

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: 14-1322 | PERIOD FROM 10/1/2009 TO 9/30/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 2/22/2011 TIME 8:26

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ABRAHAM LINCOLN MEMORIAL HOSPITAL 14-1322 FOR THE COST REPORTING PERIOD BEGINNING 10/1/2009 AND ENDING 9/30/2010 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.

ECR ENCRYPTION INFORMATION DATE: 2/22/2011 TIME 8:26

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

KYGSFF530tb109k7WS56kQdAq7h: Q0 tAtRd01H6gVhdDXLky3S2yar6a9FF: X. eN0nyhYcOTBFXV

TITLE

PI ENCRYPTION INFORMATION DATE: 2/22/2011 TIME 8:26

DATE

: DYv6: Mi xwMwL2qau56ml2. . 7LbhLO eAgTFOaadr6PHF. T8eySDEyGtSwuZT hLeM2mG7. Poi X4CB

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, TITLE XVIII, TITLE XIX, and a fourth unlabeled column. Rows include HOSPITAL, SWING BED - SNF, and TOTAL with corresponding numerical values.

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.

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

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

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

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

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

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

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 2/ 1/2003

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .403068
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 13,230,222

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,332,679
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	3,845,756
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,550,101
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,332,679

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1322
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		488,626	488,626	130,970	619,596
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		770,018	770,018	16,733	786,751
5	0500 EMPLOYEE BENEFITS	128,088	3,907,528	4,035,616	-7,622	4,027,994
6	0600 ADMINISTRATIVE & GENERAL	1,435,774	3,892,061	5,327,835	-140,081	5,187,754
8	0800 OPERATION OF PLANT	403,278	759,747	1,163,025		1,163,025
9	0900 LAUNDRY & LINEN SERVICE		-647	-647	149,266	148,619
10	1000 HOUSEKEEPING	358,979	190,651	549,630	-149,266	400,364
11	1100 DIETARY	449,486	311,711	761,197	-460,308	300,889
12	1200 CAFETERIA				460,208	460,208
14	1400 NURSING ADMINISTRATION	362,864	19,206	382,070	-7,069	375,001
15	1500 CENTRAL SERVICES & SUPPLY	219,063	225,642	444,705	-218,379	226,326
16	1600 PHARMACY	385,183	918,687	1,303,870	-897,427	406,443
17	1700 MEDICAL RECORDS & LIBRARY	414,750	65,868	480,618		480,618
18	1800 SOCIAL SERVICE				23,875	23,875
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,478,837	159,790	1,638,627	589,196	2,227,823
33	3300 NURSERY				114,113	114,113
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	704,581	389,002	1,093,583	-95,971	997,612
39	3900 DELIVERY ROOM & LABOR ROOM	760,174	61,804	821,978	-703,859	118,119
40	4000 ANESTHESIOLOGY	615,789	82,969	698,758		698,758
41	4100 RADIOLOGY-DIAGNOSTIC	940,302	967,956	1,908,258	-59,473	1,848,785
44	4400 LABORATORY	740,208	1,060,985	1,801,193		1,801,193
49	4900 RESPIRATORY THERAPY	290,782	115,305	406,087		406,087
50	5000 PHYSICAL THERAPY	921,663	52,508	974,171		974,171
52	5200 SPEECH PATHOLOGY	60,657	-281	60,376		60,376
53	5300 ELECTROCARDIOLOGY	44,898	62,182	107,080		107,080
53.01	5301 CARDIAC REHAB	90,005	14,118	104,123		104,123
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				129,439	129,439
55.01	5501 IMPLANTABLE DEVICES				182,715	182,715
56	5600 DRUGS CHARGED TO PATIENTS				966,265	966,265
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,204,861	1,684,337	2,889,198	-23,325	2,865,873
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	12,010,222	16,199,773	28,209,995	-0-	28,209,995
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CARE-A-VAN	27,720	5,350	33,070		33,070
98.02	9802 RHOG					
98.03	9803 FOUNDATION					
101	TOTAL	12,037,942	16,205,123	28,243,065	-0-	28,243,065

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1322
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	4,541	624,137
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	113,065	899,816
5	0500 EMPLOYEE BENEFITS	-391,087	3,636,907
6	0600 ADMINISTRATIVE & GENERAL	-671,369	4,516,385
8	0800 OPERATION OF PLANT	-5,002	1,158,023
9	0900 LAUNDRY & LINEN SERVICE		148,619
10	1000 HOUSEKEEPING		400,364
11	1100 DIETARY	-714	300,175
12	1200 CAFETERIA	-72,969	387,239
14	1400 NURSING ADMINISTRATION	-6,504	368,497
15	1500 CENTRAL SERVICES & SUPPLY		226,326
16	1600 PHARMACY	-12,042	394,401
17	1700 MEDICAL RECORDS & LIBRARY	-14,960	465,658
18	1800 SOCIAL SERVICE		23,875
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,227,823
33	3300 NURSERY		114,113
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-448	997,164
39	3900 DELIVERY ROOM & LABOR ROOM		118,119
40	4000 ANESTHESIOLOGY	-650,464	48,294
41	4100 RADIOLOGY-DIAGNOSTIC		1,848,785
44	4400 LABORATORY	-102,027	1,699,166
49	4900 RESPIRATORY THERAPY	-15,880	390,207
50	5000 PHYSICAL THERAPY	-32,305	941,866
52	5200 SPEECH PATHOLOGY		60,376
53	5300 ELECTROCARDIOLOGY		107,080
53.01	5301 CARDIAC REHAB		104,123
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		129,439
55.01	5501 IMPLANTABLE DEVICES		182,715
56	5600 DRUGS CHARGED TO PATIENTS		966,265
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-1,209,519	1,656,354
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,067,684	25,142,311
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CARE-A-VAN		33,070
98.02	9802 RHOG		
98.03	9803 FOUNDATION		
101	TOTAL	-3,067,684	25,175,381

