

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		14-1335		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/30/2010 TIME 12:00

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:  
 HARVARD MEMORIAL HOSPITAL 14-1335  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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	81,358	-26,612	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	81,358	-26,612	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 901 GRANT STREET      P.O. BOX:  
 1.01 CITY: HARVARD      STATE: IL      ZIP CODE: 60033-      COUNTY: MC HENRY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	HARVARD MEMORIAL HOSPITAL	14-1335	2.01	3	V XVIII XIX
06.00 HOSPITAL-BASED SNF	CARE CENTER	14-6014		1/ 1/2002	N 0 0 N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 1600
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /







COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	17	6,205	35,192.00			756	101
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	17	6,205	35,192.00			756	101
6 INTENSIVE CARE UNIT	3	1,095	2,490.00			55	11
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	20	7,300	37,682.00			811	112
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY	14	5,110				2,894	
16 NURSING FACILITY							
17 OTHER LONG TERM CARE	31	11,315					
25 TOTAL	65						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	----- OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,470				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			1,470				
6 INTENSIVE CARE UNIT			104				
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL			1,574				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY			2,894				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE			6,557				
25 TOTAL							
26 OBSERVATION BED DAYS			170	2	168		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	----- DISCHARGES TITLE XVIII 12	----- DISCHARGES TITLE XVIII 13	----- DISCHARGES TITLE XIX 14	----- TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS				12	283	56	603
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL		121.93			283	56	603
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY		9.44					
16 NURSING FACILITY							
17 OTHER LONG TERM CARE		21.38					175
25 TOTAL		152.75					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-1335  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/30/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		30				
2	RUB		161				
3	RUA		108				
3.01	RUX						
3.02	RUL		56				
4	RVC		36				
5	RVB		430				
6	RVA		110				
6.01	RVX		14				
6.02	RVL		139				
7	RHC		204				
8	RHB		474				
9	RHA		106				
9.01	RHX						
9.02	RHL						
10	RMC		98				
11	RMB		171				
12	RMA		23				
12.01	RMX		166				
12.02	RML		492				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		30				
16	SE2						
17	SE1		1				
18	SSC						
19	SSB		23				
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1		18				
25	CA2						
26	CA1		4				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		2,894				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-1335  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/30/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 1.0399  
 Wage Index Factor (after 10/01): 1.0471  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 1600  
 SNF CBSA Code : 16974

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-1335  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/30/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	4.06	5
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD1				
45 .23	CD1				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 1.0399  
 Wage Index Factor (after 10/01) : 1.0471  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 1600  
 SNF CBSA Code : 16974

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET S-10

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 13,351,966
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 13,351,966
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) .411024
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)

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
14-1335	FROM 7/ 1/2009	WORKSHEET S-10
	TO 6/30/2010	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	7,496,172
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,081,107
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,560,804
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,052,552
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,081,107

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1335  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/30/2010  
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		1,387,138	1,387,138	9,824	1,396,962
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		816,356	816,356		816,356
5	0500	EMPLOYEE BENEFITS	134,875	1,459,314	1,594,189		1,594,189
6	0600	ADMINISTRATIVE & GENERAL	1,038,518	965,649	2,004,167	-9,824	1,994,343
8	0800	OPERATION OF PLANT	211,250	637,590	848,840		848,840
9	0900	LAUNDRY & LINEN SERVICE		-3,273	-3,273		-3,273
10	1000	HOUSEKEEPING	217,732	68,380	286,112		286,112
11	1100	DIETARY	402,194	204,286	606,480		606,480
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	672,273	72,390	744,663		744,663
15	1500	CENTRAL SERVICES & SUPPLY					
17	1700	MEDICAL RECORDS & LIBRARY	395,181	41,498	436,679		436,679
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	845,061	156,707	1,001,768		1,001,768
26	2600	INTENSIVE CARE UNIT	255,261	23,996	279,257		279,257
27	2700	CORONARY CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY	395,001	143,581	538,582		538,582
35	3500	NURSING FACILITY					
36	3600	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS	894,962	325,314	1,220,276		1,220,276
37	3700	OPERATING ROOM	1,057,710	2,437,885	3,495,595		3,495,595
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
41	4100	RADIOLOGY-DIAGNOSTIC	651,260	558,723	1,209,983		1,209,983
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	478,349	435,075	913,424		913,424
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	342,785	62,690	405,475		405,475
50	5000	PHYSICAL THERAPY	554,618	38,575	593,193		593,193
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY	15,921	-541	15,380		15,380
53.01	5301	CARDIAC REHABILITATION	97,811	20,993	118,804		118,804
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	202,040	338,618	540,658		540,658
60	6000	CLINIC					
61	6100	EMERGENCY	462,194	1,599,665	2,061,859		2,061,859
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
95		SUBTOTALS	9,324,996	11,790,609	21,115,605	-0-	21,115,605
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
101		TOTAL	9,324,996	11,790,609	21,115,605	-0-	21,115,605

