

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		14-0304		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: 5/27/2011 TIME 11:31

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ADVENTIST BOLINGBROOK HOSPITAL 14-0304 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	2,100,996	63,194		0
100	TOTAL	0	2,100,996	63,194		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 500 REMINGTON BLVD P.O. BOX:
 1.01 CITY: BOLI NGBROOK STATE: IL ZIP CODE: 60440- COUNTY: WILL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-0304	2.01	1/13/2008	V XVIII XIX 4 5 6 N P 0

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----
 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MI SCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. Y N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N 2 3
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N Y Y
 N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 108013
 40.01 NAME: ADVENTIST HEALTH SYSTEM FI/CONTRACTOR NAME FIRST COAST SERVICE OPTIONS FI/CONTRACTOR # #90
 40.02 STREET: 111 NORTH ORLANDO AVE P.O. BOX:
 40.03 CITY: WINTER PARK STATE: FL ZIP CODE: 32789-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 920,220
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).					0

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).				Y	4/7/2011
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MI SCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.				Y	
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COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	126	45,990				6,734	4,948
2 HMO						516	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	126	45,990				6,734	4,948
6 INTENSIVE CARE UNIT	12	4,380				1,289	556
11 NURSERY							1,376
12 TOTAL	138	50,370				8,023	6,880
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	138						
26 OBSERVATION BED DAYS							784
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							62

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	----- NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			17,312				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			17,312				
6 INTENSIVE CARE UNIT			2,338				
11 NURSERY			1,874				
12 TOTAL			21,524				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL							
26 OBSERVATION BED DAYS			3,498				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			101				

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	----- TITLE V 12	DISCHARGES TITLE XVIII 13 1,842	----- TITLE XIX 14 1,988	TOTAL ALL PATIENTS 15 5,549
1 ADULTS & PEDIATRICS							
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		515.50			1,842	1,988	5,549
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		515.50					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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	33,653,278	255,129	33,908,407	1,072,238.00	31.62	
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	159,013	-159,013				
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	408,848		408,848	5,105.00	80.09	HPM report
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,999,369		3,999,369	59,076.00	67.70	CORP SPREADSHEET
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,387,445		8,387,445			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						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	151,682	289,998	441,680	11,687.00	37.79	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	5,435,838	-690,307	4,745,531	153,575.00	30.90	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,092,500	336,941	1,429,441	56,264.00	25.41	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	13		13			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,180,851	188,783	1,369,634	32,184.00	42.56	
31 CENTRAL SERVICE AND SUPPLY	286,695		286,695	18,890.00	15.18	
32 PHARMACY	1,161,394	13,752	1,175,146	26,391.00	44.53	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	629,322	88,541	717,863	31,876.00	22.52	
34 SOCIAL SERVICE	675,516		675,516	20,274.00	33.32	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,653,278	255,129	33,908,407	1,072,238.00	31.62	
2 EXCLUDED AREA SALARIES	159,013	-159,013				
3 SUBTOTAL SALARIES	33,494,265	414,142	33,908,407	1,072,238.00	31.62	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,408,217		4,408,217	64,181.00	68.68	
5 SUBTOTAL WAGE-RELATED COSTS	8,387,445		8,387,445		24.74	
6 TOTAL	46,289,927	414,142	46,704,069	1,136,419.00	41.10	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
12 TOTAL						
13 TOTAL OVERHEAD COSTS	10,613,811	227,708	10,841,519	351,141.00	30.88	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,382,550
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	10,382,550
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)	.231933
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0304

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

PREPARED 5/27/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASSIFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				9,350,466	9,350,466
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				7,205,472	7,205,472
5	0500 EMPLOYEE BENEFITS	151,682	1,562,070	1,713,752	5,012,672	6,726,424
6	0600 ADMINISTRATIVE & GENERAL	5,435,838	25,743,922	31,179,760	-10,863,748	20,316,012
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,092,500	3,037,792	4,130,292	3,896,076	8,026,368
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	13	2,332,493	2,332,506		2,332,506
11	1100 DIETARY		2,199,794	2,199,794	-1,598,237	601,557
12	1200 CAFETERIA		-189,522	-189,522	1,598,237	1,408,715
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,180,851	185,238	1,366,089	200,457	1,566,546
15	1500 CENTRAL SERVICES & SUPPLY	286,695	652,836	939,531	-491,759	447,772
16	1600 PHARMACY	1,161,394	3,002,234	4,163,628	-2,695,018	1,468,610
17	1700 MEDICAL RECORDS & LIBRARY	629,322	120,035	749,357	110,884	860,241
18	1800 SOCIAL SERVICE	675,516	206,528	882,044		882,044
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,100,617	1,680,783	8,781,400	-1,387,728	7,393,672
26	2600 INTENSIVE CARE UNIT	1,724,124	544,254	2,268,378		2,268,378
33	3300 NURSERY		15,487	15,487	1,048,963	1,064,450
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,903,096	5,543,470	7,446,566	-4,570,678	2,875,888
37.01	3701 DAY SURGERY					
38	3800 RECOVERY ROOM	511,224	59,851	571,075		571,075
39	3900 DELIVERY ROOM & LABOR ROOM	1,031,437	397,801	1,429,238	238,079	1,667,317
40	4000 ANESTHESIOLOGY	42,056	171,212	213,268		213,268
41	4100 RADIOLOGY-DIAGNOSTIC	1,240,127	1,109,017	2,349,144	-446,013	1,903,131
41.01	4101 CAT SCAN	484,199	189,277	673,476	-31,488	641,988
41.02	4102 ULTRASOUND	395,031	103,033	498,064		498,064
41.03	4103 CARDIAC CATH	528,211	1,056,057	1,584,268	-916,825	667,443
41.04	4104 MRI	222,447	39,543	261,990	-3,251	258,739
41.06	4106 WOMEN'S IMAGING CENTER					
41.07	4108 PLAINFIELD IMAGING	465,277	351,931	817,208		817,208
42	4200 RADIOLOGY-THERAPEUTIC		6,727	6,727	-299	6,428
43	4300 RADIOISOTOPE	240,046	329,161	569,207		569,207
44	4400 LABORATORY	1,434,804	2,143,807	3,578,611	131,175	3,709,786
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	697,243	192,383	889,626		889,626
50	5000 PHYSICAL THERAPY	916,843	83,393	1,000,236		1,000,236
51	5100 OCCUPATIONAL THERAPY	230,979	19,566	250,545		250,545
52	5200 SPEECH PATHOLOGY	86,457	7,045	93,502		93,502
53	5300 ELECTROCARDIOLOGY	458,558	175,092	633,650		633,650
53.01	5301 CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY	30,423	18,577	49,000		49,000
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,520,684	2,520,684
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				4,203,911	4,203,911
56	5600 DRUGS CHARGED TO PATIENTS				2,709,649	2,709,649
57	5700 RENAL DIALYSIS		183,246	183,246		183,246
58	5800 ASC (NON-DISTINCT PART)					
59	3280 SLEEP LAB		282,041	282,041		282,041
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	167,356	123,927	291,283		291,283
60.03	6001 PAIN MANAGEMENT CENTER	155,175	105,214	260,389	-22,596	237,793
60.06	6002 MATERNAL FETAL MEDICINE CLINIC					
61	6100 EMERGENCY	2,814,724	896,383	3,711,107		3,711,107
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		18,044,592	18,044,592	-15,199,085	2,845,507
95	SUBTOTALS	33,494,265	72,726,290	106,220,555	-0-	106,220,555
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		119,807	119,807		119,807
98	9800 PHYSICIANS' PRIVATE OFFICES	159,013	4,150,550	4,309,563		4,309,563
100	7950 OFFICE BUILDINGS		196,324	196,324		196,324
101	TOTAL	33,653,278	77,192,971	110,846,249	-0-	110,846,249

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0304
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-68,244	9,282,222
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	290,700	7,496,172
5	0500 EMPLOYEE BENEFITS	194,547	6,920,971
6	0600 ADMINISTRATIVE & GENERAL	-9,675,466	10,640,546
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-407	8,025,961
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		2,332,506
11	1100 DIETARY		601,557
12	1200 CAFETERIA	-148,236	1,260,479
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-825	1,565,721
15	1500 CENTRAL SERVICES & SUPPLY		447,772
16	1600 PHARMACY		1,468,610
17	1700 MEDICAL RECORDS & LIBRARY	45,209	905,450
18	1800 SOCIAL SERVICE		882,044
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-8,143	7,385,529
26	2600 INTENSIVE CARE UNIT		2,268,378
33	3300 NURSERY		1,064,450
37	3700 OPERATING ROOM	-12,842	2,863,046
37.01	3701 DAY SURGERY		
38	3800 RECOVERY ROOM		571,075
39	3900 DELIVERY ROOM & LABOR ROOM		1,667,317
40	4000 ANESTHESIOLOGY		213,268
41	4100 RADIOLOGY-DIAGNOSTIC	-1,743	1,901,388
41.01	4101 CAT SCAN		641,988
41.02	4102 ULTRASOUND		498,064
41.03	4103 CARDIAC CATH		667,443
41.04	4104 MRI		258,739
41.06	4106 WOMEN'S IMAGING CENTER		
41.07	4108 PLAINFIELD IMAGING	-386	816,822
42	4200 RADIOLOGY-THERAPEUTIC		6,428
43	4300 RADIOISOTOPE		569,207
44	4400 LABORATORY		3,709,786
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		889,626
50	5000 PHYSICAL THERAPY		1,000,236
51	5100 OCCUPATIONAL THERAPY		250,545
52	5200 SPEECH PATHOLOGY		93,502
53	5300 ELECTROCARDIOLOGY	-1,360	632,290
53.01	5301 CARDIAC REHAB	-7,710	-7,710
54	5400 ELECTROENCEPHALOGRAPHY		49,000
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,520,684
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		4,203,911
56	5600 DRUGS CHARGED TO PATIENTS		2,709,649
57	5700 RENAL DIALYSIS		183,246
58	5800 ASC (NON-DISTINCT PART)		
59	3280 SLEEP LAB		282,041
60	6000 OUTPAT SERVICE COST CNTRS CLINIC		291,283
60.03	6001 PAIN MANAGEMENT CENTER		237,793
60.06	6002 MATERNAL FETAL MEDICINE CLINIC		
61	6100 EMERGENCY	-50,273	3,660,834
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
69.10	6910 OTHER REIMBURS COST CNTRS CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
85.01	8510 SPEC PURPOSE COST CENTERS PANCREAS ACQUISITION		
85.02	8520 INTestinal ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
88	8800 INTEREST EXPENSE	-2,845,507	-0-
95	SUBTOTALS	-12,290,686	93,929,869
96	9600 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		119,807
98	9800 PHYSICIANS' PRIVATE OFFICES		4,309,563
100	7950 OFFICE BUILDINGS		196,324
101	TOTAL	-12,290,686	98,555,563

