

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		14-1312		FROM 5/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/15/2010 TIME 14: 09

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ROCHELLE COMMUNITY HOSPITAL 14-1312
 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	557,571	291,559	0	
3	SWING BED - SNF	0	15,225	0	0	
100	TOTAL	0	572,796	291,559	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.

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2009 TO 4/30/2010

PREPARED 9/15/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		600,250	600,250	346,762	947,012
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		843,300	843,300	36,323	879,623
5	0500 EMPLOYEE BENEFITS	247,443	2,530,966	2,778,409		2,778,409
6	0600 ADMINISTRATIVE & GENERAL	1,365,802	2,302,815	3,668,617	-383,085	3,285,532
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	300,682	768,032	1,068,714		1,068,714
9	0900 LAUNDRY & LINEN SERVICE				69,321	69,321
10	1000 HOUSEKEEPING	220,248	111,368	331,616	-69,321	262,295
11	1100 DIETARY	238,443	177,368	415,811	-314,207	101,604
12	1200 CAFETERIA				314,207	314,207
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	279,987	69,384	349,371		349,371
15	1500 CENTRAL SERVICES & SUPPLY	84,308	23,164	107,472	-16,259	91,213
16	1600 PHARMACY	218,927	1,050,954	1,269,881		1,269,881
17	1700 MEDICAL RECORDS & LIBRARY	318,135	175,659	493,794		493,794
18	1800 SOCIAL SERVICE	139,827	23,708	163,535		163,535
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,542,733	139,528	1,682,261		1,682,261
26	2600 INTENSIVE CARE UNIT	132,508	18,379	150,887		150,887
35.01	3510 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	549,074	580,637	1,129,711		1,129,711
40	4000 ANESTHESIOLOGY		163,127	163,127		163,127
41	4100 RADIOLOGY-DIAGNOSTIC	548,478	1,466,370	2,014,848		2,014,848
44	4400 LABORATORY	659,631	789,209	1,448,840		1,448,840
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		76,266	76,266		76,266
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	19,747	897,948	917,695	-1,971	915,724
50	5000 PHYSICAL THERAPY	8,710	665,845	674,555		674,555
52	5200 SPEECH PATHOLOGY					
53.01	5301 CARDIAC REHAB					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				18,230	18,230
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 DIABETIC SERVICES	30,917	2,535	33,452		33,452
61	6100 EMERGENCY	1,053,578	612,488	1,666,066		1,666,066
61.02	6102 PHYSICIAN CLINICS					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
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					
95	SUBTOTALS	7,959,178	14,089,300	22,048,478	-0-	22,048,478
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
99	9900 NONPAID WORKERS	251,197	93,243	344,440		344,440
100	7950 OTHER NONREIMBURSABLE					
100.01	7951 MEDICAL ARTS CENTER					
100.02	7952 GUEST MEALS					
100.03	7953 HH OFFICE - SWEDISH AMERICAN					
100.04	7954 MARKETING					
100.05	7955 PHYSICIAN CLINICS	285,977	36,799	322,776		322,776
100.06	7956 ASHTON CLINIC	74,542	40,032	114,574		114,574
101	TOTAL	8,570,894	14,259,374	22,830,268	-0-	22,830,268

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 9/15/2010
I 14-1312 I FROM 5/ 1/2009 I WORKSHEET A
I I TO 4/30/2010 I

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	-120,507	826,505
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		879,623
5 0500	EMPLOYEE BENEFITS	-5,062	2,773,347
6 0600	ADMINISTRATIVE & GENERAL	-300,194	2,985,338
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		1,068,714
9 0900	LAUNDRY & LINEN SERVICE		69,321
10 1000	HOUSEKEEPING		262,295
11 1100	DIETARY	-8,813	92,791
12 1200	CAFETERIA	-90,481	223,726
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		349,371
15 1500	CENTRAL SERVICES & SUPPLY		91,213
16 1600	PHARMACY		1,269,881
17 1700	MEDICAL RECORDS & LIBRARY	-15,207	478,587
18 1800	SOCIAL SERVICE		163,535
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,682,261
26 2600	INTENSIVE CARE UNIT		150,887
35.01 3510	ICF/MR		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,129,711
40 4000	ANESTHESIOLOGY	-149,896	13,231
41 4100	RADIOLOGY-DIAGNOSTIC		2,014,848
44 4400	LABORATORY		1,448,840
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		76,266
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-158,317	757,407
50 5000	PHYSICAL THERAPY		674,555
52 5200	SPEECH PATHOLOGY		
53.01 5301	CARDIAC REHAB		
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		18,230
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
60.01 6001	DIABETIC SERVICES		33,452
61 6100	EMERGENCY	-90,478	1,575,588
61.02 6102	PHYSICIAN CLINICS		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
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		
95	SUBTOTALS	-938,955	21,109,523
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97 9700	RESEARCH		
99 9900	NONPAID WORKERS	-75,597	268,843
100 7950	OTHER NONREIMBURSABLE		
100.01 7951	MEDICAL ARTS CENTER		
100.02 7952	GUEST MEALS		
100.03 7953	HH OFFICE - SWEDISH AMERICAN		
100.04 7954	MARKETING		
100.05 7955	PHYSICIAN CLINICS	-137,335	185,441
100.06 7956	ASHTON CLINIC	-41,223	73,351
101	TOTAL	-1,193,110	21,637,158

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 9/15/2010
 I 14-1312 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
35.01	ICF/MR	3510	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETIC SERVICES	6001	CLINIC
61	EMERGENCY	6100	
61.02	PHYSICIAN CLINICS	6102	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.20	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	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL ARTS CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	GUEST MEALS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HH OFFICE - SWEDISH AMERICAN	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	ASHTON CLINIC	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141312

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		LINE		SALARY	OTHER
	(1)	COST CENTER	NO			
	1	2	3		4	5
1 CAFETERIA	A	CAFETERIA	12		180,179	134,028
2 LAUNDRY	B	LAUNDRY & LINEN SERVICE	9			69,321
3 CAPITAL RELATED INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			35,954
4 OXYGEN EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,971
5 EQUIPMENT INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4			36,323
6		NEW CAP REL COSTS-BLDG & FIXT	3			310,808
7 SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			16,259
36 TOTAL RECLASSIFICATIONS					180,179	604,664

(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:
141312

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 9/15/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER	
	1	6	7	8 9	
1 CAFETERIA	A	DIETARY	11	180,179	134,028
2 LAUNDRY	B	HOUSEKEEPING	10		69,321
3 CAPITAL RELATED INSURANCE	C	ADMINISTRATIVE & GENERAL	6		35,954
4 OXYGEN EXPENSE	D	RESPIRATORY THERAPY	49		1,971
5 EQUIPMENT INTEREST	E	ADMINISTRATIVE & GENERAL	6		36,323
6		ADMINISTRATIVE & GENERAL	6		310,808
7 SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		16,259
36 TOTAL RECLASSIFICATIONS				180,179	604,664

