

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-1337	I	FROM 5/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 4/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	OO - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 7/27/2010 TIME 10:16

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:
 PERRY MEMORIAL HOSPITAL 14-1337

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	17,709	144,566		0
3	SWING BED - SNF	0	16,561	0		0
100	TOTAL	0	34,270	144,566		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.

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,030	104,204.00		2,249		362
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					279		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,030	104,204.00		2,528		362
6 INTENSIVE CARE UNIT	3	1,095	4,048.00		220		25
11 NURSERY							116
12 TOTAL	25	9,125	108,252.00		2,748		503
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	25						
26 OBSERVATION BED DAYS							84
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			3,920				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			329				
4 ADULTS & PED-SB NF			50				
5 TOTAL ADULTS AND PEDS			4,299				
6 INTENSIVE CARE UNIT			353				
11 NURSERY			209				
12 TOTAL			4,861				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	7	77	541	13	528		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			48				
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	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					719	143	1,250
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		293.03			719	143	1,250
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL		293.03					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1337
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 7/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,021,627	1,021,627	129,251	1,150,878
3.01	0301 PERRY PLAZA B&F		124,577	124,577		124,577
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,385,529	1,385,529	44,876	1,430,405
5	0500 EMPLOYEE BENEFITS	143,414	3,960,247	4,103,661	-88,201	4,015,460
6.01	0610 BUSINESS OFFICE	438,889	220,756	659,645		659,645
6.02	0611 A&G HOSPITAL ONLY	696,227	435,597	1,131,824	-16,663	1,115,161
6.03	0660 A&G SHARED	778,521	1,400,329	2,178,850	-75,857	2,102,993
8	0800 OPERATION OF PLANT	491,232	953,159	1,444,391	138,933	1,583,324
8.01	0801 PERRY PLAZA PLANT OP	45,122	69,385	114,507		114,507
9	0900 LAUNDRY & LINEN SERVICE	322,361	289,688	612,049	-123,179	488,870
10	1000 HOUSEKEEPING	330,641	134,017	464,658		464,658
11	1100 DIETARY	379,938	436,802	816,740		816,740
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	836,976	23,524	860,500		860,500
15	1500 CENTRAL SERVICES & SUPPLY	43,330	38,350	81,680		81,680
16	1600 PHARMACY	257,595	382,209	639,804		639,804
17	1700 MEDICAL RECORDS & LIBRARY	483,904	65,827	549,731		549,731
18	1800 SOCIAL SERVICE	317,444	38,411	355,855		355,855
19	1950 PATIENT REGISTRATION	259,542	20,933	280,475		280,475
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,038,517	134,034	2,172,551		2,172,551
26	2600 INTENSIVE CARE UNIT	472,570	25,673	498,243		498,243
33	3300 NURSERY	40,554	16,686	57,240		57,240
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,338,890	1,269,032	2,607,922		2,607,922
39	3900 DELIVERY ROOM & LABOR ROOM	17,635	7,377	25,012		25,012
40	4000 ANESTHESIOLOGY		1,051,889	1,051,889		1,051,889
41	4100 RADIOLOGY-DIAGNOSTIC	769,526	444,386	1,213,912		1,213,912
42	4200 RADIOLOGY-THERAPEUTIC	231,350	40,533	271,883		271,883
43	4300 RADIOISOTOPE		327,039	327,039		327,039
43.01	4301 MRI		414,780	414,780		414,780
44	4400 LABORATORY	672,137	1,013,717	1,685,854		1,685,854
47	4700 BLOOD STORING, PROCESSING & TRANS.		165,853	165,853		165,853
49	4900 RESPIRATORY THERAPY	348,641	35,889	384,530		384,530
50	5000 PHYSICAL THERAPY	482,691	41,361	524,052		524,052
53	5300 ELECTROCARDIOLOGY	38,808	6,263	45,071		45,071
54	5400 ELECTROENCEPHALOGRAPHY	1,627	358	1,985		1,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS		964,236	964,236		964,236
56.01	3140 CARDIAC REHAB	62,371	29,580	91,951		91,951
	OUTPAT SERVICE COST CNTRS					
60.01	6001 SLEEP LAB	36,370	4,989	41,359		41,359
61	6100 EMERGENCY	818,477	1,324,620	2,143,097	-1,200	2,141,897
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP-SOLD	152,992	216,790	369,782		369,782
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		96,161	96,161	-96,161	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	13,348,292	18,632,213	31,980,505	-88,201	31,892,304
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	110,651	118,253	228,904	19,728	248,632
98.01	9801 MOBILE MEALS					
98.02	9802 PRINCETON PEDIATRICS					
98.03	9803 OUTSIDE CONTRACT LAUNDRY					
98.04	9804 HOSPITAL LEASED SPACE					
98.05	9805 MOB LEASED SPACE					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE (SPECIFY)					
100.01	7951 CLINICS					
100.02	7952 ORTHO CLINIC	803,960	170,524	974,484	68,473	1,042,957
100.03	7953 SHEFFIELD CLINIC					
100.04	7954 WALNUT CLINIC					
100.05	7955 PERRY PLAZA LEASED					
101	TOTAL	14,262,903	18,920,990	33,183,893	-0-	33,183,893

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1337
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 7/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-31,739	1,119,139
3.01	0301 PERRY PLAZA B&F		124,577
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-20,600	1,409,805
5	0500 EMPLOYEE BENEFITS	-631,003	3,384,457
6.01	0610 BUSINESS OFFICE	-251	659,394
6.02	0611 A&G HOSPITAL ONLY	-11,286	1,103,875
6.03	0660 A&G SHARED	-618,356	1,484,637
8	0800 OPERATION OF PLANT		1,583,324
8.01	0801 PERRY PLAZA PLANT OP		114,507
9	0900 LAUNDRY & LINEN SERVICE		488,870
10	1000 HOUSEKEEPING		464,658
11	1100 DIETARY	-174,840	641,900
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-112,861	747,639
15	1500 CENTRAL SERVICES & SUPPLY		81,680
16	1600 PHARMACY		639,804
17	1700 MEDICAL RECORDS & LIBRARY	-70	549,661
18	1800 SOCIAL SERVICE		355,855
19	1950 PATIENT REGISTRATION		280,475
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,172,551
26	2600 INTENSIVE CARE UNIT		498,243
33	3300 NURSERY		57,240
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-140,221	2,467,701
39	3900 DELIVERY ROOM & LABOR ROOM		25,012
40	4000 ANESTHESIOLOGY	-1,006,184	45,705
41	4100 RADIOLOGY-DIAGNOSTIC		1,213,912
42	4200 RADIOLOGY-THERAPEUTIC		271,883
43	4300 RADIOISOTOPE		327,039
43.01	4301 MRI		414,780
44	4400 LABORATORY	-37,260	1,648,594
47	4700 BLOOD STORING, PROCESSING & TRANS.		165,853
49	4900 RESPIRATORY THERAPY		384,530
50	5000 PHYSICAL THERAPY		524,052
53	5300 ELECTROCARDIOLOGY		45,071
54	5400 ELECTROENCEPHALOGRAPHY		1,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		964,236
56.01	3140 CARDIAC REHAB	-27,797	64,154
	OUTPAT SERVICE COST CNTRS		
60.01	6001 SLEEP LAB		41,359
61	6100 EMERGENCY	-727,257	1,414,640
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP-SOLD		369,782
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-3,539,725	28,352,579
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		248,632
98.01	9801 MOBILE MEALS		
98.02	9802 PRINCETON PEDIATRICS		
98.03	9803 OUTSIDE CONTRACT LAUNDRY		
98.04	9804 HOSPITAL LEASED SPACE		
98.05	9805 MOB LEASED SPACE		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE (SPECIFY)		
100.01	7951 CLINICS		
100.02	7952 ORTHO CLINIC		1,042,957
100.03	7953 SHEFFIELD CLINIC		
100.04	7954 WALNUT CLINIC		
100.05	7955 PERRY PLAZA LEASED		
101	TOTAL	-3,539,725	29,644,168