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0304
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	CARDIAC CATH	4103	RADIOLOGY-DIAGNOSTIC
41.04	MRI	4104	RADIOLOGY-DIAGNOSTIC
41.06	WOMEN'S IMAGING CENTER	4106	RADIOLOGY-DIAGNOSTIC
41.07	PLAINFIELD IMAGING	4108	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	SLEEP LAB	3280	EKG AND EEG
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.03	PAIN MANAGEMENT CENTER	6001	CLINIC
60.06	MATERNAL FETAL MEDICINE CLINIC	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OFFICE BUILDINGS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140304

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4 OTHER 5	
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6	2,029,561	2,760,984
2		NEW CAP REL COSTS-BLDG & FIXT	3		3,894,199
3		EMPLOYEE BENEFITS	5	289,998	4,722,674
4		OPERATION OF PLANT	8	336,941	839,488
5		NURSING ADMINISTRATION	14	77,850	11,674
6		PHARMACY	16	13,752	853
7		MEDICAL RECORDS & LIBRARY	17	88,541	22,343
8		RADIOLOGY-DIAGNOSTIC	41	112,031	22,736
9		LABORATORY	44	74,403	56,772
10		ADMINISTRATIVE & GENERAL	6	414,142	
11 PROERTY TAXES	B	OPERATION OF PLANT	8		2,719,647
12 CNO	C	NURSING ADMINISTRATION	14	110,933	
13 DEPRECIATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		3,496,717
14		NEW CAP REL COSTS-MVBLE EQUIP	4		6,602,534
15 INTEREST	E	NEW CAP REL COSTS-BLDG & FIXT	3		1,959,550
16		NEW CAP REL COSTS-MVBLE EQUIP	4		602,938
17		ADMINISTRATIVE & GENERAL	6		452,204
18 NURSERY	F	NURSERY	33	821,903	227,060
19		DELIVERY ROOM & LABOR ROOM	39	255,963	82,362
20 CAFETERIA	G	CAFETERIA	12		1,598,237
21 INPLANTS	H	IMPL. DEV. CHARGED TO PATIENT	55.30		4,203,911
22 BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,724,595
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 BILLABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		2,709,649
35					
1 PHYSICIAN SUBSIDIES	K	PHYSICIANS' PRIVATE OFFICES	98		159,013
2 MISC INTEREST	L	INTEREST EXPENSE	88		126,493
36 TOTAL RECLASSIFICATIONS				4,626,018	43,996,633

(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:
140304

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 SHARED SERVICES	A	ADMINISTRATIVE & GENERAL	6		414,142	
2		ADMINISTRATIVE & GENERAL	6	3,023,077	12,331,723	11
3						
4						
5						
6						
7						
8						
9						
10						
11 PROERTY TAXES	B	INTEREST EXPENSE	88		2,719,647	
12 CNO	C	ADMINISTRATIVE & GENERAL	6	110,933		
13 DEPRECIATION	D	ADMINISTRATIVE & GENERAL	6		508,012	10
14		INTEREST EXPENSE	88		9,591,239	10
15 INTEREST	E	INTEREST EXPENSE	88		3,014,692	11
16						11
17						
18 NURSERY	F	ADULTS & PEDIATRICS	25	1,077,866	309,422	
19						
20 CAFETERIA	G	DIETARY	11		1,598,237	
21 INPLANTS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,203,911	
22 BILLABLE SUPPLIES	I	ADMINISTRATIVE & GENERAL	6		6,259	
23		CENTRAL SERVICES & SUPPLY	15		491,759	
24		PHARMACY	16		136	
25		ADULTS & PEDIATRICS	25		440	
26		OPERATING ROOM	37		4,570,516	
27		DELIVERY ROOM & LABOR ROOM	39		100,246	
28		RADIOLOGY-DIAGNOSTIC	41		580,780	
29		CAT SCAN	41.01		31,488	
30		CARDIAC CATH	41.03		916,825	
31		MRI	41.04		3,251	
32		RADIOLOGY-THERAPEUTIC	42		299	
33		PAIN MANAGEMENT CENTER	60.03		22,596	
34 BILLABLE DRUGS	J	PHARMACY	16		2,709,487	
35		OPERATING ROOM	37		162	
1 PHYSICIAN SUBSIDIES	K	PHYSICIANS' PRIVATE OFFICES	98	159,013		
2 MISC INTEREST	L	ADMINISTRATIVE & GENERAL	6		126,493	
36 TOTAL RECLASSIFICATIONS				4,370,889	44,251,762	

(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:
140304

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

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

RECLASS CODE: A
EXPLANATION : SHARED SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	4,790,545	ADMINISTRATIVE & GENERAL	6	414,142	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,894,199	ADMINISTRATIVE & GENERAL	6	15,354,800	
3.00	EMPLOYEE BENEFITS	5	5,012,672			0	
4.00	OPERATION OF PLANT	8	1,176,429			0	
5.00	NURSING ADMINISTRATION	14	89,524			0	
6.00	PHARMACY	16	14,605			0	
7.00	MEDICAL RECORDS & LIBRARY	17	110,884			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	134,767			0	
9.00	LABORATORY	44	131,175			0	
10.00	ADMINISTRATIVE & GENERAL	6	414,142			0	
TOTAL RECLASSIFICATIONS FOR CODE A			15,768,942				15,768,942

RECLASS CODE: B
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	2,719,647	INTEREST EXPENSE	88	2,719,647	
TOTAL RECLASSIFICATIONS FOR CODE B			2,719,647				2,719,647

RECLASS CODE: C
EXPLANATION : CNO

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	110,933	ADMINISTRATIVE & GENERAL	6	110,933	
TOTAL RECLASSIFICATIONS FOR CODE C			110,933				110,933

RECLASS CODE: D
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,496,717	ADMINISTRATIVE & GENERAL	6	508,012	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,602,534	INTEREST EXPENSE	88	9,591,239	
TOTAL RECLASSIFICATIONS FOR CODE D			10,099,251				10,099,251

RECLASS CODE: E
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,959,550	INTEREST EXPENSE	88	3,014,692	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	602,938			0	
3.00	ADMINISTRATIVE & GENERAL	6	452,204			0	
TOTAL RECLASSIFICATIONS FOR CODE E			3,014,692				3,014,692

RECLASS CODE: F
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,048,963	ADULTS & PEDIATRICS	25	1,387,288	
2.00	DELIVERY ROOM & LABOR ROOM	39	338,325			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,387,288				1,387,288

RECLASS CODE: G
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,598,237	DIETARY	11	1,598,237	
TOTAL RECLASSIFICATIONS FOR CODE G			1,598,237				1,598,237

RECLASS CODE: H
EXPLANATION : INPLANTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	4,203,911	MEDICAL SUPPLIES CHARGED TO PA	55	4,203,911	
TOTAL RECLASSIFICATIONS FOR CODE H			4,203,911				4,203,911

RECLASSIFICATIONS

PROVIDER NO:
140304

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

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

RECLASS CODE: I
EXPLANATION : BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,724,595	ADMINISTRATIVE & GENERAL	6	6,259	
2.00			0	CENTRAL SERVICES & SUPPLY	15	491,759	
3.00			0	PHARMACY	16	136	
4.00			0	ADULTS & PEDIATRICS	25	440	
5.00			0	OPERATING ROOM	37	4,570,516	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	100,246	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	580,780	
8.00			0	CAT SCAN	41.01	31,488	
9.00			0	CARDIAC CATH	41.03	916,825	
10.00			0	MRI	41.04	3,251	
11.00			0	RADIOLOGY-THERAPEUTIC	42	299	
12.00			0	PAIN MANAGEMENT CENTER	60.03	22,596	
TOTAL RECLASSIFICATIONS FOR CODE I			6,724,595				6,724,595

RECLASS CODE: J
EXPLANATION : BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,709,649	PHARMACY	16	2,709,487	
2.00			0	OPERATING ROOM	37	162	
TOTAL RECLASSIFICATIONS FOR CODE J			2,709,649				2,709,649

RECLASS CODE: K
EXPLANATION : PHYSICIAN SUBSIDIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	159,013	PHYSICIANS' PRIVATE OFFICES	98	159,013	
TOTAL RECLASSIFICATIONS FOR CODE K			159,013				159,013

RECLASS CODE: L
EXPLANATION : MISC INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTEREST EXPENSE	88	126,493	ADMINISTRATIVE & GENERAL	6	126,493	
TOTAL RECLASSIFICATIONS FOR CODE L			126,493				126,493

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	5,440,226					5,440,226	
2 LAND IMPROVEMENTS	61,524	23,028		23,028		84,552	
3 BUILDINGS & FIXTURE	102,459,368	1,588,092		1,588,092	14,578	104,032,882	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	22,246,890	278,812		278,812		22,525,702	
6 MOVABLE EQUIPMENT	30,254,112	3,279,952		3,279,952	95,057	33,439,007	
7 SUBTOTAL	160,462,120	5,169,884		5,169,884	109,635	165,522,369	
8 RECONCILING ITEMS							
9 TOTAL	160,462,120	5,169,884		5,169,884	109,635	165,522,369	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	104,032,882		104,032,882	.756757				
4	NEW CAP REL COSTS-MV	33,439,007		33,439,007	.243243				
5	TOTAL	137,471,889		137,471,889	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	82,338	3,496,717	5,703,167				9,282,222
4	NEW CAP REL COSTS-MV	337,033	6,602,534	556,605				7,496,172
5	TOTAL	419,371	10,099,251	6,259,772				16,778,394

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

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

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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-150,582	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-46,333	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-34,750	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,558,623			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-148,236	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-866	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER REVENUE	B	-3,205,004	ADMINISTRATIVE & GENERAL	6	
37.01 OTHER REVENUE	B	-407	OPERATION OF PLANT	8	
37.02 OTHER REVENUE	B	-825	NURSING ADMINISTRATION	14	
37.03 OTHER REVENUE	B	-8,143	ADULTS & PEDIATRICS	25	
37.04 OTHER REVENUE	B	-12,842	OPERATING ROOM	37	
37.05 OTHER REVENUE	B	-1,743	RADIOLOGY-DIAGNOSTIC	41	
37.06 OTHER REVENUE	B	-386	PLAINTFIELD IMAGING	41.07	
37.07 OTHER REVENUE	B	-1,360	ELECTROCARDIOLOGY	53	
37.08 OTHER REVENUE	B	-7,710	CARDIAC REHAB	53.01	
37.09 OTHER REVENUE	B	-50,273	EMERGENCY	61	
38 OFFSET BAD DEBT	A	-6,821,943	ADMINISTRATIVE & GENERAL	6	
39 OFFSET MARKETING	A	-512,399	ADMINISTRATIVE & GENERAL	6	
40 OFFSET FEDERAL INCOME TAX	A	-5,322	INTEREST EXPENSE	88	
41 NON ALLOW INTEREST	A	-2,677,178	INTEREST EXPENSE	88	
42 OTHER REVENUE	B	-126,493	INTEREST EXPENSE	88	
43 BANK FEES	A	-36,514	INTEREST EXPENSE	88	
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)		-12,290,686			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	SHARED SERVICES	15,354,800	14,422,938	931,862	
2	3	NEW CAP REL COSTS-BLDG &	CAPITAL	82,338		82,338	9
3	4	NEW CAP REL COSTS-MVBLE E	CAPITAL	337,033		337,033	9
4	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	194,547		194,547	
4.01	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	5,267,184	5,300,416	-33,232	
4.02	17	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS	46,075		46,075	
4.03							
5		TOTALS		21,281,977	19,723,354	1,558,623	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	AHS CORPORATE	100.00	AHS CORPORATE	0.00	MANAGEMENT SERVICES
2	B	SHARED SERVICES	0.00	SHARED SERVICES	0.00	FINANCIAL SERVICES
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0304