(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:
141312

PERIOD:
FROM 5/1/2009
TO 4/30/2010

PREPARED 9/15/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	314,207
TOTAL RECLASSIFICATIONS FOR CODE A			314,207

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	314,207	
		314,207	

RECLASS CODE: B
EXPLANATION: LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	69,321
TOTAL RECLASSIFICATIONS FOR CODE B			69,321

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	69,321	
		69,321	

RECLASS CODE: C
EXPLANATION: CAPITAL RELATED INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	35,954
TOTAL RECLASSIFICATIONS FOR CODE C			35,954

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	35,954	
		35,954	

RECLASS CODE: D
EXPLANATION: OXYGEN EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,971
TOTAL RECLASSIFICATIONS FOR CODE D			1,971

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	1,971	
		1,971	

RECLASS CODE: E
EXPLANATION: EQUIPMENT INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	36,323
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	310,808
TOTAL RECLASSIFICATIONS FOR CODE E			347,131

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	36,323	
ADMINISTRATIVE & GENERAL	6	310,808	
		347,131	

RECLASS CODE: F
EXPLANATION: SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,259
TOTAL RECLASSIFICATIONS FOR CODE F			16,259

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	16,259	
		16,259	

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	567,058	25,000		25,000		592,058	
2 LAND IMPROVEMENTS	1,378,870	5,488		5,488		1,384,358	
3 BUILDINGS & FIXTURE	10,640,382	194,325		194,325		10,834,707	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	701,225	50,874		50,874		752,099	
6 MOVABLE EQUIPMENT	6,430,304	1,097,889		1,097,889		7,528,193	
7 SUBTOTAL	19,717,839	1,373,576		1,373,576		21,091,415	
8 RECONCILING ITEMS							
9 TOTAL	19,717,839	1,373,576		1,373,576		21,091,415	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		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	13,563,222		13,563,222	.643068				
4	NEW CAP REL COSTS-MV	7,528,193		7,528,193	.356932				
5	TOTAL	21,091,415		21,091,415	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	826,505						826,505
4	NEW CAP REL COSTS-MV	879,623						879,623
5	TOTAL	1,706,128						1,706,128

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	600,250						600,250
4	NEW CAP REL COSTS-MV	843,300						843,300
5	TOTAL	1,443,550						1,443,550

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-120,507	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-3,151	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-359,035			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-89,981	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-15,207	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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37					
38 PROPERTY TAXES	A	-23,046	ADMINISTRATIVE & GENERAL	6	
39					
40 MISC REVENUE	B	-20,853	ADMINISTRATIVE & GENERAL	6	
41 MARKETING EXPENSE	A	-5,062	EMPLOYEE BENEFITS	5	
42 CLINIC PHYSICIANS	A	-133,936	PHYSICIAN CLINICS	100.05	
43 MISC REVENUE	B	-15,015	ADMINISTRATIVE & GENERAL	6	
44 MISC REVENUE	B	-500	CAFETERIA	12	
45 FITNESS CENTER	B	-27,658	ADMINISTRATIVE & GENERAL	6	
46 CLINICS BAD DEBTS INCLUDED IN EXP	A	-3,399	PHYSICIAN CLINICS	100.05	
47 CREDENTIALING FEES	B	-5,400	ADMINISTRATIVE & GENERAL	6	
48 FOUNDATION COSTS-FUND RAISING					
49 PHYSICIAN CLINICS	A	-75,597	NONPAID WORKERS	99	
49.01 CLINIC PHYSICIANS	A	-41,223	ASHTON CLINIC	100.06	
49.02 MARKETING	A	-187,577	ADMINISTRATIVE & GENERAL	6	
49.03 URGENT CARE PHYSICIAN	A	-39,656	EMERGENCY	61	
49.04 DONATION EXPENSE	A	-4,495	ADMINISTRATIVE & GENERAL	6	
49.05 LOBBYING DUES	A	-12,999	ADMINISTRATIVE & GENERAL	6	
49.06 CAFETERIA REVENUE	B	-8,813	DIETARY	11	
49.07 DIETARY SUPPLEMENTS					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,193,110			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/15/2010
 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 49	AGGREGATE NEUROLOGY	158,317	158,317					
2 61	SWEDISH AMERICAN	424,980	50,822	374,158				
3 40	ROCKFORD ANESTHESIOLOGY	149,896	149,896					
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	733,193	359,035	374,158				

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2009 TO 4/30/2010

PREPARED 9/15/2010 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		7177.00	1116.00	
10	AHSEA (SEE INSTRUCTIONS)		69.84	34.92	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.92	34.92		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	501,242
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	501,242
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	38,971
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	540,213

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	540,213

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,746
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	12,746
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	15,396
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

PHYSICAL THERAPY

- 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 15,396
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 540,213
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 15,396
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

I PROVIDER NO: I PERIOD: I PREPARED 9/15/2010
I 14-1312 I FROM 5/ 1/2009 I WORKSHEET A-8-4
I I TO 4/30/2010 I PARTS I - VII

PHYSICAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 555,609
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 446,280
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 446,280
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I
(SEE INSTRUCTIONS)(FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64) 446,280
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- 1.000000
(LINE 66 DIVIDED BY LINE 67)
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I
(LINE 66 DIVIDED BY LINE 67)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I
(LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I
(LINE 66 DIVIDED BY LINE 67)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I
(LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I
(LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION-
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.21 EXCESS COST OVER LIMITATION- OPT I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.41 EXCESS COST OVER LIMITATION- OOT I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP I
(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2009 TO 4/30/2010

PREPARED 9/15/2010 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		12000.00		
10	AHSEA (SEE INSTRUCTIONS)		54.83		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	27.42	27.42		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	657,960
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	657,960
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	657,960

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	657,960

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	10,008
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	10,008
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,325
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,333
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

RESPIRATORY THERAPY

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 11,333
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2,
 LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
 LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
 LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
 COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
 LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
 COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 38 AND 39 -
 SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 39 AND 42 -
 SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 42 AND 43 -
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 657,960
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 11,333
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: I
14-1312 I

PERIOD: I
FROM 5/ 1/2009 I
TO 4/30/2010 I

PREPARED 9/15/2010
WORKSHEET A-8-4
PARTS I - VII

RESPIRATORY THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 669,293
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 413,340
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 413,340
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 413,340
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.21 EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 14-1312

PERIOD: FROM 5/1/2009 TO 4/30/2010

PREPARED 9/15/2010 WORKSHEET A-8-4 PARTS I - VII

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.63
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	3.63

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		2695.00		
10	AHSEA (SEE INSTRUCTIONS)		66.18		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.09	33.09		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	178,355
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	178,355
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	178,355

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	178,355

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,078
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	12,078
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	2,650
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	14,728
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	