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1335  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/30/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-170,858	1,226,104
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		816,356
5	0500 EMPLOYEE BENEFITS	344,306	1,938,495
6	0600 ADMINISTRATIVE & GENERAL	456,264	2,450,607
8	0800 OPERATION OF PLANT	236,140	1,084,980
9	0900 LAUNDRY & LINEN SERVICE		-3,273
10	1000 HOUSEKEEPING		286,112
11	1100 DIETARY	-93,502	512,978
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		744,663
15	1500 CENTRAL SERVICES & SUPPLY		
17	1700 MEDICAL RECORDS & LIBRARY	-1,385	435,294
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-300	1,001,468
26	2600 INTENSIVE CARE UNIT		279,257
27	2700 CORONARY CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		538,582
35	3500 NURSING FACILITY		
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		1,220,276
37	3700 OPERATING ROOM		3,495,595
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
41	4100 RADIOLOGY-DIAGNOSTIC		1,209,983
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-98,926	814,498
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-20,000	385,475
50	5000 PHYSICAL THERAPY		593,193
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		15,380
53.01	5301 CARDIAC REHABILITATION	-47,868	70,936
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		540,658
60	6000 CLINIC		
61	6100 EMERGENCY	-218,505	1,843,354
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	385,366	21,500,971
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	385,366	21,500,971

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHABILITATION	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
141335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASSIFY INSURANCE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		9,824
36 TOTAL RECLASSIFICATIONS					9,824

---

(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:  
141335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 RECLASSIFY INSURANCE EXPENSE	A	ADMINISTRATIVE & GENERAL	6		9,824	14
36 TOTAL RECLASSIFICATIONS					9,824	

(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:  
141335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASSIFY INSURANCE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	9,824	ADMINISTRATIVE & GENERAL	6	9,824	
TOTAL RECLASSIFICATIONS FOR CODE A			9,824			9,824	

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 IMPROVEMEN							
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	222,604					222,604	
2 LAND IMPROVEMENTS	679,675					679,675	
3 BUILDINGS & FIXTURE	15,994,516	8,360		8,360		16,002,876	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,488,201	206,100		206,100	9,825	8,684,476	
7 SUBTOTAL	25,384,996	214,460		214,460	9,825	25,589,631	
8 RECONCILING ITEMS							
9 TOTAL	25,384,996	214,460		214,460	9,825	25,589,631	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	16,905,155		16,905,155	.660625				
4	NEW CAP REL COSTS-MV	8,684,476		8,684,476	.339375				
5	TOTAL	25,589,631		25,589,631	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	1,387,138					-161,034	1,226,104
4	NEW CAP REL COSTS-MV	816,356						816,356
5	TOTAL	2,203,494					-161,034	2,042,460

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	1,387,138						1,387,138
4	NEW CAP REL COSTS-MV	816,356						816,356
5	TOTAL	2,203,494						2,203,494

\* 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

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-5,848	NEW CAP REL COSTS-BLDG &	3	14
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					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-337,431			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	899,502			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-93,502	DIETARY	11	
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	-1,385	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' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER OPERATING REVENUE	B	-3,946	ADMINISTRATIVE & GENERAL	6	
38 DONATIONS EXPENSE	A	-450	ADMINISTRATIVE & GENERAL	6	
39 LOBBYING EXPENSE	A	-9,607	ADMINISTRATIVE & GENERAL	6	
40 WELLNESS CENTER REVENUE	B	-47,868	CARDIAC REHABILITATION	53.01	
41 MISCELLANEOUS REVENUE - ADMIN	B	-12,648	ADMINISTRATIVE & GENERAL	6	
42 SICK CHILD CARE REVENUE	B	-300	ADULTS & PEDIATRICS	25	
43 CASH DISCOUNTS	B	-1,151	ADMINISTRATIVE & GENERAL	6	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		385,366			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & CAPITAL RELATED- BLDGS	167,799	332,809	-165,010	14
2	6	ADMINISTRATIVE & GENERAL ADMIN & GENERAL	1,829,054	1,344,988	484,066	
3	8	OPERATION OF PLANT PLANT	236,140		236,140	
4	5	EMPLOYEE BENEFITS EMPLOYEE BENEFITS	843,398	499,092	344,306	
5		TOTALS	3,076,391	2,176,889	899,502	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	MERCY HOME OFFICE	100.00	0.00	
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 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 44	LABORATORY	83,926	83,926					
2 61	EMERGENCY	1,508,297	218,505	1,289,792				
3 49	SLEEP / EEG	20,000	20,000					
4 44	LABORATORY - HOME OFFICE	15,000	15,000					
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	1,627,223	337,431	1,289,792				