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0304

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0304
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	TOTAL HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	TOTAL HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	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-(SPECIFY)	22	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	9,282,222			9,282,222			
005 NEW CAP REL COSTS-MVBLE E	7,496,172				7,496,172		
006 EMPLOYEE BENEFITS	6,920,971			3,933	3,176	6,928,080	
007 ADMINISTRATIVE & GENERAL	10,640,546			407,685	329,240	982,391	12,359,862
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	8,025,961			690,049	557,273	295,914	9,569,197
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	2,332,506			62,248	50,271	3	2,445,028
012 DIETARY	601,557			337,684	272,708		1,211,949
013 CAFETERIA	1,260,479			122,137	98,636		1,481,252
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,565,721			223,113	180,182	283,533	2,252,549
016 CENTRAL SERVICES & SUPPLY	447,772			415,812	335,803	59,350	1,258,737
017 PHARMACY	1,468,610			91,837	74,166	243,272	1,877,885
018 MEDICAL RECORDS & LIBRARY	905,450			127,380	102,870	148,608	1,284,308
020 SOCIAL SERVICE	882,044			27,004	21,808	139,841	1,070,697
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS	7,385,529			2,759,898	2,228,849	1,246,792	13,621,068
033 ADULTS & PEDIATRICS	2,268,378			442,817	357,612	356,918	3,425,725
037 NURSERY	1,064,450			123,785	99,967	170,145	1,458,347
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	2,863,046			554,841	448,081	393,968	4,259,936
038 DAY SURGERY							
038 RECOVERY ROOM	571,075			133,186	107,559	105,831	917,651
039 DELIVERY ROOM & LABOR ROO	1,667,317			314,088	253,652	266,510	2,501,567
040 ANESTHESIOLOGY	213,268			23,334	18,844	8,706	264,152
041 RADIOLOGY-DIAGNOSTIC	1,901,388			80,825	65,273	279,916	2,327,402
041 01 CAT SCAN	641,988			44,121	35,631	100,236	821,976
041 02 ULTRASOUND	498,064			51,686	41,741	81,777	673,268
041 03 CARDIAC CATH	667,443			84,271	68,056	109,347	929,117
041 04 MRI	258,739			26,517	21,415	46,050	352,721
041 06 WOMEN'S IMAGING CENTER				187,382	151,326		338,708
041 07 PLAINFIELD IMAGING	816,822					96,319	913,141
042 RADIOLOGY-THERAPEUTIC	6,428						6,428
043 RADIOISOTOPE	569,207			273,563	220,925	49,693	1,113,388
044 LABORATORY	3,709,786			148,579	119,990	312,427	4,290,782
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	889,626			20,225	16,333	144,339	1,070,523
050 PHYSICAL THERAPY	1,000,236			238,843	192,886	189,799	1,621,764
051 OCCUPATIONAL THERAPY	250,545			35,731	28,856	47,816	362,948
052 SPEECH PATHOLOGY	93,502			3,146	2,541	17,898	117,087
053 ELECTROCARDIOLOGY	632,290			21,985	17,755	94,928	766,958
053 01 CARDIAC REHAB	-7,710			56,555	45,673		94,518
054 ELECTROENCEPHALOGRAPHY	49,000			10,300	8,318	6,298	73,916
055 MEDICAL SUPPLIES CHARGED	2,520,684						2,520,684
055 30 IMPL. DEV. CHARGED TO PAT	4,203,911						4,203,911
056 DRUGS CHARGED TO PATIENTS	2,709,649						2,709,649
057 RENAL DIALYSIS	183,246						183,246
058 ASC (NON-DI STINCT PART)				378,771	305,889		684,660
059 SLEEP LAB	282,041			24,158	19,509		325,708
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	291,283			21,087	17,029	34,645	364,044
060 03 PAIN MANAGEMENT CENTER	237,793			47,866	38,656	32,123	356,438
060 06 MATERNAL FETAL MEDICINE C				48,952	39,533		88,485
061 EMERGENCY	3,660,834			548,774	443,181	582,687	5,235,476
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	93,929,869			9,214,168	7,441,213	6,928,080	93,806,856
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	119,807			13,521	10,919		144,247
098 PHYSICIANS' PRIVATE OFFICE	4,309,563			3,970	3,206		4,316,739
100 OFFICE BUILDINGS	196,324			50,563	40,834		287,721
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
103 NONREIMBURS COST CENTERS TOTAL	98,555,563			9,282,222	7,496,172	6,928,080	98,555,563

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	12,359,862						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,372,156		10,941,353				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	350,600		83,256		2,878,884		
012 DIETARY	173,785		451,646		119,748	1,957,128	
013 CAFETERIA	212,401		163,356		43,312		1,900,321
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	323,000		298,409		79,119		58,526
016 CENTRAL SERVICES & SUPPLY	180,494		556,142		147,454		34,351
017 PHARMACY	269,276		122,830		32,567		47,992
018 MEDICAL RECORDS & LIBRARY	184,161		170,369		45,171		57,966
020 SOCIAL SERVICE	153,530		36,118		9,576		36,868
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,953,168		3,691,315		978,704	1,679,733	370,542
037 INTENSIVE CARE UNIT	491,225		592,260		157,030	277,395	82,203
037 NURSERY	209,117		165,560		43,896		44,228
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	610,845		742,091		196,756		109,128
038 RECOVERY ROOM	131,585		178,134		47,230		24,804
039 DELIVERY ROOM & LABOR ROO	358,707		420,087		111,381		66,422
040 ANESTHESIOLOGY	37,878		31,208		8,275		3,793
041 RADIOLOGY-DIAGNOSTIC	333,733		108,103		28,662		78,299
041 01 CAT SCAN	117,866		59,011		15,646		21,595
041 02 ULTRASOUND	96,542		69,130		18,329		14,226
041 03 CARDIAC CATH	133,229		112,711		29,884		21,044
041 04 MRI	50,578		35,466		9,403		8,872
041 06 WOMEN'S IMAGING CENTER	48,568		250,620		66,449		
041 07 PLAINFIELD IMAGING	130,938						29,943
042 RADIOLOGY-THERAPEUTIC	922						
043 RADIOISOTOPE	159,652		365,886		97,010		9,151
044 LABORATORY	615,268		198,722		52,689		112,210
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	153,506		27,051		7,172		42,455
050 PHYSICAL THERAPY	232,550		319,449		84,698		46,484
051 OCCUPATIONAL THERAPY	52,044		47,790		12,671		10,400
052 SPEECH PATHOLOGY	16,789		4,208		1,116		4,037
053 ELECTROCARDIOLOGY	109,976		29,405		7,796		26,214
053 01 CARDIAC REHAB	13,553		75,642		20,055		
054 ELECTROENCEPHALOGRAPHY	10,599		13,776		3,652		2,209
055 MEDICAL SUPPLIES CHARGED	361,448						
055 30 IMPL. DEV. CHARGED TO PAT	602,811						
056 DRUGS CHARGED TO PATIENTS	388,545						
057 RENAL DIALYSIS	26,276						
058 ASC (NON-DISTINCT PART)	98,175		506,599		134,318		
059 SLEEP LAB	46,704		32,311		8,567		
060 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC	52,201		28,203		7,478		8,432
060 06 PAIN MANAGEMENT CENTER	51,111		64,020		16,974		9,514
061 MATERNAL FETAL MEDICINE C	12,688		65,473		17,359		
062 EMERGENCY	750,731		733,975		194,604		165,107
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	11,678,931		10,850,332		2,854,751	1,957,128	1,547,015
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	20,684		18,084		4,795		
100 PHYSICIANS' PRIVATE OFFICE	618,990		5,310		1,408		353,306
101 OFFICE BUILDINGS	41,257		67,627		17,930		
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
103 NONREIMBURS COST CENTERS TOTAL	12,359,862		10,941,353		2,878,884	1,957,128	1,900,321