OCCUPATIONAL THERAPY

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL 14,728
 EXPENSE (LINE 28)
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2,
 LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
 LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
 LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
 COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
 LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
 COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 38 AND 39 -
 SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
 EXPENSE (SUM OF LINES 39 AND 42 -
 SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
 EXPENSE (SUM OF LINES 42 AND 43 -
 SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
	1	2	3	4	5
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)					
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 178,355
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
 PART III, LINE 33, 34, OR 35) 14,728
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
 (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)

REASONABLE COST DETERMINATION FOR THERAPY
SERVICES FURNISHED BY OUTSIDE SUPPLIERS
ON OR AFTER APRIL 10, 1998

PROVIDER NO: I
14-1312 I

PERIOD: I
FROM 5/ 1/2009 I
TO 4/30/2010 I

PREPARED 9/15/2010
WORKSHEET A-8-4
PARTS I - VII

OCCUPATIONAL THERAPY

63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 193,083
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 100,389
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS) 100,389
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 100,389
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.21 EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.41 EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
69.51 EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/15/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	21	GROSS SALARIES		ENTERED
6	ADMINISTRATIVE & GENERAL	-4	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	8	MEALS	SERVED	ENTERED
12	CAFETERIA	9	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	10	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	TIME SPENT		ENTERED
18	SOCIAL SERVICE	15	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	826,505			826,505			
005 NEW CAP REL COSTS-MVBLE E	879,623				879,623		
006 EMPLOYEE BENEFITS	2,773,347			3,696	521	2,777,564	
007 ADMINISTRATIVE & GENERAL	2,985,338			241,285	121,064	455,772	3,803,459
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,068,714			97,266	26,612	100,338	1,292,930
010 LAUNDRY & LINEN SERVICE	69,321						69,321
011 HOUSEKEEPING	262,295			6,490	41	73,497	342,323
012 DIETARY	92,791			11,341	10	19,443	123,585
013 CAFETERIA	223,726			29,173		60,126	313,025
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	349,371			3,025	1,542	93,433	447,371
016 CENTRAL SERVICES & SUPPLY	91,213			10,846	364	28,134	130,557
017 PHARMACY	1,269,881			8,008	9,578	73,057	1,360,524
018 MEDICAL RECORDS & LIBRARY	478,587			9,614	8,801	106,163	603,165
019 SOCIAL SERVICE	163,535			1,683		46,661	211,879
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,682,261			92,227	124,679	514,817	2,413,984
035 01 INTENSIVE CARE UNIT	150,887			18,316	4,392	44,218	217,813
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,129,711			82,723	285,813	183,228	1,681,475
041 ANESTHESIOLOGY	13,231				23,564		36,795
044 RADIOLOGY-DIAGNOSTIC	2,014,848			55,541	139,596	183,029	2,393,014
046 LABORATORY	1,448,840			22,782	36,585	220,121	1,728,328
049 30 WHOLE BLOOD & PACKED RED	76,266						76,266
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY	757,407			19,988	4,032	6,590	788,017
053 PHYSICAL THERAPY	674,555			24,905	1,057	2,907	703,424
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	18,230						18,230
061 DRUGS CHARGED TO PATIENTS							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 01 DIABETIC SERVICES	33,452			2,893		10,317	46,662
061 02 EMERGENCY	1,575,588			43,815	84,708	351,582	2,055,693
062 02 PHYSICIAN CLINICS							
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FOHC							
069 20 OTHER REIMBURS COST CNTRS							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
096 SUBTOTALS	21,109,523			785,617	872,959	2,573,433	20,857,840
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				5,093			5,093
099 RESEARCH							
100 NONPAID WORKERS	268,843					83,825	352,668
100 01 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							
100 03 HH OFFICE - SWEDISH AMERI							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	185,441			35,795	6,664	95,431	323,331
100 06 ASHTON CLINIC	73,351					24,875	98,226
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	21,637,158			826,505	879,623	2,777,564	21,637,158

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	3,803,459						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	275,748		1,568,678				
010 LAUNDRY & LINEN SERVICE	14,784			84,105			
011 HOUSEKEEPING	73,009		21,024		436,356		
012 DIETARY	26,357		36,739		10,358	197,039	
013 CAFETERIA	66,760		94,501		26,644		500,930
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	95,413		9,799		2,763		16,675
016 CENTRAL SERVICES & SUPPLY	27,844		35,135		9,906		10,196
017 PHARMACY	290,164		25,942		7,314		11,470
018 MEDICAL RECORDS & LIBRARY	128,639		31,144		8,781		38,660
025 SOCIAL SERVICE	45,188		5,452		1,537		12,055
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	514,836		298,754	29,614	84,233	166,354	147,150
035 01 INTENSIVE CARE UNIT	46,454		59,331		16,728	2,024	10,727
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	358,615		267,967	10,719	75,553	22,691	43,705
041 ANESTHESIOLOGY	7,847						
044 RADIOLOGY-DIAGNOSTIC	510,368		179,916	15,994	50,727		44,979
046 LABORATORY	368,607		73,798		20,807		74,080
049 30 WHOLE BLOOD & PACKED RED	16,266						
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY	168,064		64,747		18,255		1,009
053 PHYSICAL THERAPY	150,022		80,675	9,305	22,746		425
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	3,888						
060 DRUGS CHARGED TO PATIENTS							
060 01 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 01 DIABETIC SERVICES	9,952		9,372		2,642		2,815
061 EMERGENCY	438,426		141,930	18,473	40,017		86,984
062 02 PHYSICIAN CLINICS							
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS	3,637,251		1,436,226	84,105	399,011	191,069	500,930
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	1,086		16,499		4,652		
099 RESEARCH							
100 NONPAID WORKERS	75,215						
100 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS						5,970	
100 03 HH OFFICE - SWEDISH AMERI							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	68,958		115,953		32,693		
100 06 ASHTON CLINIC	20,949						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,803,459		1,568,678	84,105	436,356	197,039	500,930

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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		572,021					
016 CENTRAL SERVICES & SUPPLY			213,638				
017 PHARMACY				1,695,414			
018 MEDICAL RECORDS & LIBRARY					810,389		
025 SOCIAL SERVICE						276,111	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		271,869			619,709	270,212	4,816,715
035 01 INTENSIVE CARE UNIT		22,712			47,670	5,899	429,358
037 ANCI LLARY SRVC COST CNTRS							
040 OPERATING ROOM		92,618			143,010		2,696,353
041 ANESTHESIOLOGY							44,642
044 RADIOLOGY-DIAGNOSTIC							3,194,998
046 LABORATORY							2,265,620
049 30 WHOLE BLOOD & PACKED RED							92,532
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY							1,040,092
053 PHYSICAL THERAPY							966,597
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED			213,638				235,756
060 DRUGS CHARGED TO PATIENTS				1,695,414			1,695,414
060 01 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 01 DIABETIC SERVICES		3,049					74,492
061 EMERGENCY		181,773					2,963,296
062 02 PHYSICIAN CLINICS							
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS		572,021	213,638	1,695,414	810,389	276,111	20,515,865
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							27,330
099 RESEARCH							
100 NONPAID WORKERS							427,883
100 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							5,970
100 03 HH OFFICE - SWEDISH AMERI							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS							540,935
100 06 ASHTON CLINIC							119,175
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		572,021	213,638	1,695,414	810,389	276,111	21,637,158