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	PERRY PLAZA B&F	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	BUSINESS OFFICE	0610	NONPATIENT TELEPHONES
6.02	A&G HOSPITAL ONLY	0611	NONPATIENT TELEPHONES
6.03	A&G SHARED	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	PERRY PLAZA PLANT OP	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	PATIENT REGISTRATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	MRI	4301	RADIOISOTOPE
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	CARDIAC REHAB	3140	CARDIOLOGY
	OUTPAT SERVICE COST		
60.01	SLEEP LAB	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
67	DURABLE MEDICAL EQUIP-SOLD	6700	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	MOBILE MEALS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	PRINCETON PEDIATRICS	9802	PHYSICIANS' PRIVATE OFFICES
98.03	OUTSIDE CONTRACT LAUNDRY	9803	PHYSICIANS' PRIVATE OFFICES
98.04	HOSPITAL LEASED SPACE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	MOB LEASED SPACE	9805	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE (SPECIFY)	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLINICS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	ORTHO CLINIC	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	SHEFFIELD CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	WALNUT CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PERRY PLAZA LEASED	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141337

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

PREPARED 7/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 INTEREST	B	NEW CAP REL COSTS-BLDG & FIXT	3			96,161
2 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			33,090
3		NEW CAP REL COSTS-MVBLE EQUIP	4			44,876
4 EMPLOYEE PHYSICALS	D	A&G SHARED	6.03			1,200
5 LAUNDRY UTILITIES	E	OPERATION OF PLANT	8			138,933
6 MATERIALS MNGMNT DIRECTOR	F	A&G SHARED	6.03		909	
7		LAUNDRY & LINEN SERVICE	9		15,754	
8 PHYSICIAN BENEFITS RECLASS	G	PHYSICIANS' PRIVATE OFFICES	98			19,728
9		ORTHO CLINIC	100.02			68,473
36 TOTAL RECLASSIFICATIONS					16,663	402,461

(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:
141337

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

PREPARED 7/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY 8		OTHER 9
1 INTEREST	B	INTEREST EXPENSE	88		96,161	9
2 PROPERTY INSURANCE	C	A&G SHARED	6.03		77,966	9
3						9
4 EMPLOYEE PHYSICALS	D	EMERGENCY	61		1,200	
5 LAUNDRY UTILITIES	E	LAUNDRY & LINEN SERVICE	9		138,933	
6 MATERIALS MNGMNT DIRECTOR	F	A&G HOSPITAL ONLY	6.02	16,663		
7						
8 PHYSICIAN BENEFITS RECLASS	G	EMPLOYEE BENEFITS	5		88,201	
9						
36 TOTAL RECLASSIFICATIONS				16,663	402,461	

(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:
141337

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

PREPARED 7/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	96,161	INTEREST EXPENSE	88	96,161	
TOTAL RECLASSIFICATIONS FOR CODE B			96,161				

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	33,090	A&G SHARED	6.03	77,966	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	44,876			0	
TOTAL RECLASSIFICATIONS FOR CODE C			77,966	77,966			

RECLASS CODE: D
EXPLANATION : EMPLOYEE PHYSICALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A&G SHARED	6.03	1,200	EMERGENCY	61	1,200	
TOTAL RECLASSIFICATIONS FOR CODE D			1,200	1,200			

RECLASS CODE: E
EXPLANATION : LAUNDRY UTILITIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	138,933	LAUNDRY & LINEN SERVICE	9	138,933	
TOTAL RECLASSIFICATIONS FOR CODE E			138,933	138,933			

RECLASS CODE: F
EXPLANATION : MATERIALS MNGMNT DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A&G SHARED	6.03	909	A&G HOSPITAL ONLY	6.02	16,663	
2.00	LAUNDRY & LINEN SERVICE	9	15,754			0	
TOTAL RECLASSIFICATIONS FOR CODE F			16,663	16,663			

RECLASS CODE: G
EXPLANATION : PHYSICIAN BENEFITS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	19,728	EMPLOYEE BENEFITS	5	88,201	
2.00	ORTHO CLINIC	100.02	68,473			0	
TOTAL RECLASSIFICATIONS FOR CODE G			88,201	88,201			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	557,940	49,170		49,170		607,110	
2 LAND IMPROVEMENTS	1,055,822	65,973		65,973		1,121,795	
3 BUILDINGS & FIXTURE	30,566,191	989,916		989,916		31,556,107	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	16,971,516	2,433,987		2,433,987	53,156	19,352,347	
7 SUBTOTAL	49,151,469	3,539,046		3,539,046	53,156	52,637,359	
8 RECONCILING ITEMS							
9 TOTAL	49,151,469	3,539,046		3,539,046	53,156	52,637,359	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL	33,285,012		33,285,012	.631708			
3 01	PERRY PLAZA B&F							
4	NEW CAP REL COSTS-MV	19,405,503		19,405,503	.368292			
5	TOTAL	52,690,515		52,690,515	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,141,990		-22,851				1,119,139
3 01	PERRY PLAZA B&F	124,577						124,577
4	NEW CAP REL COSTS-MV	1,430,405		-20,600				1,409,805
5	TOTAL	2,696,972		-43,451				2,653,521

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,021,627						1,021,627
3 01	PERRY PLAZA B&F	124,577						124,577
4	NEW CAP REL COSTS-MV	1,385,529						1,385,529
5	TOTAL	2,531,733						2,531,733