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVI C	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		3,011,603					
016 CENTRAL SERVICES & SUPPLY		56,169	2,233,347				
017 PHARMACY		78,474	882	2,429,906			
018 MEDICAL RECORDS & LIBRARY		94,783			1,836,758		
020 SOCIAL SERVICE		60,285				1,367,074	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		605,888	41,894	4,215	142,608	1,032,127	
037 INTENSIVE CARE UNIT		134,414	14,665	835	23,469	170,453	
039 NURSERY		72,319	1,713		14,357	164,494	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		178,440	572,257	3,714	110,399		
038 DAY SURGERY			5,027	177			
039 RECOVERY ROOM		40,559	1,856	33	20,986		
040 DELIVERY ROOM & LABOR ROO		108,610	23,004		22,488		
041 ANESTHESIOLOGY		6,203	7,625	57,834	39,647		
041 01 RADIOLOGY-DIAGNOSTIC		128,030	73,924	99	92,994		
041 02 CAT SCAN		35,310	5,728	641	190,770		
041 03 ULTRASOUND		23,262	575	21	45,703		
041 04 CARDIAC CATH		34,409	111,205	142	46,177		
041 06 MRI		14,508	505	60	51,384		
041 07 WOMEN'S IMAGING CENTER							
042 PLAINFIELD IMAGING		48,962	1,349	249	21,392		
043 RADIOLOGY-THERAPEUTIC			36	31			
044 RADIO SOTOPE		14,963	418	380	32,977		
046 LABORATORY		183,480	9,811	15	264,425		
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY		69,419	3,129		35,933		
051 PHYSICAL THERAPY		76,009	940	322	24,783		
052 OCCUPATIONAL THERAPY		17,005	218	286	5,164		
053 SPEECH PATHOLOGY		6,601	15		2,177		
053 01 ELECTROCARDIOLOGY		42,863	1,071	65	60,435		
054 CARDIAC REHAB			86				
055 ELECTROENCEPHALOGRAPHY		3,613	367		4,639		
055 30 MEDICAL SUPPLIES CHARGED			813,202		70,150		
056 IMPL. DEV. CHARGED TO PAT			508,375		75,614		
057 DRUGS CHARGED TO PATIENTS				2,323,882	135,347		
058 RENAL DIALYSIS					3,306		
059 ASC (NON-DISTINCT PART)							
060 SLEEP LAB					7,800		
060 03 OUTPAT SERVICE COST CNTRS							
060 06 CLINIC		13,788	582		14,731		
060 06 PAIN MANAGEMENT CENTER		15,557	5,718	33,847	15,382		
061 MATERNAL FETAL MEDICINE C			131	144			
062 EMERGENCY		269,973	27,005	2,914	261,521		
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		2,433,896	2,233,313	2,429,906	1,836,758	1,367,074	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC		577,707					
101 OFFICE BUILDINGS			34				
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
NONREIMBURS COST CENTERS TOTAL		3,011,603	2,233,347	2,429,906	1,836,758	1,367,074	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMIN STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS					24,121,262		24,121,262
033 ADULTS & PEDIATRICS					5,369,674		5,369,674
037 INTENSIVE CARE UNIT					2,174,031		2,174,031
039 NURSERY							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					6,783,566		6,783,566
042 01 DAY SURGERY					5,204		5,204
043 RECOVERY ROOM					1,362,838		1,362,838
044 DELIVERY ROOM & LABOR ROO					3,612,266		3,612,266
045 ANESTHESIOLOGY					456,615		456,615
046 RADIOLOGY-DIAGNOSTIC					3,171,246		3,171,246
047 01 CAT SCAN					1,268,543		1,268,543
048 02 ULTRASOUND					941,056		941,056
049 03 CARDIAC CATH					1,417,918		1,417,918
050 04 MRI					523,497		523,497
051 06 WOMEN'S IMAGING CENTER					704,345		704,345
052 07 PLAINFIELD IMAGING					1,145,974		1,145,974
053 RADIOLOGY-THERAPEUTIC					7,417		7,417
054 RADIOISOTOPE					1,793,825		1,793,825
055 LABORATORY					5,727,402		5,727,402
056 30 BLOOD CLOTTING FACTORS AD							
057 RESPIRATORY THERAPY					1,409,188		1,409,188
058 PHYSICAL THERAPY					2,406,999		2,406,999
059 OCCUPATIONAL THERAPY					508,526		508,526
060 SPEECH PATHOLOGY					152,030		152,030
061 ELECTROCARDIOLOGY					1,044,783		1,044,783
062 01 CARDIAC REHAB					203,854		203,854
063 ELECTROENCEPHALOGRAPHY					112,771		112,771
064 MEDICAL SUPPLIES CHARGED					3,765,484		3,765,484
065 30 IMPL. DEV. CHARGED TO PAT					5,390,711		5,390,711
066 DRUGS CHARGED TO PATIENTS					5,557,423		5,557,423
067 RENAL DIALYSIS					212,828		212,828
068 ASC (NON-DISTINCT PART)					1,423,752		1,423,752
069 SLEEP LAB					421,090		421,090
070 OUTPAT SERVICE COST CNTRS							
071 CLINIC					489,459		489,459
072 03 PAIN MANAGEMENT CENTER					568,561		568,561
073 06 MATERNAL FETAL MEDICINE C					184,280		184,280
074 EMERGENCY					7,641,306		7,641,306
075 OBSERVATION BEDS (NON-DIS							
076 50 RHC							
077 60 FOHC							
078 OTHER REIMBURS COST CNTRS							
079 10 CMHC							
080 20 OUTPATIENT PHYSICAL THERA							
081 30 OUTPATIENT OCCUPATIONAL T							
082 40 OUTPATIENT SPEECH PATHOLO							
083 HOME HEALTH AGENCY							
084 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 02 INTESTINAL ACQUISITION							
087 03 ISLET CELL ACQUISITION							
088 SUBTOTALS					92,079,724		92,079,724
089 NONREIMBURS COST CENTERS							
090 GIFT, FLOWER, COFFEE SHOP					187,810		187,810
091 PHYSICIANS' PRIVATE OFFIC					5,873,460		5,873,460
100 OFFICE BUILDINGS					414,569		414,569
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS TOTAL					98,555,563		98,555,563

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS			3,933	3,176	7,109	7,109
007	ADMINISTRATIVE & GENERAL			407,685	329,240	736,925	1,006
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT			690,049	557,273	1,247,322	303
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING			62,248	50,271	112,519	
012	DIETARY			337,684	272,708	610,392	
013	CAFETERIA			122,137	98,636	220,773	
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION			223,113	180,182	403,295	290
016	CENTRAL SERVICES & SUPPLY			415,812	335,803	751,615	61
017	PHARMACY			91,837	74,166	166,003	249
018	MEDICAL RECORDS & LIBRARY			127,380	102,870	230,250	152
020	SOCIAL SERVICE			27,004	21,808	48,812	143
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
033	ADULTS & PEDIATRICS			2,759,898	2,228,849	4,988,747	1,292
037	INTENSIVE CARE UNIT			442,817	357,612	800,429	366
037	NURSERY			123,785	99,967	223,752	174
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			554,841	448,081	1,002,922	403
037	01 DAY SURGERY						
038	RECOVERY ROOM			133,186	107,559	240,745	108
039	DELIVERY ROOM & LABOR ROO			314,088	253,652	567,740	273
040	ANESTHESIOLOGY			23,334	18,844	42,178	9
041	RADIOLOGY-DIAGNOSTIC			80,825	65,273	146,098	287
041	01 CAT SCAN			44,121	35,631	79,752	103
041	02 ULTRASOUND			51,686	41,741	93,427	84
041	03 CARDIAC CATH			84,271	68,056	152,327	112
041	04 MRI			26,517	21,415	47,932	47
041	06 WOMEN'S IMAGING CENTER			187,382	151,326	338,708	
041	07 PLAINFIELD IMAGING						99
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE			273,563	220,925	494,488	51
044	LABORATORY			148,579	119,990	268,569	320
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY			20,225	16,333	36,558	148
050	PHYSICAL THERAPY			238,843	192,886	431,729	194
051	OCCUPATIONAL THERAPY			35,731	28,856	64,587	49
052	SPEECH PATHOLOGY			3,146	2,541	5,687	18
053	ELECTROCARDIOLOGY			21,985	17,755	39,740	97
053	01 CARDIAC REHAB			56,555	45,673	102,228	
054	ELECTROENCEPHALOGRAPHY			10,300	8,318	18,618	6
055	MEDICAL SUPPLIES CHARGED						
055	30 IMPL. DEV. CHARGED TO PAT						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)			378,771	305,889	684,660	
059	SLEEP LAB			24,158	19,509	43,667	
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC			21,087	17,029	38,116	35
060	03 PAIN MANAGEMENT CENTER			47,866	38,656	86,522	33
060	06 MATERNAL FETAL MEDICINE C			48,952	39,533	88,485	
061	EMERGENCY			548,774	443,181	991,955	597
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
069	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS			9,214,168	7,441,213	16,655,381	7,109
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			13,521	10,919	24,440	
098	PHYSICIANS' PRIVATE OFFIC			3,970	3,206	7,176	
100	OFFICE BUILDINGS			50,563	40,834	91,397	
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS TOTAL				9,282,222	7,496,172	16,778,394	7,109

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT	EN SERVICE			
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	737,931						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	81,922		1,329,547				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	20,932		10,117		143,568		
012 DIETARY	10,375		54,882		5,972	681,621	
013 CAFETERIA	12,681		19,850		2,160		255,464
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	19,284		36,261		3,946		7,868
016 CENTRAL SERVICES & SUPPLY	10,776		67,580		7,353		4,618
017 PHARMACY	16,077		14,926		1,624		6,452
018 MEDICAL RECORDS & LIBRARY	10,995		20,703		2,253		7,793
020 SOCIAL SERVICE	9,166		4,389		478		4,956
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	116,619		448,555		48,807	585,011	49,811
028 INTENSIVE CARE UNIT	29,328		71,969		7,831	96,610	11,051
033 NURSERY	12,485		20,118		2,189		5,946
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	36,469		90,176		9,812		14,670
039 01 DAY SURGERY							
040 RECOVERY ROOM	7,856		21,646		2,355		3,334
041 DELIVERY ROOM & LABOR ROO	21,416		51,047		5,554		8,929
042 ANESTHESIOLOGY	2,261		3,792		413		510
043 RADIOLOGY-DIAGNOSTIC	19,925		13,136		1,429		10,526
044 01 CAT SCAN	7,037		7,171		780		2,903
045 02 ULTRASOUND	5,764		8,400		914		1,912
046 03 CARDIAC CATH	7,954		13,696		1,490		2,829
047 04 MRI	3,020		4,310		469		1,193
048 06 WOMEN'S IMAGING CENTER	2,900		30,454		3,314		
049 07 PLAINFIELD IMAGING	7,817						4,025
050 RADIOLOGY-THERAPEUTIC	55						
051 RADIOISOTOPE	9,532		44,461		4,838		1,230
052 LABORATORY	36,733		24,148		2,628		15,085
053 30 BLOOD CLOTTING FACTORS AD							
054 RESPIRATORY THERAPY	9,165		3,287		358		5,707
055 PHYSICAL THERAPY	13,884		38,818		4,224		6,249
056 OCCUPATIONAL THERAPY	3,107		5,807		632		1,398
057 SPEECH PATHOLOGY	1,002		511		56		543
058 ELECTROCARDIOLOGY	6,566		3,573		389		3,524
059 01 CARDIAC REHAB	809		9,192		1,000		
060 ELECTROENCEPHALOGRAPHY	633		1,674		182		297
061 MEDICAL SUPPLIES CHARGED	21,580						
062 30 IMPL. DEV. CHARGED TO PAT	35,990						
063 DRUGS CHARGED TO PATIENTS	23,197						
064 RENAL DIALYSIS	1,569						
065 ASC (NON-DIAGNOSTIC PART)	5,861		61,560		6,698		
066 SLEEP LAB	2,788		3,926		427		
067 OUTPAT SERVICE COST CNTRS							
068 CLINIC	3,117		3,427		373		1,134
069 03 PAIN MANAGEMENT CENTER	3,051		7,779		846		1,279
070 06 MATERNAL FETAL MEDICINE C	758		7,956		866		
071 EMERGENCY	44,821		89,190		9,705		22,196
072 OBSERVATION BEDS (NON-DIS							
073 50 RHC							
074 60 FOHC							
075 OTHER REIMBURS COST CNTRS							
076 10 CMHC							
077 20 OUTPATIENT PHYSICAL THERA							
078 30 OUTPATIENT OCCUPATIONAL T							
079 40 OUTPATIENT SPEECH PATHOLO							
080 HOME HEALTH AGENCY							
081 SPEC PURPOSE COST CENTERS							
082 01 PANCREAS ACQUISITION							
083 02 INTESTINAL ACQUISITION							
084 03 ISLET CELL ACQUISITION							
085 SUBTOTALS	697,277		1,318,487		142,365	681,621	207,968
086 NONREIMBURS COST CENTERS							
087 GI FT, FLOWER, COFFEE SHOP	1,235		2,197		239		
088 PHYSICIANS' PRIVATE OFFICE	36,956		645		70		47,496
089 OFFICE BUILDINGS	2,463		8,218		894		
090 CROSS FOOT ADJUSTMENTS							
091 NEGATIVE COST CENTER							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
103 NONREIMBURS COST CENTERS TOTAL	737,931		1,329,547		143,568	681,621	255,464