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 STERILE PROCESSING SALARIES	A	OPERATING ROOM	37	50,284	
2 LABOR AND DELIVERY	B	ADULTS & PEDIATRICS	25	545,403	44,343
3		NURSERY	33	105,533	8,580
4 SOCIAL SERVICE FEES	C	SOCIAL SERVICE	18		23,875
5					
6 TO RECLASS PROPERTY INSURANCE	D	OTHER CAPITAL RELATED COSTS	90		47,150
7 DRUG EXPENSE	E	DRUGS CHARGED TO PATIENTS	56		966,265
8					
9					
10					
11					
12 LAUNDRY EXPENSE	F	LAUNDRY & LINEN SERVICE	9	28,679	120,587
13 MEDICAL SUPPLIES EXPENSE	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		129,439
14		IMPLANTABLE DEVICES	55.01		182,715
15 CAFETERIA EXPENSE	H	CAFETERIA	12	271,788	188,420
16 EMPLOYEE RETIREMENT EXPENSE	I	ADMINISTRATIVE & GENERAL	6		7,622
17 BOND AMORTIZATION	J	NEW CAP REL COSTS-BLDG & FIXT	3		100,553
36 TOTAL RECLASSIFICATIONS				1,001,687	1,819,549

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			6	LINE 7			
1 STERILE PROCESSING SALARIES	A	CENTRAL SERVICES & SUPPLY		15	50,284		
2 LABOR AND DELIVERY	B	DELIVERY ROOM & LABOR ROOM		39	650,936	52,923	
3							
4 SOCIAL SERVICE FEES	C	ADULTS & PEDIATRICS		25		550	
5		EMERGENCY		61		23,325	
6 TO RECLASS PROPERTY INSURANCE	D	ADMINISTRATIVE & GENERAL		6		47,150	
7 DRUG EXPENSE	E	DIETARY		11		100	
8		NURSING ADMINISTRATION		14		7,069	
9		CENTRAL SERVICES & SUPPLY		15		2,196	
10		PHARMACY		16		897,427	
11		RADIOLOGY-DIAGNOSTIC		41		59,473	
12 LAUNDRY EXPENSE	F	HOUSEKEEPING		10	28,679	120,587	
13 MEDICAL SUPPLIES EXPENSE	G	CENTRAL SERVICES & SUPPLY		15		165,899	
14		OPERATING ROOM		37		146,255	
15 CAFETERIA EXPENSE	H	DIETARY		11	271,788	188,420	
16 EMPLOYEE RETIREMENT EXPENSE	I	EMPLOYEE BENEFITS		5		7,622	
17 BOND AMORTIZATION	J	ADMINISTRATIVE & GENERAL		6		100,553	14
36 TOTAL RECLASSIFICATIONS					1,001,687	1,819,549	

(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:
141322

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/22/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : STERILE PROCESSING SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	50,284	CENTRAL SERVICES & SUPPLY	15	50,284	
TOTAL RECLASSIFICATIONS FOR CODE A			50,284				50,284

RECLASS CODE: B
EXPLANATION : LABOR AND DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	589,746	DELIVERY ROOM & LABOR ROOM	39	703,859	
2.00	NURSERY	33	114,113			0	
TOTAL RECLASSIFICATIONS FOR CODE B			703,859				703,859

RECLASS CODE: C
EXPLANATION : SOCIAL SERVICE FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	23,875	ADULTS & PEDIATRICS	25	550	
2.00			0	EMERGENCY	61	23,325	
TOTAL RECLASSIFICATIONS FOR CODE C			23,875				23,875

RECLASS CODE: D
EXPLANATION : TO RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	47,150	ADMINISTRATIVE & GENERAL	6	47,150	
TOTAL RECLASSIFICATIONS FOR CODE D			47,150				47,150

RECLASS CODE: E
EXPLANATION : DRUG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	966,265	DIETARY	11	100	
2.00			0	NURSING ADMINISTRATION	14	7,069	
3.00			0	CENTRAL SERVICES & SUPPLY	15	2,196	
4.00			0	PHARMACY	16	897,427	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	59,473	
TOTAL RECLASSIFICATIONS FOR CODE E			966,265				966,265

RECLASS CODE: F
EXPLANATION : LAUNDRY EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	149,266	HOUSEKEEPING	10	149,266	
TOTAL RECLASSIFICATIONS FOR CODE F			149,266				149,266

RECLASS CODE: G
EXPLANATION : MEDICAL SUPPLIES EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	129,439	CENTRAL SERVICES & SUPPLY	15	165,899	
2.00	IMPLANTABLE DEVICES	55.01	182,715	OPERATING ROOM	37	146,255	
TOTAL RECLASSIFICATIONS FOR CODE G			312,154				312,154

RECLASS CODE: H
EXPLANATION : CAFETERIA EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	460,208	DIETARY	11	460,208	
TOTAL RECLASSIFICATIONS FOR CODE H			460,208				460,208

RECLASS CODE: I
EXPLANATION : EMPLOYEE RETIREMENT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	7,622	EMPLOYEE BENEFITS	5	7,622	
TOTAL RECLASSIFICATIONS FOR CODE I			7,622				7,622

RECLASSIFICATIONS

PROVIDER NO:
141322

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/22/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : BOND AMORTIZATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	100,553	3	ADMINISTRATIVE & GENERAL	100,553
TOTAL	RECLASSIFICATIONS FOR CODE J	100,553	6		100,553

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	967,836					967,836	
2 LAND IMPROVEMENTS	283,990					283,990	
3 BUILDINGS & FIXTURE	18,288,890					18,288,890	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,844,612	475,190		475,190	102,741	10,217,061	
7 SUBTOTAL	29,385,328	475,190		475,190	102,741	29,757,777	
8 RECONCILING ITEMS							
9 TOTAL	29,385,328	475,190		475,190	102,741	29,757,777	