COST ALLOCATION STATISTICS

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 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	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT 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	12	FULL TIME	EQUIVALENT	ENTERED
13	MAINTENANCE OF PERSONNEL	19	FULL TIME	EQUIVALENT	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	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 &	1,226,104			1,226,104			
005 NEW CAP REL COSTS-MVBLE E	816,356				816,356		
006 EMPLOYEE BENEFITS	1,938,495					1,938,495	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	2,450,607			148,391	89,549	219,057	2,907,604
009 LAUNDRY & LINEN SERVICE	1,084,980			246,138	16,925	44,559	1,392,602
010 HOUSEKEEPING	-3,273			14,284	255		11,266
011 DIETARY	286,112			5,627	1,296	45,927	338,962
012 CAFETERIA	512,978			38,076	14,690	84,836	650,580
013 MAINTENANCE OF PERSONNEL				20,468			20,468
014 NURSING ADMINISTRATION	744,663			6,864	2,690	141,804	896,021
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY	435,294			26,358	122	83,356	545,130
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,001,468			93,125	46,681	178,250	1,319,524
026 INTENSIVE CARE UNIT	279,257			28,414	26,780	53,843	388,294
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY	538,582			73,786	7,170	83,318	702,856
035 NURSING FACILITY							
036 OTHER LONG TERM CARE	1,220,276			126,749	16,243	188,776	1,552,044
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,495,595			126,084	290,073	223,109	4,134,861
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROOM							
041 RADIOLOGY-DIAGNOSTIC	1,209,983			35,324	220,040	137,372	1,602,719
043 RADIOISOTOPE							
044 LABORATORY	814,498			23,606	24,839	100,899	963,842
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	385,475			19,942	13,284	72,304	491,005
050 PHYSICAL THERAPY	593,193			55,823	15,060	116,987	781,063
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	15,380				1,377	3,358	20,115
053 01 CARDIAC REHABILITATION	70,936			7,730	11,276	20,631	110,573
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	540,658			8,348	6,275	42,617	597,898
060 OUTPAT SERVICE COST CNTRS CLINIC							
061 EMERGENCY	1,843,354			21,040	5,720	97,492	1,967,606
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	21,500,971			1,126,177	810,345	1,938,495	21,395,033
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				99,927	6,011		105,938
101 PHYSICIANS' PRIVATE OFFICE							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	21,500,971			1,226,104	816,356	1,938,495	21,500,971

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	6	8	9	10	11	12	13
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							
008 ADMINISTRATIVE & GENERAL	2,907,604						
009 OPERATION OF PLANT	217,774	1,610,376					
010 LAUNDRY & LINEN SERVICE	1,762	27,662	40,690				
011 HOUSEKEEPING	53,007	10,897		402,866			
012 DIETARY	101,737	73,735		18,899	844,951		
013 CAFETERIA	3,201	39,637		10,159	212,259	285,724	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	140,119	13,292		3,407		17,767	
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY	85,247	51,043		13,083		23,353	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	206,346	180,341	6,359	46,222	104,899	29,874	
031 INTENSIVE CARE UNIT	60,721	55,024	246	14,103		6,915	
033 CORONARY CARE UNIT							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY	109,912	142,890	5,315	36,623	160,649	23,230	
037 NURSING FACILITY							
038 OTHER LONG TERM CARE	242,707	245,454	12,043	62,912	364,007	52,611	
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	646,595	244,167	9,369	62,581		38,782	
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
048 RADIOLOGY-DIAGNOSTIC	250,632	68,406	1,952	17,533		22,123	
049 RADIOISOTOPE							
050 LABORATORY	150,725	45,714		11,717		21,434	
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	76,783	38,619	28	9,898		12,083	
053 PHYSICAL THERAPY	122,142	108,103	1,134	27,707		12,944	
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY	3,146		162			492	
01 CARDIAC REHABILITATION	17,291	14,969		3,837		5,832	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	93,499	16,166		4,143		5,955	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	307,692	40,744	3,392	10,443	3,137	12,329	
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,891,038	1,416,863	40,000	353,267	844,951	285,724	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC	16,566	193,513	690	49,599			
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	2,907,604	1,610,376	40,690	402,866	844,951	285,724	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	14	15	17	18	25		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							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,070,606						
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY			717,856				
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	212,581		111,883		2,218,029		2,218,029
031 INTENSIVE CARE UNIT	53,803				579,106		579,106
033 CORONARY CARE UNIT							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY	147,699				1,329,174		1,329,174
037 NURSING FACILITY							
038 OTHER LONG TERM CARE	334,642				2,866,420		2,866,420
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	199,785		123,402		5,459,542		5,459,542
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
048 RADIOLOGY-DIAGNOSTIC	7,482				1,970,847		1,970,847
049 RADIOISOTOPE							
050 LABORATORY					1,193,432		1,193,432
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY			35,524		663,940		663,940
053 PHYSICAL THERAPY			206,383		1,259,476		1,259,476
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY						23,915	23,915
056 ELECTROCARDIOLOGY						175,181	175,181
01 CARDIAC REHABILITATION	22,679						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					717,661		717,661
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	91,935		240,664		2,677,942		2,677,942
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,070,606		717,856		21,134,665		21,134,665
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC					366,306		366,306
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	1,070,606		717,856		21,500,971		21,500,971

