

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0181		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/6/2011 TIME 9:14

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: SOUTH SHORE HOSPITAL CORPORATION 14-0181 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	B	TITLE XVIII	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	-1,227,447	-37,136		0
100	TOTAL	0	-1,227,447	-37,136		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.

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	19,808,789		19,808,789	878,483.00	22.55	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	264,991	14,977	279,968	21,865.59	12.80	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	361,403		361,403	5,504.30	65.66	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,315,307		3,315,307			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	54,736		54,736			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						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	188,983		188,983	8,403.00	22.49	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	2,450,728	-14,977	2,435,751	103,043.00	23.64	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	832,185		832,185	50,440.00	16.50	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	508,900		508,900	49,275.00	10.33	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	713,559		713,559	60,778.00	11.74	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	46,065		46,065	4,014.00	11.48	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	651,242		651,242	20,696.00	31.47	
31 CENTRAL SERVICE AND SUPPLY	116,510		116,510	8,798.00	13.24	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	702,650		702,650	32,136.00	21.86	
34 SOCIAL SERVICE	86,917		86,917	4,264.00	20.38	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	19,808,789		19,808,789	878,483.00	22.55	
2 EXCLUDED AREA SALARIES	264,991	14,977	279,968	21,865.59	12.80	
3 SUBTOTAL SALARIES	19,543,798	-14,977	19,528,821	856,617.41	22.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	361,403		361,403	5,504.30	65.66	
5 SUBTOTAL WAGE-RELATED COSTS	3,315,307		3,315,307		16.98	
6 TOTAL	23,220,508	-14,977	23,205,531	862,121.71	26.92	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,297,739	-14,977	6,282,762	341,847.00	18.38	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE 9,376,006
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 9,376,006
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) .350239
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 31,481,063

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,025,896
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,376,006
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,283,843
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,025,896

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181

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

PREPARED 6/6/2011 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		88,586	88,586		88,586
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		286,045	286,045		286,045
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,107,832	1,107,832		1,107,832
5	0500 EMPLOYEE BENEFITS	188,983	2,030,289	2,219,272		2,219,272
6	0600 ADMINISTRATIVE & GENERAL	2,450,728	8,764,739	11,215,467	-91,719	11,123,748
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	832,185	912,917	1,745,102		1,745,102
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	508,900	208,443	717,343		717,343
11	1100 DIETARY	713,559	374,534	1,088,093		1,088,093
12	1200 CAFETERIA	46,065	229,285	275,350		275,350
13	1300 MAINTENANCE OF PERSONNEL		22,358	22,358		22,358
14	1400 NURSING ADMINISTRATION	651,242	92,398	743,640		743,640
15	1500 CENTRAL SERVICES & SUPPLY	116,510	183,859	300,369	-115,023	185,346
16	1600 PHARMACY		2,906,601	2,906,601		2,906,601
17	1700 MEDICAL RECORDS & LIBRARY	702,650	324,020	1,026,670		1,026,670
18	1800 SOCIAL SERVICE	86,917	19,721	106,638		106,638
19	1950 OTHER GENERAL SERVICE COST CENTERS					
19.01	1951 HOUSE PHYSICIAN		445,418	445,418		445,418
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,321,190	1,298,541	7,619,731		7,619,731
26	2600 INTENSIVE CARE UNIT	1,388,017	222,016	1,610,033		1,610,033
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2040 OTHER SPECIAL CARE					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	845,463	898,474	1,743,937	-596,221	1,147,716
38	3800 RECOVERY ROOM	253,697	38,139	291,836		291,836
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	29,525	473,060	502,585	-36,646	465,939
41	4100 RADIOLOGY-DIAGNOSTIC	489,852	468,070	957,922		957,922
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE		272,559	272,559		272,559
44	4400 LABORATORY	962,664	1,217,912	2,180,576		2,180,576
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	42,777	440,745	483,522		483,522
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	608,289	279,837	888,126		888,126
50	5000 PHYSICAL THERAPY	222,690	139,602	362,292	-19,661	342,631
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY		38,088	38,088		38,088
53	5300 ELECTROCARDIOLOGY	134,105	159,931	294,036		294,036
54	5400 ELECTROENCEPHALOGRAPHY		6,936	6,936		6,936
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				922,555	922,555
56	5600 DRUGS CHARGED TO PATIENTS		132,538	132,538		132,538
57	5700 RENAL DIALYSIS		312,528	312,528		312,528
58	5800 ASC (NON-DISTINCT PART)					
59	3020 OTHER ANCILLARY SERVICE COST CENTERS					
59.01	3230 CAT SCAN	195,223	138,629	333,852		333,852
59.02	3630 ULTRA SOUND	110,753	13,829	124,582		124,582
59.03	3650 VASCULAR LAB		1,132	1,132		1,132
59.04	3560 PULMONARY FUNCTION TESTING	920	60	980		980
59.05	3950 INDUSTRIAL MEDICINE		34	34		34
59.06	3951 PATIENT EDUCATION	6,537	444	6,981		6,981
59.07	3952 ADMISSION REVIEW	68,358	7,140	75,498		75,498
59.08	3953 EYE CARE					
59.09	3430 MAGNETIC RESONANCE IMAGING (MRI)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	27,913	111,360	139,273		139,273
61	6100 EMERGENCY	1,538,086	1,355,796	2,893,882	-155,004	2,738,878
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE COST CENTERS					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
95	SUBTOTALS	19,543,798	26,024,445	45,568,243	-91,719	45,476,524
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	63,969	19,879	83,848		83,848
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS	201,022	200,625	401,647		401,647
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 FUND RAISING				68,236	68,236
100.02	7952 MARKETING OTHER				23,483	23,483
100.03	7953 RENTAL SPACE TO PROVIDERS					
100.04	7954 PHARMACY-RENTAL SPACE					
101	TOTAL	19,808,789	26,244,949	46,053,738	-0-	46,053,738

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		88,586
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		286,045
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,107,832
5 0500	EMPLOYEE BENEFITS		2,219,272
6 0600	ADMINISTRATIVE & GENERAL	-3,692,560	7,431,188
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-61,516	1,683,586
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		717,343
11 1100	DIETARY	-197,546	890,547
12 1200	CAFETERIA		275,350
13 1300	MAINTENANCE OF PERSONNEL		22,358
14 1400	NURSING ADMINISTRATION		743,640
15 1500	CENTRAL SERVICES & SUPPLY		185,346
16 1600	PHARMACY		2,906,601
17 1700	MEDICAL RECORDS & LIBRARY	-32,330	994,340
18 1800	SOCIAL SERVICE		106,638
19 1950	OTHER GENERAL SERVICE COST CENTERS		
19.01 1951	HOUSE PHYSICIAN	-445,418	
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMEDICAL PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-299,277	7,320,454
26 2600	INTENSIVE CARE UNIT		1,610,033
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
30 2040	OTHER SPECIAL CARE		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-120,251	1,027,465
38 3800	RECOVERY ROOM		291,836
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY	-226,910	239,029
41 4100	RADIOLOGY-DIAGNOSTIC	-12,262	945,660
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		272,559
44 4400	LABORATORY		2,180,576
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		483,522
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		888,126
50 5000	PHYSICAL THERAPY		342,631
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		38,088
53 5300	ELECTROCARDIOLOGY		294,036
54 5400	ELECTROENCEPHALOGRAPHY		6,936
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		922,555
56 5600	DRUGS CHARGED TO PATIENTS		132,538
57 5700	RENAL DIALYSIS		312,528
58 5800	ASC (NON-DISTINCT PART)		
59 3020	OTHER ANCILLARY SERVICE COST CENTERS		
59.01 3230	CAT SCAN		333,852
59.02 3630	ULTRA SOUND		124,582
59.03 3650	VASCULAR LAB		1,132
59.04 3560	PULMONARY FUNCTION TESTING		980
59.05 3950	INDUSTRIAL MEDICINE		34
59.06 3951	PATIENT EDUCATION		6,981
59.07 3952	ADMISSION REVIEW		75,498
59.08 3953	EYE CARE		
59.09 3430	MAGNETIC RESONANCE IMAGING (MRI)		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		139,273
61 6100	EMERGENCY		2,738,878
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
68 5950	OTHER REIMBURSABLE COST CENTERS		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	OTHER REIMBURS COST CNTRS	6	7
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)		
95	SUBTOTALS	-5,088,070	40,388,454
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		83,848
98.01	9801 PHYSICIANS' PRIVATE OFFICES-CLINICS		401,647
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 FUND RAISING		68,236
100.02	7952 MARKETING OTHER		23,483
100.03	7953 RENTAL SPACE TO PROVIDERS		
100.04	7954 PHARMACY-RENTAL SPACE		
101	TOTAL	-5,088,070	40,965,668

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	HOUSE PHYSICIAN	1951	OTHER GENERAL SERVICE COST CENTERS
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	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPECIAL CARE	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	OTHER ANCILLARY SERVICE COST CENTERS	3020	ACUPUNCTURE
59.01	CAT SCAN	3230	CAT SCAN
59.02	ULTRA SOUND	3630	ULTRA SOUND
59.03	VASCULAR LAB	3650	VASCULAR LAB
59.04	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
59.05	INDUSTRIAL MEDICINE	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.06	PATIENT EDUCATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.07	ADMISSION REVIEW	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.08	EYE CARE	3953	OTHER ANCILLARY SERVICE COST CENTERS
59.09	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE COST CENTERS	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE (SPECIFY)	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIANS' PRIVATE OFFICES-CLINICS	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUND RAISING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING OTHER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	RENTAL SPACE TO PROVIDERS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PHARMACY-RENTAL SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140181