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
3	NEW CAP REL COSTS-BL	18,572,880		18,572,880	.645117	30,417			30,417
4	NEW CAP REL COSTS-MV	10,217,061		10,217,061	.354883	16,733			16,733
5	TOTAL	28,789,941		28,789,941	1.000000	47,150			47,150

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
3	NEW CAP REL COSTS-BL	493,167			30,417		100,553	624,137
4	NEW CAP REL COSTS-MV	883,083			16,733			899,816
5	TOTAL	1,376,250			47,150		100,553	1,523,953

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
3	NEW CAP REL COSTS-BL	488,626						488,626
4	NEW CAP REL COSTS-MV	770,018						770,018
5	TOTAL	1,258,644						1,258,644

* All lines numbers except line 5 are to be consistent with Workshseet 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		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-13,729	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-5,002	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,306,026			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-202,499			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-72,969	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					
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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 PHARMACY REBATES	B	-12,042	PHARMACY	16	
38 DIETARY REBATES	B	-714	DIETARY	11	
39 ADMINISTRATIVE REBATES	B	-11,782	ADMINISTRATIVE & GENERAL	6	
40 TRANSCRIPT SERVICE REVENUE	B	-14,960	MEDICAL RECORDS & LIBRARY	17	
41 NURSING ADMIN MISCELLANEOUS REVENUE	B	-6,504	NURSING ADMINISTRATION	14	
42 LABORATORY MISCELLANEOUS REVENUE	B	-5,520	LABORATORY	44	
43 RESPIRATORY MISCELLANEOUS REVENUE	B	-15,880	RESPIRATORY THERAPY	49	
44 MISCELLANEOUS REVENUE	B	-448	OPERATING ROOM	37	
45 PHYSICAL THERAPY MISCELLANEOUS REVENUE	B	-32,305	PHYSICAL THERAPY	50	
46 MISCELLANEOUS REVENUE	B	-40,808	ADMINISTRATIVE & GENERAL	6	
47 CORPORATE OVERHEAD	B	-13,680	ADMINISTRATIVE & GENERAL	6	
48 LAPSING FY92 ADDITION	A	1,637	NEW CAP REL COSTS-MVBLE E	4	9
49 CRNA SALARIES	A	-615,789	ANESTHESIOLOGY	40	
49.01 CRNA BENEFITS EXPENSE	A	-52,183	EMPLOYEE BENEFITS	5	
49.02 CRNA CONTRACT EXPENSE	A	-34,675	ANESTHESIOLOGY	40	
49.03 MARKETING SALARY	A	-21,674	ADMINISTRATIVE & GENERAL	6	
49.04 MARKETING BENEFITS EXPENSE	A	-6,832	EMPLOYEE BENEFITS	5	
49.05 MARKETING OTHER EXPENSE	A	-47,706	ADMINISTRATIVE & GENERAL	6	
49.06 ADVERTISING EXPENSE	A	-55,189	ADMINISTRATIVE & GENERAL	6	
49.07 LOBBYING EXPENSE	A	-15,111	ADMINISTRATIVE & GENERAL	6	
49.08 PROVIDER TAX	A	-439,818	ADMINISTRATIVE & GENERAL	6	
49.09 PROVIDER TAX ASSISTANCE PAYMENT	A	-25,476	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,067,684			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG & HO BLDG CAPITAL	4,541		4,541	9
2	4	NEW CAP REL COSTS-MVBLE E MO MME CAPITAL	111,428		111,428	9
3	6	ADMINISTRATIVE & GENERAL HO INTEREST OPERATING	13,729		13,729	
4	6	ADMINISTRATIVE & GENERAL HO MANAGEMENT OPERATING	1,686,436	1,686,561	-125	
4.01	5	EMPLOYEE BENEFITS SELF INSURANCE BENEFITS	1,824,021	2,156,093	-332,072	
4.02	15	CENTRAL SERVICES & SUPPLY INVENTORY ITEMS	50,794	50,794		
5		TOTALS	3,690,949	3,893,448	-202,499	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
1	B	0.00	MEMORIAL HEALTH SYSTEM	100.00	MANAGEMENT/ HOME OFFICE
2	B	0.00	MEMORIAL MEDICAL CENTER	0.00	HOSPITAL
3	B	0.00	TAYLORVILLE MEMORIAL HOSP	0.00	HOSPITAL
4	B	0.00	MEMORIAL HOME SERVICES	0.00	HOME HEALTH
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1322
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/22/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G/ MEDICAL DIRECTOR	1,900		1,900				
2 44	LABORATORY/ AGGREGATE	96,507	96,507					
3 14	NURSE ADMIN/ CASE MANAGEM	481		481				
4 61	ER/ AGGREGATE	1,477,859	1,209,519	268,340				
5 53 1	CARDIAC REHA/ AGGREGATE	3,986		3,986				
6 40	CRNA/ MEDICAL DIRECTOR	645		645				
7								
8								
9								
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29								
30								
101	TOTAL	1,581,378	1,306,026	275,352				