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,475					1,475	1,475
008 ADMINISTRATIVE & GENERAL	3,552			148,391	89,549	241,492	166
009 OPERATION OF PLANT	345			246,138	16,925	263,408	34
010 LAUNDRY & LINEN SERVICE				14,284	255	14,539	
011 HOUSEKEEPING				5,627	1,296	6,923	35
012 DIETARY				38,076	14,690	52,766	64
013 CAFETERIA				20,468		20,468	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	5,369			6,864	2,690	14,923	108
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY	1,475			26,358	122	27,955	63
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	3,452			93,125	46,681	143,258	135
031 INTENSIVE CARE UNIT	851			28,414	26,780	56,045	41
033 CORONARY CARE UNIT							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY	7,655			73,786	7,170	88,611	63
037 NURSING FACILITY							
038 OTHER LONG TERM CARE	17,344			126,749	16,243	160,336	143
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	14,255			126,084	290,073	430,412	173
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
048 RADIOLOGY-DIAGNOSTIC	311			35,324	220,040	255,675	104
049 RADIOISOTOPE							
050 LABORATORY	420			23,606	24,839	48,865	77
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	9,498			19,942	13,284	42,724	55
053 PHYSICAL THERAPY	604			55,823	15,060	71,487	89
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY					1,377	1,377	3
056 ELECTROCARDIOLOGY					11,276	19,006	16
01 CARDIAC REHABILITATION				7,730			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	56,724			8,348	6,275	71,347	32
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	589			21,040	5,720	27,349	74
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	123,919			1,126,177	810,345	2,060,441	1,475
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC				99,927	6,011	105,938	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	123,919			1,226,104	816,356	2,166,379	1,475

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-1335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	6	8	9	10	11	12	13
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							
008 ADMINISTRATIVE & GENERAL	241,658						
009 OPERATION OF PLANT	18,100	281,542					
010 LAUNDRY & LINEN SERVICE	146	4,836	18,068				
011 HOUSEKEEPING	4,405	1,905		13,268			
012 DIETARY	8,456	12,891		622	74,799		
013 CAFETERIA	266	6,930		335	18,790	46,789	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	11,646	2,324		112		2,909	
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY	7,085	8,924		431		3,824	
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	17,150	31,529	2,824	1,522	9,286	4,892	
031 INTENSIVE CARE UNIT	5,047	9,620	109	464		1,132	
033 CORONARY CARE UNIT							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY	9,135	24,981	2,360	1,206	14,221	3,804	
037 NURSING FACILITY							
038 OTHER LONG TERM CARE	20,172	42,913	5,348	2,074	32,224	8,615	
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	53,740	42,688	4,160	2,061		6,351	
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR ROO							
048 RADIOLOGY-DIAGNOSTIC	20,831	11,959	867	577		3,623	
049 RADIOISOTOPE							
050 LABORATORY	12,527	7,992		386		3,510	
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	6,382	6,752	12	326		1,979	
053 PHYSICAL THERAPY	10,151	18,900	504	913		2,120	
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY	261		72			81	
01 CARDIAC REHABILITATION	1,437	2,617		126		955	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	7,771	2,826		136		975	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	25,573	7,123	1,506	344	278	2,019	
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	240,281	247,710	17,762	11,635	74,799	46,789	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC	1,377	33,832	306	1,633			
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER			1,453				
103 TOTAL	241,658	281,542	19,521	13,268	74,799	46,789	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-1335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	14	15	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	32,022						
017 CENTRAL SERVICES & SUPPLY							
018 MEDICAL RECORDS & LIBRARY			48,282				
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,358		7,525		224,479		224,479
026 INTENSIVE CARE UNIT	1,609				74,067		74,067
027 CORONARY CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY	4,418				148,799		148,799
035 NURSING FACILITY							
036 OTHER LONG TERM CARE	10,009				281,834		281,834
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	5,976		8,300		553,861		553,861
039 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
043 RADIOLOGY-DIAGNOSTIC	224				293,860		293,860
044 RADIOISOTOPE							
048 LABORATORY					73,357		73,357
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			2,389		60,619		60,619
050 PHYSICAL THERAPY			13,881		118,045		118,045
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					1,794		1,794
053 01 CARDIAC REHABILITATION	678				24,835		24,835
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					83,087		83,087
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	2,750		16,187		83,203		83,203
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	32,022		48,282		2,021,840		2,021,840
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
101 PHYSICIANS' PRIVATE OFFIC					143,086		143,086
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER					1,453		1,453
103 TOTAL	32,022		48,282		2,166,379		2,166,379