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

PREPARED 6/ 6/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MED SUPPLIES SOLD PTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		922,555
2					
3					
4					
5					
6 FUNDRAISING	B	FUND RAISING	100.01		48,704
7		FUND RAISING	100.01		4,555
8		FUND RAISING	100.01	14,977	
9 MARKETING -OTHER	C	MARKETING OTHER	100.02		23,483
36 TOTAL RECLASSIFICATIONS				14,977	999,297

(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:
140181

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

PREPARED 6/ 6/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 MED SUPPLIES SOLD PTS	A	OPERATING ROOM	37		596,221
2		ANESTHESIOLOGY	40		36,646
3		PHYSICAL THERAPY	50		19,661
4		CENTRAL SERVICES & SUPPLY	15		115,023
5		EMERGENCY	61		155,004
6 FUNDRAISING	B	ADMINISTRATIVE & GENERAL	6		48,704
7		ADMINISTRATIVE & GENERAL	6		4,555
8		ADMINISTRATIVE & GENERAL	6	14,977	
9 MARKETING -OTHER	C	ADMINISTRATIVE & GENERAL	6		23,483
36 TOTAL RECLASSIFICATIONS				14,977	999,297

(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:
140181

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

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

RECLASS CODE: A
EXPLANATION : MED SUPPLIES SOLD PTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	922,555	OPERATING ROOM	37	596,221	
2.00			0	ANESTHESIOLOGY	40	36,646	
3.00			0	PHYSICAL THERAPY	50	19,661	
4.00			0	CENTRAL SERVICES & SUPPLY	15	115,023	
5.00			0	EMERGENCY	61	155,004	
TOTAL RECLASSIFICATIONS FOR CODE A			922,555	922,555			

RECLASS CODE: B
EXPLANATION : FUNDRAISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUND RAISING	100.01	48,704	ADMINISTRATIVE & GENERAL	6	48,704	
2.00	FUND RAISING	100.01	4,555	ADMINISTRATIVE & GENERAL	6	4,555	
3.00	FUND RAISING	100.01	14,977	ADMINISTRATIVE & GENERAL	6	14,977	
TOTAL RECLASSIFICATIONS FOR CODE B			68,236	68,236			

RECLASS CODE: C
EXPLANATION : MARKETING -OTHER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING OTHER	100.02	23,483	ADMINISTRATIVE & GENERAL	6	23,483	
TOTAL RECLASSIFICATIONS FOR CODE C			23,483	23,483			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	1,110,698					1,110,698	
2	LAND IMPROVEMENTS	496,650					496,650	403,210
3	BUILDINGS & FIXTURE	7,032,723					7,032,723	4,628,111
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	7,588,171					7,588,171	7,542,731
6	MOVABLE EQUIPMENT	3,470,496					3,470,496	3,483,015
7	SUBTOTAL	19,698,738					19,698,738	16,057,067
8	RECONCILING ITEMS							
9	TOTAL	19,698,738					19,698,738	16,057,067

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BALANCES 1	PURCHASES 2	DONATION 3				
1	LAND	364,148					364,148	
2	LAND IMPROVEMENTS	597,121					597,121	288,737
3	BUILDINGS & FIXTURE	2,400,150	261,178		261,178		2,661,328	382,576
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	1,950,881	185,753		185,753		2,136,634	442,430
6	MOVABLE EQUIPMENT	14,096,684	827,766		827,766	36,591	14,887,859	7,436,763
7	SUBTOTAL	19,408,984	1,274,697		1,274,697	36,591	20,647,090	8,550,506
8	RECONCILING ITEMS							
9	TOTAL	19,408,984	1,274,697		1,274,697	36,591	20,647,090	8,550,506

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	88,586						88,586
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	286,045						286,045
4	NEW CAP REL COSTS-MV	1,107,832						1,107,832
5	TOTAL	1,482,463						1,482,463

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	88,586						88,586
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	286,045						286,045
4	NEW CAP REL COSTS-MV	1,107,832						1,107,832
5	TOTAL	1,482,463						1,482,463

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

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	4
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-19,330	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-30,000	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,104,118			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-197,546	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	A	-61,516	OPERATION OF PLANT	8	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-32,330	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-799	ADMINISTRATIVE & GENERAL	6	
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			UTILIZATION REVIEW-SNF	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' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER ADJUSTMENTS-(BAD DEBT)	A	-3,637,038	ADMINISTRATIVE & GENERAL	6	
39 OTHER ADJUSTMENTS (DONATIONS)	A	-5,393	ADMINISTRATIVE & GENERAL	6	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,088,070			

(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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY	538,000		538,000	177,200	8,760	746,285	37,314
2 19 1	HOUSE PHYSICIANS	445,418	445,418					
3 26	ICU	25,000		25,000	177,200	462	39,359	1,968
4 25	DETOX UNIT	299,277	299,277					
5 25	CHEMICAL DEPENDENCE	46,424		46,424	177,200	2,080	177,200	8,860
6 37	SURGERY	120,251	120,251					
7 40	ANESTHESIA	427,210		427,210	200,300	2,080	200,300	10,015
8 41	RADIOLOGY	27,000		27,000	177,200	173	14,738	737
10 53	EKG	110,000		110,000	177,200	1,618	137,841	6,892
11 49	RESPIRATORY THERAPY	20,001		20,001	177,200	416	35,440	1,772
12 44	LABORATORY	172,837		172,837	177,200	2,080	177,200	8,860
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,231,418	864,946	1,366,472		17,669	1,528,363	76,418

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 6/6/2011
 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 61	EMERGENCY					746,285		
2 19	1 HOUSE PHYSICIANS							445,418
3 26	ICU					39,359		
4 25	DETOX UNIT							299,277
5 25	CHEMICAL DEPENDENCE					177,200		
6 37	SURGERY							120,251
7 40	ANESTHESIA					200,300	226,910	226,910
8 41	RADIOLOGY					14,738	12,262	12,262
10 53	EKG					137,841		
11 49	RESPIRATORY THERAPY					35,440		
12 44	LABORATORY					177,200		
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,528,363	239,172	1,104,118

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 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	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS			NOT ENTERED
19.01	HOUSE PHYSICIAN			NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	88,586	88,586					
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	286,045				286,045		
004 NEW CAP REL COSTS-MVBLE E	1,107,832					1,107,832	
005 EMPLOYEE BENEFITS	2,219,272		377		1,217		2,220,866
006 ADMIN STRATIVE & GENERAL	7,431,188		22,768		73,517	449,254	277,410
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,683,586	12,745			41,155	15,100	94,199
009 LAUNDRY & LINEN SERVICE		490			1,583		
010 HOUSEKEEPING	717,343	1,571			5,074	767	57,605
011 DIETARY	890,547	1,499			4,839	395	80,771
012 CAFETERIA	275,350	1,389			4,487	735	5,214
013 MAINTENANCE OF PERSONNEL	22,358	5,823			18,801	2,588	
014 NURSING ADMINISTRATION	743,640	416			1,342	3,234	73,717
015 CENTRAL SERVICES & SUPPLY	185,346	1,217			3,930		13,188
016 PHARMACY	2,906,601	1,270			4,100	2,643	
017 MEDICAL RECORDS & LIBRARY	994,340	1,392			4,496	1,214	79,536
018 SOCIAL SERVICE	106,638	69			222	25	9,839
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,320,454	14,210			45,884	18,066	715,530
026 INTENSIVE CARE UNIT	1,610,033	2,113			6,822	6,157	157,117
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,027,465	3,084			9,959	80,780	95,702
038 RECOVERY ROOM	291,836	386			1,248		28,717
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	239,029	208			670	15,311	3,342
041 RADIOLOGY-DIAGNOSTIC	945,660	1,982			6,400	262,916	55,449
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	272,559	273			882		
044 LABORATORY	2,180,576	2,248			7,259	8,548	108,969
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	483,522	155			502		4,842
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	888,126	628			2,026	20,270	68,855
050 PHYSICAL THERAPY	342,631	1,054			3,404		25,207
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	38,088						
053 ELECTROCARDIOLOGY	294,036	1,207			3,897	27,357	15,180
054 ELECTROENCEPHALOGRAPHY	6,936						
055 MEDICAL SUPPLIES CHARGED	922,555						
056 DRUGS CHARGED TO PATIENTS	132,538						
057 RENAL DIALYSIS	312,528	57			183		
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	333,852	295			953	175,450	22,098
059 02 ULTRA SOUND	124,582	160			518	9,238	12,537
059 03 VASCULAR LAB	1,132	84			272		
059 04 PULMONARY FUNCTION TESTIN	980	7			23		104
059 05 INDUSTRIAL MEDICINE	34						
059 06 PATIENT EDUCATION	6,981						740
059 07 ADMIN SSION REVIEW	75,498	236			761		7,738
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	139,273	382			1,233	2,547	3,160
061 EMERGENCY	2,738,878	2,450			7,910	2,235	174,104
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	40,388,454	82,245			265,569	1,104,830	2,190,870
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	83,848	974			3,146	139	7,241
098 01 PHYSICIANS' PRIVATE OFFIC	401,647					2,863	22,755
099 NONPAID WORKERS		5,134			16,577		
100 OTHER NONREIMBURSABLE COS		233			753		
100 01 FUND RAISING	68,236						
100 02 MARKETING OTHER	23,483						
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,965,668	88,586			286,045	1,107,832	2,220,866