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		4,816,715
035 01 ADULTS & PEDIATRICS		429,358
037 INTENSIVE CARE UNIT		
040 ANCI LLARY SRVC COST CNTRS		
041 OPERATING ROOM		2,696,353
044 ANESTHESIOLOGY		44,642
046 RADIOLOGY-DIAGNOSTIC		3,194,998
049 LABORATORY		2,265,620
050 WHOLE BLOOD & PACKED RED		92,532
052 30 BLOOD CLOTTING FACTORS AD		
053 RESPIRATORY THERAPY		1,040,092
054 PHYSICAL THERAPY		966,597
055 SPEECH PATHOLOGY		
056 01 CARDIAC REHAB		
060 ELECTROENCEPHALOGRAPHY		
061 MEDICAL SUPPLIES CHARGED		235,756
063 DRUGS CHARGED TO PATIENTS		1,695,414
066 OUTPAT SERVICE COST CNTRS		
069 CLINIC		
071 01 DIABETIC SERVICES		74,492
073 EMERGENCY		2,963,296
076 02 PHYSICIAN CLINICS		
079 OBSERVATION BEDS (NON-DIS		
082 50 RHC		
085 60 FOHC		
088 OTHER REIMBURS COST CNTRS		
091 20 OUTPATIENT PHYSICAL THERA		
093 30 OUTPATIENT OCCUPATIONAL T		
096 40 OUTPATIENT SPEECH PATHOLO		
099 HOME HEALTH AGENCY		
102 SPEC PURPOSE COST CENTERS		
105 01 PANCREAS ACQUISITION		
108 SUBTOTALS		20,515,865
111 NONREIMBURS COST CENTERS		
114 GIFT, FLOWER, COFFEE SHOP		27,330
117 RESEARCH		
120 NONPAID WORKERS		427,883
123 OTHER NONREIMBURSABLE		
126 01 MEDICAL ARTS CENTER		
129 02 GUEST MEALS		5,970
132 03 HH OFFICE - SWEDISH AMERI		
135 04 MARKETING		
138 05 PHYSICIAN CLINICS		540,935
141 06 ASHTON CLINIC		119,175
144 CROSS FOOT ADJUSTMENT		
147 NEGATIVE COST CENTER		
150 TOTAL		21,637,158

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1312
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/15/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & 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				3,696	521	4,217	4,217
007 ADMINISTRATIVE & GENERAL				241,285	121,064	362,349	692
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				97,266	26,612	123,878	152
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING				6,490	41	6,531	112
012 DIETARY				11,341	10	11,351	30
013 CAFETERIA				29,173		29,173	91
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				3,025	1,542	4,567	142
016 CENTRAL SERVICES & SUPPLY				10,846	364	11,210	43
017 PHARMACY				8,008	9,578	17,586	111
018 MEDICAL RECORDS & LIBRARY				9,614	8,801	18,415	161
025 SOCIAL SERVICE				1,683		1,683	71
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS				92,227	124,679	216,906	781
037 INTENSIVE CARE UNIT				18,316	4,392	22,708	67
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATING ROOM				82,723	285,813	368,536	278
044 ANESTHESIOLOGY					23,564	23,564	
046 30 RADIOLOGY-DIAGNOSTIC				55,541	139,596	195,137	278
049 LABORATORY				22,782	36,585	59,367	334
050 WHOLE BLOOD & PACKED RED							
052 30 BLOOD CLOTTING FACTORS AD				19,988	4,032	24,020	10
053 RESPIRATORY THERAPY				24,905	1,057	25,962	4
054 PHYSICAL THERAPY							
055 01 SPEECH PATHOLOGY							
056 CARDIAC REHAB							
060 ELECTROENCEPHALOGRAPHY							
061 01 MEDICAL SUPPLIES CHARGED				2,893		2,893	16
062 EMERGENCY				43,815	84,708	128,523	534
063 02 PHYSICIAN CLINICS							
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 20 OTHER REIMBURS COST CNTRS							
069 30 OUTPATIENT PHYSICAL THERA							
069 40 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY							
095 01 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION				785,617	872,959	1,658,576	3,907
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				5,093		5,093	
099 RESEARCH							
100 NONPAID WORKERS							127
100 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS							
100 03 HH OFFICE - SWEDISH AMERI							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS				35,795	6,664	42,459	145
100 06 ASHTON CLINIC							38
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				826,505	879,623	1,706,128	4,217

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/ 1/2009

WORKSHEET B

TO 4/30/2010

PART III

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	363,041						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	26,320		150,350				
010 LAUNDRY & LINEN SERVICE	1,411			1,411			
011 HOUSEKEEPING	6,969		2,015		15,627		
012 DIETARY	2,516		3,521		371	17,789	
013 CAFETERIA	6,372		9,057		954		45,647
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	9,107		939		99		1,519
016 CENTRAL SERVICES & SUPPLY	2,658		3,368		355		929
017 PHARMACY	27,696		2,486		262		1,045
018 MEDICAL RECORDS & LIBRARY	12,279		2,985		314		3,523
025 SOCIAL SERVICE	4,313		523		55		1,098
026 INPAT ROUTINE SRVC CNTRS	49,139		28,635	497	3,015	15,018	13,410
035 01 INTENSIVE CARE UNIT	4,434		5,687		599	183	977
037 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	34,230		25,683	180	2,706	2,049	3,983
041 ANESTHESIOLOGY	749						
044 RADIOLOGY-DIAGNOSTIC	48,715		17,244	268	1,817		4,099
046 LABORATORY	35,184		7,073		745		6,751
049 30 WHOLE BLOOD & PACKED RED	1,553						
050 BLOOD CLOTTING FACTORS AD							
052 RESPIRATORY THERAPY	16,042		6,206		654		92
053 PHYSICAL THERAPY	14,320		7,732	156	815		39
054 SPEECH PATHOLOGY							
055 01 CARDIAC REHAB							
056 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED	371						
060 DRUGS CHARGED TO PATIENTS							
060 01 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 01 DIABETIC SERVICES	950		898		95		256
061 EMERGENCY	41,848		13,603	310	1,433		7,926
061 02 PHYSICIAN CLINICS							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS	347,176		137,655	1,411	14,289	17,250	45,647
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	104		1,581		167		
099 RESEARCH							
100 NONPAID WORKERS	7,179						
100 OTHER NONREIMBURSABLE							
100 01 MEDICAL ARTS CENTER							
100 02 GUEST MEALS						539	
100 03 HH OFFICE - SWEDISH AMERI							
100 04 MARKETING							
100 05 PHYSICIAN CLINICS	6,582		11,114		1,171		
100 06 ASHTON CLINIC	2,000						
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	363,041		150,350	1,411	15,627	17,789	45,647