COST ALLOCATION STATISTICS

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	624,137	624,137					
005 NEW CAP REL COSTS-MVBLE E	899,816		899,816				
006 EMPLOYEE BENEFITS	3,636,907			3,636,907			
008 ADMINISTRATIVE & GENERAL	4,516,385	87,390	199,642	456,242	5,259,659	5,259,659	
009 OPERATION OF PLANT	1,158,023	87,429	38,637	130,113	1,414,202	373,485	1,787,687
010 LAUNDRY & LINEN SERVICE	148,619	2,208		9,253	160,080	42,276	8,785
011 HOUSEKEEPING	400,364	6,654	2,675	106,567	516,260	136,342	26,472
012 DIETARY	300,175	24,626	750	57,332	382,883	101,118	97,978
014 CAFETERIA	387,239	5,105	1,148	87,689	481,181	127,078	20,311
015 NURSING ADMINISTRATION	368,497	12,716		117,074	498,287	131,596	50,593
016 CENTRAL SERVICES & SUPPLY	226,326	13,874	12,422	54,455	307,077	81,098	55,199
017 PHARMACY	394,401	4,426	27,444	124,275	550,546	145,397	17,609
018 MEDICAL RECORDS & LIBRARY	465,658	21,206	456	133,814	621,134	164,039	84,373
018 SOCIAL SERVICE	23,875				23,875	6,305	
025 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	2,227,823	92,430	43,708	653,102	3,017,063	796,790	367,752
033 NURSERY	114,113	8,373	5,890	34,049	162,425	42,896	33,314
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	997,164	64,611	89,947	243,548	1,395,270	368,485	257,064
040 DELIVERY ROOM & LABOR ROOM	118,119	4,641	6,096	35,244	164,100	43,338	18,464
041 ANESTHESIOLOGY	48,294	562	45,907		94,763	25,027	2,235
044 RADIOLOGY-DIAGNOSTIC	1,848,785	30,688	278,365	303,377	2,461,215	649,997	122,098
049 LABORATORY	1,699,166	16,404	53,476	238,819	2,007,865	530,269	65,267
050 RESPIRATORY THERAPY	390,207	1,104	14,970	93,817	500,098	132,074	4,393
052 PHYSICAL THERAPY	941,866	26,673	15,797	297,364	1,281,700	338,492	106,122
053 SPEECH PATHOLOGY	60,376			19,570	79,946	21,113	
053 ELECTROCARDIOLOGY	107,080	4,133	30,002	14,486	155,701	41,120	16,443
053 01 CARDIAC REHAB	104,123	2,819	8,161	29,039	144,142	38,067	11,215
055 MEDICAL SUPPLIES CHARGED	129,439				129,439	34,184	
055 01 IMPLANTABLE DEVICES	182,715				182,715	48,254	
056 DRUGS CHARGED TO PATIENTS	966,265				966,265	255,187	
056 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,656,354	25,520	24,323	388,734	2,094,931	553,263	101,535
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	25,142,311	543,592	899,816	3,627,963	25,052,822	5,227,290	1,467,222
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		1,881			1,881	497	7,483
098 PHYSICIANS' PRIVATE OFFICE		75,255			75,255	19,875	299,415
098 01 CARE-A-VAN	33,070	2,237		8,944	44,251	11,687	8,902
098 02 RHOG							
098 03 FOUNDATION		1,172			1,172	310	4,665
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	25,175,381	624,137	899,816	3,636,907	25,175,381	5,259,659	1,787,687

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	211,141						
011 HOUSEKEEPING		679,074					
012 DIETARY	1,159	37,967	621,105				
014 CAFETERIA	1,772	7,871		638,213			
015 NURSING ADMINISTRATION		19,605		23,507	723,588		
016 CENTRAL SERVICES & SUPPLY	6,567	21,390		27,340	17,990	516,661	
017 PHARMACY		6,824		17,120		1,083	738,579
018 MEDICAL RECORDS & LIBRARY		32,695		46,568		34	
025 SOCIAL SERVICE							
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	64,294	142,504	602,806	142,066	312,285	42,499	
040 NURSERY	2,838	12,909		6,260	13,842	1,897	
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	22,088	99,613	18,299	48,995	107,726	113,771	
049 DELIVERY ROOM & LABOR ROO	2,938	7,155		6,484	14,329	1,963	
052 ANESTHESIOLOGY		866		10,380	22,751	5,903	
056 RADIOLOGY-DIAGNOSTIC	30,555	47,314		63,751		22,687	45,904
061 LABORATORY	201	25,291		69,340		209,212	
062 RESPIRATORY THERAPY		1,702		21,815	46,315	2,887	
095 PHYSICAL THERAPY	20,068	41,123		61,515		6,763	
096 SPEECH PATHOLOGY				3,833			
098 ELECTROCARDIOLOGY	6,089	6,372		3,641	8,016	548	
099 01 CARDIAC REHAB		4,346		5,749	14,252	633	
100 01 MEDICAL SUPPLIES CHARGED						58,889	
101 01 IMPLANTABLE DEVICES							
102 01 DRUGS CHARGED TO PATIENTS							692,675
103 01 OUTPAT SERVICE COST CNTRS							
104 061 EMERGENCY	49,666	39,345		75,409	166,082	47,892	
105 062 OBSERVATION BEDS (NON-DIS							
106 095 SPEC PURPOSE COST CENTERS							
107 095 SUBTOTALS	208,235	554,892	621,105	633,773	723,588	516,661	738,579
108 096 NONREIMBURS COST CENTERS							
109 098 GIFT, FLOWER, COFFEE SHOP		2,900					
110 098 PHYSICIANS' PRIVATE OFFIC	2,906	116,025					
111 098 01 CARE-A-VAN		3,449		4,440			
112 098 02 RHOG							
113 098 03 FOUNDATION		1,808					
114 101 CROSS FOOT ADJUSTMENT							
115 102 NEGATIVE COST CENTER							
116 103 TOTAL	211,141	679,074	621,105	638,213	723,588	516,661	738,579