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	8,254,137	8,254,137					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,846,785	466,001		2,312,786			
009 LAUNDRY & LINEN SERVICE	2,073	523		21,516	24,112		
010 HOUSEKEEPING	782,360	197,414		68,968	1,196	1,049,938	
011 DIETARY	978,051	246,793		65,779			1,290,623
012 CAFETERIA	287,175	72,463		60,983		14,684	
013 MAINTENANCE OF PERSONNEL	49,570	12,508		255,546	586		
014 NURSING ADMINISTRATION	822,349	207,504		18,238		7,342	
015 CENTRAL SERVICES & SUPPLY	203,681	51,395		53,415	7,008	29,369	
016 PHARMACY	2,914,614	735,447		55,725		14,684	
017 MEDICAL RECORDS & LIBRARY	1,080,978	272,764		61,115		33,040	
018 SOCIAL SERVICE	116,793	29,470		3,014		3,671	
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,114,144	2,047,456		623,659	9,275	385,468	1,189,966
026 INTENSIVE CARE UNIT	1,782,242	449,715		92,728	2,811	88,107	100,657
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,216,990	307,084		135,363	526	117,476	
038 RECOVERY ROOM	322,187	81,298		16,962	596	14,684	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	258,560	65,243		9,108		80,764	
041 RADIOLOGY-DIAGNOSTIC	1,272,407	321,068		86,986	138		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	273,714	69,067		11,990			
044 LABORATORY	2,307,600	582,279		98,668			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	489,021	123,395		6,820			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	979,905	247,260		27,543		18,356	
050 PHYSICAL THERAPY	372,296	93,942		46,265	427	18,356	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	38,088	9,611			53		
053 ELECTROCARDIOLOGY	341,677	86,216		52,975		25,698	
054 ELECTROENCEPHALOGRAPHY	6,936	1,750				7,342	
055 MEDICAL SUPPLIES CHARGED	922,555	232,789					
056 DRUGS CHARGED TO PATIENTS	132,538	33,443					
057 RENAL DIALYSIS	312,768	78,921		2,486			
058 ASC (NON-DI STINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	532,648	134,404		12,958		7,342	
059 02 ULTRA SOUND	147,035	37,101		7,040			
059 03 VASCULAR LAB	1,488	375		3,696			
059 04 PULMONARY FUNCTION TESTIN	1,114	281		308			
059 05 INDUSTRIAL MEDICINE	34	9					
059 06 PATIENT EDUCATION	7,721	1,948					
059 07 ADMIN SSION REVIEW	84,233	21,255		10,340			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	146,595	36,990		16,764			
061 EMERGENCY	2,925,577	738,214		107,512	1,496	161,529	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	5a.00	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	40,328,639	8,093,396		2,034,470	24,112	1,027,912	1,290,623
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	95,348	24,059		42,767		14,684	
098 01 PHYSICIANS' PRIVATE OFFIC	427,265	107,812					
099 NONPAID WORKERS	21,711	5,478		225,319			
100 OTHER NONREIMBURSABLE COS	986	249		10,230			
100 01 FUND RAISING	68,236	17,218				3,671	
100 02 MARKETING OTHER	23,483	5,925				3,671	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	40,965,668	8,254,137		2,312,786	24,112	1,049,938	1,290,623

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							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	435,305						
013 MAINTENANCE OF PERSONNEL		318,210					
014 NURSING ADMINISTRATION	14,637		1,070,070				
015 CENTRAL SERVICES & SUPPLY	9,433			354,301			
016 PHARMACY	15,612				3,736,082		
017 MEDICAL RECORDS & LIBRARY	27,105					1,475,002	
018 SOCIAL SERVICE	2,927						155,875
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	171,303	79,551	822,111	159,031	11,506		
026 INTENSIVE CARE UNIT	22,443	79,553	107,641	41,288		1,103,862	153,504
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	24,828	79,553	115,714	21,137	265,407	89,973	
038 RECOVERY ROOM	5,096		24,604	2,186			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	3,795			4,489	580,824		
041 RADIOLOGY-DIAGNOSTIC	18,973			1,841	27,859		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	542			264			
044 LABORATORY	37,188			393			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1,518						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	17,889				1,640,956		
050 PHYSICAL THERAPY	7,806			2,458	1,168,443		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	5,529			1,596	2,356		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				4,419			
057 RENAL DIALYSIS				1,291	17,214		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C				1,722			
059 01 CAT SCAN	867			509			
059 02 ULTRA SOUND	1,843						
059 03 VASCULAR LAB	542						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	1,518						
059 07 ADMINISTRATION REVIEW	1,735						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,903			57			
061 EMERGENCY	30,900	79,553		103,159		281,167	2,371
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN I STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVI C E
	12	13	14	15	16	17	18
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPI CE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	427,932	318,210	1,070,070	345,840	3,714,565	1,475,002	155,875
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	6,939						
098 01 PHYSICIANS' PRIVATE OFFIC				8,461	21,517		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	434						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	435,305	318,210	1,070,070	354,301	3,736,082	1,475,002	155,875

COST CENTER DESCRIPTION	OTHER GENERAL SERVICE COSTS	HOUSE PHYSICIAN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	19	19.01	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN							
059 02 ULTRA SOUND							
059 03 VASCULAR LAB							
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMISSION REVIEW							
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
001 01 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 OTHER GENERAL SERVICE COS			
019 01 HOUSE PHYSICIAN			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	13,613,470		13,613,470
026 INTENSIVE CARE UNIT	4,024,551		4,024,551
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 OTHER SPECIAL CARE			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	2,374,051		2,374,051
038 RECOVERY ROOM	467,613		467,613
039 DELIVERY ROOM & LABOR ROO			
040 ANESTHESIOLOGY	1,002,783		1,002,783
041 RADIOLOGY-DIAGNOSTIC	1,729,272		1,729,272
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	355,577		355,577
044 LABORATORY	3,026,128		3,026,128
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	620,754		620,754
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	2,931,909		2,931,909
050 PHYSICAL THERAPY	1,709,993		1,709,993
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY	47,752		47,752
053 ELECTROCARDIOLOGY	516,047		516,047
054 ELECTROENCEPHALOGRAPHY	16,028		16,028
055 MEDICAL SUPPLIES CHARGED	1,155,344		1,155,344
056 DRUGS CHARGED TO PATIENTS	170,400		170,400
057 RENAL DIALYSIS	412,680		412,680
058 ASC (NON-DISSERT PART)			
059 OTHER ANCILLARY SERVICE C	1,722		1,722
059 01 CAT SCAN	688,728		688,728
059 02 ULTRA SOUND	193,019		193,019
059 03 VASCULAR LAB	6,101		6,101
059 04 PULMONARY FUNCTION TESTIN	1,703		1,703
059 05 INDUSTRIAL MEDICINE	43		43
059 06 PATIENT EDUCATION	11,187		11,187
059 07 ADMISSION REVIEW	117,563		117,563
059 08 EYE CARE			
059 09 MAGNETIC RESONANCE IMAGIN			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	204,309		204,309
061 EMERGENCY	4,431,478		4,431,478
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
068 OTHER REIMBURSABLE COST C			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	39,830,205		39,830,205
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	183,797		183,797
098 01 PHYSICIANS' PRIVATE OFFIC	565,055		565,055
099 NONPAID WORKERS	252,508		252,508
100 OTHER NONREIMBURSABLE COS	11,465		11,465
100 01 FUND RAISING	89,559		89,559
100 02 MARKETING OTHER	33,079		33,079
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	40,965,668		40,965,668

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			377				377
006 ADMINISTRATIVE & GENERAL		22,768					22,768
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		12,745					12,745
009 LAUNDRY & LINEN SERVICE		490					490
010 HOUSEKEEPING		1,571					1,571
011 DIETARY		1,499					1,499
012 CAFETERIA		1,389					1,389
013 MAINTENANCE OF PERSONNEL		5,823					5,823
014 NURSING ADMINISTRATION		416					416
015 CENTRAL SERVICES & SUPPLY		1,217					1,217
016 PHARMACY		1,270					1,270
017 MEDICAL RECORDS & LIBRARY		1,392					1,392
018 SOCIAL SERVICE		69					69
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS		14,210					14,210
026 INTENSIVE CARE UNIT		2,113					2,113
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		3,084					3,084
038 RECOVERY ROOM		386					386
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		208					208
041 RADIOLOGY-DIAGNOSTIC		1,982					1,982
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		273					273
044 LABORATORY		2,248					2,248
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING		155					155
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		628					628
050 PHYSICAL THERAPY		1,054					1,054
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		1,207					1,207
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		57					57
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN		295					295
059 02 ULTRA SOUND		160					160
059 03 VASCULAR LAB		84					84
059 04 PULMONARY FUNCTION TESTIN		7					7
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION							
059 07 ADMSION REVIEW		236					236
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		382					382
061 EMERGENCY		2,450					2,450
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS		82,245					82,245
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		974					974
098 01 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS		5,134					5,134
100 OTHER NONREIMBURSABLE COS		233					233
100 01 FUND RAISING							
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		88,586					88,586

