPENSES	279,459,597
5	NET INCOME FROM SERVICE TO PATIENTS	-1,633,161
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	476,002
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	16,136
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	230,161
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,016,613
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	2,893,103
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	7,916
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	152,019
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	507,783
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01	HOSPICE	111,115
24.02	CARDIAC REHAB	112,093
24.03	ADMIN AND GENERAL	807,440
24.04	WOMEN'S HEALTH ED	123,824
24.05	ALL OTHER NON PATIENT REVENUE	504,294
25	TOTAL OTHER INCOME	6,958,499
26	TOTAL	5,325,338
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,325,338



HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	3,233,231					3,233,231	3,233,231
HHA REIMBURSABLE SERVICES							
6	2,642,013					2,642,013	1,835,349
7	1,571,068					1,571,068	1,091,386
8	204,234					204,234	141,877
9	29,815					29,815	20,712
10	93,269					93,269	64,792
11	113,887					113,887	79,115
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	7,887,517					7,887,517	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5							
HHA REIMBURSABLE SERVICES							
6	4,477,362						
7	2,662,454						
8	346,111						
9	50,527						
10	158,061						
11	193,002						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	7,887,517						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-3, 233, 231	4, 654, 286
6	SKILLED NURSING CARE					2, 642, 013	
7	PHYSICAL THERAPY					1, 571, 068	
8	OCCUPATIONAL THERAPY					204, 234	
9	SPEECH PATHOLOGY					29, 815	
10	MEDICAL SOCIAL SERVICES					93, 269	
11	HOME HEALTH AIDE					113, 887	
12	SUPPLIES						
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-3, 233, 231	4, 654, 286
25	COST TO BE ALLOCATED					3, 233, 231	
26	UNIT COST MULTIPLIER					. 694678	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL						440,460
2 SKILLED NURSING CARE	4,477,362					429,808
3 PHYSICAL THERAPY	2,662,454					258,891
4 OCCUPATIONAL THERAPY	346,111					33,370
5 SPEECH PATHOLOGY	50,527					4,980
6 MEDICAL SOCIAL SERVICES	158,061					15,108
7 HOME HEALTH AIDE	193,002					16,989
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,887,517					1,199,606
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	SHARED SERVICE 6.05	SUBTOTAL 6A.05	OTHER A&G 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
1 ADMIN & GENERAL	440,460	619	441,079	92,032		
2 SKILLED NURSING CARE	4,907,170	6,895	4,914,065	1,025,334		
3 PHYSICAL THERAPY	2,921,345	4,104	2,925,449	610,404		
4 OCCUPATIONAL THERAPY	379,481	533	380,014	79,291		
5 SPEECH PATHOLOGY	55,507	78	55,585	11,598		
6 MEDICAL SOCIAL SERVICES	173,169	243	173,412	36,183		
7 HOME HEALTH AIDE	209,991	295	210,286	43,877		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	9,087,123	12,767	9,099,890	1,898,719		
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMI NISTRATION 14
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHO OL 21
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES	19,438				
9	DRUGS		1,535			
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	19,438	1,535			
21	UNIT COST MULTIPLIER					

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM- (SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				533,111		533,111
2 SKILLED NURSING CARE				5,939,399		5,939,399
3 PHYSICAL THERAPY				3,535,853		3,535,853
4 OCCUPATIONAL THERAPY				459,305		459,305
5 SPEECH PATHOLOGY				67,183		67,183
6 MEDICAL SOCIAL SERVICES				209,595		209,595
7 HOME HEALTH AIDE				254,163		254,163
8 SUPPLIES				19,438		19,438
9 DRUGS				1,535		1,535
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				11,019,582		11,019,582
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	301,948	6,241,347
3 PHYSICAL THERAPY	179,756	3,715,609
4 OCCUPATIONAL THERAPY	23,350	482,655
5 SPEECH PATHOLOGY	3,415	70,598
6 MEDICAL SOCIAL SERVICES	10,655	220,250
7 HOME HEALTH AIDE	12,921	267,084
8 SUPPLIES	988	20,426
9 DRUGS	78	1,613
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	533,111	11,019,582
21 UNIT COST MULTIPLIER	0.050838	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (SQUARE FEET	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A.05
1 ADMIN & GENERAL					2,358,964	
2 SKILLED NURSING CARE					2,301,908	
3 PHYSICAL THERAPY					1,386,533	
4 OCCUPATIONAL THERAPY					178,721	
5 SPEECH PATHOLOGY					26,669	
6 MEDICAL SOCIAL SERVICES					80,916	
7 HOME HEALTH AIDE					90,985	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					6,424,696	
21 COST TO BE ALLOCATED					1,199,606	
22 UNIT COST MULTIPLIER					0.186718	