COST ALLOCATION - STATISTICAL BASIS

14-1335

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FULL TIME EQUIVALENT)	E(FULL TIME EQUIVALENT)
		6	8	9	10	11	12	13
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL	18,593,367						
008	OPERATION OF PLANT	1,392,602	53,792					
009	LAUNDRY & LINEN SERVICE	11,266	924	194,856				
010	HOUSEKEEPING	338,962	364		52,504			
011	DIETARY	650,580	2,463		2,463	46,332		
012	CAFETERIA	20,468	1,324		1,324	11,639	11,611	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATIVE	896,021	444		444		722	
015	CENTRAL SERVICES & SUPPORT							
017	MEDICAL RECORDS & LIBRARY	545,130	1,705		1,705		949	
018	SOCIAL SERVICE							
	INPAT ROUTINE SRVC CNTR							
025	ADULTS & PEDIATRICS	1,319,524	6,024	30,452	6,024	5,752	1,214	
026	INTENSIVE CARE UNIT	388,294	1,838	1,176	1,838		281	
027	CORONARY CARE UNIT							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY	702,856	4,773	25,453	4,773	8,809	944	
035	NURSING FACILITY							
036	OTHER LONG TERM CARE	1,552,044	8,199	57,677	8,199	19,960	2,138	
	ANCILLARY SRVC COST CENTER							
037	OPERATING ROOM	4,134,861	8,156	44,864	8,156		1,576	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
041	RADIOLOGY-DIAGNOSTIC	1,602,719	2,285	9,350	2,285		899	
043	RADIOISOTOPE							
044	LABORATORY	963,842	1,527		1,527		871	
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	491,005	1,290	132	1,290		491	
050	PHYSICAL THERAPY	781,063	3,611	5,431	3,611		526	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	20,115		777			20	
053	CARDIAC REHABILITATION	110,573	500		500		237	
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENT	597,898	540		540		242	
	OUTPAT SERVICE COST CENTER							
060	CLINIC							
061	EMERGENCY	1,967,606	1,361	16,242	1,361	172	501	
062	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095	SUBTOTALS	18,487,429	47,328	191,554	46,040	46,332	11,611	
	NONREIMBURS COST CENTER							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE OFFICE	105,938	6,464	3,302	6,464			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,907,604	1,610,376	40,690	402,866	844,951	285,724	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		29.937091		7.673053	18.236877	24.608044	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.156379		.208821				
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	241,658	281,542	18,068	13,268	74,799	46,789	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.012997	5.233901	.092725	.252705	1.614413	4.029713	



COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1335

FROM 7/ 1/2009

WORKSHEET C

1

TO 6/30/2010

PART I

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	2,218,029		2,218,029		2,218,029
26	INTENSIVE CARE UNIT	579,106		579,106		579,106
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY	1,329,174		1,329,174		1,329,174
35	NURSING FACILITY					
36	OTHER LONG TERM CARE	2,866,420		2,866,420		2,866,420
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,459,542		5,459,542		5,459,542
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	1,970,847		1,970,847		1,970,847
43	RADIOISOTOPE					
44	LABORATORY	1,193,432		1,193,432		1,193,432
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	663,940		663,940		663,940
50	PHYSICAL THERAPY	1,259,476		1,259,476		1,259,476
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	23,915		23,915		23,915
53	01 CARDIAC REHABILITATION	175,181		175,181		175,181
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	717,661		717,661		717,661
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,677,942		2,677,942		2,677,942
62	OBSERVATION BEDS (NON-DIS	229,918		229,918		229,918
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,364,583		21,364,583		21,364,583
102	LESS OBSERVATION BEDS	229,918		229,918		229,918
103	TOTAL	21,134,665		21,134,665		21,134,665

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1335

FROM 7/ 1/2009

WORKSHEET C

1

TO 6/30/2010

PART I

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	2,974,232		2,974,232			
26	INTENSIVE CARE UNIT	438,435		438,435			
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY	620,994		620,994			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE	1,407,441		1,407,441			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,190,195	14,542,479	21,732,674	.251214	.251214	.251214
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	720,883	6,690,390	7,411,273	.265926	.265926	.265926
43	RADIOISOTOPE						
44	LABORATORY	675,529	2,193,043	2,868,572	.416037	.416037	.416037
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	365,827	2,050,694	2,416,521	.274750	.274750	.274750
50	PHYSICAL THERAPY	1,588,857	1,265,637	2,854,494	.441226	.441226	.441226
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	33,789	117,305	151,094	.158279	.158279	.158279
53	01 CARDIAC REHABILITATION		138,749	138,749	1.262575	1.262575	1.262575
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,306,078	2,878,250	5,184,328	.138429	.138429	.138429
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	174,117	2,866,728	3,040,845	.880657	.880657	.880657
62	OBSERVATION BEDS (NON-DIS	2,116	177,725	179,841	1.278452	1.278452	1.278452
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,498,493	32,921,000	51,419,493			
102	LESS OBSERVATION BEDS						
103	TOTAL	18,498,493	32,921,000	51,419,493			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-1335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,218,029		2,218,029		2,218,029
26	INTENSIVE CARE UNIT	579,106		579,106		579,106
27	CORONARY CARE UNIT					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY	1,329,174		1,329,174		1,329,174
35	NURSING FACILITY					
36	OTHER LONG TERM CARE	2,866,420		2,866,420		2,866,420
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,459,542		5,459,542		5,459,542
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC	1,970,847		1,970,847		1,970,847
43	RADIOISOTOPE					
44	LABORATORY	1,193,432		1,193,432		1,193,432
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	663,940		663,940		663,940
50	PHYSICAL THERAPY	1,259,476		1,259,476		1,259,476
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	23,915		23,915		23,915
53	01 CARDIAC REHABILITATION	175,181		175,181		175,181
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	717,661		717,661		717,661
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,677,942		2,677,942		2,677,942
62	OBSERVATION BEDS (NON-DIS	229,918		229,918		229,918
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	21,364,583		21,364,583		21,364,583
102	LESS OBSERVATION BEDS	229,918		229,918		229,918
103	TOTAL	21,134,665		21,134,665		21,134,665