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	948,843				
025 SOCIAL SERVICE		30,180			
033 INPAT ROUTINE SRVC CNTRS					
037 ADULTS & PEDIATRICS	219,877	647	5,708,583		5,708,583
039 NURSERY	9,944		286,325		286,325
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	95,299		2,526,610		2,526,610
044 DELIVERY ROOM & LABOR ROO	10,220		268,991		268,991
049 ANESTHESIOLOGY			161,925		161,925
050 RADIOLOGY-DIAGNOSTIC	102,481		3,546,002		3,546,002
052 LABORATORY	47,787		2,955,232		2,955,232
053 RESPIRATORY THERAPY	8,839		718,123		718,123
055 PHYSICAL THERAPY	7,734		1,863,517		1,863,517
056 SPEECH PATHOLOGY			104,892		104,892
053 ELECTROCARDIOLOGY	21,822		259,752		259,752
053 01 CARDIAC REHAB	1,657		220,061		220,061
055 01 MEDICAL SUPPLIES CHARGED			222,512		222,512
055 01 IMPLANTABLE DEVICES			230,969		230,969
056 DRUGS CHARGED TO PATIENTS			1,914,127		1,914,127
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	355,507	29,533	3,513,163		3,513,163
095 OBSERVATION BEDS (NON-DIS					
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	881,167	30,180	24,500,784		24,500,784
096 NONREIMBURS COST CENTERS					
098 GIFT, FLOWER, COFFEE SHOP			12,761		12,761
098 01 PHYSICIANS' PRIVATE OFFIC	59,113		572,589		572,589
098 02 CARE-A-VAN	8,563		81,292		81,292
098 03 RHOG					
101 FOUNDATION			7,955		7,955
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
103 TOTAL	948,843	30,180	25,175,381		25,175,381

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	65,747	87,390	199,642	352,779		352,779	
009 OPERATION OF PLANT	7,170	87,429	38,637	133,236		25,051	158,287
010 LAUNDRY & LINEN SERVICE		2,208		2,208		2,836	778
011 HOUSEKEEPING		6,654	2,675	9,329		9,145	2,344
012 DIETARY		24,626	750	25,376		6,782	8,675
014 CAFETERIA		5,105	1,148	6,253		8,524	1,798
015 NURSING ADMINISTRATION		12,716		12,716		8,827	4,480
016 CENTRAL SERVICES & SUPPLY	1,074	13,874	12,422	27,370		5,440	4,887
017 PHARMACY		4,426	27,444	31,870		9,752	1,559
018 MEDICAL RECORDS & LIBRARY		21,206	456	21,662		11,003	7,471
025 SOCIAL SERVICE						423	
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	29,841	92,430	43,708	165,979		53,435	32,562
039 NURSERY		8,373	5,890	14,263		2,877	2,950
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	30,726	64,611	89,947	185,284		24,716	22,761
044 DELIVERY ROOM & LABOR ROO		4,641	6,096	10,737		2,907	1,635
049 ANESTHESIOLOGY	2,580	562	45,907	49,049		1,679	198
050 RADIOLOGY-DIAGNOSTIC	157,014	30,688	278,365	466,067		43,598	10,811
052 LABORATORY	266	16,404	53,476	70,146		35,567	5,779
053 RESPIRATORY THERAPY	701	1,104	14,970	16,775		8,859	389
055 PHYSICAL THERAPY	3,421	26,673	15,797	45,891		22,704	9,396
056 SPEECH PATHOLOGY						1,416	
058 ELECTROCARDIOLOGY		4,133	30,002	34,135		2,758	1,456
061 CARDIAC REHAB		2,819	8,161	10,980		2,553	993
062 MEDICAL SUPPLIES CHARGED						2,293	
066 IMPLANTABLE DEVICES						3,237	
068 DRUGS CHARGED TO PATIENTS						17,116	
069 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY	656	25,520	24,323	50,499		37,110	8,990
072 OBSERVATION BEDS (NON-DIS							
073 SPEC PURPOSE COST CENTERS							
075 SUBTOTALS	299,196	543,592	899,816	1,742,604		350,608	129,912
076 NONREIMBURS COST CENTERS							
078 GIFT, FLOWER, COFFEE SHOP		1,881		1,881		33	663
081 PHYSICIANS' PRIVATE OFFIC		75,255		75,255		1,333	26,511
082 CARE-A-VAN		2,237		2,237		784	788
083 RHOG							
085 FOUNDATION		1,172		1,172		21	413
088 CROSS FOOT ADJUSTMENTS							
091 NEGATIVE COST CENTER							
093 TOTAL	299,196	624,137	899,816	1,823,149		352,779	158,287

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	5,822						
011 HOUSEKEEPING		20,818					
012 DIETARY	32	1,164	42,029				
014 CAFETERIA	49	241		16,865			
015 NURSING ADMINISTRATION		601		621	27,245		
016 CENTRAL SERVICES & SUPPLY	181	656		722	677	39,933	
017 PHARMACY		209		452		84	43,926
018 MEDICAL RECORDS & LIBRARY		1,002		1,231		3	
025 SOCIAL SERVICE							
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,772	4,370	40,791	3,756	11,758	3,285	
039 NURSERY	78	396		165	521	147	
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	609	3,054	1,238	1,295	4,056	8,794	
044 DELIVERY ROOM & LABOR ROO	81	219		171	540	152	
049 ANESTHESIOLOGY		27		274	857	456	
050 RADIOLOGY-DIAGNOSTIC	843	1,450		1,685		1,754	2,730
052 LABORATORY	6	775		1,832		16,167	
053 RESPIRATORY THERAPY		52		576	1,744	223	
055 PHYSICAL THERAPY	553	1,261		1,626		523	
056 SPEECH PATHOLOGY				101			
058 ELECTROCARDIOLOGY	168	195		96	302	42	
059 01 CARDIAC REHAB		133		152	537	49	
061 MEDICAL SUPPLIES CHARGED						4,552	
062 01 IMPLANTABLE DEVICES							
063 DRUGS CHARGED TO PATIENTS							41,196
064 03 FOUNDATION							
065 OUTPAT SERVICE COST CNTRS							
066 EMERGENCY	1,370	1,206		1,993	6,253	3,702	
067 OBSERVATION BEDS (NON-DIS							
068 SPEC PURPOSE COST CENTERS							
069 SUBTOTALS	5,742	17,011	42,029	16,748	27,245	39,933	43,926
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP		89					
072 PHYSICIANS' PRIVATE OFFIC	80	3,557					
073 01 CARE-A-VAN		106		117			
074 02 RHOG							
075 03 FOUNDATION		55					
076 CROSS FOOT ADJUSTMENTS							
077 NEGATIVE COST CENTER							
078 TOTAL	5,822	20,818	42,029	16,865	27,245	39,933	43,926