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		470,944						
016 CENTRAL SERVICES & SUPPLY		8,784	850,787					
017 PHARMACY		12,271	336	217,938				
018 MEDICAL RECORDS & LIBRARY		14,822			286,968			
020 SOCIAL SERVICE		9,427				77,371		
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM-(SPECIFY)								
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		94,746	15,960	378	22,288		58,414	
026 INTENSIVE CARE UNIT		21,019	5,587	75	3,668		9,647	
033 NURSERY		11,309	653		2,244		9,310	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM		27,904	218,002	333	17,254			
038 DAY SURGERY			1,915	16				
039 RECOVERY ROOM		6,342	707	3	3,280			
040 DELIVERY ROOM & LABOR ROO		16,984	8,763		3,515			
041 ANESTHESIOLOGY		970	2,905	5,187	6,196			
041 01 RADIOLOGY-DIAGNOSTIC		20,021	28,162	9	14,534			
041 02 CAT SCAN		5,522	2,182	57	29,816			
041 03 ULTRASOUND		3,638	219	2	7,143			
041 04 CARDIAC CATH		5,381	42,364	13	7,217			
041 06 MRI		2,269	192	5	8,031			
041 07 WOMEN'S IMAGING CENTER								
041 08 PLAINFIELD IMAGING		7,656	514	22	3,343			
042 RADIOLOGY-THERAPEUTIC			14	3				
043 RADIOISOTOPE		2,340	159	34	5,154			
044 LABORATORY		28,692	3,737	1	41,229			
046 30 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY		10,856	1,192		5,616			
050 PHYSICAL THERAPY		11,886	358	29	3,873			
051 OCCUPATIONAL THERAPY		2,659	83	26	807			
052 SPEECH PATHOLOGY		1,032	6		340			
053 ELECTROCARDIOLOGY		6,703	408	6	9,445			
053 01 CARDIAC REHAB			33					
054 ELECTROENCEPHALOGRAPHY		565	140		725			
055 MEDICAL SUPPLIES CHARGED			309,780		10,964			
055 30 IMPL. DEV. CHARGED TO PAT			193,666		11,818			
056 DRUGS CHARGED TO PATIENTS				208,429	21,153			
057 RENAL DIALYSIS					517			
058 ASC (NON-DISTINCT PART)								
059 SLEEP LAB					1,219			
060 OUTPAT SERVICE COST CNTRS								
060 03 CLINIC		2,156	222		2,302			
060 06 PAIN MANAGEMENT CENTER		2,433	2,178	3,036	2,404			
061 06 MATERNAL FETAL MEDICINE C			50	13				
061 EMERGENCY		42,217	10,287	261	40,873			
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
069 OTHER REIMBURS COST CNTRS								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
085 02 INTESTINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS		380,604	850,774	217,938	286,968	77,371		
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
100 PHYSICIANS' PRIVATE OFFICE		90,340						
101 OFFICE BUILDINGS			13					
102 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	(GROSS SALARIES)	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)		
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			247,831			
004 NEW CAP REL COSTS-MVB				247,831		
005 EMPLOYEE BENEFITS			105	105	33,466,727	
006 ADMINSTRATIVE & GENE			10,885	10,885	4,745,531	-12,359,862
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			18,424	18,424	1,429,441	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING			1,662	1,662	13	
011 DIETARY			9,016	9,016		
012 CAFETERIA			3,261	3,261		
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO			5,957	5,957	1,369,634	
015 CENTRAL SERVICES & SU			11,102	11,102	286,695	
016 PHARMACY			2,452	2,452	1,175,146	
017 MEDICAL RECORDS & LIB			3,401	3,401	717,863	
018 SOCIAL SERVICE			721	721	675,516	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			73,688	73,688	6,022,751	
026 INTENSIVE CARE UNIT			11,823	11,823	1,724,124	
033 NURSERY			3,305	3,305	821,903	
ANCILLARY SRVC COST C						
037 OPERATING ROOM			14,814	14,814	1,903,096	
037 01 DAY SURGERY						
038 RECOVERY ROOM			3,556	3,556	511,224	
039 DELIVERY ROOM & LABOR			8,386	8,386	1,287,400	
040 ANESTHESIOLOGY			623	623	42,056	
041 RADIOLOGY-DIAGNOSTIC			2,158	2,158	1,352,158	
041 01 CAT SCAN			1,178	1,178	484,199	
041 02 ULTRASOUND			1,380	1,380	395,031	
041 03 CARDIAC CATH			2,250	2,250	528,211	
041 04 MRI			708	708	222,447	
041 06 WOMEN'S IMAGING CENTE			5,003	5,003		
041 07 PLAINFIELD IMAGING					465,277	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE			7,304	7,304	240,046	
044 LABORATORY			3,967	3,967	1,509,207	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			540	540	697,243	
050 PHYSICAL THERAPY			6,377	6,377	916,843	
051 OCCUPATIONAL THERAPY			954	954	230,979	
052 SPEECH PATHOLOGY			84	84	86,457	
053 ELECTROCARDIOLOGY			587	587	458,558	
053 01 CARDIAC REHAB			1,510	1,510		
054 ELECTROENCEPHALOGRAPH			275	275	30,423	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR			10,113	10,113		
059 SLEEP LAB			645	645		
OUTPAT SERVICE COST C						
060 CLINIC			563	563	167,356	
060 03 PAIN MANAGEMENT CENTE			1,278	1,278	155,175	
060 06 MATERNAL FETAL MEDICI			1,307	1,307		
061 EMERGENCY			14,652	14,652	2,814,724	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESIGNAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			246,014	246,014	33,466,727	-12,359,862
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			361	361		

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	
	1	2	3	4	5	6a.00
098 NONREIMBURS COST CENT						
100 PHYSICIANS' PRIVATE OFFICE BUILDINGS			106	106		
101 CROSS FOOT ADJUSTMENT			1,350	1,350		
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			9,282,222	7,496,172	6,928,080	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			37.453837		.207014	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				30.247112		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					7,109	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000212	

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(TOTAL HOURS)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	86,195,701						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	9,569,197		218,417				
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,445,028		1,662		216,755		
011 DIETARY	1,211,949		9,016		9,016	84,968	
012 CAFETERIA	1,481,252		3,261		3,261		1,044,997
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	2,252,549		5,957		5,957		32,184
015 CENTRAL SERVICES & SUPPLIES	1,258,737		11,102		11,102		18,890
016 PHARMACY	1,877,885		2,452		2,452		26,391
017 MEDICAL RECORDS & LIBRARY	1,284,308		3,401		3,401		31,876
018 SOCIAL SERVICE	1,070,697		721		721		20,274
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIC INPATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	13,621,068		73,688		73,688	72,925	203,762
026 INTENSIVE CARE UNIT	3,425,725		11,823		11,823	12,043	45,204
033 NURSERY	1,458,347		3,305		3,305		24,321
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	4,259,936		14,814		14,814		60,010
037 01 DAY SURGERY							
038 RECOVERY ROOM	917,651		3,556		3,556		13,640
039 DELIVERY ROOM & LABOR	2,501,567		8,386		8,386		36,526
040 ANESTHESIOLOGY	264,152		623		623		2,086
041 RADIOLOGY-DIAGNOSTIC	2,327,402		2,158		2,158		43,057
041 01 CAT SCAN	821,976		1,178		1,178		11,875
041 02 ULTRASOUND	673,268		1,380		1,380		7,823
041 03 CARDIAC CATH	929,117		2,250		2,250		11,572
041 04 MRI	352,721		708		708		4,879
041 06 WOMEN'S IMAGING CENTER	338,708		5,003		5,003		
041 07 PEDIATRIC IMAGING	913,141						16,466
042 RADIOLOGY-THERAPEUTIC	6,428						
043 RADIOISOTOPE	1,113,388		7,304		7,304		5,032
044 LABORATORY	4,290,782		3,967		3,967		61,705
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,070,523		540		540		23,346
050 PHYSICAL THERAPY	1,621,764		6,377		6,377		25,562
051 OCCUPATIONAL THERAPY	362,948		954		954		5,719
052 SPEECH PATHOLOGY	117,087		84		84		2,220
053 ELECTROCARDIOLOGY	766,958		587		587		14,415
053 01 CARDIAC REHAB	94,518		1,510		1,510		
054 ELECTROENCEPHALOGRAPHY	73,916		275		275		1,215
055 MEDICAL SUPPLIES CHARGED TO PATIENT	2,520,684						
055 30 IMPL. DEV. CHARGED TO PATIENT	4,203,911						
056 DRUGS CHARGED TO PATIENT	2,709,649						
057 RENAL DIALYSIS	183,246						
058 ASC (NON-DISTINCT PARALLEL SLEEP LAB)	684,660		10,113		10,113		
059 SLEEP LAB	325,708		645		645		
060 OUTPATIENT SERVICE COST CENTER							
060 03 CLINIC	364,044		563		563		4,637
060 03 PAIN MANAGEMENT CENTER	356,438		1,278		1,278		5,232
060 06 MATERNAL FETAL MEDICINE	88,485		1,307		1,307		
061 EMERGENCY	5,235,476		14,652		14,652		90,793
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	81,446,994		216,600		214,938	84,968	850,712
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	144,247		361		361		

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE FEET)	(MEALS)SERVED	(TOTAL HOURS)
		6	7	8	9	10	11	12
098	NONREIMBURS COST CENT							
100	PHYSICIANS' PRIVATE OFFICE BUILDINGS	4,316,739		106		106		194,285
101	CROSS FOOT ADJUSTMENT	287,721		1,350		1,350		
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	12,359,862		10,941,353		2,878,884	1,957,128	1,900,321
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.143393		50.093871		13.281742	23.033707	1.818494
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	737,931		1,329,547		143,568	681,621	255,464
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008561		6.087196		.662352	8.022091	.244464