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-1335

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/30/2010  
WORKSHEET C  
PART I

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	2,974,232		2,974,232			
26	INTENSIVE CARE UNIT	438,435		438,435			
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY	620,994		620,994			
35	NURSING FACILITY						
36	OTHER LONG TERM CARE	1,407,441		1,407,441			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,190,195	14,542,479	21,732,674	.251214	.251214	.251214
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	720,883	6,690,390	7,411,273	.265926	.265926	.265926
43	RADIOISOTOPE						
44	LABORATORY	675,529	2,193,043	2,868,572	.416037	.416037	.416037
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	365,827	2,050,694	2,416,521	.274750	.274750	.274750
50	PHYSICAL THERAPY	1,588,857	1,265,637	2,854,494	.441226	.441226	.441226
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	33,789	117,305	151,094	.158279	.158279	.158279
53	01 CARDIAC REHABILITATION		138,749	138,749	1.262575	1.262575	1.262575
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	2,306,078	2,878,250	5,184,328	.138429	.138429	.138429
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	174,117	2,866,728	3,040,845	.880657	.880657	.880657
62	OBSERVATION BEDS (NON-DIS	2,116	177,725	179,841	1.278452	1.278452	1.278452
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	18,498,493	32,921,000	51,419,493			
102	LESS OBSERVATION BEDS						
103	TOTAL	18,498,493	32,921,000	51,419,493			

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						
38	OPERATING ROOM	5,459,542	553,861	4,905,681			5,459,542
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO	1,970,847	293,860	1,676,987			1,970,847
43	RADIOLOGY-DIAGNOSTIC						
44	RADIOISOTOPE						
48	LABORATORY	1,193,432	73,357	1,120,075			1,193,432
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	663,940	60,619	603,321			663,940
51	PHYSICAL THERAPY	1,259,476	118,045	1,141,431			1,259,476
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,915	1,794	22,121			23,915
54	CARDIAC REHABILITATION	175,181	24,835	150,346			175,181
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
60	DRUGS CHARGED TO PATIENTS	717,661	83,087	634,574			717,661
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
62	EMERGENCY	2,677,942	83,203	2,594,739			2,677,942
101	OBSERVATION BEDS (NON-DIS	229,918		229,918			229,918
102	OTHER REIMBURS COST CNTRS						
103	SUBTOTAL	14,371,854	1,292,661	13,079,193			14,371,854
	LESS OBSERVATION BEDS	229,918		229,918			229,918
	TOTAL	14,141,936	1,292,661	12,849,275			14,141,936

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			
38	OPERATING ROOM	21,732,674	.251214	.251214
39	RECOVERY ROOM			
41	DELIVERY ROOM & LABOR ROO			
43	RADIOLOGY-DIAGNOSTIC	7,411,273	.265926	.265926
44	RADIOISOTOPE			
48	LABORATORY	2,868,572	.416037	.416037
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,416,521	.274750	.274750
51	PHYSICAL THERAPY	2,854,494	.441226	.441226
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	151,094	.158279	.158279
54	CARDIAC REHABILITATION	138,749	1.262575	1.262575
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED			
60	DRUGS CHARGED TO PATIENTS	5,184,328	.138429	.138429
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
	EMERGENCY	3,040,845	.880657	.880657
	OBSERVATION BEDS (NON-DIS	179,841	1.278452	1.278452
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	45,978,391		
102	LESS OBSERVATION BEDS	179,841		
103	TOTAL	45,798,550		