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-1337

PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-20,600	NEW CAP REL COSTS-MVBLE E	4	11
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	-1,938,719			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CAFETERIA	B	-146,835	DIETARY	11	
37.02 DIETICIAN REVENUE (EXP IN DEPT 62)	B	-759	DIETARY	11	
37.03 OUTSIDE CATERING	B	-4,608	DIETARY	11	
37.04 MEDICAL RECORDS	B	-70	MEDICAL RECORDS & LIBRARY	17	
37.05 CONTRACT NURSING	B	-112,861	NURSING ADMINISTRATION	14	
37.07 MISCELLANEOUS	B	-27,662	A&G SHARED	6.03	
37.08 MOBILE MEALS	B	-22,638	DIETARY	11	
37.09 BILLING & COLLECTIONS	B	-251	BUSINESS OFFICE	6.01	
37.10 MISCELLANEOUS	B	-44	A&G SHARED	6.03	
38					
39					
40 AMORTIZATION EXPENSE	A	-212,945	A&G SHARED	6.03	
41 TELEPHONE SALARY OFFSET	A	-11,286	A&G HOSPITAL ONLY	6.02	
42 TELEPHONE BENEFIT OFFSET	A	-3,247	EMPLOYEE BENEFITS	5	
43 NON-ALLOWABLE MARKETING	A	-176,695	A&G SHARED	6.03	
44 MARKETING BENEFITS	A	-18,710	EMPLOYEE BENEFITS	5	
45 RENTAL PROPERTY - CAPITAL	A	-8,888	NEW CAP REL COSTS-BLDG &	3	9
46 2004 BOND INTEREST	A	-22,851	NEW CAP REL COSTS-BLDG &	3	11
47 IHA DUES OFFSET	A	-17,644	A&G SHARED	6.03	
48 X-MAS ALCOHOL	A	-158	EMPLOYEE BENEFITS	5	
49 ALCOHOL EXP	A	-440	A&G SHARED	6.03	
49.01 PHYSICIAN RECRUITMENT	A	-33,104	A&G SHARED	6.03	
49.02 PHYSICIAN RECRUITMENT	A	-149,822	A&G SHARED	6.03	
49.03 SELF-INSURANCE OFFSET	A	-608,888	EMPLOYEE BENEFITS	5	
49.04					
49.05					
49.06					
49.07					
49.08					
49.09					
49.10					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,539,725			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 7/27/2010
 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 37	PURCHASED SERVICES -SURG	140,221	140,221					
2 61	PURCHASED SERVICES -EMER	1,225,544	710,037	515,507				
3 61	PROFESSIONAL FEES -AMB	17,220	17,220					
4 44	PROFESSIONAL FEES -LAB	37,260	37,260					
5 40	PROFESSIONAL FEES -ANES	1,006,184	1,006,184					
6 56 1	PROFESSIONAL FEES -CARD	27,797	27,797					
7 6 3	PROFESSIONAL FEES -ADMI	18,438		18,438				
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	2,472,664	1,938,719	533,945				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 7/27/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	37	PURCHASED SERVICES	-SURG					140,221
2	61	PURCHASED SERVICES	-EMER					710,037
3	61	PROFESSIONAL FEES	-AMB					17,220
4	44	PROFESSIONAL FEES	-LAB					37,260
5	40	PROFESSIONAL FEES	-ANES					1,006,184
6	56 1	PROFESSIONAL FEES	-CARD					27,797
7	6 3	PROFESSIONAL FEES	-ADMI					
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						1,938,719

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	PERRY PLAZA B&F	2	PLAZA SQ FT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	BUSINESS OFFICE	5	TOTAL REVENUE	ENTERED
6.02	A&G HOSPITAL ONLY	-6	ACCUM. COST	ENTERED
6.03	A&G SHARED	-7	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
8.01	PERRY PLAZA PLANT OP	2	PLAZA SQ FT	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF SERVICE	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S SERVED	ENTERED
14	NURSING ADMINISTRATION	14	DIRECT NURSING H	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUISITION	ENTERED
16	PHARMACY	16	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	5	TOTAL REVENUE	ENTERED
18	SOCIAL SERVICE	17	PATIENT DAYS	ENTERED
19	PATIENT REGISTRATION	5	TOTAL REVENUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST S-BLDG & PERRY PLAZA B & F	3	3.01	NEW CAP REL C OST S-MVBLE E	4	EMPLOYEE BENEFITS	5	BUSINESS OFFICE	6.01	SUBTOTAL	6a.01
003 GENERAL SERVICE COST CNTR												
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F	1,119,139	1,119,139		124,577								
004 01 NEW CAP REL COSTS-MVBLE E	1,409,805				1,409,805							
005 01 EMPLOYEE BENEFITS	3,384,457	5,412					3,389,869					
006 01 BUSINESS OFFICE	659,394	24,159				2,042	112,493		798,088			
006 02 A&G HOSPITAL ONLY	1,103,875	47,436		770		172,493	171,289				1,495,863	
006 03 A&G SHARED	1,484,637	92,505				20,421	183,111				1,780,674	
008 01 OPERATION OF PLANT	1,583,324	139,875		19,202		9,994	125,910				1,878,305	
008 01 PERRY PLAZA PLANT OP	114,507			865		589	11,565				127,526	
009 01 LAUNDRY & LINEN SERVICE	488,870	5,472		24,378		16,088	82,626				617,434	
010 01 HOUSEKEEPING	464,658	12,584				62	84,748				562,052	
011 01 DIETARY	641,900	31,632				13,449	97,383				784,364	
012 01 CAFETERIA		15,726									15,726	
014 01 NURSING ADMINISTRATION	747,639	15,420				248	214,529				977,836	
015 01 CENTRAL SERVICES & SUPPLY	81,680	11,053				13,453	11,106				117,292	
016 01 PHARMACY	639,804	13,503				4,123	66,025				723,455	
017 01 MEDICAL RECORDS & LIBRARY	549,661	27,770				3,182	124,031				704,644	
018 01 SOCIAL SERVICE	355,855	8,926					81,365				446,146	
019 01 PATIENT REGISTRATION	280,475	5,905				4,000	66,524				356,904	
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,172,551	107,859				39,896	522,505		57,990		2,900,801	
026 01 INTENSIVE CARE UNIT	498,243	19,582				6,928	121,126		9,363		655,242	
033 01 NURSERY	57,240	6,001				73	10,395		2,054		75,763	
034 01 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS												
037 01 OPERATING ROOM	2,467,701	153,950				221,461	343,176		162,254		3,348,542	
039 01 DELIVERY ROOM & LABOR ROOM	25,012	6,067					4,520		3,644		39,243	
040 01 ANESTHESIOLOGY	45,705	1,069				48,310			9,450		104,534	
041 01 RADIOLOGY-DIAGNOSTIC	1,213,912	28,911				464,038	197,240		131,322		2,035,423	
042 01 RADIOLOGY-THERAPEUTIC	271,883	2,030				33,239	59,298		27,702		394,152	
043 01 RADIOISOTOPE	327,039	3,538							11,722		342,299	
043 01 MRI	414,780	7,701				198,063			34,525		655,069	
044 01 LABORATORY	1,648,594	24,129				62,929	172,278		126,924		2,034,854	
047 01 BLOOD STORING, PROCESSING	165,853						5,401				171,254	
049 01 RESPIRATORY THERAPY	384,530	14,897				11,436	89,362		24,644		524,869	
050 01 PHYSICAL THERAPY	524,052	25,006				17,503	123,720		27,357		717,638	
053 01 ELECTROCARDIOLOGY	45,071	829				2,762	9,947		8,980		67,589	
054 01 ELECTROENCEPHALOGRAPHY	1,985	2,054				2,981	417		248		7,685	
055 01 MEDICAL SUPPLIES CHARGED									116		116	
056 01 DRUGS CHARGED TO PATIENTS	964,236								63,324		1,027,560	
056 01 CARDIAC REHAB	64,154	2,985				6,338	15,987		2,987		92,451	
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB	41,359	4,902				2,191	9,322		4,089		61,863	
061 01 EMERGENCY	1,414,640	49,821				19,960	209,787		65,282		1,759,490	
062 01 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)												
067 01 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	369,782	11,419				7,384	39,214		8,235		436,034	
092 01 AMBULATORY SURGICAL CENTER												
093 01 HOSPICE												
095 01 SUBTOTALS	28,352,579	930,128		45,215		1,405,636	3,360,999		787,613		28,040,692	
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		3,977									3,977	
097 01 RESEARCH												
098 01 PHYSICIANS' PRIVATE OFFICE	248,632					3,624			3,028		255,284	
098 01 MOBILE MEALS												
098 02 PRINCETON PEDIATRICS									4,038		4,038	
098 03 OUTSIDE CONTRACT LAUNDRY												
098 04 HOSPITAL LEASED SPACE		14,561									14,561	
098 05 MOB LEASED SPACE		148,098									148,098	
099 01 NONPAID WORKERS												
100 01 OTHER NONREIMBURSABLE (SP CLINICS)												
100 01 ORTHO CLINIC	1,042,957	21,420				545	24,832		7,447		1,097,201	
100 03 SHEFFIELD CLINIC												
100 04 WALNUT CLINIC		955									955	
100 05 PERRY PLAZA LEASED				79,362							79,362	
101 01 CROSS FOOT ADJUSTMENT												
102 01 NEGATIVE COST CENTER												
103 01 TOTAL	29,644,168	1,119,139		124,577		1,409,805	3,389,869		798,088		29,644,168	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
14-1337