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1312

FROM 5/ 1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
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		16,373					
016 CENTRAL SERVICES & SUPPLY			18,563				
017 PHARMACY				49,186			
018 MEDICAL RECORDS & LIBRARY					37,677		
025 SOCIAL SERVICE						7,743	
026 INPAT ROUTINE SRVC CNTRS							
035 01 ADULTS & PEDIATRICS		7,782			28,812	7,578	371,573
037 INTENSIVE CARE UNIT		650			2,216	165	37,686
040 ANCI LLARY SRVC COST CNTRS							
041 OPERATING ROOM		2,651			6,649		446,945
044 ANESTHESIOLOGY							24,313
046 30 RADIOLOGY-DIAGNOSTIC							267,558
049 LABORATORY							109,454
050 50 WHOLE BLOOD & PACKED RED							1,553
052 60 BLOOD CLOTTING FACTORS AD							
053 01 RESPIRATORY THERAPY							47,024
054 02 PHYSICAL THERAPY							49,028
055 01 SPEECH PATHOLOGY							
056 01 CARDIAC REHAB							
060 01 ELECTROENCEPHALOGRAPHY							
061 01 MEDICAL SUPPLIES CHARGED			18,563				18,934
062 02 DRUGS CHARGED TO PATIENTS				49,186			49,186
063 01 OUTPAT SERVICE COST CNTRS							
064 01 CLINIC							
065 01 DIABETIC SERVICES		87					5,195
066 01 EMERGENCY		5,203					199,380
067 02 PHYSICIAN CLINICS							
068 50 OBSERVATION BEDS (NON-DIS							
069 60 RHC							
070 60 FOHC							
071 20 OTHER REIMBURS COST CNTRS							
072 30 OUTPATIENT PHYSICAL THERA							
073 40 OUTPATIENT OCCUPATIONAL T							
074 01 HOME HEALTH AGENCY							
075 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 01 SUBTOTALS		16,373	18,563	49,186	37,677	7,743	1,627,829
096 01 NONREIMBURS COST CENTERS							
097 01 GIFT, FLOWER, COFFEE SHOP							6,945
098 01 RESEARCH							
099 01 NONPAID WORKERS							7,306
100 01 OTHER NONREIMBURSABLE							
101 01 MEDICAL ARTS CENTER							
102 02 GUEST MEALS							539
103 03 HH OFFICE - SWEDISH AMERI							
104 04 MARKETING							
105 05 PHYSICIAN CLINICS							61,471
106 06 ASHTON CLINIC							2,038
107 01 CROSS FOOT ADJUSTMENTS							
108 02 NEGATIVE COST CENTER							
109 03 TOTAL		16,373	18,563	49,186	37,677	7,743	1,706,128

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
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		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CNTRS		371,573
035 01 ADULTS & PEDIATRICS		37,686
037 ANCI LLARY SRVC COST CNTRS		
040 OPERATING ROOM		446,945
041 ANESTHESIOLOGY		24,313
044 RADIOLOGY-DIAGNOSTIC		267,558
046 LABORATORY		109,454
049 30 WHOLE BLOOD & PACKED RED		1,553
050 BLOOD CLOTTING FACTORS AD		
052 RESPIRATORY THERAPY		47,024
053 01 PHYSICAL THERAPY		49,028
054 SPEECH PATHOLOGY		
055 01 CARDIAC REHAB		
056 ELECTROENCEPHALOGRAPHY		
060 MEDICAL SUPPLIES CHARGED		18,934
061 DRUGS CHARGED TO PATIENTS		49,186
060 OUTPAT SERVICE COST CNTRS		
060 01 CLINIC		
061 DIABETIC SERVICES		5,195
061 EMERGENCY		199,380
062 02 PHYSICIAN CLINICS		
063 OBSERVATION BEDS (NON-DIS		
063 50 RHC		
063 60 FOHC		
069 OTHER REIMBURS COST CNTRS		
069 20 OUTPATIENT PHYSICAL THERA		
069 30 OUTPATIENT OCCUPATIONAL T		
069 40 OUTPATIENT SPEECH PATHOLO		
071 HOME HEALTH AGENCY		
085 SPEC PURPOSE COST CENTERS		
095 01 PANCREAS ACQUISITION		
095 SUBTOTALS		1,627,829
096 NONREIMBURS COST CENTERS		
097 GIFT, FLOWER, COFFEE SHOP		6,945
099 RESEARCH		
100 NONPAID WORKERS		7,306
100 OTHER NONREIMBURSABLE		
100 01 MEDICAL ARTS CENTER		
100 02 GUEST MEALS		539
100 03 HH OFFICE - SWEDISH AMERI		
100 04 MARKETING		
100 05 PHYSICIAN CLINICS		61,471
100 06 ASHTON CLINIC		2,038
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,706,128

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	()
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	75,134					
003 OLD CAP REL COSTS-MVB		75,134				
004 NEW CAP REL COSTS-BLD			75,134			
005 NEW CAP REL COSTS-MVB				790,828		
006 EMPLOYEE BENEFITS	336	336	336	468	8,323,451	
007 ADMINSTRATIVE & GENE	21,934	21,934	21,934	108,843	1,365,802	-3,803,459
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT	8,842	8,842	8,842	23,926	300,682	
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING	590	590	590	37	220,248	
012 DIETARY	1,031	1,031	1,031	9	58,264	
013 CAFETERIA	2,652	2,652	2,652		180,179	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINSTRATIO	275	275	275	1,386	279,987	
016 CENTRAL SERVICES & SU	986	986	986	327	84,308	
017 PHARMACY	728	728	728	8,611	218,927	
018 MEDICAL RECORDS & LIB	874	874	874	7,913	318,135	
025 SOCIAL SERVICE	153	153	153		139,827	
026 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	8,384	8,384	8,384	112,093	1,542,733	
035 01 INTENSIVE CARE UNIT	1,665	1,665	1,665	3,949	132,508	
035 01 ICF/MR						
037 ANCILLARY SRVC COST C						
040 OPERATING ROOM	7,520	7,520	7,520	256,962	549,074	
041 ANESTHESIOLOGY				21,185		
044 RADIOLOGY-DIAGNOSTIC	5,049	5,049	5,049	125,504	548,478	
046 LABORATORY	2,071	2,071	2,071	32,892	659,631	
046 30 WHOLE BLOOD & PACKED						
049 BLOOD CLOTTING FACTOR						
050 RESPIRATORY THERAPY	1,817	1,817	1,817	3,625	19,747	
052 PHYSICAL THERAPY	2,264	2,264	2,264	950	8,710	
053 SPEECH PATHOLOGY						
054 01 CARDIAC REHAB						
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR						
060 DRUGS CHARGED TO PATI						
060 01 OUTPAT SERVICE COST C						
061 CLINIC						
061 01 DIABETIC SERVICES	263	263	263		30,917	
061 EMERGENCY	3,983	3,983	3,983	76,157	1,053,578	
062 02 PHYSICIAN CLINICS						
063 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST C						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
095 01 PANCREAS ACQUISITION						
095 SUBTOTALS	71,417	71,417	71,417	784,837	7,711,735	-3,803,459
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE	463	463	463			
099 RESEARCH						
100 NONPAID WORKERS					251,197	
100 OTHER NONREIMBURSABLE						
100 01 MEDICAL ARTS CENTER						
100 02 GUEST MEALS						
100 03 HH OFFICE - SWEDISH A						
100 04 MARKETING						
100 05 PHYSICIAN CLINICS	3,254	3,254	3,254	5,991	285,977	
100 06 ASHTON CLINIC					74,542	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			826,505	879,623	2,777,564	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.000413		.333703	
(WRKSHT B, PT I)				1.112281		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					4,217	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000507	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-1312