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (TOTAL HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		1,012,813					
016 CENTRAL SERVICES & SUPPLY		18,890	18,468,207				
017 PHARMACY		26,391	7,296	2,833,274			
018 MEDICAL RECORDS & LIBRARY		31,876			397,010,161		
019 SOCIAL SERVICE		20,274				19,040	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS		203,762	346,435	4,915	30,827,541	14,375	
026 INTENSIVE CARE UNIT		45,204	121,271	974	5,073,233	2,374	
033 NURSERY		24,321	14,164		3,103,513	2,291	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM		60,010	4,732,174	4,331	23,864,952		
037 01 DAY SURGERY			41,571	206			
038 RECOVERY ROOM		13,640	15,345	38	4,536,561		
039 DELIVERY ROOM & LABOR		36,526	190,225		4,861,232		
040 ANESTHESIOLOGY		2,086	63,052	67,435	8,570,461		
041 RADIOLOGY-DIAGNOSTIC		43,057	611,304	115	20,102,404		
041 01 CAT SCAN		11,875	47,364	747	41,238,598		
041 02 ULTRASOUND		7,823	4,751	25	9,879,507		
041 03 CARDIAC CATH		11,572	919,593	165	9,982,121		
041 04 MRI		4,879	4,175	70	11,107,671		
041 06 WOMEN'S IMAGING CENTER							
041 07 PLAINFIELD IMAGING		16,466	11,153	290	4,624,305		
042 RADIOLOGY-THERAPEUTIC			299	36			
043 RADIOISOTOPE		5,032	3,456	443	7,128,666		
044 LABORATORY		61,705	81,128	17	57,119,879		
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		23,346	25,876		7,767,601		
050 PHYSICAL THERAPY		25,562	7,770	376	5,357,302		
051 OCCUPATIONAL THERAPY		5,719	1,803	334	1,116,327		
052 SPEECH PATHOLOGY		2,220	128		470,688		
053 ELECTROCARDIOLOGY		14,415	8,853	76	13,064,152		
053 01 CARDIAC REHAB			708				
054 ELECTROENCEPHALOGRAPH		1,215	3,032		1,002,786		
055 MEDICAL SUPPLIES CHAR			6,724,595		15,164,317		
055 30 IMPL. DEV. CHARGED TO PATIENT			4,203,911		16,345,538		
056 DRUGS CHARGED TO PATIENT				2,709,649	29,257,817		
057 RENAL DIALYSIS					714,702		
058 ASC (NON-DISTINCT PAR)							
059 SLEEP LAB					1,686,094		
060 OUTPAT SERVICE COST CENTER							
060 CLINIC		4,637	4,811		3,184,286		
060 03 PAIN MANAGEMENT CENTER		5,232	47,282	39,466	3,325,121		
060 06 MATERNAL FETAL MEDICINE			1,087	168			
061 EMERGENCY		90,793	223,310	3,398	56,532,786		
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		818,528	18,467,922	2,833,274	397,010,161	19,040	
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(TOTAL HOURS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	(PATIENT DAYS)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
098 NONREIMBURS COST CENT							
100 PHYSICIANS' PRIVATE OFFICE BUILDINGS		194,285		285			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		3,011,603	2,233,347	2,429,906	1,836,758	1,367,074	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		2.973503	.120929	.857632	.004626	71.800105	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		470,944	850,787	217,938	286,968	77,371	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.464986	.046068	.076921	.000723	4.063603	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS				
026 INTENSIVE CARE UNIT				
033 NURSERY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM				
037 01 DAY SURGERY				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC				
041 01 CAT SCAN				
041 02 ULTRASOUND				
041 03 CARDIAC CATH				
041 04 MRI				
041 06 WOMEN'S IMAGING CENTE				
041 07 PLAINFIELD IMAGING				
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY				
046 30 BLOOD CLOTTING FACTOR				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 CARDIAC REHAB				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
059 SLEEP LAB				
OUTPAT SERVICE COST C				
060 CLINIC				
060 03 PAIN MANAGEMENT CENTE				
060 06 MATERNAL FETAL MEDICI				
061 EMERGENCY				
062 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FOHC				
OTHER REIMBURS COST C				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL T				
069 30 OUTPATIENT OCCUPATION				
069 40 OUTPATIENT SPEECH PAT				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
085 01 PANCREAS ACQUISITION				
085 02 INTESINAL ACQUISITIO				
085 03 ISLET CELL ACQUISITIO				
095 SUBTOTALS				
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
098 NONREIMBURS COST CENT	21	22	23	24
100 PHYSICIANS' PRIVATE OFFICE BUILDINGS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)				
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART II)				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				

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	24, 121, 262		24, 121, 262		24, 121, 262
26	INTENSIVE CARE UNIT	5, 369, 674		5, 369, 674		5, 369, 674
33	NURSERY	2, 174, 031		2, 174, 031		2, 174, 031
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	6, 783, 566		6, 783, 566		6, 783, 566
37 01	DAY SURGERY	5, 204		5, 204		5, 204
38	RECOVERY ROOM	1, 362, 838		1, 362, 838		1, 362, 838
39	DELIVERY ROOM & LABOR ROO	3, 612, 266		3, 612, 266		3, 612, 266
40	ANESTHESIOLOGY	456, 615		456, 615		456, 615
41	RADIOLOGY-DIAGNOSTIC	3, 171, 246		3, 171, 246		3, 171, 246
41 01	CAT SCAN	1, 268, 543		1, 268, 543		1, 268, 543
41 02	ULTRASOUND	941, 056		941, 056		941, 056
41 03	CARDIAC CATH	1, 417, 918		1, 417, 918		1, 417, 918
41 04	MRI	523, 497		523, 497		523, 497
41 06	WOMEN'S IMAGING CENTER	704, 345		704, 345		704, 345
41 07	PLAINFIELD IMAGING	1, 145, 974		1, 145, 974		1, 145, 974
42	RADIOLOGY-THERAPEUTIC	7, 417		7, 417		7, 417
43	RADIOISOTOPE	1, 793, 825		1, 793, 825		1, 793, 825
44	LABORATORY	5, 727, 402		5, 727, 402		5, 727, 402
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1, 409, 188		1, 409, 188		1, 409, 188
50	PHYSICAL THERAPY	2, 406, 999		2, 406, 999		2, 406, 999
51	OCCUPATIONAL THERAPY	508, 526		508, 526		508, 526
52	SPEECH PATHOLOGY	152, 030		152, 030		152, 030
53	ELECTROCARDIOLOGY	1, 044, 783		1, 044, 783		1, 044, 783
53 01	CARDIAC REHAB	203, 854		203, 854		203, 854
54	ELECTROENCEPHALOGRAPHY	112, 771		112, 771		112, 771
55	MEDICAL SUPPLIES CHARGED	3, 765, 484		3, 765, 484		3, 765, 484
55 30	IMPL. DEV. CHARGED TO PAT	5, 390, 711		5, 390, 711		5, 390, 711
56	DRUGS CHARGED TO PATIENTS	5, 557, 423		5, 557, 423		5, 557, 423
57	RENAL DIALYSIS	212, 828		212, 828		212, 828
58	ASC (NON-DISTINCT PART)	1, 423, 752		1, 423, 752		1, 423, 752
59	SLEEP LAB	421, 090		421, 090		421, 090
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	489, 459		489, 459		489, 459
60 03	PAIN MANAGEMENT CENTER	568, 561		568, 561		568, 561
60 06	MATERNAL FETAL MEDICINE C	184, 280		184, 280		184, 280
61	EMERGENCY	7, 641, 306		7, 641, 306		7, 641, 306
62	OBSERVATION BEDS (NON-DIS	4, 054, 602		4, 054, 602		4, 054, 602
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	96, 134, 326		96, 134, 326		96, 134, 326
102	LESS OBSERVATION BEDS	4, 054, 602		4, 054, 602		4, 054, 602
103	TOTAL	92, 079, 724		92, 079, 724		92, 079, 724

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	23,332,987		23,332,987			
26	INTENSIVE CARE UNIT	5,073,233		5,073,233			
33	NURSERY	3,103,513		3,103,513			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,498,504	16,366,448	23,864,952	.284248	.284248	.284248
37	01 DAY SURGERY						
38	RECOVERY ROOM	1,234,859	3,301,702	4,536,561	.300412	.300412	.300412
39	DELIVERY ROOM & LABOR ROO	4,107,157	754,075	4,861,232	.743076	.743076	.743076
40	ANESTHESIOLOGY	2,789,934	5,780,527	8,570,461	.053278	.053278	.053278
41	RADIOLOGY-DIAGNOSTIC	4,989,443	15,112,961	20,102,404	.157755	.157755	.157755
41	01 CAT SCAN	11,956,368	29,282,230	41,238,598	.030761	.030761	.030761
41	02 ULTRASOUND	2,820,401	7,059,106	9,879,507	.095253	.095253	.095253
41	03 CARDIAC CATH	6,505,220	3,476,901	9,982,121	.142046	.142046	.142046
41	04 MRI	3,005,490	8,102,181	11,107,671	.047129	.047129	.047129
41	06 WOMEN'S IMAGING CENTER						
41	07 PLAINFIELD IMAGING	15,776	4,608,529	4,624,305	.247815	.247815	.247815
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	2,333,035	4,795,631	7,128,666	.251635	.251635	.251635
44	LABORATORY	28,456,288	28,663,591	57,119,879	.100270	.100270	.100270
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	6,738,191	1,029,410	7,767,601	.181419	.181419	.181419
50	PHYSICAL THERAPY	1,087,255	4,270,047	5,357,302	.449293	.449293	.449293
51	OCCUPATIONAL THERAPY	704,950	411,377	1,116,327	.455535	.455535	.455535
52	SPEECH PATHOLOGY	391,026	79,662	470,688	.322995	.322995	.322995
53	ELECTROCARDIOLOGY	5,787,317	7,276,835	13,064,152	.079973	.079973	.079973
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	340,953	661,833	1,002,786	.112458	.112458	.112458
55	MEDICAL SUPPLIES CHARGED	6,023,764	9,140,553	15,164,317	.248312	.248312	.248312
55	30 IMPL. DEV. CHARGED TO PAT	6,945,445	9,400,093	16,345,538	.329797	.329797	.329797
56	DRUGS CHARGED TO PATIENTS	20,442,155	8,815,662	29,257,817	.189947	.189947	.189947
57	RENAL DIALYSIS	704,831	9,871	714,702	.297786	.297786	.297786
58	ASC (NON-DI STINCT PART)						
59	SLEEP LAB		1,686,094	1,686,094	.249743	.249743	.249743
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	38,493	3,145,793	3,184,286	.153711	.153711	.153711
60	03 PAIN MANAGEMENT CENTER	32,422	3,292,699	3,325,121	.170990	.170990	.170990
60	06 MATERNAL FETAL MEDICINE C						
61	EMERGENCY	11,068,204	45,464,582	56,532,786	.135166	.135166	.135166
62	OBSERVATION BEDS (NON-DIS		7,494,554	7,494,554	.541006	.541006	.541006
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	167,527,214	229,482,947	397,010,161			
102	LESS OBSERVATION BEDS						
103	TOTAL	167,527,214	229,482,947	397,010,161			