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

PREPARED 7/27/2010
WORKSHEET B
PART I

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	SUBTOTAL	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.02	6a.02	6.03	8	8.01	9	10
003 GENERAL SERVICE COST CNTR							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	1,495,863						
006 03 A&G SHARED	99,700	1,880,374	1,880,374				
008 OPERATION OF PLANT	105,166	1,983,471	134,721	2,118,192			
008 01 PERRY PLAZA PLANT OP	7,140	134,666	9,147		143,813		
009 LAUNDRY & LINEN SERVICE	34,570	652,004	44,285	14,315	33,794	744,398	
010 HOUSEKEEPING	31,469	593,521	40,313	32,919		5,742	672,495
011 DIETARY	43,917	828,281	56,259	82,745			12,882
012 CAFETERIA	880	16,606	1,128	41,137		403	
014 NURSING ADMINISTRATION	54,749	1,032,585	70,135	40,335			8,783
015 CENTRAL SERVICES & SUPPLY	6,567	123,859	8,413	28,912		192	16,102
016 PHARMACY	40,506	763,961	51,890	35,323			3,513
017 MEDICAL RECORDS & LIBRARY	39,453	744,097	50,541	72,641			4,684
018 SOCIAL SERVICE	24,980	471,126	32,000	23,350			2,635
019 PATIENT REGISTRATION	19,983	376,887	25,599	15,446			14,346
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	162,416	3,063,217	208,060	282,143		40,690	111,546
026 INTENSIVE CARE UNIT	36,687	691,929	46,997	51,224		6,743	1,757
033 NURSERY	4,242	80,005	5,434	15,697		406	19,030
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	187,496	3,536,038	240,166	402,709		21,300	104,226
039 DELIVERY ROOM & LABOR ROO	2,197	41,440	2,815	15,870		766	
040 ANESTHESIOLOGY	5,853	110,387	7,498	2,797			
041 RADIOLOGY-DIAGNOSTIC	113,963	2,149,386	145,991	75,627		3,721	4,099
042 RADIOLOGY-THERAPEUTIC	22,069	416,221	28,271	5,311		2,890	17,566
043 RADIOISOTOPE	19,165	361,464	24,551	9,255		1,328	
043 01 MRI	36,677	691,746	46,985	20,144		728	4,099
044 LABORATORY	113,931	2,148,785	145,950	63,119		36	20,787
047 BLOOD STORING, PROCESSING	9,589	180,843	12,283				
049 RESPIRATORY THERAPY	29,387	554,256	37,646	38,968			7,905
050 PHYSICAL THERAPY	40,181	757,819	51,473	65,413		4,862	13,175
053 ELECTROCARDIOLOGY	3,784	71,373	4,848	2,168		152	
054 ELECTROENCEPHALOGRAPHY	430	8,115	551	5,374			
055 MEDICAL SUPPLIES CHARGED	6	122	8				
056 DRUGS CHARGED TO PATIENTS	57,533	1,085,093	73,702				
056 01 CARDIAC REHAB	5,176	97,627	6,631	7,809		1	
060 01 OUTPAT SERVICE COST CNTRS							
060 01 SLEEP LAB	3,464	65,327	4,437	12,822			13,467
061 EMERGENCY	98,514	1,858,004	126,199	130,324		12,578	98,371
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	24,414	460,448	31,275	29,870			6,441
067 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,486,254	28,031,083	1,776,202	1,623,767	33,794	102,538	485,414
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	223	4,200	285	10,402			
097 RESEARCH		255,284	17,339				187,081
098 PHYSICIANS' PRIVATE OFFIC							
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY	226	4,264	290				
098 04 HOSPITAL LEASED SPACE	815	15,376	1,044	38,088		641,654	
098 05 MOB LEASED SPACE	8,292	156,390	10,622	387,404			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 CLINICS							
100 02 ORTHO CLINIC		1,097,201	74,524	56,033		206	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC	53	1,008	68	2,498			
100 05 PERRY PLAZA LEASED		79,362				110,019	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,495,863	29,644,168	1,880,374	2,118,192	143,813	744,398	672,495