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0181

FROM 1/1/2010

WORKSHEET B

TO 12/31/2010

PART II

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	377						
006 ADMINISTRATIVE & GENERAL	47	22,815					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	16	1,287		14,048			
009 LAUNDRY & LINEN SERVICE				131	622		
010 HOUSEKEEPING	10	545		419	31	2,576	
011 DIETARY	14	682		400			2,595
012 CAFETERIA	1	200		370			36
013 MAINTENANCE OF PERSONNEL		35		1,552	15		
014 NURSING ADMINISTRATION	12	573		111			18
015 CENTRAL SERVICES & SUPPLY	2	142		324	181		72
016 PHARMACY		2,031		338			36
017 MEDICAL RECORDS & LIBRARY	13	753		371			81
018 SOCIAL SERVICE	2	81		18			9
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	123	5,674		3,790	239	947	2,393
026 INTENSIVE CARE UNIT	26	1,242		563	72	216	202
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16	848		822	14	288	
038 RECOVERY ROOM	5	225		103	15	36	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1	180		55		198	
041 RADIOLOGY-DIAGNOSTIC	9	887		528	4		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		191		73			
044 LABORATORY	18	1,608		599			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	1	341		41			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	12	683		167		45	
050 PHYSICAL THERAPY	4	259		281	11	45	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		27			1		
053 ELECTROCARDIOLOGY	3	238		322		63	
054 ELECTROENCEPHALOGRAPHY		5				18	
055 MEDICAL SUPPLIES CHARGED		643					
056 DRUGS CHARGED TO PATIENTS		92					
057 RENAL DIALYSIS		218		15			
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	4	371		79		18	
059 02 ULTRA SOUND	2	102		43			
059 03 VASCULAR LAB		1		22			
059 04 PULMONARY FUNCTION TESTIN		1		2			
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION		5					
059 07 ADMINISTRATION REVIEW	1	59		63			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1	102		102			
061 EMERGENCY	29	2,039		653	39	396	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	372	22,371		12,357	622	2,522	2,595
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1	66		260		36	
098 01 PHYSICIANS' PRIVATE OFFIC	4	298					
099 NONPAID WORKERS		15		1,369			
100 OTHER NONREIMBURSABLE COS		1		62			
100 01 FUND RAISING		48				9	
100 02 MARKETING OTHER		16				9	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	377	22,815		14,048	622	2,576	2,595

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0181

FROM 1/1/2010

WORKSHEET B

|

| TO

12/31/2010 | PART II

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCIAL SERVI CE
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMIN ISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,996						
013 MAINTENANCE OF PERSONNEL		7,425					
014 NURSING ADMIN ISTRATION	67		1,197				
015 CENTRAL SERVICES & SUPPLY	43			1,981			
016 PHARMACY	72				3,747		
017 MEDICAL RECORDS & LIBRARY	124					2,734	
018 SOCIAL SERVICE	13						192
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	787	1,857	920	890	12		
026 INTENSIVE CARE UNIT	103	1,856	120	231		2,046	189
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114	1,856	129	118	266	167	
038 RECOVERY ROOM	23		28	12			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	17			25	583		
041 RADIOLOGY-DIAGNOSTIC	87			10	28		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	2			1			
044 LABORATORY	171			2			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	7						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	82				1,645		
050 PHYSICAL THERAPY	36			14	1,172		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	25			9	2		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				25			
057 RENAL DIALYSIS				7	17		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C				10			
059 01 CAT SCAN	4			3			
059 02 ULTRA SOUND	8						
059 03 VASCULAR LAB	2						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	7						
059 07 ADMSION REVIEW	8						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	18						
061 EMERGENCY	142	1,856		577		521	3
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

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
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY LUNG ACQUISITION SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	1,962	7,425	1,197	1,934	3,725	2,734	192
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	32						
098 01 PHYSICIANS' PRIVATE OFFIC				47	22		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	2						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,996	7,425	1,197	1,981	3,747	2,734	192

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	79,948		79,948
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	1,369		1,369
098 01 PHYSICIANS' PRIVATE OFFIC	371		371
099 NONPAID WORKERS	6,518		6,518
100 OTHER NONREIMBURSABLE COS	296		296
100 01 FUND RAISING	59		59
100 02 MARKETING OTHER	25		25
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	88,586		88,586

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
002	002 OLD CAP REL COSTS-MVBLE E						
003	003 NEW CAP REL COSTS-BLDG &						
004	004 NEW CAP REL COSTS-MVBLE E						
005	005 EMPLOYEE BENEFITS						1,217
006	006 ADMINISTRATIVE & GENERAL				73,517	449,254	522,771
007	007 MAINTENANCE & REPAIRS						
008	008 OPERATION OF PLANT				41,155	15,100	56,255
009	009 LAUNDRY & LINEN SERVICE				1,583		1,583
010	010 HOUSEKEEPING				5,074	767	5,841
011	011 DIETARY				4,839	395	5,234
012	012 CAFETERIA				4,487	735	5,222
013	013 MAINTENANCE OF PERSONNEL				18,801	2,588	21,389
014	014 NURSING ADMINISTRATION				1,342	3,234	4,576
015	015 CENTRAL SERVICES & SUPPLY				3,930		3,930
016	016 PHARMACY				4,100	2,643	6,743
017	017 MEDICAL RECORDS & LIBRARY				4,496	1,214	5,710
018	018 SOCIAL SERVICE				222	25	247
019	019 OTHER GENERAL SERVICE COS						
020	020 HOUSE PHYSICIAN						
021	021 NONPHYSICIAN ANESTHETISTS						
022	022 NURSING SCHOOL						
023	023 I&R SERVICES-SALARY & FRI						
024	024 I&R SERVICES-OTHER PRGM C						
025	025 PARAMED ED PRGM						
026	026 INPAT ROUTINE SRVC CNTRS				45,884	18,066	63,950
027	027 ADULTS & PEDIATRICS				6,822	6,157	12,979
028	028 INTENSIVE CARE UNIT						
029	029 CORONARY CARE UNIT						
030	030 BURN INTENSIVE CARE UNIT						
031	031 SURGICAL INTENSIVE CARE U						
032	032 OTHER SPECIAL CARE						
033	033 SUBPROVIDER						
034	034 NURSERY						
035	035 SKILLED NURSING FACILITY						
036	036 NURSING FACILITY						
037	037 01 ICF/MR						
038	038 OTHER LONG TERM CARE						
039	039 ANCILLARY SRVC COST CNTRS						
040	040 OPERATING ROOM				9,959	80,780	90,739
041	041 RECOVERY ROOM				1,248		1,248
042	042 DELIVERY ROOM & LABOR ROO						
043	043 ANESTHESIOLOGY				670	15,311	15,981
044	044 RADIOLOGY-DIAGNOSTIC				6,400	262,916	269,316
045	045 RADIOLOGY-THERAPEUTIC						
046	046 RADIOISOTOPE				882		882
047	047 LABORATORY				7,259	8,548	15,807
048	048 PBP CLINICAL LAB SERVICES						
049	049 WHOLE BLOOD & PACKED RED						
050	050 BLOOD STORING, PROCESSING				502		502
051	051 INTRAVENOUS THERAPY						
052	052 RESPIRATORY THERAPY				2,026	20,270	22,296
053	053 PHYSICAL THERAPY				3,404		3,404
054	054 OCCUPATIONAL THERAPY						
055	055 SPEECH PATHOLOGY				3,897	27,357	31,254
056	056 ELECTROCARDIOLOGY						
057	057 ELECTROENCEPHALOGRAPHY						
058	058 MEDICAL SUPPLIES CHARGED						
059	059 DRUGS CHARGED TO PATIENTS						
060	060 RENAL DIALYSIS				183		183
061	061 ASC (NON-DISTINCT PART)						
062	062 OTHER ANCILLARY SERVICE C						
063	063 01 CAT SCAN				953	175,450	176,403
064	064 02 ULTRA SOUND				518	9,238	9,756
065	065 03 VASCULAR LAB				272		272
066	066 04 PULMONARY FUNCTION TESTIN				23		23
067	067 05 INDUSTRIAL MEDICINE						
068	068 06 PATIENT EDUCATION						
069	069 07 ADMISSION REVIEW				761		761
070	069 08 EYE CARE						
071	069 09 MAGNETIC RESONANCE IMAGIN						
072	070 OUTPAT SERVICE COST CNTRS						
073	071 CLINIC				1,233	2,547	3,780
074	072 EMERGENCY				7,910	2,235	10,145
075	073 OBSERVATION BEDS (NON-DIS						
076	074 OTHER OUTPATIENT SERVICE						
077	075 OTHER REIMBURS COST CNTRS						
078	076 HOME PROGRAM DIALYSIS						
079	077 AMBULANCE SERVICES						
080	078 DURABLE MEDICAL EQUIP-REN						
081	079 DURABLE MEDICAL EQUIP-SOL						
082	080 OTHER REIMBURSABLE COST C						
083	081 CORF						
084	082 I&R SERVICES-NOT APPRVD P						

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0181

FROM 1/1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	1,217						
006 ADMINISTRATIVE & GENERAL	152	522,923					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	52	29,523		85,830			
009 LAUNDRY & LINEN SERVICE				798	2,414		
010 HOUSEKEEPING	32	12,507		2,559	120	21,059	
011 DIETARY	44	15,635		2,441			23,354
012 CAFETERIA	3	4,591		2,263			295
013 MAINTENANCE OF PERSONNEL		792		9,484	59		
014 NURSING ADMINISTRATION	40	13,146		677		147	
015 CENTRAL SERVICES & SUPPLY	7	3,256		1,982	702	589	
016 PHARMACY		46,593		2,068		295	
017 MEDICAL RECORDS & LIBRARY	44	17,281		2,268		663	
018 SOCIAL SERVICE	5	1,867		112		74	
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	393	129,708		23,147	927	7,730	21,533
026 INTENSIVE CARE UNIT	86	28,491		3,441	281	1,767	1,821
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	52	19,455		5,023	53	2,356	
038 RECOVERY ROOM	16	5,150		629	60	295	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2	4,133		338		1,620	
041 RADIOLOGY-DIAGNOSTIC	30	20,341		3,228	14		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		4,376		445			
044 LABORATORY	60	36,889		3,662			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	3	7,817		253			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	38	15,665		1,022		368	
050 PHYSICAL THERAPY	14	5,952		1,717	43	368	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		609			5		
053 ELECTROCARDIOLOGY	8	5,462		1,966		515	
054 ELECTROENCEPHALOGRAPHY		111				147	
055 MEDICAL SUPPLIES CHARGED		14,748					
056 DRUGS CHARGED TO PATIENTS		2,119					
057 RENAL DIALYSIS		5,000		92			
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C							
059 01 CAT SCAN	12	8,515		481		147	
059 02 ULTRA SOUND	7	2,351		261			
059 03 VASCULAR LAB		24		137			
059 04 PULMONARY FUNCTION TESTIN		18		11			
059 05 INDUSTRIAL MEDICINE		1					
059 06 PATIENT EDUCATION		123					
059 07 ADMINISTRATION REVIEW	4	1,347		384			
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2	2,343		622			
061 EMERGENCY	95	46,768		3,990	150	3,240	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							