HHA COST CENTER	SHARED SERVICE (ACCUM. COST	RECONCILIATION	OTHER A&G (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (PATIENT DAYS
	6.05	6A.06	6.06	7	8	9
1 ADMIN & GENERAL	440,460		441,079			
2 SKILLED NURSING CARE	4,907,170		4,914,065			
3 PHYSICAL THERAPY	2,921,345		2,925,449			
4 OCCUPATIONAL THERAPY	379,481		380,014			
5 SPEECH PATHOLOGY	55,507		55,585			
6 MEDICAL SOCIAL SERVICES	173,169		173,412			
7 HOME HEALTH AIDE	209,991		210,286			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	9,087,123		9,099,890			
21 COST TO BE ALLOCATED	12,767		1,898,719			
22 UNIT COST MULTIPLIER	0.001405		0.208653			

HHA 1

HHA COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	10	11	12	13	14	15
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						184,642
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						184,642
21 COST TO BE ALLOCATED						19,438
22 UNIT COST MULTIPLIER						0.105274

HHA COST CENTER	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)
	16	17	18	20	21	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS	3,981					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,981					
21 COST TO BE ALLOCATED	1,535					
22 UNIT COST MULTIPLIER	0.385582					

HHA 1

I&R SERVICES	PARAMED ED P
-OTHER PRGM	RGM-(SPECIFY
(ASSIGNED	(ASSIGNED
TIME	TIME
23	24

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	6,241,347		6,241,347	32,531	191.86	15,924
2 PHYSICAL THERAPY	3	3,715,609		3,715,609	20,836	178.33	11,488
3 OCCUPATIONAL THERAPY	4	482,655		482,655	2,641	182.75	1,664
4 SPEECH PATHOLOGY	5	70,598		70,598	398	177.38	272
5 MEDICAL SOCIAL SERVICES	6	220,250		220,250	813	270.91	456
6 HOME HEALTH AIDE SERVICE	7	267,084		267,084	2,791	95.69	1,489
7 TOTAL		10,997,543		10,997,543	60,010		31,293

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					12
1 SKILLED NURSING	8,484	3,055,179	1,627,740		4,682,919
2 PHYSICAL THERAPY	4,799	2,048,655	855,806		2,904,461
3 OCCUPATIONAL THERAPY	587	304,096	107,274		411,370
4 SPEECH PATHOLOGY	62	48,247	10,998		59,245
5 MEDICAL SOCIAL SERVICES	269	123,535	72,875		196,410
6 HOME HEALTH AIDE SERVICES	1,133	142,482	108,417		250,899
7 TOTAL	15,334	5,722,194	2,783,110		8,505,304

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING							
9 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
14 TOTAL							

NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
					12
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	20,426		20,426	9,784,443	.002088	164,834
16 COST OF DRUGS	9.00	1,613		1,613			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	162,791		344	340
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.416533			COL 2, LN 2
1.01 PAULSEN REHAB CENTER	50.01				
1.02 BMC PHYSICAL THERAPY	50.02				
2 OCCUPATIONAL THERAPY	51	.287287			COL 2, LN 3
2.01 BMC OCCUP THERAPY	51.01				
3 SPEECH PATHOLOGY	52	.210952			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.211129			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.339852			
5 DRUGS CHARGED TO PATIENTS	56	.167643			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3		
1 PHYSICAL THERAPY	1	178.33	2.01	3	3.01	20,836
2 OCCUPATIONAL THERAPY	3	182.75				2,641
3 SPEECH PATHOLOGY	4	177.38				398
4 TOTAL (SUM OF LINES 1-3)						23,875





RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1507		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	30,792			
6 ADMINISTRATIVE AND GENERAL	756,764			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,194,485			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	129,233			
15 SPIRITUAL COUNSELING	72,810			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	56,953			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING	40,271			
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,281,308			

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1507		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		30,792		30,792
6 ADMINISTRATIVE AND GENERAL	2,384,157	3,140,921	-551,793	2,589,128
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		1,194,485		1,194,485
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		129,233		129,233
15 SPIRITUAL COUNSELING		72,810		72,810
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		56,953		56,953
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING		40,271		40,271
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,384,157	4,665,465	-551,793	4,113,672

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1507		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		30,792
6 ADMINISTRATIVE AND GENERAL	-92,684	2,496,444
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		1,194,485
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		129,233
15 SPIRITUAL COUNSELING		72,810
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		56,953
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		40,271
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-92,684	4,020,988

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1507		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		103,124		73,493
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			129,233	
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		103,124	129,233	73,493

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0122	PERIOD:	FROM 1/1/2010	TO 12/31/2010	PREPARED 5/27/2011
HOSPICE NO:	14-1507				WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				30,792
6 ADMINISTRATIVE AND GENERAL				580,147
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	948,275		246,210	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				72,810
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				56,953
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				40,271
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	948,275		246,210	780,973

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1507		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	30,792
8	INPATIENT - RESPIRE CARE	756,764
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,194,485
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	129,233
15	SPIRITUAL COUNSELING	72,810
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	56,953
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	40,271
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	2,281,308

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1507		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			30,792
7	ADMINISTRATIVE AND GENERAL			2,496,444
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			1,194,485
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			129,233
19	SPIRITUAL COUNSELING			72,810
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			56,953
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			40,271
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			4,020,988

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1507		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION		30,792		
7 ADMINISTRATIVE AND GENERAL		30,792	2,527,236	2,527,236
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			1,194,485	2,020,915
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			129,233	218,646
19 SPIRITUAL COUNSELING			72,810	123,185
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			56,953	96,357
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING			40,271	68,133
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		30,792	1,493,752	2,527,236

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	3, 215, 400
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	347, 879
19	SPIRITUAL COUNSELING	195, 995
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	153, 310
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	108, 404
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	4, 020, 988

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/ 1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1507		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0122	FROM 1/1/2010	5/27/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1507		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	55,868		
7 ADMINISTRATIVE AND GENERAL	55,868	-2,527,236	1,493,752
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			1,194,485
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			129,233
19 SPIRITUAL COUNSELING			72,810
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			56,953
40			
41 FUNDRAISING			40,271
42 OTHER PROGRAM COSTS			
43 COST TO BE ALLOCATED (PER WKST K-4, PART I)	30,792		2,527,236
44 UNIT COST MULTIPLIER	.551156		1.691871

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	3,215,400			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	347,879			
10.00 SPIRITUAL COUNSELING	15	195,995			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	153,310			
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32	108,404			
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,020,988			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	SHARED SERVICE
	4	5	5A	6.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		163,629	163,629	230
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		175,129	3,390,529	4,763
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			347,879	489
10.00 SPIRITUAL COUNSELING		13,447	209,442	294
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		45,471	45,471	64
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		10,518	163,828	230
26.00 VOLUNTEER PROGRAM COSTS		5,687	5,687	8
27.00 FUNDRAISING		7,437	115,841	163
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		421,318	4,442,306	6,241
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				154,888
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			5,793	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			5,793	154,888
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
HOSPICE COST CENTER	13	14	15	16
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
HOSPICE COST CENTER	17	18	20	21

- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	PARAMED PRGM-(SPECIFY) 24	SUBTOTAL 25
1.00 ADMINISTRATIVE AND GENERAL				198,049
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				4,103,730
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				421,056
10.00 SPIRITUAL COUNSELING				253,498
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				55,036
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				154,888
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				5,793
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				198,289
26.00 VOLUNTEER PROGRAM COSTS				6,883
27.00 FUNDRAISING				140,209
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				5,537,431
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD 26	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		198,049		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		4,103,730	152,216	4,255,946
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		421,056	15,618	436,674
10.00 SPIRITUAL COUNSELING		253,498	9,403	262,901
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		55,036	2,041	57,077
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		154,888	5,745	160,633
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		5,793	215	6,008
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		198,289	7,355	205,644
26.00 VOLUNTEER PROGRAM COSTS		6,883	255	7,138
27.00 FUNDRAISING		140,209	5,201	145,410
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		5,537,431	.037092	5,537,431
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.  
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.05	SHARED SERVICE (ACCUMULATED COST) 6.05	RECONCILIATION 6A.06
1.00 ADMINISTRATIVE AND GENERAL	885,997		163,629	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	948,275		3,390,529	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			347,879	
10.00 SPIRITUAL COUNSELING	72,810		209,442	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	246,210		45,471	
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	56,953		163,828	

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	SHARED SERVICE	RECONCILIATION
	5	6A.05	6.05	6A.06
26.00 VOLUNTEER PROGRAM COSTS	30,792		5,687	
27.00 FUNDRAISING	40,271		115,841	
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,281,308		4,442,306	
30.00 TOTAL COST TO BE ALLOCATED	421,318		6,241	
31.00 UNIT COST MULTIPLIER	.184683		.001405	

  

HOSPICE COST CENTER	OTHER A&G (ACCUMULATED COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)
	6.06	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	163,859			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,395,292			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	348,368			
10.00 SPIRITUAL COUNSELING	209,736			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	45,535			
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	164,058			
26.00 VOLUNTEER PROGRAM COSTS	5,695			
27.00 FUNDRAISING	116,004			
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,448,547			
30.00 TOTAL COST TO BE ALLOCATED	928,203			
31.00 UNIT COST MULTIPLIER	.208653	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
	10	11	12	13
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			401,666	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		55,031		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	14	15	16	17
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		55,031	401,666	
30.00 TOTAL COST TO BE ALLOCATED		5,793	154,888	
31.00 UNIT COST MULTIPLIER	.000000	.105268	.385614	.000000

HOSPICE COST CENTER	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)
HOSPICE COST CENTER	18	20	21	22
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY)  (ASSIGNED TIME)
	23	24
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1 PHYSICAL THERAPY	50	.416533		
1.01 PAULSEN REHAB CENTER	50.01			
1.02 BMC PHYSICAL THERAPY	50.02			
2 OCCUPATIONAL THERAPY	51	.287287		
2.01 BMC OCCUP THERAPY	51.01			
3 SPEECH PATHOLOGY	52	.210952		
4 DRUGS CHARGED TO PATIENTS	56	.167643		
5 DURABLE MEDICAL EQUIP-SOLD	67			
6 LABORATORY	44	.102318		
6.01 PATHOLOGY	44.01			
6.02 BMC LAB	44.02			
7 MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.211129		
7.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.339852		
8 EMERGENCY	61	.166244		
8.01 BOLINGBROOK MED CENTER	61.01			
9 RADIOLOGY-DIAGNOSTIC	41	.353219		
9.01 CAT SCAN	41.01	.023963		
9.02 ULTRASOUND	41.02	.093868		
9.03 CARDIAC CATH	41.03	.087515		
9.04 MRI	41.04	.073033		
9.05 RADIOLOGY - WESTMONT	41.05			
9.06 WESTMONT - MRI	41.06	.083288		
9.07 BMC RADIOLOGY	41.07			
9.08 VASCULAR LAB	41.08	.104442		
9.09 DUPAGE IMAGING	41.09	.160101		
9.10 GRANT SQUARE IMAGING	41.10			
10 SLEEP LAB	59	.212614		
11 TOTAL (SUM OF LINES 1-10)				

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				5,537,431
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				36,712
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				150.83
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	24,297			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,664,717			
6 UNDUPLICATED MEDICAID DAYS		458		
7 AGGREGATE MEDICAID COST		69,080		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			11,957	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			1,803,474	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