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	11	12	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP							
009 01 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 01 DIETARY	980,167						
012 01 CAFETERIA	522,249	581,523					
014 01 NURSING ADMINISTRATION	31,333	41,410	1,224,581				
015 01 CENTRAL SERVICES & SUPPLY		5,370		182,848			
016 01 PHARMACY		15,430		1,554	871,671		
017 01 MEDICAL RECORDS & LIBRARY		49,087				921,050	
018 01 SOCIAL SERVICE	3,562	22,123					554,796
019 01 PATIENT REGISTRATION	141	21,254					
025 01 INPAT ROUTINE SRVC CNTRS							
026 01 ADULTS & PEDIATRICS	300,154	100,143	585,020	14,659	103	66,924	517,210
033 01 INTENSIVE CARE UNIT	40,324	15,997	102,321	2,825	2	10,806	37,586
034 01 NURSERY		2,307	8,545	2,409		2,370	
037 01 SKILLED NURSING FACILITY							
039 01 ANCILLARY SRVC COST CNTRS							
040 01 OPERATING ROOM	49,063	64,441	301,761	111,777	282	187,266	
041 01 DELIVERY ROOM & LABOR ROOM		1,021	3,715	803		4,205	
042 01 ANESTHESIOLOGY				2,909		10,906	
043 01 RADIOLOGY-DIAGNOSTIC	31	45,835			562	151,552	
044 01 RADIOLOGY-THERAPEUTIC		12,026				31,969	
045 01 RADIOISOTOPE				24	73,639	13,528	
046 01 MRI						39,843	
047 01 LABORATORY	16	44,549				146,477	
048 01 BLOOD STORING, PROCESSING						6,233	
049 01 RESPIRATORY THERAPY		20,157		1,894	2,971	28,441	
050 01 PHYSICAL THERAPY	345	34,074		1,938	727	31,571	
051 01 ELECTROCARDIOLOGY		3,857		522		10,364	
052 01 ELECTROENCEPHALOGRAPHY		151		1		286	
053 01 MEDICAL SUPPLIES CHARGED						134	
054 01 DRUGS CHARGED TO PATIENTS					792,732	73,079	
055 01 CARDIAC REHAB	941	4,387		143		3,447	
056 01 OUTPAT SERVICE COST CNTRS							
060 01 SLEEP LAB	1,240	38		316		4,718	
061 01 EMERGENCY	30,768	47,234	223,219	9,733	385	75,338	
062 01 OBSERVATION BEDS (NON-DIS)							
063 01 OTHER REIMBURS COST CNTRS							
064 01 DURABLE MEDICAL EQUIP-SOL		16,299		30,015		9,504	
065 01 SPEC PURPOSE COST CENTERS							
092 01 AMBULATORY SURGICAL CENTER							
093 01 HOSPICE							
094 01 SUBTOTALS	980,167	567,190	1,224,581	181,522	871,403	908,961	554,796
095 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFICE		2,269		17		3,495	
099 01 MOBILE MEALS							
100 01 PRINCETON PEDIATRICS							
100 02 OUTSIDE CONTRACT LAUNDRY							
100 03 HOSPITAL LEASED SPACE							
100 04 MOB LEASED SPACE							
100 05 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP)							
100 02 CLINICS							
100 03 ORTHO CLINIC		12,064		1,309	268	8,594	
100 04 SHEFFIELD CLINIC							
100 05 WALNUT CLINIC							
100 06 PERRY PLAZA LEASED							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	980,167	581,523	1,224,581	182,848	871,671	921,050	554,796

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PATIENT REGISTRATION	REGIS SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	19	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F				
004 01 NEW CAP REL COSTS-MVBLE E				
005 01 EMPLOYEE BENEFITS				
006 01 BUSINESS OFFICE				
006 02 A&G HOSPITAL ONLY				
006 03 A&G SHARED				
008 01 OPERATION OF PLANT				
008 01 PERRY PLAZA PLANT OP				
009 01 LAUNDRY & LINEN SERVICE				
010 01 HOUSEKEEPING				
011 01 DIETARY				
012 01 CAFETERIA				
014 01 NURSING ADMINISTRATION				
015 01 CENTRAL SERVICES & SUPPLY				
016 01 PHARMACY				
017 01 MEDICAL RECORDS & LIBRARY				
018 01 SOCIAL SERVICE				
019 01 PATIENT REGISTRATION	453,673			
025 01 INPAT ROUTINE SRVC CNTRS				
025 01 ADULTS & PEDIATRICS	32,964	5,322,833		5,322,833
026 01 INTENSIVE CARE UNIT	5,322	1,013,833		1,013,833
033 01 NURSERY	1,167	137,370		137,370
034 01 SKILLED NURSING FACILITY				
034 01 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM	92,241	5,111,270		5,111,270
039 01 DELIVERY ROOM & LABOR ROOM	2,071	72,706		72,706
040 01 ANESTHESIOLOGY	5,372	139,869		139,869
041 01 RADIOLOGY-DIAGNOSTIC	74,648	2,651,452		2,651,452
042 01 RADIOLOGY-THERAPEUTIC	15,747	530,001		530,001
043 01 RADIOISOTOPE	6,663	490,452		490,452
043 01 MRI	19,625	823,170		823,170
044 01 LABORATORY	72,149	2,641,868		2,641,868
047 01 BLOOD STORING, PROCESSING	3,070	202,429		202,429
049 01 RESPIRATORY THERAPY	14,009	706,247		706,247
050 01 PHYSICAL THERAPY	15,551	976,948		976,948
053 01 ELECTROCARDIOLOGY	5,105	98,389		98,389
054 01 ELECTROENCEPHALOGRAPHY	141	14,619		14,619
055 01 MEDICAL SUPPLIES CHARGED	66	330		330
056 01 DRUGS CHARGED TO PATIENTS	35,996	2,060,602		2,060,602
056 01 CARDIAC REHAB	1,698	122,684		122,684
060 01 OUTPAT SERVICE COST CNTRS				
060 01 SLEEP LAB	2,324	104,689		104,689
061 01 EMERGENCY	37,109	2,649,262		2,649,262
062 01 OBSERVATION BEDS (NON-DIS)				
062 01 OTHER REIMBURS COST CNTRS				
067 01 DURABLE MEDICAL EQUIP-SOL	4,681	588,533		588,533
067 01 SPEC PURPOSE COST CENTERS				
092 01 AMBULATORY SURGICAL CENTER				
093 01 HOSPICE				
095 01 SUBTOTALS	447,719	26,459,556		26,459,556
096 01 NONREIMBURS COST CENTERS				
096 01 GIFT, FLOWER, COFFEE SHOP		14,887		14,887
097 01 RESEARCH				
098 01 PHYSICIANS' PRIVATE OFFICE	1,721	467,206		467,206
098 01 MOBILE MEALS				
098 02 PRINCETON PEDIATRICS				
098 03 OUTSIDE CONTRACT LAUNDRY		4,554		4,554
098 04 HOSPITAL LEASED SPACE		696,162		696,162
098 05 MOB LEASED SPACE		554,416		554,416
099 01 NONPAID WORKERS				
100 01 OTHER NONREIMBURSABLE (SP)				
100 01 CLINICS				
100 02 ORTHO CLINIC	4,233	1,254,432		1,254,432
100 03 SHEFFIELD CLINIC				
100 04 WALNUT CLINIC		3,574		3,574
100 05 PERRY PLAZA LEASED		189,381		189,381
101 01 CROSS FOOT ADJUSTMENT				
102 01 NEGATIVE COST CENTER				
103 01 TOTAL	453,673	29,644,168		29,644,168