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						
38	OPERATING ROOM	5,459,542	553,861	4,905,681			5,459,542
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO	1,970,847	293,860	1,676,987			1,970,847
43	RADIOLOGY-DIAGNOSTIC						
44	RADIOISOTOPE						
48	LABORATORY	1,193,432	73,357	1,120,075			1,193,432
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	663,940	60,619	603,321			663,940
51	PHYSICAL THERAPY	1,259,476	118,045	1,141,431			1,259,476
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,915	1,794	22,121			23,915
54	CARDIAC REHABILITATION	175,181	24,835	150,346			175,181
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
60	DRUGS CHARGED TO PATIENTS	717,661	83,087	634,574			717,661
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
62	EMERGENCY	2,677,942	83,203	2,594,739			2,677,942
101	OBSERVATION BEDS (NON-DIS	229,918		229,918			229,918
102	OTHER REIMBURS COST CNTRS						
103	SUBTOTAL	14,371,854	1,292,661	13,079,193			14,371,854
103	LESS OBSERVATION BEDS	229,918		229,918			229,918
103	TOTAL	14,141,936	1,292,661	12,849,275			14,141,936

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			
38	OPERATING ROOM	21,732,674	.251214	.251214
39	RECOVERY ROOM			
41	DELIVERY ROOM & LABOR ROO			
43	RADIOLOGY-DIAGNOSTIC	7,411,273	.265926	.265926
44	RADIOISOTOPE			
44	LABORATORY	2,868,572	.416037	.416037
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	2,416,521	.274750	.274750
50	PHYSICAL THERAPY	2,854,494	.441226	.441226
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	151,094	.158279	.158279
53	01 CARDIAC REHABILITATION	138,749	1.262575	1.262575
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	5,184,328	.138429	.138429
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	3,040,845	.880657	.880657
62	OBSERVATION BEDS (NON-DIS	179,841	1.278452	1.278452
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	45,978,391		
102	LESS OBSERVATION BEDS	179,841		
103	TOTAL	45,798,550		

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					
38	OPERATING ROOM	5,459,542	21,732,674			
39	RECOVERY ROOM					
41	DELIVERY ROOM & LABOR ROO	1,970,847	7,411,273			
43	RADIOLOGY-DIAGNOSTIC					
44	RADIOISOTOPE	1,193,432	2,868,572			
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	663,940	2,416,521			
50	PHYSICAL THERAPY	1,259,476	2,854,494			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	23,915	151,094			
53	01 CARDIAC REHABILITATION	175,181	138,749			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	717,661	5,184,328			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,677,942	3,040,845			
62	OBSERVATION BEDS (NON-DIS	229,918	179,841			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	14,371,854	45,978,391			

COMPUTATION OF OUTPATIENT COST PER VISIT -  
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET C  
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	5,459,542		5,459,542	21,732,674			
39	RECOVERY ROOM							
41	DELIVERY ROOM & LABOR ROO							
43	RADIOLOGY-DIAGNOSTIC	1,970,847		1,970,847	7,411,273			
44	RADIOISOTOPE							
48	LABORATORY	1,193,432	98,926	1,292,358	2,868,572			
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY	663,940	20,000	683,940	2,416,521			
51	PHYSICAL THERAPY	1,259,476		1,259,476	2,854,494			
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	23,915		23,915	151,094			
54	CARDIAC REHABILITATION	175,181		175,181	138,749			
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED							
60	DRUGS CHARGED TO PATIENTS	717,661		717,661	5,184,328			
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
62	EMERGENCY	2,677,942	218,505	2,896,447	3,040,845			
62	OBSERVATION BEDS (NON-DIS	229,918		229,918	179,841			
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	14,371,854	337,431	14,709,285	45,978,391			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE VII OUTPAT VISITS							
106	TITLE VIII OUTPAT VISITS							
107	TITLE IX OUTPAT VISITS							
108	TITLE V OUTPAT COSTS							
109	TITLE VII OUTPAT COSTS							
109	TITLE VIII OUTPAT COSTS							
109	TITLE IX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.251214		.251214		
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC	.265926		.265926		
43 RADIOISOTOPE					
44 LABORATORY	.416037		.416037		
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.274750		.274750		
50 PHYSICAL THERAPY	.441226		.441226		
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.158279		.158279		
53 01 CARDIAC REHABILITATION	1.262575		1.262575		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.138429		.138429		
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	.880657		.880657		
101 OBSERVATION BEDS (NON-DISTINCT PART)	1.278452		1.278452		
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		3,151,805			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		2,119,749			
43 RADIOISOTOPE					
44 LABORATORY		730,176			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		465,206			
50 PHYSICAL THERAPY		494,207			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		51,405			
53 01 CARDIAC REHABILITATION		66,993			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		627,445			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		658,786			
62 OBSERVATION BEDS (NON-DISTINCT PART)		114,778			
101 SUBTOTAL		8,480,550			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,480,550			

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



TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.138429
2	PROGRAM VACCINE CHARGES		2,933
3	PROGRAM COSTS		406