COST CENTER DESCRIPTION	EMPLOYEE FITS	BENEFIT & GENERAL	ADMINISTRATIVE REPAIRS	MAINTENANCE & OPERATIONS PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	1,201	512,740		75,501	2,414	20,616	23,354
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	4	1,524		1,587		295	
098 01 PHYSICIANS' PRIVATE OFFIC	12	6,830					
099 NONPAID WORKERS		347		8,362			
100 OTHER NONREIMBURSABLE COS		16		380			
100 01 FUND RAISING		1,091				74	
100 02 MARKETING OTHER		375				74	
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,217	522,923		85,830	2,414	21,059	23,354

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0181
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 6/6/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMIN ISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	12,374						
013 MAINTENANCE OF PERSONNEL		31,724					
014 NURSING ADMIN ISTRATION	416		19,002				
015 CENTRAL SERVI CES & SUPPLY	268			10,734			
016 PHARMACY	444				56,143		
017 MEDICAL RECORDS & LIBRARY	770					26,736	
018 SOCIAL SERVICE	83						2,388
019 OTHER GENERAL SERVICE COS							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVI CES-SALARY & FRI							
023 I&R SERVI CES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,872	7,931	14,599	4,820	173		
026 INTENSIVE CARE UNIT	638	7,931	1,911	1,251		20,009	2,352
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	706	7,931	2,055	640	3,988	1,631	
038 RECOVERY ROOM	145		437	66			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	108			136	8,728		
041 RADIOLOGY-DIAGNOSTIC	539			56	419		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	15			8			
044 LABORATORY	1,057			12			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING	43						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	509				24,660		
050 PHYSICAL THERAPY	222			74	17,558		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	157			48	35		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				134			
057 RENAL DIALYSIS				39	259		
058 ASC (NON-DISTINCT PART)							
059 OTHER ANCILLARY SERVICE C				52			
059 01 CAT SCAN	25			15			
059 02 ULTRA SOUND	52						
059 03 VASCULAR LAB	15						
059 04 PULMONARY FUNCTION TESTIN							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	43						
059 07 ADMSION REVIEW	49						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGIN							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	111			2			
061 EMERGENCY	878	7,931		3,125		5,096	36
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVI CES-NOT APPRVD P							

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
071 OTHER REIMBURS COST CNTRS							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPI CE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	12,165	31,724	19,002	10,478	55,820	26,736	2,388
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	197						
098 01 PHYSICIANS' PRIVATE OFFIC				256	323		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 FUND RAISING	12						
100 02 MARKETING OTHER							
100 03 RENTAL SPACE TO PROVIDERS							
100 04 PHARMACY-RENTAL SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,374	31,724	19,002	10,734	56,143	26,736	2,388

ALLOCATION OF NEW CAPITAL RELATED COSTS

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
001 01 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 OTHER GENERAL SERVICE COS			
019 01 HOUSE PHYSICIAN			
020 NONPHYSICIAN ANESTHETISTS			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY & FRI			
023 I&R SERVICES-OTHER PRGM C			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS	279,783		279,783
026 ADULTS & PEDIATRICS	82,958		82,958
027 INTENSIVE CARE UNIT			
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
030 OTHER SPECIAL CARE			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACILITY			
035 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	134,629		134,629
038 RECOVERY ROOM	8,046		8,046
039 DELIVERY ROOM & LABOR ROO			
040 ANESTHESIOLOGY	31,046		31,046
041 RADIOLOGY-DIAGNOSTIC	293,943		293,943
042 RADIOLOGY-THERAPEUTIC			
043 RADIOISOTOPE	5,726		5,726
044 LABORATORY	57,487		57,487
045 PBP CLINICAL LAB SERVICES			
046 WHOLE BLOOD & PACKED RED			
047 BLOOD STORING, PROCESSING	8,618		8,618
048 INTRAVENOUS THERAPY			
049 RESPIRATORY THERAPY	64,558		64,558
050 PHYSICAL THERAPY	29,352		29,352
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY	614		614
053 ELECTROCARDIOLOGY	39,445		39,445
054 ELECTROENCEPHALOGRAPHY	258		258
055 MEDICAL SUPPLIES CHARGED	14,748		14,748
056 DRUGS CHARGED TO PATIENTS	2,253		2,253
057 RENAL DIALYSIS	5,573		5,573
058 ASC (NON-DISSERT PART)			
059 OTHER ANCILLARY SERVICE C	52		52
059 01 CAT SCAN	185,598		185,598
059 02 ULTRA SOUND	12,427		12,427
059 03 VASCULAR LAB	448		448
059 04 PULMONARY FUNCTION TESTIN	52		52
059 05 INDUSTRIAL MEDICINE	1		1
059 06 PATIENT EDUCATION	166		166
059 07 ADMISSION REVIEW	2,545		2,545
059 08 EYE CARE			
059 09 MAGNETIC RESONANCE IMAGIN			
060 OUTPAT SERVICE COST CNTRS			
060 CLINIC	6,860		6,860
061 EMERGENCY	81,454		81,454
062 OBSERVATION BEDS (NON-DIS			
063 OTHER OUTPATIENT SERVICE			
063 OTHER REIMBURS COST CNTRS			
064 HOME PROGRAM DIALYSIS			
065 AMBULANCE SERVICES			
066 DURABLE MEDICAL EQUIP-REN			
067 DURABLE MEDICAL EQUIP-SOL			
068 OTHER REIMBURSABLE COST C			
069 CORF			
070 I&R SERVICES-NOT APPRVD P			

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
071 OTHER REIMBURS COST CNTRS			
082 HOME HEALTH AGENCY			
083 LUNG ACQUISITION			
084 SPEC PURPOSE COST CENTERS			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 HEART ACQUISITION			
085 01 PANCREAS ACQUISITION			
086 OTHER ORGAN ACQUISITION			
092 AMBULATORY SURGICAL CENTE			
093 HOSPICE			
094 OTHER SPECIAL PURPOSE (SP			
095 SUBTOTALS	1,348,640		1,348,640
096 NONREIMBURS COST CENTERS			
097 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	6,892		6,892
098 01 PHYSICIANS' PRIVATE OFFIC	10,284		10,284
099 NONPAID WORKERS	25,286		25,286
100 OTHER NONREIMBURSABLE COS	1,149		1,149
100 01 FUND RAISING	1,177		1,177
100 02 MARKETING OTHER	449		449
100 03 RENTAL SPACE TO PROVIDERS			
100 04 PHARMACY-RENTAL SPACE			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,393,877		1,393,877