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & PERRY PLAZA B &F	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	BUSINESS OFFICE
	0	3	4	4a	5	6.01
003 GENERAL SERVICE COST CNTR						
003 01 PERRY PLAZA B&F						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS		5,412		5,412	5,412	
006 01 BUSINESS OFFICE		24,159		26,201	180	26,381
006 02 A&G HOSPITAL ONLY		47,436	770	220,699	273	
006 03 A&G SHARED		92,505		112,926	292	
008 OPERATION OF PLANT		139,875	19,202	169,071	201	
008 01 PERRY PLAZA PLANT OP			865	1,454	18	
009 LAUNDRY & LINEN SERVICE		5,472	24,378	45,938	132	
010 HOUSEKEEPING		12,584		12,646	135	
011 DIETARY		31,632		45,081	155	
012 CAFETERIA		15,726		15,726		
014 NURSING ADMINISTRATION		15,420		15,668	342	
015 CENTRAL SERVICES & SUPPLY		11,053		24,506	18	
016 PHARMACY		13,503		4,123	105	
017 MEDICAL RECORDS & LIBRARY		27,770		3,182	198	
018 SOCIAL SERVICE		8,926		8,926	130	
019 PATIENT REGISTRATION		5,905		4,000	106	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		107,859		39,896	147,755	835
026 INTENSIVE CARE UNIT		19,582		6,928	26,510	193
033 NURSERY		6,001		73	6,074	17
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		153,950		221,461	375,411	548
039 DELIVERY ROOM & LABOR ROOM		6,067		6,067	7	
040 ANESTHESIOLOGY		1,069		48,310	49,379	313
041 RADIOLOGY-DIAGNOSTIC		28,911		464,038	492,949	315
042 RADIOLOGY-THERAPEUTIC		2,030		33,239	35,269	95
043 RADIOISOTOPE		3,538		3,538		388
043 01 MRI		7,701		198,063	205,764	
044 LABORATORY		24,129		62,929	87,058	275
047 BLOOD STORING, PROCESSING						179
049 RESPIRATORY THERAPY		14,897		11,436	26,333	143
050 PHYSICAL THERAPY		25,006		17,503	42,509	197
053 ELECTROCARDIOLOGY		829		2,762	3,591	16
054 ELECTROENCEPHALOGRAPHY		2,054		2,981	5,035	1
055 MEDICAL SUPPLIES CHARGED						4
056 DRUGS CHARGED TO PATIENTS						2,094
056 01 CARDIAC REHAB		2,985		6,338	9,323	26
060 01 OUTPAT SERVICE COST CNTRS SLEEP LAB		4,902		2,191	7,093	15
061 EMERGENCY		49,821		19,960	69,781	335
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)						
067 DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS		11,419		7,384	18,803	63
092 AMBULATORY SURGICAL CENTER						
093 HOSPICE						
095 SUBTOTALS		930,128	45,215	1,405,636	2,380,979	5,366
096 NONREIMBURS COST CENTERS GI FT, FLOWER, COFFEE SHOP		3,977		3,977		
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFICE				3,624	3,624	100
098 01 MOBILE MEALS						
098 02 PRINCETON PEDIATRICS						6
098 03 OUTSIDE CONTRACT LAUNDRY						
098 04 HOSPITAL LEASED SPACE		14,561		14,561		
098 05 MOB LEASED SPACE		148,098		148,098		
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE (SP CLINICS)						
100 01 CLINICS						
100 02 ORTHO CLINIC		21,420		545	21,965	40
100 03 SHEFFIELD CLINIC						246
100 04 WALNUT CLINIC		955			955	
100 05 PERRY PLAZA LEASED			79,362	79,362		
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL		1,119,139	124,577	1,409,805	2,653,521	5,412
						26,381

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY	A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.02	6.03	8	8.01	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	220,972						
006 03 A&G SHARED	14,728	127,946					
008 OPERATION OF PLANT	15,535	9,168	193,975				
008 01 PERRY PLAZA PLANT OP	1,055	622		3,149			
009 LAUNDRY & LINEN SERVICE	5,107	3,014	1,311	740	56,242		
010 HOUSEKEEPING	4,649	2,743	3,015		434	23,622	
011 DIETARY	6,487	3,828	7,577			452	63,580
012 CAFETERIA	130	77	3,767		30		33,877
014 NURSING ADMINISTRATION	8,088	4,773	3,694			309	2,032
015 CENTRAL SERVICES & SUPPLY	970	572	2,648		15	566	
016 PHARMACY	5,984	3,531	3,235			123	
017 MEDICAL RECORDS & LIBRARY	5,828	3,439	6,652			165	
018 SOCIAL SERVICE	3,690	2,178	2,138			93	231
019 PATIENT REGISTRATION	2,952	1,742	1,414			504	9
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,993	14,158	25,837		3,074	3,918	19,470
026 INTENSIVE CARE UNIT	5,420	3,198	4,691		509	62	2,616
033 NURSERY	627	370	1,437		31	668	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27,694	16,330	36,879		1,609	3,661	3,183
039 DELIVERY ROOM & LABOR ROO	325	192	1,453		58		
040 ANESTHESIOLOGY	865	510	256				
041 RADIOLOGY-DIAGNOSTIC	16,835	9,934	6,926		281	144	2
042 RADIOLOGY-THERAPEUTIC	3,260	1,924	486		218	617	
043 RADIOISOTOPE	2,831	1,671	848		100		
043 01 MRI	5,418	3,197	1,845		55	144	
044 LABORATORY	16,830	9,932	5,780		3	730	1
047 BLOOD STORING, PROCESSING	1,416	836					
049 RESPIRATORY THERAPY	4,341	2,562	3,569			278	
050 PHYSICAL THERAPY	5,936	3,503	5,990		367	463	22
053 ELECTROCARDIOLOGY	559	330	199		11		
054 ELECTROENCEPHALOGRAPHY	64	38	492				
055 MEDICAL SUPPLIES CHARGED	1	1					
056 DRUGS CHARGED TO PATIENTS	8,499	5,015					
056 01 CARDIAC REHAB	765	451	715				61
060 OUTPAT SERVICE COST CNTRS							
060 01 SLEEP LAB	512	302	1,174			473	80
061 EMERGENCY	14,553	8,588	11,934		950	3,455	1,996
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-SOL	3,606	2,128	2,735			226	
067 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	219,553	120,857	148,697	740	7,745	17,051	63,580
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	33	19	953				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		1,180				6,571	
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY	33	20					
098 04 HOSPITAL LEASED SPACE	120	71	3,488		48,481		
098 05 MOB LEASED SPACE	1,225	723	35,477				
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE (SP							
100 01 CLINICS							
100 02 ORTHO CLINIC		5,071	5,131		16		
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC	8	5	229				
100 05 PERRY PLAZA LEASED				2,409			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	220,972	127,946	193,975	3,149	56,242	23,622	63,580