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-1335  
 COMPONENT NO: 14-6014  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHABILITATION						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-1335  
 COMPONENT NO: 14-6014  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
43	RADIOISOTOPE		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC REHABILITATION		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC REHABILITATION						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			21,732,674			55,394	
39	RECOVERY ROOM							
41	DELIVERY ROOM & LABOR ROO			7,411,273			18,828	
43	RADIOLOGY-DIAGNOSTIC							
44	RADIOISOTOPE			2,868,572			60,001	
48	LABORATORY							
49	INTRAVENOUS THERAPY			2,416,521			2,096	
50	RESPIRATORY THERAPY			2,854,494			1,199,275	
51	PHYSICAL THERAPY							
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY			151,094				
53	ELECTROCARDIOLOGY			138,749				
54	01 CARDIAC REHABILITATION							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			5,184,328				
60	DRUGS CHARGED TO PATIENTS							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			3,040,845				
62	EMERGENCY			179,841				
101	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
	TOTAL			45,978,391			1,335,594	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHABILITATION						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						





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	170
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,352.46
85	OBSERVATION BED COST	229,918

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	170
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,352.46
85	OBSERVATION BED COST	229,918

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				





INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1335  
 COMPONENT NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

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		1,415,072	
26	INTENSIVE CARE UNIT		253,710	
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.251214	1,262,733	317,216
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.265926	309,803	82,385
43	RADIOISOTOPE			
44	LABORATORY	.416037	338,167	140,690
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.274750	217,194	59,674
50	PHYSICAL THERAPY	.441226	102,897	45,401
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.158279	16,790	2,658
53	01 CARDIAC REHABILITATION	1.262575		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.138429	838,118	116,020
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.880657	2,433	2,143
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.278452		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,088,135	766,187
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,088,135	



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		126,905	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.251214	278,602	69,989
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
41	RADIOLOGY-DIAGNOSTIC	.265926	49,113	13,060
43	RADIOISOTOPE			
44	LABORATORY	.416037	38,931	16,197
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.274750	2,666	732
50	PHYSICAL THERAPY	.441226	4,869	2,148
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.158279	2,528	400
53	01 CARDIAC REHABILITATION	1.262575		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.138429	94,987	13,149
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.880657	20,415	17,979
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.278452		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		492,111	133,654
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		492,111	





TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,003,152		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,003,152		
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
7 TOTAL MEDICARE PROGRAM LIABILITY		1,003,152		

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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
14-1335	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART II
14-1335		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,094,905
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,094,905
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	2,115,854

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	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	2,115,854
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	213,072
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,902,782
23	COINSURANCE	
24	SUBTOTAL	1,902,782
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	26,243
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,243
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	26,243
26	SUBTOTAL	1,929,025
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	1,929,025
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,847,667
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	81,358
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/30/2010
14-1335	FROM 7/1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
14-6014		

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59 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	705,399			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,617,639			
5 OTHER RECEIVABLES	-7,640			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,165,642			
7 INVENTORY	681,410			
8 PREPAID EXPENSES	161,234			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	5,992,400			
FIXED ASSETS				
12 LAND	222,604			
12.01 LAND IMPROVEMENTS	679,675			
13.01 LESS ACCUMULATED DEPRECIATION	-444,727			
14 BUILDINGS	16,002,877			
14.01 LESS ACCUMULATED DEPRECIATION	-8,959,066			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	8,684,476			
18.01 LESS ACCUMULATED DEPRECIATION	-6,507,455			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	9,678,384			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	27,849			
26 TOTAL OTHER ASSETS	27,849			
27 TOTAL ASSETS	15,698,633			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	417,283			
29 SALARIES, WAGES & FEES PAYABLE	695,264			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,278,788			
35 OTHER CURRENT LIABILITIES	109,647			
36 TOTAL CURRENT LIABILITIES	2,500,982			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
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	15,884,462			
42 TOTAL LONG-TERM LIABILITIES	15,884,462			
43 TOTAL LIABILITIES	18,385,444			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-2,686,811			
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	-2,686,811			
52 TOTAL LIABILITIES AND FUND BALANCES	15,698,633			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-3,033,170		
2 NET INCOME (LOSS)		346,359		
3 TOTAL		-2,686,811		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-2,686,811		
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		-2,686,811		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
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	2,974,232		2,974,232
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	620,994		620,994
7 00 NURSING FACILITY			
8 00 OTHER LONG TERM CARE	1,407,441		1,407,441
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,002,667		5,002,667
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	438,435		438,435
11 00 CORONARY CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	438,435		438,435
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,441,102		5,441,102
17 00 ANCILLARY SERVICES	13,056,951	32,788,160	45,845,111
18 00 OUTPATIENT SERVICES			
24 00 PROFESSIONAL REVENUES	36,610	383,295	419,905
25 00 TOTAL PATIENT REVENUES	18,534,663	33,171,455	51,706,118

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,115,605	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	1,887,462		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,887,462	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		23,003,067	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1335  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/30/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	51,706,118
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	29,396,745
3	NET PATIENT REVENUES	22,309,373
4	LESS: TOTAL OPERATING EXPENSES	23,003,067
5	NET INCOME FROM SERVICE TO PATIENTS	-693,694
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	NON-OPERATING REVENUE	17,558
24.01	PROFESSIONAL REVENUES	1,022,495
25	TOTAL OTHER INCOME	1,040,053
26	TOTAL	346,359
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	346,359