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	176,729					
002 OLD CAP REL COSTS-MVB		176,729				
003 NEW CAP REL COSTS-BLD			1,107,832			
004 NEW CAP REL COSTS-MVB				176,729		
005 EMPLOYEE BENEFITS	752	752		752	1,107,832	19,619,806
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	45,421	45,421	1,107,832	45,421	449,254	2,450,728
007 OPERATION OF PLANT	25,427	25,427		25,427	15,100	832,185
009 LAUNDRY & LINEN SERVICE	978	978		978		
010 HOUSEKEEPING	3,135	3,135		3,135	767	508,900
011 DIETARY	2,990	2,990		2,990	395	713,559
012 CAFETERIA	2,772	2,772		2,772	735	46,065
013 MAINTENANCE OF PERSONNEL	11,616	11,616		11,616	2,588	
014 NURSING ADMINISTRATION	829	829		829	3,234	651,242
015 CENTRAL SERVICES & SUPPLIES	2,428	2,428		2,428		116,510
016 PHARMACY	2,533	2,533		2,533	2,643	
017 MEDICAL RECORDS & LIBRARY	2,778	2,778		2,778	1,214	702,650
018 SOCIAL SERVICE	137	137		137	25	86,917
019 OTHER GENERAL SERVICE						
019 01 HOUSE PHYSICIAN						
020 NONPHYSICIAN ANESTHETIC						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
024 PARAMEDICAL PROGRAM						
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	28,349	28,349		28,349	18,066	6,321,190
026 INTENSIVE CARE UNIT	4,215	4,215		4,215	6,157	1,388,017
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE UNIT						
030 OTHER SPECIAL CARE						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICU/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SERVICE CENTER						
038 OPERATING ROOM	6,153	6,153		6,153	80,780	845,463
039 RECOVERY ROOM	771	771		771		253,697
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY	414	414		414	15,311	29,525
042 RADIOLOGY-DIAGNOSTIC	3,954	3,954		3,954	262,916	489,852
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE	545	545		545		
045 LABORATORY	4,485	4,485		4,485	8,548	962,664
046 PBP CLINICAL LABORATORY SERVICE						
047 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	310	310		310		42,777
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,252	1,252		1,252	20,270	608,289
050 PHYSICAL THERAPY	2,103	2,103		2,103		222,690
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	2,408	2,408		2,408	27,357	134,105
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED AS CHARGED TO PATIENTS						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS	113	113		113		
058 ASC (NON-DISTINCT PARADISE)						
059 OTHER ANCILLARY SERVICES						
059 01 CAT SCAN	589	589		589	175,450	195,223
059 02 ULTRA SOUND	320	320		320	9,238	110,753
059 03 VASCULAR LAB	168	168		168		
059 04 PULMONARY FUNCTION TEST	14	14		14		920
059 05 INDUSTRIAL MEDICINE						
059 06 PATIENT EDUCATION						6,537
059 07 ADMISSION REVIEW	470	470		470		68,358
059 08 EYE CARE						
059 09 MAGNETIC RESONANCE IMAGING						
060 OUTPATIENT SERVICE COST CENTER CLINIC	762	762		762	2,547	27,913
061 EMERGENCY	4,887	4,887		4,887	2,235	1,538,086
062 OBSERVATION BEDS (NON-ADMITTED)						
063 OTHER OUTPATIENT SERVICE						
064 OTHER REIMBURSABLE COST CENTER HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIPMENT						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)
	1	1.01	2	3	4	5
067 OTHER REIMBURS COST C						
068 DURABLE MEDICAL EQUIP						
069 OTHER REIMBURSABLE CO						
070 CORF						
071 I&R SERVICES-NOT APPR						
082 HOME HEALTH AGENCY						
083 LUNG ACQUISITION						
084 SPEC PURPOSE COST CEN						
085 KIDNEY ACQUISITION						
086 LIVER ACQUISITION						
087 HEART ACQUISITION						
088 01 PANCREAS ACQUISITION						
089 OTHER ORGAN ACQUISITI						
090 AMBULATORY SURGICAL C						
091 HOSPICE						
092 OTHER SPECIAL PURPOSE						
093 SUBTOTALS	164,078	164,078	1,107,832	164,078	1,104,830	19,354,815
094 NONREIMBURS COST CENT						
095 GIFT, FLOWER, COFFEE						
096 RESEARCH						
097 PHYSICIANS' PRIVATE O	1,944	1,944		1,944	139	63,969
098 01 PHYSICIANS' PRIVATE O					2,863	201,022
099 NONPAID WORKERS	10,242	10,242		10,242		
100 OTHER NONREIMBURSABLE	465	465		465		
100 01 FUND RAISING						
100 02 MARKETING OTHER						
100 03 RENTAL SPACE TO PROVI						
100 04 PHARMACY-RENTAL SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	88,586			286,045	1,107,832	2,220,866
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.501253				1.000000	.113195
(WRKSHT B, PT I)				1.618552		377
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						.000019
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						1,217
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000062
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	
	6a.00	6	7	8	9	10	11	
067 OTHER REIMBURS COST C								
068 DURABLE MEDICAL EQUIP								
069 OTHER REIMBURSABLE CO								
070 CORF								
071 I&R SERVICES-NOT APPR								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CEN								
085 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
085 HEART ACQUISITION								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITI								
092 AMBULATORY SURGICAL C								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE								
095 SUBTOTALS	-8, 254, 137	32, 074, 502	117, 905	92, 478	439, 151	7, 000	74, 047	
096 NONREIMBURS COST CENT								
097 GIFT, FLOWER, COFFEE								
097 RESEARCH								
098 PHYSICIANS' PRIVATE O		95, 348	1, 944	1, 944		100		
098 01 PHYSICIANS' PRIVATE O		427, 265						
099 NONPAID WORKERS		21, 711	10, 242	10, 242				
100 OTHER NONREIMBURSABLE		986	465	465				
100 01 FUND RAISING		68, 236				25		
100 02 MARKETING OTHER		23, 483				25		
100 03 RENTAL SPACE TO PROVI								
100 04 PHARMACY-RENTAL SPACE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		8, 254, 137		2, 312, 786	24, 112	1, 049, 938	1, 290, 623	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		. 252331		21. 999505		146. 844476	17. 429781	
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED		22, 815		14, 048	. 054906	2, 576	2, 595	
(WRKSHT B, PART II)					622			
106 UNIT COST MULTIPLIER		. 000697		. 133626		. 360280		
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED		522, 923		85, 830	. 001416	21, 059	23, 354	. 035045
(WRKSHT B, PART III)					2, 414			
108 UNIT COST MULTIPLIER		. 015986		. 816426		2. 945315		
(WRKSHT B, PT III)					. 005497			. 315394

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	4,015						
013 MAINTENANCE OF PERSONNEL		4					
014 NURSING ADMINISTRATION	135		16,701				
015 CENTRAL SERVICES & SUPPLY	87			368,770			
016 PHARMACY	144				82,476		
017 MEDICAL RECORDS & LIBRARY	250					131,150	
018 SOCIAL SERVICE	27						986
019 OTHER GENERAL SERVICE							
019 01 HOUSE PHYSICIAN							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	1,580	1	12,831	165,527	254		
026 INTENSIVE CARE UNIT	207	1	1,680	42,974		98,150	971
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 OTHER SPECIAL CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	229	1	1,806	22,000	5,859	8,000	
038 RECOVERY ROOM	47		384	2,275			
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	35			4,672	12,822		
041 RADIOLOGY-DIAGNOSTIC	175			1,916	615		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	5			275			
044 LABORATORY	343			409			
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	14						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	165				36,225		
050 PHYSICAL THERAPY	72			2,558	25,794		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	51			1,661	52		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENT				4,599			
057 RENAL DIALYSIS				1,344	380		
058 ASC (NON-DISTINCT PATIENT)							
059 OTHER ANCILLARY SERVICE				1,792			
059 01 CAT SCAN	8			530			
059 02 ULTRA SOUND	17						
059 03 VASCULAR LAB	5						
059 04 PULMONARY FUNCTION TEST							
059 05 INDUSTRIAL MEDICINE							
059 06 PATIENT EDUCATION	14						
059 07 ADMISSION REVIEW	16						
059 08 EYE CARE							
059 09 MAGNETIC RESONANCE IMAGING							
060 OUTPATIENT SERVICE COST CENTER CLINIC	36			59			
061 EMERGENCY	285	1		107,372		25,000	15
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICE OTHER REIMBURSEMENT COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.	PHARMACY (COSTED EQUI S.	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
067 OTHER REIMBURS COST C							
068 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE CO							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
087 HEART ACQUISITION							
088 01 PANCREAS ACQUISITION							
089 OTHER ORGAN ACQUISITI							
090 AMBULATORY SURGICAL C							
091 HOSPICE							
092 OTHER SPECIAL PURPOSE							
093 SUBTOTALS	3,947	4	16,701	359,963	82,001	131,150	986
094 NONREIMBURS COST CENT							
095 GIFT, FLOWER, COFFEE							
096 RESEARCH							
097 PHYSICIANS' PRIVATE O	64						
098 01 PHYSICIANS' PRIVATE O				8,807	475		
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 01 FUND RAISING	4						
102 02 MARKETING OTHER							
103 03 RENTAL SPACE TO PROVI							
104 04 PHARMACY-RENTAL SPACE							
105 CROSS FOOT ADJUSTMENT							
106 NEGATIVE COST CENTER							
107 COST TO BE ALLOCATED	435,305	318,210	1,070,070	354,301	3,736,082	1,475,002	155,875
108 (WRKSHT B, PART I)							
109 UNIT COST MULTIPLIER		79,552.500000		.960764		11.246679	
110 (WRKSHT B, PT I)	108.419676		64.072211		45.299020		158.088235
111 COST TO BE ALLOCATED	1,996	7,425	1,197	1,981	3,747	2,734	192
112 (WRKSHT B, PART II)							
113 UNIT COST MULTIPLIER		1,856.250000		.005372		.020846	
114 (WRKSHT B, PT II)	.497136		.071672		.045431		.194726
115 COST TO BE ALLOCATED	12,374	31,724	19,002	10,734	56,143	26,736	2,388
116 (WRKSHT B, PART III)							
117 UNIT COST MULTIPLIER		7,931.000000		.029108		.203858	
118 (WRKSHT B, PT III)	3.081943		1.137776		.680719		2.421907

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,613,470		13,613,470		13,613,470
26	INTENSIVE CARE UNIT	4,024,551		4,024,551		4,024,551
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPECIAL CARE					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,374,051		2,374,051		2,374,051
38	RECOVERY ROOM	467,613		467,613		467,613
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,002,783		1,002,783	226,910	1,229,693
41	RADIOLOGY-DIAGNOSTIC	1,729,272		1,729,272	12,262	1,741,534
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	355,577		355,577		355,577
44	LABORATORY	3,026,128		3,026,128		3,026,128
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	620,754		620,754		620,754
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,931,909		2,931,909		2,931,909
50	PHYSICAL THERAPY	1,709,993		1,709,993		1,709,993
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	47,752		47,752		47,752
53	ELECTROCARDIOLOGY	516,047		516,047		516,047
54	ELECTROENCEPHALOGRAPHY	16,028		16,028		16,028
55	MEDICAL SUPPLIES CHARGED	1,155,344		1,155,344		1,155,344
56	DRUGS CHARGED TO PATIENTS	170,400		170,400		170,400
57	RENAL DIALYSIS	412,680		412,680		412,680
58	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C	1,722		1,722		1,722
59	01 CAT SCAN	688,728		688,728		688,728
59	02 ULTRA SOUND	193,019		193,019		193,019
59	03 VASCULAR LAB	6,101		6,101		6,101
59	04 PULMONARY FUNCTION TESTIN	1,703		1,703		1,703
59	05 INDUSTRIAL MEDICINE	43		43		43
59	06 PATIENT EDUCATION	11,187		11,187		11,187
59	07 ADMISSION REVIEW	117,563		117,563		117,563
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	204,309		204,309		204,309
61	EMERGENCY	4,431,478		4,431,478		4,431,478
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	SUBTOTAL	39,830,205		39,830,205	239,172	40,069,377
102	LESS OBSERVATION BEDS					
103	TOTAL	39,830,205		39,830,205	239,172	40,069,377