FROM 5/ 1/2009

WORKSHEET B-1

|

TO 4/30/2010

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COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (PATIENT DAYS)	DI (D)
	13	14	15	16	17	18	
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		106,359		100			
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				100			
018 MEDICAL RECORDS & LIBRARY					85		
025 SOCIAL SERVICE						2,621	
026 INPAT ROUTINE SRVC CN							
035 01 ADULTS & PEDIATRICS		50,550			65	2,565	
037 01 INTENSIVE CARE UNIT		4,223			5	56	
040 01 ICF/MR							
041 ANCILLARY SRVC COST C							
044 OPERATING ROOM		17,221			15		
046 30 ANESTHESIOLOGY							
049 30 RADIOLOGY-DIAGNOSTIC							
050 30 LABORATORY							
052 30 WHOLE BLOOD & PACKED							
053 01 BLOOD CLOTTING FACTOR							
054 01 RESPIRATORY THERAPY							
055 01 PHYSICAL THERAPY							
056 01 SPEECH PATHOLOGY							
060 01 CARDIAC REHAB							
061 01 ELECTROENCEPHALOGRAPH				100			
062 01 MEDICAL SUPPLIES CHAR							
063 01 DRUGS CHARGED TO PATI					100		
064 01 OUTPAT SERVICE COST C							
065 01 CLINIC							
066 01 DIABETIC SERVICES		567					
067 01 EMERGENCY		33,798					
068 02 PHYSICIAN CLINICS							
069 50 OBSERVATION BEDS (NON							
070 60 RHC							
071 60 FOHC							
085 01 OTHER REIMBURS COST C							
095 20 OUTPATIENT PHYSICAL T							
096 30 OUTPATIENT OCCUPATION							
097 40 OUTPATIENT SPEECH PAT							
098 01 HOME HEALTH AGENCY							
099 01 SPEC PURPOSE COST CEN							
100 01 PANCREAS ACQUISITION							
101 01 SUBTOTALS		106,359	100	100	85	2,621	
102 01 NONREIMBURS COST CENT							
103 01 GIFT, FLOWER, COFFEE							
104 01 RESEARCH							
105 01 NONPAID WORKERS							
106 01 OTHER NONREIMBURSABLE							
107 01 MEDICAL ARTS CENTER							
108 02 GUEST MEALS							
109 03 HH OFFICE - SWEDISH A							
110 04 MARKETING							
111 05 PHYSICIAN CLINICS							
112 06 ASHTON CLINIC							
113 01 CROSS FOOT ADJUSTMENT							
114 01 NEGATIVE COST CENTER							
115 01 COST TO BE ALLOCATED		572,021	213,638	1,695,414	810,389	276,111	
116 01 (PER WRKSHT B, PART							
117 01 UNIT COST MULTIPLIER		5.378210		16,954.140000		105.345670	
118 01 (WRKSHT B, PT I)			2,136.380000		9,533.988235		
119 01 COST TO BE ALLOCATED							
120 01 (PER WRKSHT B, PART							
121 01 UNIT COST MULTIPLIER							
122 01 (WRKSHT B, PT I I)							
123 01 COST TO BE ALLOCATED		16,373	18,563	49,186	37,677	7,743	
124 01 (PER WRKSHT B, PART							
125 01 UNIT COST MULTIPLIER		153941		491.860000		2.954216	
126 01 (WRKSHT B, PT I I I)			185.630000		443.258824		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
14-1312	FROM 5/ 1/2009	9/15/2010
	TO 4/30/2010	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,816,715		4,816,715		
26	INTENSIVE CARE UNIT	429,358		429,358		
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,696,353		2,696,353		
40	ANESTHESIOLOGY	44,642		44,642		
41	RADIOLOGY-DIAGNOSTIC	3,194,998		3,194,998		
44	LABORATORY	2,265,620		2,265,620		
46	WHOLE BLOOD & PACKED RED	92,532		92,532		
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,040,092		1,040,092		
50	PHYSICAL THERAPY	966,597		966,597		
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	235,756		235,756		
56	DRUGS CHARGED TO PATIENTS	1,695,414		1,695,414		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC SERVICES	74,492		74,492		
61	EMERGENCY	2,963,296		2,963,296		
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	407,078		407,078		
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,922,943		20,922,943		
102	LESS OBSERVATION BEDS	407,078		407,078		
103	TOTAL	20,515,865		20,515,865		