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-1337

FROM 5/ 1/2009

WORKSHEET B

TO 4/30/2010

PART III

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PATIENT REGISTRATION 19
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F							
004 01 NEW CAP REL COSTS-MVBLE E							
005 01 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 01 OPERATION OF PLANT							
008 01 PERRY PLAZA PLANT OP							
009 01 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 01 DIETARY							
012 01 CAFETERIA	53,607						
014 01 NURSING ADMINISTRATION	3,817	38,723					
015 01 CENTRAL SERVICES & SUPPLY	495		29,790				
016 01 PHARMACY	1,422		253	32,279			
017 01 MEDICAL RECORDS & LIBRARY	4,525				51,759		
018 01 SOCIAL SERVICE	2,039					19,425	
019 01 PATIENT REGISTRATION	1,959						18,591
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	9,233	18,500	2,388	4	3,762	18,109	1,353
026 01 INTENSIVE CARE UNIT	1,475	3,236	460		607	1,316	218
033 01 NURSERY	213	270	392		133		48
034 01 SKILLED NURSING FACILITY							
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,940	9,542	18,211	10	10,511		3,760
039 01 DELIVERY ROOM & LABOR ROO	94	117	131		236		85
040 01 ANESTHESIOLOGY			474		613		220
041 01 RADIOLOGY-DIAGNOSTIC	4,225			21	8,520		3,063
042 01 RADIOLOGY-THERAPEUTIC	1,109				1,797		646
043 01 RADIOISOTOPE			4	2,727	760		273
043 01 MRI					2,240		805
044 01 LABORATORY	4,107				8,234		2,961
047 01 BLOOD STORING, PROCESSING					350		126
049 01 RESPIRATORY THERAPY	1,858		309	110	1,599		575
050 01 PHYSICAL THERAPY	3,141		316	27	1,775		638
053 01 ELECTROCARDIOLOGY	356		85		583		209
054 01 ELECTROENCEPHALOGRAPHY	14				16		6
055 01 MEDICAL SUPPLIES CHARGED					8		3
056 01 DRUGS CHARGED TO PATIENTS				29,356	4,108		1,477
056 01 CARDIAC REHAB	404		23		194		70
060 01 OUTPAT SERVICE COST CNTRS							
060 01 SLEEP LAB	3		52		265		95
061 01 EMERGENCY	4,354	7,058	1,586	14	4,235		1,523
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OTHER REIMBURS COST CNTRS							
067 01 DURABLE MEDICAL EQUIP-SOL	1,503		4,890		534		192
067 01 SPEC PURPOSE COST CENTERS							
092 01 AMBULATORY SURGICAL CENTE							
093 01 HOSPICE							
095 01 SUBTOTALS	52,286	38,723	29,574	32,269	51,080	19,425	18,346
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	209		3		196		71
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUNDRY							
098 04 HOSPITAL LEASED SPACE							
098 05 MOB LEASED SPACE							
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE (SP							
100 01 CLINICS							
100 02 ORTHO CLINIC	1,112		213	10	483		174
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	53,607	38,723	29,790	32,279	51,759	19,425	18,591

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
003 01 NEW CAP REL COSTS-BLDG & PERRY PLAZA B&F			
004 01 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS			
006 01 BUSINESS OFFICE			
006 02 A&G HOSPITAL ONLY			
006 03 A&G SHARED			
008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP			
009 01 LAUNDRY & LINEN SERVICE			
010 01 HOUSEKEEPING			
011 01 DIETARY			
012 01 CAFETERIA			
014 01 NURSING ADMINISTRATION			
015 01 CENTRAL SERVICES & SUPPLY			
016 01 PHARMACY			
017 01 MEDICAL RECORDS & LIBRARY			
018 01 SOCIAL SERVICE			
019 01 PATIENT REGISTRATION			
025 01 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	294,307		294,307
026 01 INTENSIVE CARE UNIT	50,821		50,821
033 01 NURSERY	10,348		10,348
034 01 SKILLED NURSING FACILITY			
037 01 ANCILLARY SRVC COST CNTRS OPERATING ROOM	518,639		518,639
039 01 DELIVERY ROOM & LABOR ROO	8,886		8,886
040 01 ANESTHESIOLOGY	52,630		52,630
041 01 RADIOLOGY-DIAGNOSTIC	547,559		547,559
042 01 RADIOLOGY-THERAPEUTIC	46,337		46,337
043 01 RADIOISOTOPE	13,140		13,140
044 01 MRI	220,610		220,610
047 01 LABORATORY	140,109		140,109
049 01 BLOOD STORING, PROCESSING	2,907		2,907
050 01 RESPIRATORY THERAPY	42,492		42,492
053 01 PHYSICAL THERAPY	65,789		65,789
054 01 ELECTROCARDIOLOGY	6,236		6,236
055 01 ELECTROENCEPHALOGRAPHY	5,674		5,674
056 01 MEDICAL SUPPLIES CHARGED	17		17
056 01 DRUGS CHARGED TO PATIENTS	50,549		50,549
060 01 CARDIAC REHAB	12,131		12,131
061 01 OUTPAT SERVICE COST CNTRS SLEEP LAB	10,199		10,199
062 01 EMERGENCY	132,521		132,521
067 01 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-SOL SPEC PURPOSE COST CENTERS	34,952		34,952
092 01 AMBULATORY SURGICAL CENTE			
093 01 HOSPICE			
095 01 SUBTOTALS	2,266,853		2,266,853
096 01 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	4,982		4,982
097 01 RESEARCH			
098 01 PHYSICIANS' PRIVATE OFFIC	11,954		11,954
098 01 MOBILE MEALS			
098 02 PRINCETON PEDIATRICS			
098 03 OUTSIDE CONTRACT LAUNDRY	59		59
098 04 HOSPITAL LEASED SPACE	66,721		66,721
098 05 MOB LEASED SPACE	185,523		185,523
099 01 NONPAID WORKERS			
100 01 OTHER NONREIMBURSABLE (SP CLINICS			
100 02 ORTHO CLINIC	34,461		34,461
100 03 SHEFFIELD CLINIC			
100 04 WALNUT CLINIC	1,197		1,197
100 05 PERRY PLAZA LEASED	81,771		81,771
101 01 CROSS FOOT ADJUSTMENTS			
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	2,653,521		2,653,521