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	25,986,729		25,986,729			
26	INTENSIVE CARE UNIT	4,582,879		4,582,879			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,966,864	1,228,313	7,195,177	.329950	.329950	.329950
38	RECOVERY ROOM	1,059,353	568,911	1,628,264	.287185	.287185	.287185
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,836,778	736,145	2,572,923	.389745	.389745	.477936
41	RADIOLOGY-DIAGNOSTIC	877,088	1,609,009	2,486,097	.695577	.695577	.700509
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,854,903	417,035	2,271,938	.156508	.156508	.156508
44	LABORATORY	13,068,748	6,500,753	19,569,501	.154635	.154635	.154635
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	823,840	70,450	894,290	.694131	.694131	.694131
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	9,846,651	492,721	10,339,372	.283567	.283567	.283567
50	PHYSICAL THERAPY	2,330,150	428,822	2,758,972	.619794	.619794	.619794
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	96,953	7,566	104,519	.456874	.456874	.456874
53	ELECTROCARDIOLOGY	2,280,234	688,031	2,968,265	.173855	.173855	.173855
54	ELECTROENCEPHALOGRAPHY	108,640	9,310	117,950	.135888	.135888	.135888
55	MEDICAL SUPPLIES CHARGED	2,059,675	1,334,971	3,394,646	.340343	.340343	.340343
56	DRUGS CHARGED TO PATIENTS	8,977,501	691,742	9,669,243	.017623	.017623	.017623
57	RENAL DIALYSIS	1,640,201	10,849	1,651,050	.249950	.249950	.249950
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	3,437,644	2,829,068	6,266,712	.109903	.109903	.109903
59	02 ULTRA SOUND	440,671	616,724	1,057,395	.182542	.182542	.182542
59	03 VASCULAR LAB	501,970	192,417	694,387	.008786	.008786	.008786
59	04 PULMONARY FUNCTION TESTIN	9,031	30,375	39,406	.043217	.043217	.043217
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,766,136	4,814,072	6,580,208	.673456	.673456	.673456
62	OBSERVATION BEDS (NON-DIS	20,203	872,735	892,938			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	89,572,842	24,150,019	113,722,861			
102	LESS OBSERVATION BEDS						
103	TOTAL	89,572,842	24,150,019	113,722,861			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,374,051	142,351	2,231,700			2,374,051
38	RECOVERY ROOM	467,613	8,879	458,734			467,613
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,002,783	32,313	970,470			1,002,783
41	RADIOLOGY-DIAGNOSTIC	1,729,272	297,478	1,431,794			1,729,272
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	355,577	6,266	349,311			355,577
44	LABORATORY	3,026,128	62,133	2,963,995			3,026,128
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	620,754	9,163	611,591			620,754
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,931,909	67,820	2,864,089			2,931,909
50	PHYSICAL THERAPY	1,709,993	32,228	1,677,765			1,709,993
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	47,752	642	47,110			47,752
53	ELECTROCARDIOLOGY	516,047	41,314	474,733			516,047
54	ELECTROENCEPHALOGRAPHY	16,028	281	15,747			16,028
55	MEDICAL SUPPLIES CHARGED	1,155,344	15,391	1,139,953			1,155,344
56	DRUGS CHARGED TO PATIENTS	170,400	2,370	168,030			170,400
57	RENAL DIALYSIS	412,680	5,887	406,793			412,680
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C	1,722	62	1,660			1,722
59	01 CAT SCAN	688,728	186,372	502,356			688,728
59	02 ULTRA SOUND	193,019	12,742	180,277			193,019
59	03 VASCULAR LAB	6,101	557	5,544			6,101
59	04 PULMONARY FUNCTION TESTIN	1,703	62	1,641			1,703
59	05 INDUSTRIAL MEDICINE	43	1	42			43
59	06 PATIENT EDUCATION	11,187	178	11,009			11,187
59	07 ADMISSION REVIEW	117,563	2,912	114,651			117,563
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	204,309	7,465	196,844			204,309
61	EMERGENCY	4,431,478	90,159	4,341,319			4,431,478
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	22,192,184	1,025,026	21,167,158			22,192,184
102	LESS OBSERVATION BEDS						
103	TOTAL	22,192,184	1,025,026	21,167,158			22,192,184

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,195,177	.329950	.329950
38	RECOVERY ROOM	1,628,264	.287185	.287185
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,572,923	.389745	.389745
41	RADIOLOGY-DIAGNOSTIC	2,486,097	.695577	.695577
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2,271,938	.156508	.156508
44	LABORATORY	19,569,501	.154635	.154635
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	894,290	.694131	.694131
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,339,372	.283567	.283567
50	PHYSICAL THERAPY	2,758,972	.619794	.619794
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	104,519	.456874	.456874
53	ELECTROCARDIOLOGY	2,968,265	.173855	.173855
54	ELECTROENCEPHALOGRAPHY	117,950	.135888	.135888
55	MEDICAL SUPPLIES CHARGED	3,394,646	.340343	.340343
56	DRUGS CHARGED TO PATIENTS	9,669,243	.017623	.017623
57	RENAL DIALYSIS	1,651,050	.249950	.249950
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	6,266,712	.109903	.109903
59	02 ULTRA SOUND	1,057,395	.182542	.182542
59	03 VASCULAR LAB	694,387	.008786	.008786
59	04 PULMONARY FUNCTION TESTIN	39,406	.043217	.043217
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,580,208	.673456	.673456
62	OBSERVATION BEDS (NON-DIS	892,938		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	83,153,253		
102	LESS OBSERVATION BEDS	892,938		
103	TOTAL	82,260,315		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,374,051	142,351	2,231,700	14,235	129,439	2,230,377
38	RECOVERY ROOM	467,613	8,879	458,734	888	26,607	440,118
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,002,783	32,313	970,470	3,231	56,287	943,265
41	RADIOLOGY-DIAGNOSTIC	1,729,272	297,478	1,431,794	29,748	83,044	1,616,480
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	355,577	6,266	349,311	627	20,260	334,690
44	LABORATORY	3,026,128	62,133	2,963,995	6,213	171,912	2,848,003
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	620,754	9,163	611,591	916	35,472	584,366
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,931,909	67,820	2,864,089	6,782	166,117	2,759,010
50	PHYSICAL THERAPY	1,709,993	32,228	1,677,765	3,223	97,310	1,609,460
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	47,752	642	47,110	64	2,732	44,956
53	ELECTROCARDIOLOGY	516,047	41,314	474,733	4,131	27,535	484,381
54	ELECTROENCEPHALOGRAPHY	16,028	281	15,747	28	913	15,087
55	MEDICAL SUPPLIES CHARGED	1,155,344	15,391	1,139,953	1,539	66,117	1,087,688
56	DRUGS CHARGED TO PATIENTS	170,400	2,370	168,030	237	9,746	160,417
57	RENAL DIALYSIS	412,680	5,887	406,793	589	23,594	388,497
58	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C	1,722	62	1,660	6	96	1,620
59	01 CAT SCAN	688,728	186,372	502,356	18,637	29,137	640,954
59	02 ULTRA SOUND	193,019	12,742	180,277	1,274	10,456	181,289
59	03 VASCULAR LAB	6,101	557	5,544	56	322	5,723
59	04 PULMONARY FUNCTION TESTIN	1,703	62	1,641	6	95	1,602
59	05 INDUSTRIAL MEDICINE	43	1	42		2	41
59	06 PATIENT EDUCATION	11,187	178	11,009	18	639	10,530
59	07 ADMISSION REVIEW	117,563	2,912	114,651	291	6,650	110,622
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	204,309	7,465	196,844	747	11,417	192,145
62	EMERGENCY	4,431,478	90,159	4,341,319	9,016	251,797	4,170,665
63	OBSERVATION BEDS (NON-DIS						
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
102	OTHER REIMBURSABLE COST C						
103	SUBTOTAL	22,192,184	1,025,026	21,167,158	102,502	1,227,696	20,861,986
102	LESS OBSERVATION BEDS						
103	TOTAL	22,192,184	1,025,026	21,167,158	102,502	1,227,696	20,861,986