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY	42,372				
025 SOCIAL SERVICE		423			
033 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS	9,819	9	327,536		327,536
037 NURSERY	444		21,841		21,841
039 ANCILLARY SRVC COST CNTRS					
OPERATING ROOM	4,256		256,063		256,063
040 DELIVERY ROOM & LABOR ROO	456		16,898		16,898
041 ANESTHESIOLOGY			52,540		52,540
044 RADIOLOGY-DIAGNOSTIC	4,576		533,514		533,514
049 LABORATORY	2,134		132,406		132,406
050 RESPIRATORY THERAPY	395		29,013		29,013
052 PHYSICAL THERAPY	345		82,299		82,299
053 SPEECH PATHOLOGY			1,517		1,517
053 ELECTROCARDIOLOGY	974		40,126		40,126
053 01 CARDIAC REHAB	74		15,471		15,471
055 MEDICAL SUPPLIES CHARGED			6,845		6,845
055 01 IMPLANTABLE DEVICES			3,237		3,237
056 DRUGS CHARGED TO PATIENTS			58,312		58,312
061 OUTPAT SERVICE COST CNTRS					
EMERGENCY	15,877	414	127,414		127,414
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	39,350	423	1,705,032		1,705,032
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			2,666		2,666
098 PHYSICIANS' PRIVATE OFFIC	2,640		109,376		109,376
098 01 CARE-A-VAN	382		4,414		4,414
098 02 RHOG					
098 03 FOUNDATION			1,661		1,661
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	42,372	423	1,823,149		1,823,149

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	127,763					
005 NEW CAP REL COSTS-MVB		770,018				
006 EMPLOYEE BENEFITS			11,272,391			
008 ADMINISTRATIVE & GENERAL	17,889	170,844	1,414,100	-5,259,659	19,915,722	
009 OPERATION OF PLANT	17,897	33,064	403,278		1,414,202	91,977
010 LAUNDRY & LINEN SERVICE	452		28,679		160,080	452
011 HOUSEKEEPING	1,362	2,289	330,300		516,260	1,362
012 DIETARY	5,041	642	177,698		382,883	5,041
014 CAFETERIA	1,045	982	271,788		481,181	1,045
015 NURSING ADMINISTRATION	2,603		362,864		498,287	2,603
016 CENTRAL SERVICES & SUPPLY	2,840	10,630	168,779		307,077	2,840
017 PHARMACY	906	23,485	385,183		550,546	906
018 MEDICAL RECORDS & LIBRARY	4,341	390	414,750		621,134	4,341
025 SOCIAL SERVICE					23,875	
033 INPATIENT ROUTINE SERVICES	18,921	37,403	2,024,240		3,017,063	18,921
037 ADULTS & PEDIATRICS	1,714	5,040	105,533		162,425	1,714
039 ANCILLARY SERVICE COST CENTER						
040 OPERATING ROOM	13,226	76,972	754,865		1,395,270	13,226
041 DELIVERY ROOM & LABOR	950	5,217	109,238		164,100	950
044 ANESTHESIOLOGY	115	39,285			94,763	115
049 RADIOLOGY-DIAGNOSTIC	6,282	238,212	940,302		2,461,215	6,282
050 LABORATORY	3,358	45,762	740,208		2,007,865	3,358
052 RESPIRATORY THERAPY	226	12,811	290,782		500,098	226
053 PHYSICAL THERAPY	5,460	13,518	921,663		1,281,700	5,460
055 SPEECH PATHOLOGY			60,657		79,946	
055 ELECTROCARDIOLOGY	846	25,674	44,898		155,701	846
055 01 CARDIAC REHAB	577	6,984	90,005		144,142	577
055 01 MEDICAL SUPPLIES CHARACTER					129,439	
055 01 IMPLANTABLE DEVICES					182,715	
056 DRUGS CHARGED TO PATIENT					966,265	
061 OUTPATIENT SERVICE COST CENTER						
062 EMERGENCY	5,224	20,814	1,204,861		2,094,931	5,224
095 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)						
096 SUBTOTALS	111,275	770,018	11,244,671	-5,259,659	19,793,163	75,489
098 NONREIMBURSABLE COST CENTER						
098 01 GIFT, FLOWER, COFFEE	385				1,881	385
098 02 PHYSICIANS' PRIVATE OFFICE	15,405				75,255	15,405
098 03 CARE-A-VAN	458		27,720		44,251	458
101 RHOG						
102 FOUNDATION	240				1,172	240
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	624,137	899,816	3,636,907		5,259,659	1,787,687
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.885115		322638		264096	19.436239
107 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.168565				
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
109 COST TO BE ALLOCATED (WRKSHT B, PART III)					352,779	158,287
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)					017714	1.720941