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	6,783,566	1,417,945	5,365,621			6,783,566
37 01	DAY SURGERY	5,204	1,931	3,273			5,204
38	RECOVERY ROOM	1,362,838	286,376	1,076,462			1,362,838
39	DELIVERY ROOM & LABOR ROO	3,612,266	684,221	2,928,045			3,612,266
40	ANESTHESIOLOGY	456,615	64,421	392,194			456,615
41	RADIOLOGY-DIAGNOSTIC	3,171,246	254,127	2,917,119			3,171,246
41 01	CAT SCAN	1,268,543	135,323	1,133,220			1,268,543
41 02	ULTRASOUND	941,056	121,503	819,553			941,056
41 03	CARDIAC CATH	1,417,918	233,383	1,184,535			1,417,918
41 04	MRI	523,497	67,468	456,029			523,497
41 06	WOMEN'S IMAGING CENTER	704,345	375,376	328,969			704,345
41 07	PLAINFIELD IMAGING	1,145,974	23,476	1,122,498			1,145,974
42	RADIOLOGY-THERAPEUTIC	7,417	72	7,345			7,417
43	RADIOISOTOPE	1,793,825	562,287	1,231,538			1,793,825
44	LABORATORY	5,727,402	421,142	5,306,260			5,727,402
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,409,188	72,887	1,336,301			1,409,188
50	PHYSICAL THERAPY	2,406,999	511,244	1,895,755			2,406,999
51	OCCUPATIONAL THERAPY	508,526	79,155	429,371			508,526
52	SPEECH PATHOLOGY	152,030	9,195	142,835			152,030
53	ELECTROCARDIOLOGY	1,044,783	70,451	974,332			1,044,783
53 01	CARDIAC REHAB	203,854	113,262	90,592			203,854
54	ELECTROENCEPHALOGRAPHY	112,771	22,840	89,931			112,771
55	MEDICAL SUPPLIES CHARGED	3,765,484	342,324	3,423,160			3,765,484
55 30	IMPL. DEV. CHARGED TO PAT	5,390,711	241,474	5,149,237			5,390,711
56	DRUGS CHARGED TO PATIENTS	5,557,423	252,779	5,304,644			5,557,423
57	RENAL DIALYSIS	212,828	2,086	210,742			212,828
58	ASC (NON-DIAGNOSTIC PART)	1,423,752	758,779	664,973			1,423,752
59	SLEEP LAB	421,090	52,027	369,063			421,090
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	489,459	50,882	438,577			489,459
60 03	PAIN MANAGEMENT CENTER	568,561	109,561	459,000			568,561
60 06	MATERNAL FETAL MEDICINE C	184,280	98,128	86,152			184,280
61	EMERGENCY	7,641,306	1,252,102	6,389,204			7,641,306
62	OBSERVATION BEDS (NON-DIS	4,054,602	1,080,941	2,973,661			4,054,602
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	64,469,359	9,769,168	54,700,191			64,469,359
102	LESS OBSERVATION BEDS	4,054,602	1,080,941	2,973,661			4,054,602
103	TOTAL	60,414,757	8,688,227	51,726,530			60,414,757

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	23,864,952	.284248	.284248
37 01	DAY SURGERY			
38	RECOVERY ROOM	4,536,561	.300412	.300412
39	DELIVERY ROOM & LABOR ROO	4,861,232	.743076	.743076
40	ANESTHESIOLOGY	8,570,461	.053278	.053278
41	RADIOLOGY-DIAGNOSTIC	20,102,404	.157755	.157755
41 01	CAT SCAN	41,238,598	.030761	.030761
41 02	ULTRASOUND	9,879,507	.095253	.095253
41 03	CARDIAC CATH	9,982,121	.142046	.142046
41 04	MRI	11,107,671	.047129	.047129
41 06	WOMEN'S IMAGING CENTER			
41 07	PLAINFIELD IMAGING	4,624,305	.247815	.247815
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,128,666	.251635	.251635
44	LABORATORY	57,119,879	.100270	.100270
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	7,767,601	.181419	.181419
50	PHYSICAL THERAPY	5,357,302	.449293	.449293
51	OCCUPATIONAL THERAPY	1,116,327	.455535	.455535
52	SPEECH PATHOLOGY	470,688	.322995	.322995
53	ELECTROCARDIOLOGY	13,064,152	.079973	.079973
53 01	CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY	1,002,786	.112458	.112458
55	MEDICAL SUPPLIES CHARGED	15,164,317	.248312	.248312
55 30	IMPL. DEV. CHARGED TO PAT	16,345,538	.329797	.329797
56	DRUGS CHARGED TO PATIENTS	29,257,817	.189947	.189947
57	RENAL DIALYSIS	714,702	.297786	.297786
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	1,686,094	.249743	.249743
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,184,286	.153711	.153711
60 03	PAIN MANAGEMENT CENTER	3,325,121	.170990	.170990
60 06	MATERNAL FETAL MEDICINE C			
61	EMERGENCY	56,532,786	.135166	.135166
62	OBSERVATION BEDS (NON-DIS	7,494,554	.541006	.541006
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	365,500,428		
102	LESS OBSERVATION BEDS	7,494,554		
103	TOTAL	358,005,874		

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	6,783,566	1,417,945	5,365,621			6,783,566
37 01	DAY SURGERY	5,204	1,931	3,273			5,204
38	RECOVERY ROOM	1,362,838	286,376	1,076,462			1,362,838
39	DELIVERY ROOM & LABOR ROO	3,612,266	684,221	2,928,045			3,612,266
40	ANESTHESIOLOGY	456,615	64,421	392,194			456,615
41	RADIOLOGY-DIAGNOSTIC	3,171,246	254,127	2,917,119			3,171,246
41 01	CAT SCAN	1,268,543	135,323	1,133,220			1,268,543
41 02	ULTRASOUND	941,056	121,503	819,553			941,056
41 03	CARDIAC CATH	1,417,918	233,383	1,184,535			1,417,918
41 04	MRI	523,497	67,468	456,029			523,497
41 06	WOMEN'S IMAGING CENTER	704,345	375,376	328,969			704,345
41 07	PLAINFIELD IMAGING	1,145,974	23,476	1,122,498			1,145,974
42	RADIOLOGY-THERAPEUTIC	7,417	72	7,345			7,417
43	RADIOISOTOPE	1,793,825	562,287	1,231,538			1,793,825
44	LABORATORY	5,727,402	421,142	5,306,260			5,727,402
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,409,188	72,887	1,336,301			1,409,188
50	PHYSICAL THERAPY	2,406,999	511,244	1,895,755			2,406,999
51	OCCUPATIONAL THERAPY	508,526	79,155	429,371			508,526
52	SPEECH PATHOLOGY	152,030	9,195	142,835			152,030
53	ELECTROCARDIOLOGY	1,044,783	70,451	974,332			1,044,783
53 01	CARDIAC REHAB	203,854	113,262	90,592			203,854
54	ELECTROENCEPHALOGRAPHY	112,771	22,840	89,931			112,771
55	MEDICAL SUPPLIES CHARGED	3,765,484	342,324	3,423,160			3,765,484
55 30	IMPL. DEV. CHARGED TO PAT	5,390,711	241,474	5,149,237			5,390,711
56	DRUGS CHARGED TO PATIENTS	5,557,423	252,779	5,304,644			5,557,423
57	RENAL DIALYSIS	212,828	2,086	210,742			212,828
58	ASC (NON-DIAGNOSTIC PART)	1,423,752	758,779	664,973			1,423,752
59	SLEEP LAB	421,090	52,027	369,063			421,090
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	489,459	50,882	438,577			489,459
60 03	PAIN MANAGEMENT CENTER	568,561	109,561	459,000			568,561
60 06	MATERNAL FETAL MEDICINE C	184,280	98,128	86,152			184,280
61	EMERGENCY	7,641,306	1,252,102	6,389,204			7,641,306
62	OBSERVATION BEDS (NON-DIS	4,054,602	1,080,941	2,973,661			4,054,602
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	64,469,359	9,769,168	54,700,191			64,469,359
102	LESS OBSERVATION BEDS	4,054,602	1,080,941	2,973,661			4,054,602
103	TOTAL	60,414,757	8,688,227	51,726,530			60,414,757

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	23,864,952	.284248	.284248
37	01 DAY SURGERY			
38	RECOVERY ROOM	4,536,561	.300412	.300412
39	DELIVERY ROOM & LABOR ROO	4,861,232	.743076	.743076
40	ANESTHESIOLOGY	8,570,461	.053278	.053278
41	RADIOLOGY-DIAGNOSTIC	20,102,404	.157755	.157755
41	01 CAT SCAN	41,238,598	.030761	.030761
41	02 ULTRASOUND	9,879,507	.095253	.095253
41	03 CARDIAC CATH	9,982,121	.142046	.142046
41	04 MRI	11,107,671	.047129	.047129
41	06 WOMEN'S IMAGING CENTER			
41	07 PLAINFIELD IMAGING	4,624,305	.247815	.247815
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	7,128,666	.251635	.251635
44	LABORATORY	57,119,879	.100270	.100270
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	7,767,601	.181419	.181419
50	PHYSICAL THERAPY	5,357,302	.449293	.449293
51	OCCUPATIONAL THERAPY	1,116,327	.455535	.455535
52	SPEECH PATHOLOGY	470,688	.322995	.322995
53	ELECTROCARDIOLOGY	13,064,152	.079973	.079973
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY	1,002,786	.112458	.112458
55	MEDICAL SUPPLIES CHARGED	15,164,317	.248312	.248312
55	30 IMPL. DEV. CHARGED TO PAT	16,345,538	.329797	.329797
56	DRUGS CHARGED TO PATIENTS	29,257,817	.189947	.189947
57	RENAL DIALYSIS	714,702	.297786	.297786
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	1,686,094	.249743	.249743
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,184,286	.153711	.153711
60	03 PAIN MANAGEMENT CENTER	3,325,121	.170990	.170990
60	06 MATERNAL FETAL MEDICINE C			
61	EMERGENCY	56,532,786	.135166	.135166
62	OBSERVATION BEDS (NON-DIS	7,494,554	.541006	.541006
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	365,500,428		
102	LESS OBSERVATION BEDS	7,494,554		
103	TOTAL	358,005,874		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,430,628		6,430,628
26	INTENSIVE CARE UNIT				1,057,580		1,057,580
33	NURSERY				288,180		288,180
101	TOTAL				7,776,388		7,776,388

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,810	6,734			309.02	2,080,941
26	INTENSIVE CARE UNIT	2,338	1,289			452.34	583,066
33	NURSERY	1,874				153.78	
101	TOTAL	25,022	8,023				2,664,007

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,417,945	23,864,952	3,041,962		
37 01	DAY SURGERY		1,931				
38	RECOVERY ROOM		286,376	4,536,561	362,274		
39	DELIVERY ROOM & LABOR ROO		684,221	4,861,232	11,555		
40	ANESTHESIOLOGY		64,421	8,570,461	656,670		
41	RADIOLOGY-DIAGNOSTIC		254,127	20,102,404	2,755,739		
41 01	CAT SCAN		135,323	41,238,598	5,235,604		
41 02	ULTRASOUND		121,503	9,879,507	1,340,522		
41 03	CARDIAC CATH		233,383	9,982,121	3,071,906		
41 04	MRI		67,468	11,107,671	1,193,406		
41 06	WOMEN'S IMAGING CENTER		375,376				
41 07	PLAINFIELD IMAGING		23,476	4,624,305			
42	RADIOLOGY-THERAPEUTIC		72				
43	RADIOISOTOPE		562,287	7,128,666	1,297,859		
44	LABORATORY		421,142	57,119,879	13,408,805		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		72,887	7,767,601	4,825,493		
50	PHYSICAL THERAPY		511,244	5,357,302	744,719		
51	OCCUPATIONAL THERAPY		79,155	1,116,327	481,542		
52	SPEECH PATHOLOGY		9,195	470,688	304,297		
53	ELECTROCARDIOLOGY		70,451	13,064,152	2,021,736		
53 01	CARDIAC REHAB		113,262				
54	ELECTROENCEPHALOGRAPHY		22,840	1,002,786	143,754		
55	MEDICAL SUPPLIES CHARGED		342,324	15,164,317	446,712		
55 30	IMPL. DEV. CHARGED TO PAT		241,474	16,345,538	3,424,074		
56	DRUGS CHARGED TO PATIENTS		252,779	29,257,817	9,294,547		
57	RENAL DIALYSIS		2,086	714,702	515,704		
58	ASC (NON-DIAGNOSTIC PART)		758,779				
59	SLEEP LAB		52,027	1,686,094			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		50,882	3,184,286	250		
60 03	PAIN MANAGEMENT CENTER		109,561	3,325,121			
60 06	MATERNAL FETAL MEDICINE C		98,128				
61	EMERGENCY		1,252,102	56,532,786	4,701,017		
62	OBSERVATION BEDS (NON-DIS		1,080,941	7,494,554			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9,769,168	365,500,428	59,280,147		