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			
	OPERATING ROOM	7,195,177	.309982	.327972
38	RECOVERY ROOM	1,628,264	.270299	.286640
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,572,923	.366612	.388489
41	RADIOLOGY-DIAGNOSTIC	2,486,097	.650208	.683611
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	2,271,938	.147315	.156232
44	LABORATORY	19,569,501	.145533	.154317
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	894,290	.653441	.693106
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,339,372	.266845	.282911
50	PHYSICAL THERAPY	2,758,972	.583355	.618625
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	104,519	.430123	.456262
53	ELECTROCARDIOLOGY	2,968,265	.163187	.172463
54	ELECTROENCEPHALOGRAPHY	117,950	.127910	.135651
55	MEDICAL SUPPLIES CHARGED	3,394,646	.320413	.339890
56	DRUGS CHARGED TO PATIENTS	9,669,243	.016590	.017598
57	RENAL DIALYSIS	1,651,050	.235303	.249593
58	ASC (NON-DISTINCT PART)			
59	OTHER ANCILLARY SERVICE C			
59	01 CAT SCAN	6,266,712	.102279	.106929
59	02 ULTRA SOUND	1,057,395	.171449	.181337
59	03 VASCULAR LAB	694,387	.008242	.008706
59	04 PULMONARY FUNCTION TESTIN	39,406	.040654	.043065
59	05 INDUSTRIAL MEDICINE			
59	06 PATIENT EDUCATION			
59	07 ADMISSION REVIEW			
59	08 EYE CARE			
59	09 MAGNETIC RESONANCE IMAGIN			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,580,208	.633820	.672085
62	OBSERVATION BEDS (NON-DIS	892,938		
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	83,153,253		
102	LESS OBSERVATION BEDS	892,938		
103	TOTAL	82,260,315		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM			5,966,864		
39	RECOVERY ROOM			1,059,353		
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY			1,836,778		
42	RADIOLOGY-DIAGNOSTIC			877,088		
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE			1,854,903		
45	LABORATORY			13,068,748		
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING			823,840		
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY			9,846,651		
51	PHYSICAL THERAPY			2,330,150		
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY			96,953		
54	ELECTROCARDIOLOGY			2,280,234		
55	ELECTROENCEPHALOGRAPHY			108,640		
56	MEDICAL SUPPLIES CHARGED			2,059,675		
57	DRUGS CHARGED TO PATIENTS			8,977,501		
58	RENAL DIALYSIS			1,640,201		
59	ASC (NON-DISTINCT PART)					
59	OTHER ANCILLARY SERVICE C					
59	01 CAT SCAN			3,437,644		
59	02 ULTRA SOUND			440,671		
59	03 VASCULAR LAB			501,970		
59	04 PULMONARY FUNCTION TESTIN			9,031		
59	05 INDUSTRIAL MEDICINE					
59	06 PATIENT EDUCATION					
59	07 ADMISSION REVIEW					
59	08 EYE CARE					
59	09 MAGNETIC RESONANCE IMAGIN					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY			1,766,136		
63	OBSERVATION BEDS (NON-DIS			20,203		
64	OTHER OUTPATIENT SERVICE					
65	OTHER REIMBURS COST CNTRS					
66	HOME PROGRAM DIALYSIS					
67	AMBULANCE SERVICES					
68	DURABLE MEDICAL EQUIP-REN					
101	DURABLE MEDICAL EQUIP-SOL					
	OTHER REIMBURSABLE COST C					
	TOTAL					

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM					2,190,739		
39	RECOVERY ROOM					568,911		
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY					886,115		
42	RADIOLOGY-DIAGNOSTIC					1,609,009		
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE					420,469		
45	LABORATORY					6,500,753		
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING					70,450		
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY					492,721		
51	PHYSICAL THERAPY					432,150		
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY					7,566		
54	ELECTROCARDIOLOGY					688,031		
55	ELECTROENCEPHALOGRAPHY					9,310		
56	MEDICAL SUPPLIES CHARGED					215,813		
57	DRUGS CHARGED TO PATIENTS					691,742		
58	RENAL DIALYSIS					10,849		
59	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY SERVICE C							
59	01 CAT SCAN					2,829,068		
59	02 ULTRA SOUND					616,724		
59	03 VASCULAR LAB					192,417		
59	04 PULMONARY FUNCTION TESTIN					30,375		
59	05 INDUSTRIAL MEDICINE							
59	06 PATIENT EDUCATION							
59	07 ADMISSION REVIEW							
59	08 EYE CARE							
59	09 MAGNETIC RESONANCE IMAGIN							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
61	EMERGENCY					4,972,472		
62	OBSERVATION BEDS (NON-DIS					872,735		
63	OTHER OUTPATIENT SERVICE							
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL							
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVII I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVII I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	31,842		31,842	279,783		279,783
26	INTENSIVE CARE UNIT	8,979		8,979	82,958		82,958
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	40,821		40,821	362,741		362,741

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,285	14,459	1.26	18,218	11.07	160,061
26	INTENSIVE CARE UNIT	2,311	1,560	3.89	6,068	35.90	56,004
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	27,596	16,019		24,286		216,065

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

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
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					25,285	
26	INTENSIVE CARE UNIT					2,311	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					27,596	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	14,459	
26	INTENSIVE CARE UNIT	1,560	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL	16,019	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN						
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN						
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	OTHER REIMBURSABLE COST C						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			7,195,177			2,410,989	
39	RECOVERY ROOM			1,628,264			522,220	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			2,572,923			915,034	
42	RADIOLOGY-DIAGNOSTIC			2,486,097			623,289	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE			2,271,938			1,315,232	
45	LABORATORY			19,569,501			10,512,182	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING			894,290			256,198	
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			10,339,372			2,193,123	
51	PHYSICAL THERAPY			2,758,972			1,938,988	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			104,519			78,598	
54	ELECTROCARDIOLOGY			2,968,265			1,918,993	
55	ELECTROENCEPHALOGRAPHY			117,950			84,822	
56	MEDICAL SUPPLIES CHARGED			3,394,646				
57	DRUGS CHARGED TO PATIENTS			9,669,243			6,521,566	
58	RENAL DIALYSIS			1,651,050			1,193,443	
59	ASC (NON-DISTINCT PART)							
59	OTHER ANCILLARY SERVICE C							
59	01 CAT SCAN			6,266,712			2,237,369	
59	02 ULTRA SOUND			1,057,395			247,115	
59	03 VASCULAR LAB			694,387			412,185	
59	04 PULMONARY FUNCTION TESTIN			39,406				
59	05 INDUSTRIAL MEDICINE							
59	06 PATIENT EDUCATION							
59	07 ADMISSION REVIEW							
59	08 EYE CARE							
59	09 MAGNETIC RESONANCE IMAGIN							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY			6,580,208			1,086,861	
63	OBSERVATION BEDS (NON-DIS			892,938				
64	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
68	OTHER REIMBURSABLE COST C							
101	TOTAL			83,153,253			34,468,207	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	301,074					
39	RECOVERY ROOM	127,888					
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	192,171					
42	RADIOLOGY-DIAGNOSTIC	302,769					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	181,553					
45	LABORATORY	39,946					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	24,042					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	292,532					
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	522,414					
57	DRUGS CHARGED TO PATIENTS	164,367					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	OTHER ANCILLARY SERVICE C						
59	01 CAT SCAN	617,057					
59	02 ULTRA SOUND						
59	03 VASCULAR LAB						
59	04 PULMONARY FUNCTION TESTIN	13,102					
59	05 INDUSTRIAL MEDICINE						
59	06 PATIENT EDUCATION						
59	07 ADMISSION REVIEW						
59	08 EYE CARE						
59	09 MAGNETIC RESONANCE IMAGIN						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	689,393					
63	OBSERVATION BEDS (NON-DIS	224,514					
64	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C	99,025					
101	TOTAL	3,791,847					

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				99,339	
38 RECOVERY ROOM				36,728	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				74,898	
41 RADIOLOGY-DIAGNOSTIC				210,599	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				28,414	
44 LABORATORY				6,177	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				6,818	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				50,858	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				177,800	
56 DRUGS CHARGED TO PATIENTS				2,897	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 OTHER ANCILLARY SERVICE COST CENTERS					
59 01 CAT SCAN				67,816	
59 02 ULTRA SOUND					
59 03 VASCULAR LAB					
59 04 PULMONARY FUNCTION TESTING				566	
59 05 INDUSTRIAL MEDICINE					
59 06 PATIENT EDUCATION					
59 07 ADMISSION REVIEW					
59 08 EYE CARE					
59 09 MAGNETIC RESONANCE IMAGING (MRI)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				464,276	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL				1,227,186	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,227,186	

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	31,842		31,842	279,783		279,783
26	INTENSIVE CARE UNIT	8,979		8,979	82,958		82,958
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	40,821		40,821	362,741		362,741

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	25,285	9,000	1.26	11,340	11.07	99,630
26	INTENSIVE CARE UNIT	2,311		3.89		35.90	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	27,596	9,000		11,340		99,630

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 14-0181
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 6/6/2011
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					25,285	
26	INTENSIVE CARE UNIT					2,311	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPECIAL CARE						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					27,596	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,000	
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPECIAL CARE		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	9,000	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	128.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,954,752	
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)	16,954,752	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,177,187	
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)		
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	18,131,939	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,131,939	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,157,756	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	308,529	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	703,825	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	492,678	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	17,158,332	
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	17,158,332	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	18,385,779	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-1,227,447	
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	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,983,103		1,224,117
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	12/28/2010			100,487
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	12/28/2010	2,597,324		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-2,597,324		100,487
4 TOTAL INTERIM PAYMENTS		18,385,779		1,324,604
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		1,227,447		37,136
7 TOTAL MEDICARE PROGRAM LIABILITY		17,158,332		1,287,468

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.

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		24,807,024		
2	NET INCOME (LOSS)		-1,441,737		
3	TOTAL		23,365,287		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	UNREALIZED GAIN	250,994			
6					
7					
8					
9					
10	TOTAL ADDITIONS		250,994		
11	SUBTOTAL		23,616,281		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		23,616,281		

		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	UNREALIZED GAIN				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
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	25,986,729		25,986,729
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,986,729		25,986,729
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,582,879		4,582,879
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 OTHER SPECIAL CARE			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,582,879		4,582,879
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	30,569,608		30,569,608
17 00 ANCILLARY SERVICES	59,003,234	24,150,019	83,153,253
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	89,572,842	24,150,019	113,722,861

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	46,053,738		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	46,053,738		

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	75.61
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	32.61
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	32.61
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.83
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	