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(MEALS SERVED)	S(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	181,951							
010 HOUSEKEEPING		90,163						
011 DIETARY	999	5,041	19,075					
012 CAFETERIA	1,527	1,045		19,982				
014 NURSING ADMINISTRATION		2,603		736	178,106			
015 CENTRAL SERVICES & SUPPLY	5,659	2,840		856	4,428	1,405,069		
016 PHARMACY		906		536		2,946	956,900	
017 MEDICAL RECORDS & LIBRARY		4,341		1,458		93		
018 SOCIAL SERVICE								
025 INPAT ROUTINE SRVC CNTR								
033 ADULTS & PEDIATRICS NURSERY	55,405	18,921	18,513	4,448	76,867	115,578		
	2,446	1,714		196	3,407	5,158		
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	19,034	13,226	562	1,534	26,516	309,403		
039 DELIVERY ROOM & LABOR	2,532	950		203	3,527	5,338		
040 ANESTHESIOLOGY		115		325	5,600	16,054		
041 RADIOLOGY-DIAGNOSTIC	26,331	6,282		1,996		61,698	59,473	
044 LABORATORY	173	3,358		2,171		568,954		
049 RESPIRATORY THERAPY		226		683	11,400	7,852		
050 PHYSICAL THERAPY	17,294	5,460		1,926		18,393		
052 SPEECH PATHOLOGY				120				
053 ELECTROCARDIOLOGY	5,247	846		114	1,973	1,489		
053 01 CARDIAC REHAB		577		180	3,508	1,721		
055 MEDICAL SUPPLIES CHARACTER						160,150		
055 01 IMPLANTABLE DEVICES								
056 DRUGS CHARGED TO PATIENT OUTPAT SERVICE COST CENTER							897,427	
061 EMERGENCY	42,800	5,224		2,361	40,880	130,242		
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)								
095 SUBTOTALS	179,447	73,675	19,075	19,843	178,106	1,405,069	956,900	
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE		385						
098 PHYSICIANS' PRIVATE OFFICE	2,504	15,405						
098 01 CARE-A-VAN		458		139				
098 02 RHOG								
098 03 FOUNDATION		240						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	211,141	679,074	621,105	638,213	723,588	516,661	738,579	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.160428	7.531626	32.561206	31.939395	4.062682	.367712	.771846	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	5,822	20,818	42,029	16,865	27,245	39,933	43,926	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.031998	.230893	2.203355	.844010	.152971	.028421	.045904	

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(TIME SPENT)	(TIME SPENT)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	3,435	
025 SOCIAL SERVICE		280
033 INPAT ROUTINE SERVICE CENTER		
037 ADULTS & PEDIATRICS	796	6
039 NURSERY	36	
040 ANCILLARY SERVICE COST CENTER		
041 OPERATING ROOM	345	
044 DELIVERY ROOM & LABOR	37	
049 ANESTHESIOLOGY		
050 RADIOLOGY-DIAGNOSTIC	371	
052 LABORATORY	173	
053 RESPIRATORY THERAPY	32	
055 PHYSICAL THERAPY	28	
056 SPEECH PATHOLOGY		
058 ELECTROCARDIOLOGY	79	
061 01 CARDIAC REHAB	6	
062 01 MEDICAL SUPPLIES CHARACTER		
063 01 IMPLANTABLE DEVICES		
064 DRUGS CHARGED TO PATIENT		
065 OUTPAT SERVICE COST CENTER		
066 EMERGENCY	1,287	274
067 OBSERVATION BEDS (NON-SPEC)		
068 PURPOSE COST CENTER		
095 SUBTOTALS	3,190	280
096 NONREIMBURS COST CENTER		
098 GIFT, FLOWER, COFFEE		
098 01 PHYSICIANS' PRIVATE OFFICE	214	
098 02 CARE-A-VAN	31	
098 03 RHOG		
101 FOUNDATION		
102 CROSS FOOT ADJUSTMENT		
103 NEGATIVE COST CENTER		
104 COST TO BE ALLOCATED	948,843	30,180
(PER WRKSHT B, PART I)		
105 UNIT COST MULTIPLIER		107.785714
(WRKSHT B, PT I)	276.227948	
106 COST TO BE ALLOCATED		
(PER WRKSHT B, PART I)		
107 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
108 COST TO BE ALLOCATED	42,372	423
(PER WRKSHT B, PART I)		
109 UNIT COST MULTIPLIER		1.510714
(WRKSHT B, PT I I I)	12.335371	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,708,583		5,708,583		
33	NURSERY	286,325		286,325		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,526,610		2,526,610		
39	DELIVERY ROOM & LABOR ROO	268,991		268,991		
40	ANESTHESIOLOGY	161,925		161,925		
41	RADIOLOGY-DIAGNOSTIC	3,546,002		3,546,002		
44	LABORATORY	2,955,232		2,955,232		
49	RESPIRATORY THERAPY	718,123		718,123		
50	PHYSICAL THERAPY	1,863,517		1,863,517		
52	SPEECH PATHOLOGY	104,892		104,892		
53	ELECTROCARDIOLOGY	259,752		259,752		
53	01 CARDIAC REHAB	220,061		220,061		
55	MEDICAL SUPPLIES CHARGED	222,512		222,512		
55	01 IMPLANTABLE DEVICES	230,969		230,969		
56	DRUGS CHARGED TO PATIENTS	1,914,127		1,914,127		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,513,163		3,513,163		
62	OBSERVATION BEDS (NON-DIS	169,484		169,484		
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,670,268		24,670,268		
102	LESS OBSERVATION BEDS	169,484		169,484		
103	TOTAL	24,500,784		24,500,784		