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	1,599,925		1,599,925			
26	INTENSIVE CARE UNIT	62,700		62,700			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	899,664	2,855,288	3,754,952	.718079	.718079	
40	ANESTHESIOLOGY	109,594	551,976	661,570	.067479	.067479	
41	RADIOLOGY-DIAGNOSTIC	681,947	8,761,038	9,442,985	.338346	.338346	
44	LABORATORY	691,556	6,703,659	7,395,215	.306363	.306363	
46	WHOLE BLOOD & PACKED RED	96,426	135,587	232,013	.398822	.398822	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	438,982	1,190,400	1,629,382	.638335	.638335	
50	PHYSICAL THERAPY	124,094	1,565,438	1,689,532	.572109	.572109	
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	368,082	114,498	482,580	.488532	.488532	
56	DRUGS CHARGED TO PATIENTS	1,586,997	4,462,433	6,049,430	.280260	.280260	
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	DIABETIC SERVICES		33,217	33,217	2.242587	2.242587	
61	EMERGENCY	82,190	3,211,939	3,294,129	.899569	.899569	
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	2,316	442,327	444,643	.915516	.915516	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,744,473	30,027,800	36,772,273			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,744,473	30,027,800	36,772,273			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1312
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/15/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,816,715		4,816,715		
26	INTENSIVE CARE UNIT	429,358		429,358		
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,696,353		2,696,353		
40	ANESTHESIOLOGY	44,642		44,642		
41	RADIOLOGY-DIAGNOSTIC	3,194,998		3,194,998		
44	LABORATORY	2,265,620		2,265,620		
46	WHOLE BLOOD & PACKED RED	92,532		92,532		
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,040,092		1,040,092		
50	PHYSICAL THERAPY	966,597		966,597		
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	235,756		235,756		
56	DRUGS CHARGED TO PATIENTS	1,695,414		1,695,414		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC SERVICES	74,492		74,492		
61	EMERGENCY	2,963,296		2,963,296		
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	407,078		407,078		
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	20,922,943		20,922,943		
102	LESS OBSERVATION BEDS	407,078		407,078		
103	TOTAL	20,515,865		20,515,865		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	1,599,925		1,599,925			
26	INTENSIVE CARE UNIT	62,700		62,700			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	899,664	2,855,288	3,754,952	.718079	.718079	
40	ANESTHESIOLOGY	109,594	551,976	661,570	.067479	.067479	
41	RADIOLOGY-DIAGNOSTIC	681,947	8,761,038	9,442,985	.338346	.338346	
44	LABORATORY	691,556	6,703,659	7,395,215	.306363	.306363	
46	WHOLE BLOOD & PACKED RED	96,426	135,587	232,013	.398822	.398822	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	438,982	1,190,400	1,629,382	.638335	.638335	
50	PHYSICAL THERAPY	124,094	1,565,438	1,689,532	.572109	.572109	
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	368,082	114,498	482,580	.488532	.488532	
56	DRUGS CHARGED TO PATIENTS	1,586,997	4,462,433	6,049,430	.280260	.280260	
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC						
60	DIABETIC SERVICES		33,217	33,217	2.242587	2.242587	
61	EMERGENCY	82,190	3,211,939	3,294,129	.899569	.899569	
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	2,316	442,327	444,643	.915516	.915516	
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,744,473	30,027,800	36,772,273			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,744,473	30,027,800	36,772,273			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,696,353	446,945	2,249,408			2,696,353
40	ANESTHESIOLOGY	44,642	24,313	20,329			44,642
41	RADIOLOGY-DIAGNOSTIC	3,194,998	267,558	2,927,440			3,194,998
44	LABORATORY	2,265,620	109,454	2,156,166			2,265,620
46	WHOLE BLOOD & PACKED RED	92,532	1,553	90,979			92,532
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,040,092	47,024	993,068			1,040,092
50	PHYSICAL THERAPY	966,597	49,028	917,569			966,597
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	235,756	18,934	216,822			235,756
56	DRUGS CHARGED TO PATIENTS	1,695,414	49,186	1,646,228			1,695,414
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETIC SERVICES	74,492	5,195	69,297			74,492
61	EMERGENCY	2,963,296	199,380	2,763,916			2,963,296
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	407,078		407,078			407,078
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,676,870	1,218,570	14,458,300			15,676,870
102	LESS OBSERVATION BEDS	407,078		407,078			407,078
103	TOTAL	15,269,792	1,218,570	14,051,222			15,269,792

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	3,754,952	.718079	.718079
40	ANESTHESIOLOGY	661,570	.067479	.067479
41	RADIOLOGY-DIAGNOSTIC	9,442,985	.338346	.338346
44	LABORATORY	7,395,215	.306363	.306363
46	WHOLE BLOOD & PACKED RED	232,013	.398822	.398822
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,629,382	.638335	.638335
50	PHYSICAL THERAPY	1,689,532	.572109	.572109
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	482,580	.488532	.488532
56	DRUGS CHARGED TO PATIENTS	6,049,430	.280260	.280260
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETIC SERVICES	33,217	2.242587	2.242587
61	EMERGENCY	3,294,129	.899569	.899569
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	444,643	.915516	.915516
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	35,109,648		
102	LESS OBSERVATION BEDS	444,643		
103	TOTAL	34,665,005		

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						
40	OPERATING ROOM	2,696,353	446,945	2,249,408			2,696,353
41	ANESTHESIOLOGY	44,642	24,313	20,329			44,642
44	RADIOLOGY-DIAGNOSTIC	3,194,998	267,558	2,927,440			3,194,998
46	LABORATORY	2,265,620	109,454	2,156,166			2,265,620
46	WHOLE BLOOD & PACKED RED	92,532	1,553	90,979			92,532
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,040,092	47,024	993,068			1,040,092
50	PHYSICAL THERAPY	966,597	49,028	917,569			966,597
52	SPEECH PATHOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	235,756	18,934	216,822			235,756
56	DRUGS CHARGED TO PATIENTS	1,695,414	49,186	1,646,228			1,695,414
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 DIABETIC SERVICES	74,492	5,195	69,297			74,492
61	EMERGENCY	2,963,296	199,380	2,763,916			2,963,296
61	02 PHYSICIAN CLINICS						
62	OBSERVATION BEDS (NON-DIS	407,078		407,078			407,078
63	50 RHC						
63	60 FQHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	15,676,870	1,218,570	14,458,300			15,676,870
102	LESS OBSERVATION BEDS	407,078		407,078			407,078
103	TOTAL	15,269,792	1,218,570	14,051,222			15,269,792

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	3,754,952	.718079	.718079
40	ANESTHESIOLOGY	661,570	.067479	.067479
41	RADIOLOGY-DIAGNOSTIC	9,442,985	.338346	.338346
44	LABORATORY	7,395,215	.306363	.306363
46	WHOLE BLOOD & PACKED RED	232,013	.398822	.398822
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	1,629,382	.638335	.638335
50	PHYSICAL THERAPY	1,689,532	.572109	.572109
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	482,580	.488532	.488532
56	DRUGS CHARGED TO PATIENTS	6,049,430	.280260	.280260
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 DIABETIC SERVICES	33,217	2.242587	2.242587
61	EMERGENCY	3,294,129	.899569	.899569
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DIS	444,643	.915516	.915516
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	35,109,648		
102	LESS OBSERVATION BEDS	444,643		
103	TOTAL	34,665,005		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842	7,431,422			
44	LABORATORY	2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195	1,207,101			
52	SPEECH PATHOLOGY					
53	01 CARDIAC REHAB					
54	ELECTROENCEPHALOGRAPHY	2,203				
55	MEDICAL SUPPLIES CHARGED	327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 DIABETIC SERVICES					
61	EMERGENCY	2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS					
62	OBSERVATION BEDS (NON-DIS	325,183	408,905			
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,089,309	28,023,765			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,176,223		2,176,223	3,575,293			
40	ANESTHESIOLOGY	37,147	111,178	148,325	622,352			
41	RADIOLOGY-DIAGNOSTIC	2,991,842		2,991,842	7,431,422			
44	LABORATORY	2,045,183		2,045,183	5,841,333			
46	WHOLE BLOOD & PACKED RED	97,868		97,868	238,206			
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY	1,047,986		1,047,986	1,218,412			
50	PHYSICAL THERAPY	1,056,195		1,056,195	1,207,101			
52	SPEECH PATHOLOGY							
53	01 CARDIAC REHAB							
54	ELECTROENCEPHALOGRAPHY	2,203	95,566	97,769				
55	MEDICAL SUPPLIES CHARGED	327,775		327,775	411,500			
56	DRUGS CHARGED TO PATIENTS	1,404,057		1,404,057	4,941,935			
	OUTPAT SERVICE COST CNTRS							
	CLINIC							
60	01 DIABETIC SERVICES							
61	EMERGENCY	2,577,647		2,577,647	2,127,306			
61	02 PHYSICIAN CLINICS							
62	OBSERVATION BEDS (NON-DIS	325,183		325,183	408,905			
63	50 RHC							
63	60 FQHC							
101	OTHER REIMBURS COST CNTRS							
102	TOTAL	14,089,309	206,744	14,296,053	28,023,765			
103	TOTAL OUTPATIENT VISITS							
104	AGGREGATE COST PER VISIT							
105	TITLE V OUTPATIENT VISITS							
106	TITLE XVI I I OUTPAT VISITS							
107	TITLE VIX OUTPAT VISITS							
108	TITLE VIX OUTPAT COSTS							
109	TITLE XVI I I OUTPAT COSTS							
109	TITLE VIX OUTPAT COSTS							