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

PROVIDER NO: 14-0304
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,810	
26	INTENSIVE CARE UNIT					2,338	
33	NURSERY					1,874	
101	TOTAL					25,022	

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

PROVIDER NO: 14-0304
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	6,734	
26	INTENSIVE CARE UNIT	1,289	
33	NURSERY		
101	TOTAL	8,023	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	DAY SURGERY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	CAT SCAN						
41	02	ULTRASOUND						
41	03	CARDIAC CATH						
41	04	MRI						
41	06	WOMEN'S IMAGING CENTER						
41	07	PLAINFIELD IMAGING						
42		RADIOLOGY-THERAPEUTIC						
43		RADIOISOTOPE						
44		LABORATORY						
46	30	BLOOD CLOTTING FACTORS AD						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIAC REHAB						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
55	30	IMPL. DEV. CHARGED TO PAT						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
59		SLEEP LAB						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	03	PAIN MANAGEMENT CENTER						
60	06	MATERNAL FETAL MEDICINE C						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			23,864,952			3,041,962	
37 01	DAY SURGERY							
38	RECOVERY ROOM			4,536,561			362,274	
39	DELIVERY ROOM & LABOR ROO			4,861,232			11,555	
40	ANESTHESIOLOGY			8,570,461			656,670	
41	RADIOLOGY-DIAGNOSTIC			20,102,404			2,755,739	
41 01	CAT SCAN			41,238,598			5,235,604	
41 02	ULTRASOUND			9,879,507			1,340,522	
41 03	CARDIAC CATH			9,982,121			3,071,906	
41 04	MRI			11,107,671			1,193,406	
41 06	WOMEN'S IMAGING CENTER							
41 07	PLAINFIELD IMAGING			4,624,305				
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE			7,128,666			1,297,859	
44	LABORATORY			57,119,879			13,408,805	
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			7,767,601			4,825,493	
50	PHYSICAL THERAPY			5,357,302			744,719	
51	OCCUPATIONAL THERAPY			1,116,327			481,542	
52	SPEECH PATHOLOGY			470,688			304,297	
53	ELECTROCARDIOLOGY			13,064,152			2,021,736	
53 01	CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY			1,002,786			143,754	
55	MEDICAL SUPPLIES CHARGED			15,164,317			446,712	
55 30	IMPL. DEV. CHARGED TO PAT			16,345,538			3,424,074	
56	DRUGS CHARGED TO PATIENTS			29,257,817			9,294,547	
57	RENAL DIALYSIS			714,702			515,704	
58	ASC (NON-DIAGNOSTIC PART)							
59	SLEEP LAB			1,686,094				
60	OUTPAT SERVICE COST CNTRS CLINIC			3,184,286			250	
60 03	PAIN MANAGEMENT CENTER			3,325,121				
60 06	MATERNAL FETAL MEDICINE C							
61	EMERGENCY			56,532,786			4,701,017	
62	OBSERVATION BEDS (NON-DIS			7,494,554				
63 50	RHC							
63 60	FOHC							
101	OTHER REIMBURS COST CNTRS TOTAL			365,500,428			59,280,147	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,786,098					
37 01	DAY SURGERY						
38	RECOVERY ROOM	266,141					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	521,107					
41	RADIOLOGY-DIAGNOSTIC	1,497,470					
41 01	CAT SCAN	4,119,683					
41 02	ULTRASOUND	800,331					
41 03	CARDIAC CATH	1,375,871					
41 04	MRI	1,286,926					
41 06	WOMEN'S IMAGING CENTER						
41 07	PLAINFIELD IMAGING	453,068					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,230,264					
44	LABORATORY	304,383					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	287,532					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,316,959					
53 01	CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY	414,725					
55	MEDICAL SUPPLIES CHARGED	58,451					
55 30	IMPL. DEV. CHARGED TO PAT	1,927,591					
56	DRUGS CHARGED TO PATIENTS	1,583,544					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	209,731					
60 03	PAIN MANAGEMENT CENTER	1,773,858					
60 06	MATERNAL FETAL MEDICINE C						
61	EMERGENCY	3,476,708					
62	OBSERVATION BEDS (NON-DIS	857,453					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	26,547,894					

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				791,943	121
37	01 DAY SURGERY					
38	RECOVERY ROOM				79,952	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				27,764	
41	RADIOLOGY-DIAGNOSTIC				236,233	15
41	01 CAT SCAN				126,726	1
41	02 ULTRASOUND				76,234	
41	03 CARDIAC CATH				195,437	9
41	04 MRI				60,652	
41	06 WOMEN'S IMAGING CENTER					
41	07 PLAINFIELD IMAGING				112,277	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE				309,577	
44	LABORATORY				30,520	
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY				52,164	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				105,321	
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY				46,639	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				14,514	
55	30 IMPL. DEV. CHARGED TO PATIENT				635,714	
56	DRUGS CHARGED TO PATIENTS				300,789	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	SLEEP LAB					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				32,238	
60	03 PAIN MANAGEMENT CENTER				303,312	
60	06 MATERNAL FETAL MEDICINE CLINIC					
61	EMERGENCY				469,933	
62	OBSERVATION BEDS (NON-DISTINCT PART)				463,887	
63	50 RHC					
63	60 FOHC					
101	SUBTOTAL				4,471,826	146
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				4,471,826	146

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

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,159.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,805,514
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,805,514

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	5,369,674	2,338	2,296.70	1,289	2,960,446
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,664,007
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					976,187
52	TOTAL PROGRAM EXCLUDABLE COST					3,640,194
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					16,530,195

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,498
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,159.12
85	OBSERVATION BED COST	4,054,602

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	24,121,262		4,054,602	
87	NEW CAPITAL-RELATED COST	6,430,628	.266596	4,054,602	1,080,941
88	NON PHYSICIAN ANESTHETIST	24,121,262		4,054,602	
89	MEDICAL EDUCATION	24,121,262		4,054,602	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		10,895,299	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,615,655	
37	OPERATING ROOM	.284248	3,041,962	864,672
37	01 DAY SURGERY			
38	RECOVERY ROOM	.300412	362,274	108,831
39	DELIVERY ROOM & LABOR ROOM	.743076	11,555	8,586
40	ANESTHESIOLOGY	.053278	656,670	34,986
41	RADIOLOGY-DIAGNOSTIC	.157755	2,755,739	434,732
41	01 CAT SCAN	.030761	5,235,604	161,052
41	02 ULTRASOUND	.095253	1,340,522	127,689
41	03 CARDIAC CATH	.142046	3,071,906	436,352
41	04 MRI	.047129	1,193,406	56,244
41	06 WOMEN'S IMAGING CENTER			
41	07 PLAINFIELD IMAGING	.247815		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.251635	1,297,859	326,587
44	LABORATORY	.100270	13,408,805	1,344,501
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.181419	4,825,493	875,436
50	PHYSICAL THERAPY	.449293	744,719	334,597
51	OCCUPATIONAL THERAPY	.455535	481,542	219,359
52	SPEECH PATHOLOGY	.322995	304,297	98,286
53	ELECTROCARDIOLOGY	.079973	2,021,736	161,684
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY	.112458	143,754	16,166
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.248312	446,712	110,924
55	30 IMPL. DEV. CHARGED TO PATIENT	.329797	3,424,074	1,129,249
56	DRUGS CHARGED TO PATIENTS	.189947	9,294,547	1,765,471
57	RENAL DIALYSIS	.297786	515,704	153,569
58	ASC (NON-DISTINCT PART)			
59	SLEEP LAB	.249743		
60	OUTPAT SERVICE COST CNTRS CLINIC	.153711	250	38
60	03 PAIN MANAGEMENT CENTER	.170990		
60	06 MATERNAL FETAL MEDICINE CLINIC			
61	EMERGENCY	.135166	4,701,017	635,418
62	OBSERVATION BEDS (NON-DISTINCT PART)	.541006		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		59,280,147	9,404,429
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		59,280,147	

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		15,360,111		3,093,401
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	11/12/2010	844,367	11/12/2010	60,896
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		844,367		60,896
4 TOTAL INTERIM PAYMENTS		16,204,478		3,154,297
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		2,100,996		63,194
7 TOTAL MEDICARE PROGRAM LIABILITY		18,305,474		3,217,491

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		26,660,292		
2	NET INCOME (LOSS)		-7,561,525		
3	TOTAL		19,098,767		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM DONOR RESTRICTED	390,324			
6					
7					
8					
9					
10	TOTAL ADDITIONS		390,324		
11	SUBTOTAL		19,489,091		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM CR YR	1,902,289			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		1,902,289		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		17,586,802		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM DONOR RESTRICTED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM CR YR				
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	27,003,893		27,003,893
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	27,003,893		27,003,893
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,073,233		5,073,233
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,073,233		5,073,233
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	32,077,126		32,077,126
17 00 ANCILLARY SERVICES	135,824,135	230,219,274	366,043,409
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	167,901,261	230,219,274	398,120,535

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		110,846,249	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	6,821,943		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,821,943	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 BAD DEBT EXPENSE	6,821,943		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		6,821,943	
40 00 TOTAL OPERATING EXPENSES		110,846,249	

DESCRIPTION

1	TOTAL PATIENT REVENUES	398,120,535
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	298,529,602
3	NET PATIENT REVENUES	99,590,933
4	LESS: TOTAL OPERATING EXPENSES	110,846,249
5	NET INCOME FROM SERVICE TO PATIENTS	-11,255,316
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	6,420
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	138,892
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	866
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	78,561
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.01		
24.02	ADMIN & GENERAL	3,200,873
24.03	INTEREST EXPENSE	9,413
24.04	OFFICE BUILDING	156,079
24.05	ALL OTHER NON-PATIENT REVENUE	102,687
25	TOTAL OTHER INCOME	3,693,791
26	TOTAL OTHER EXPENSES	-7,561,525
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-7,561,525