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	3,772,390		3,772,390			
33	NURSERY	261,152		261,152			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	753,866	3,836,275	4,590,141	.550443	.550443	
39	DELIVERY ROOM & LABOR ROO	638,526	639,145	1,277,671	.210532	.210532	
40	ANESTHESIOLOGY	212,486	463,381	675,867	.239581	.239581	
41	RADIOLOGY-DIAGNOSTIC	907,795	16,096,518	17,004,313	.208535	.208535	
44	LABORATORY	1,450,391	9,416,149	10,866,540	.271957	.271957	
49	RESPIRATORY THERAPY	461,648	998,717	1,460,365	.491742	.491742	
50	PHYSICAL THERAPY	292,308	3,097,703	3,390,011	.549708	.549708	
52	SPEECH PATHOLOGY	30,000	158,913	188,913	.555240	.555240	
53	ELECTROCARDIOLOGY	257,212	1,107,339	1,364,551	.190357	.190357	
53	01 CARDIAC REHAB		345,929	345,929	.636145	.636145	
55	MEDICAL SUPPLIES CHARGED	752,846	636,430	1,389,276	.160164	.160164	
55	01 IMPLANTABLE DEVICES	443,932	203,307	647,239	.356853	.356853	
56	DRUGS CHARGED TO PATIENTS	2,469,106	4,567,489	7,036,595	.272025	.272025	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	14,011	6,388,668	6,402,679	.548702	.548702	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		112,153	112,153	1.511186	1.511186	
101	SUBTOTAL	12,717,669	48,068,116	60,785,785			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,717,669	48,068,116	60,785,785			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,526,610	256,063	2,270,547			2,526,610
39	DELIVERY ROOM & LABOR ROO	268,991	16,898	252,093			268,991
40	ANESTHESIOLOGY	161,925	52,540	109,385			161,925
41	RADIOLOGY-DIAGNOSTIC	3,546,002	533,514	3,012,488			3,546,002
44	LABORATORY	2,955,232	132,406	2,822,826			2,955,232
49	RESPIRATORY THERAPY	718,123	29,013	689,110			718,123
50	PHYSICAL THERAPY	1,863,517	82,299	1,781,218			1,863,517
52	SPEECH PATHOLOGY	104,892	1,517	103,375			104,892
53	ELECTROCARDIOLOGY	259,752	40,126	219,626			259,752
53	01 CARDIAC REHAB	220,061	15,471	204,590			220,061
55	MEDICAL SUPPLIES CHARGED	222,512	6,845	215,667			222,512
55	01 IMPLANTABLE DEVICES	230,969	3,237	227,732			230,969
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,914,127	58,312	1,855,815			1,914,127
61	EMERGENCY	3,513,163	127,414	3,385,749			3,513,163
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	169,484		169,484			169,484
101	SUBTOTAL	18,675,360	1,355,655	17,319,705			18,675,360
102	LESS OBSERVATION BEDS	169,484		169,484			169,484
103	TOTAL	18,505,876	1,355,655	17,150,221			18,505,876

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	2,526,610	256,063	2,270,547			2,526,610
39	DELIVERY ROOM & LABOR ROO	268,991	16,898	252,093			268,991
40	ANESTHESIOLOGY	161,925	52,540	109,385			161,925
41	RADIOLOGY-DIAGNOSTIC	3,546,002	533,514	3,012,488			3,546,002
44	LABORATORY	2,955,232	132,406	2,822,826			2,955,232
49	RESPIRATORY THERAPY	718,123	29,013	689,110			718,123
50	PHYSICAL THERAPY	1,863,517	82,299	1,781,218			1,863,517
52	SPEECH PATHOLOGY	104,892	1,517	103,375			104,892
53	ELECTROCARDIOLOGY	259,752	40,126	219,626			259,752
53	01 CARDIAC REHAB	220,061	15,471	204,590			220,061
55	MEDICAL SUPPLIES CHARGED	222,512	6,845	215,667			222,512
55	01 IMPLANTABLE DEVICES	230,969	3,237	227,732			230,969
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,914,127	58,312	1,855,815			1,914,127
61	EMERGENCY	3,513,163	127,414	3,385,749			3,513,163
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	169,484		169,484			169,484
101	SUBTOTAL	18,675,360	1,355,655	17,319,705			18,675,360
102	LESS OBSERVATION BEDS	169,484		169,484			169,484
103	TOTAL	18,505,876	1,355,655	17,150,221			18,505,876

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,590,141	.550443	.550443
39	DELIVERY ROOM & LABOR ROO	1,277,671	.210532	.210532
40	ANESTHESIOLOGY	675,867	.239581	.239581
41	RADIOLOGY-DIAGNOSTIC	17,004,313	.208535	.208535
44	LABORATORY	10,866,540	.271957	.271957
49	RESPIRATORY THERAPY	1,460,365	.491742	.491742
50	PHYSICAL THERAPY	3,390,011	.549708	.549708
52	SPEECH PATHOLOGY	188,913	.555240	.555240
53	ELECTROCARDIOLOGY	1,364,551	.190357	.190357
53	01 CARDIAC REHAB	345,929	.636145	.636145
55	MEDICAL SUPPLIES CHARGED	1,389,276	.160164	.160164
55	01 IMPLANTABLE DEVICES	647,239	.356853	.356853
56	DRUGS CHARGED TO PATIENTS	7,036,595	.272025	.272025
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,402,679	.548702	.548702
62	OBSERVATION BEDS (NON-DIS	112,153	1.511186	1.511186
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	56,752,243		
102	LESS OBSERVATION BEDS	112,153		
103	TOTAL	56,640,090		

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		3,153,625		3,479,256
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	169,014	4/15/2010	1,987
ADJUSTMENTS TO PROVIDER .02	9/17/2010	55,490	9/17/2010	9,360
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		224,504		11,347
4 TOTAL INTERIM PAYMENTS		3,378,129		3,490,603
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)		365,169		7,449
7 TOTAL MEDICARE PROGRAM LIABILITY		3,743,298		3,483,154

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		4,018,192
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,018,192
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		4,058,374

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		4,058,374
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		392,061
21	EXCESS REASONABLE COST		
22	SUBTOTAL		3,666,313
23	COINSURANCE		6,026
24	SUBTOTAL		3,660,287
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		83,011
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		83,011
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		69,070
26	SUBTOTAL		3,743,298
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		3,743,298
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		3,378,129
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		365,169
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		70,951