TITLE XVIII PART A HOSPITAL OTHER

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	185
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2, 200. 42
85	OBSERVATION BED COST	407, 078

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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	185
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2,200.42
85	OBSERVATION BED COST	407,078

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
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		991,042	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		44,433	
37	OPERATING ROOM	.718079	369,146	265,076
40	ANESTHESIOLOGY	.067479	49,466	3,338
41	RADIOLOGY-DIAGNOSTIC	.338346	342,437	115,862
44	LABORATORY	.306363	403,291	123,553
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.398822	71,488	28,511
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.638335	298,108	190,293
50	PHYSICAL THERAPY	.572109	87,012	49,780
52	SPEECH PATHOLOGY			
53	01 CARDIAC REHAB			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.488532	258,541	126,306
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.280260	869,347	243,643
60	CLINIC			
60	01 DIABETIC SERVICES	2.242587		
61	EMERGENCY	.899569	443	399
61	02 PHYSICIAN CLINICS			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.915516		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,749,279	1,146,761
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,749,279	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		4,908,124
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		4,908,124

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		4,957,205
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES		35,800
18.01	CAH ACTUAL BILLED COINSURANCE		1,753,678
	LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		3,167,727
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		3,167,727
24	PRIMARY PAYER PAYMENTS		2,143
25	SUBTOTAL		3,165,584

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		399,943
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		399,943
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		319,148
28	SUBTOTAL		3,565,527
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		3,565,527
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		3,273,968
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		291,559
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,342,365		3,273,968
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	4/15/2010	75,700		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		75,700		NONE
4 TOTAL INTERIM PAYMENTS		3,418,065		3,273,968
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		557,571		291,559
7 TOTAL MEDICARE PROGRAM LIABILITY		3,975,636		3,565,527

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		105,512		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		105,512		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01		15,225		
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		120,737		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		4, 183, 141
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4, 183, 141
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		4, 224, 972
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		4, 224, 972
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		315, 708
21	EXCESS REASONABLE COST		
22	SUBTOTAL		3, 909, 264
23	COINSURANCE		1, 068
24	SUBTOTAL		3, 908, 196
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		67, 440
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		67, 440
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		48, 550
26	SUBTOTAL		3, 975, 636
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		3, 975, 636
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		3, 418, 065
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		557, 571
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	878,587			
2 TEMPORARY INVESTMENTS	5,883,181			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,120,110			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,281,603			
7 INVENTORY	182,690			
8 PREPAID EXPENSES	337,167			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	10,120,132			
FIXED ASSETS				
12 LAND	2,976,289			
12.01 LAND IMPROVEMENTS	1,183,199			
13.01 LESS ACCUMULATED DEPRECIATION	-798,733			
14 BUILDINGS	10,393,028			
14.01 LESS ACCUMULATED DEPRECIATION	-4,504,753			
15 LEASEHOLD IMPROVEMENTS	175,401			
15.01 LESS ACCUMULATED DEPRECIATION	-20,463			
16 FIXED EQUIPMENT	693,335			
16.01 LESS ACCUMULATED DEPRECIATION	-331,262			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	6,632,789			
18.01 LESS ACCUMULATED DEPRECIATION	-3,927,013			
19 MINOR EQUIPMENT DEPRECIABLE	558,344			
19.01 LESS ACCUMULATED DEPRECIATION	-155,631			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	12,874,530			
OTHER ASSETS				
22 INVESTMENTS	569,652			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,144,273			
26 TOTAL OTHER ASSETS	1,713,925			
27 TOTAL ASSETS	24,708,587			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	667,235			
29 SALARIES, WAGES & FEES PAYABLE	287,850			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	711,664			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	489,489			
35 OTHER CURRENT LIABILITIES	258,328			
36 TOTAL CURRENT LIABILITIES	2,414,566			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	7,000,000			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	456,135			
42 TOTAL LONG-TERM LIABILITIES	7,456,135			
43 TOTAL LIABILITIES	9,870,701			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,837,886			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	14,837,886			
52 TOTAL LIABILITIES AND FUND BALANCES	24,708,587			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		14,364,483		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,261,226		
4 TOTAL		15,625,709		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		15,625,709		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM		787,823		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		787,823		
19 FUND BALANCE AT END OF		14,837,886		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	1,513,253		1,513,253
4 00 SWING BED - SNF	86,672		86,672
5 00 SWING BED - NF			
7 01 ICF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	1,599,925		1,599,925
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	62,700		62,700
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	62,700		62,700
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,662,625		1,662,625
17 00 ANCILLARY SERVICES	5,081,848	29,866,421	34,948,269
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
24 01 OTHER CLINICS		933,113	933,113
25 00 TOTAL PATIENT REVENUES	6,744,473	30,799,534	37,544,007

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		22,830,268	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00 BAD DEBTS	1,812,824		
30 00 RECONCILING	6,105		
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,818,929	
DEDUCT (SPECIFY)			
34 00 RECONCILING			
35 00 GAIN LOSS			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		24,649,197	

DESCRIPTION

1	TOTAL PATIENT REVENUES	37,544,007
2	LESS: ALLOWANCES AND DISCOUNTS ON	12,907,666
3	NET PATIENT REVENUES	24,636,341
4	LESS: TOTAL OPERATING EXPENSES	24,649,197
5	NET INCOME FROM SERVICE TO PATIENT	-12,856
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	120,507
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	336,285
24.01	UNREALIZED GAIN/LOSS ON INV	1,010,492
25	TOTAL OTHER INCOME	1,467,284
26	TOTAL	1,454,428
	OTHER EXPENSES	
27	RETURN FROM LLC	162,764
28	CONTRIBUTION	30,438
29		
30	TOTAL OTHER EXPENSES	193,202
31	NET INCOME (OR LOSS) FOR THE PERIO	1,261,226