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	REL C PERRY PLAZA B &F	NEW CAP REL COSTS-MVBLE OSTS	REL C EMPLOYEE BENEFITS	BENE BUSINESS OFFICE	RECONCILIATION
	(SQUARE FEET)	(PLAZA SQ FT)	(DOLLAR VALUE)	(GROSS SALARIES)	(TOTAL REVENUE)	
	3	3.01	4	5	6.01	6a.02
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD PERRY PLAZA B&F	186,311	37,714				
004 01 NEW CAP REL COSTS-MVB EMPLOYEE BENEFITS	901		1,385,530	13,225,442		
006 01 BUSINESS OFFICE	4,022		2,007	438,889	59,859,673	
006 02 A&G HOSPITAL ONLY	7,897	233	169,523	668,278		-1,495,863
006 03 A&G SHARED	15,400		20,069	714,400		
008 01 OPERATION OF PLANT PERRY PLAZA PLANT OP	23,286	5,813	9,822	491,232		
009 01 LAUNDRY & LINEN SERVI	911	262	579	45,122		
010 HOUSEKEEPING	2,095	7,380	15,811	322,361		
011 DIETARY	5,266		61	330,641		
012 CAFETERIA	2,618		13,217	379,938		
014 NURSING ADMINISTRATION	2,567		244	836,976		
015 CENTRAL SERVICES & SU	1,840		13,221	43,330		
016 PHARMACY	2,248		4,052	257,595		
017 MEDICAL RECORDS & LIB	4,623		3,127	483,904		
018 SOCIAL SERVICE	1,486			317,444		
019 PATIENT REGISTRATION	983		3,931	259,542		
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	17,956		39,209	2,038,517	4,349,391	
026 INTENSIVE CARE UNIT	3,260		6,809	472,570	702,265	
033 NURSERY	999		72	40,554	154,034	
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,629		217,648	1,338,890	12,170,904	
039 DELIVERY ROOM & LABOR	1,010			17,635	273,310	
040 ANESTHESIOLOGY	178		47,478		708,756	
041 RADIOLOGY-DIAGNOSTIC	4,813		456,047	769,526	9,849,363	
042 RADIOLOGY-THERAPEUTIC	338		32,667	231,350	2,077,692	
043 RADIOISOTOPE	589				879,188	
043 01 MRI	1,282		194,653		2,589,406	
044 LABORATORY	4,017		61,845	672,137	9,519,552	
047 BLOOD STORING, PROCES					405,106	
049 RESPIRATORY THERAPY	2,480		11,239	348,641	1,848,382	
050 PHYSICAL THERAPY	4,163		17,202	482,691	2,051,797	
053 ELECTROCARDIOLOGY	138		2,714	38,808	673,547	
054 ELECTROENCEPHALOGRAPH	342		2,930	1,627	18,574	
055 MEDICAL SUPPLIES CHAR					8,725	
056 DRUGS CHARGED TO PATI					4,749,420	
056 01 CARDIAC REHAB	497		6,229	62,371	224,044	
060 01 OUTPAT SERVICE COST C						
060 01 SLEEP LAB	816		2,153	36,370	306,653	
061 EMERGENCY	8,294		19,616	818,477	4,896,241	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
067 DURABLE MEDICAL EQUIP	1,901		7,257	152,992	617,645	
067 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	154,845	13,688	1,381,432	13,112,808	59,073,995	-1,495,863
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	662					
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			3,562		227,124	-255,284
098 01 MOBILE MEALS						
098 02 PRINCETON PEDIATRICS						
098 03 OUTSIDE CONTRACT LAUN				15,754		
098 04 HOSPITAL LEASED SPACE	2,424					
098 05 MOB LEASED SPACE	24,655					
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 CLINICS						
100 02 ORTHO CLINIC	3,566		536	96,880	558,554	-1,097,201
100 03 SHEFFIELD CLINIC						
100 04 WALNUT CLINIC	159					
100 05 PERRY PLAZA LEASED		24,026				-79,362
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,119,139	124,577	1,409,805	3,389,869	798,088	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.006833		1.017520		.013333	
104 (WRKSHT B, PT I)		3.303203		.256314		
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				5,412	26,381	
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000441	
108 (WRKSHT B, PT III)				.000409		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	A&G HOSPITAL ONLY		A&G SHARED	OPERATION OF PLANT	PERRY PLAZA PLANT OP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(PLAZA SQ FT)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
GENERAL SERVICE COST	6.02	6a.03	6.03	8	8.01	9	10
003 NEW CAP REL COSTS-BLD							
003 01 PERRY PLAZA B&F							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY	26,716,458						
006 03 A&G SHARED	1,780,674	-1,880,374	27,684,432				
008 OPERATION OF PLANT	1,878,305		1,983,471	134,805			
008 01 PERRY PLAZA PLANT OP	127,526		134,666		31,406		
009 LAUNDRY & LINEN SERVI	617,434		652,004	911	7,380	1,619,093	
010 HOUSEKEEPING	562,052		593,521	2,095		12,489	2,297
011 DIETARY	784,364		828,281	5,266			44
012 CAFETERIA	15,726		16,606	2,618		876	
014 NURSING ADMINISTRATION	977,836		1,032,585	2,567			30
015 CENTRAL SERVICES & SU	117,292		123,859	1,840		418	55
016 PHARMACY	723,455		763,961	2,248			12
017 MEDICAL RECORDS & LIB	704,644		744,097	4,623			16
018 SOCIAL SERVICE	446,146		471,126	1,486			9
019 PATIENT REGISTRATION	356,904		376,887	983			49
025 ADULTS & PEDIATRICS	2,900,801		3,063,217	17,956		88,502	381
026 INTENSIVE CARE UNIT	655,242		691,929	3,260		14,666	6
033 NURSERY	75,763		80,005	999		882	65
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	3,348,542		3,536,038	25,629		46,328	356
039 DELIVERY ROOM & LABOR	39,243		41,440	1,010		1,666	
040 ANESTHESIOLOGY	104,534		110,387	178			
041 RADIOLOGY-DIAGNOSTIC	2,035,423		2,149,386	4,813		8,094	14
042 RADIOLOGY-THERAPEUTIC	394,152		416,221	338		6,285	60
043 RADIOISOTOPE	342,299		361,464	589		2,888	
043 01 MRI	655,069		691,746	1,282		1,584	14
044 LABORATORY	2,034,854		2,148,785	4,017		78	71
047 BLOOD STORING, PROCES	171,254		180,843				
049 RESPIRATORY THERAPY	524,869		554,256	2,480			27
050 PHYSICAL THERAPY	717,638		757,819	4,163		10,576	45
053 ELECTROCARDIOLOGY	67,589		71,373	138		331	
054 ELECTROENCEPHALOGRAPH	7,685		8,115	342			
055 MEDICAL SUPPLIES CHAR	116		122				
056 DRUGS CHARGED TO PATI	1,027,560		1,085,093				
056 01 CARDIAC REHAB	92,451		97,627	497		3	
060 01 SLEEP LAB	61,863		65,327	816			46
061 EMERGENCY	1,759,490		1,858,004	8,294		27,358	336
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
067 DURABLE MEDICAL EQUIP	436,034		460,448	1,901			22
067 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	26,544,829	-1,880,374	26,150,709	103,339	7,380	223,024	1,658
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	3,977		4,200	662			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O			255,284				639
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUN	4,038		4,264				
098 04 HOSPITAL LEASED SPACE	14,561		15,376	2,424		1,395,621	
098 05 MOB LEASED SPACE	148,098		156,390	24,655			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 CLINICS							
100 02 ORTHO CLINIC			1,097,201	3,566		448	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC	955		1,008	159			
100 05 PERRY PLAZA LEASED		-79,362			24,026		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,495,863		1,880,374	2,118,192	143,813	744,398	672,495
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				15.713008		.459762	
104 (WRKSHT B, PT I)	.055990		.067922		4.579157		292.771006
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	220,972		127,946	193,975	3,149	56,242	23,622
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				1.438930		.034737	
108 (WRKSHT B, PT III)	.008271		.004622		.100267		10.283848

COST ALLOCATION - STATISTICAL BASIS

14-1337

FROM 5/ 1/2009

WORKSHEET B-1

TO 4/30/2010

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(MEALS SERVED)	(FTE'S SERVED)	(DIRECT NURSING H)	(COSTED REQUISITIO)	(COSTED REQUISITIO)	(TOTAL REVENUE)	(PATIENT DAYS)
	11	12	14	15	16	17	18
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
004 01 PERRY PLAZA B&F							
004 02 NEW CAP REL COSTS-MVB							
005 03 EMPLOYEE BENEFITS							
006 01 BUSINESS OFFICE							
006 02 A&G HOSPITAL ONLY							
006 03 A&G SHARED							
008 01 OPERATION OF PLANT							
008 01 PERRY PLAZA PLANT OP							
009 03 LAUNDRY & LINEN SERVI							
010 01 HOUSEKEEPING							
011 01 DIETARY	62,470						
012 01 CAFETERIA	33,285	15,377					
014 01 NURSING ADMINISTRATION	1,997	1,095	16,480				
015 01 CENTRAL SERVICES & SU		142		1,182,751			
016 01 PHARMACY		408		10,054	1,163,447		
017 01 MEDICAL RECORDS & LIB		1,298				59,859,673	
018 01 SOCIAL SERVICE	227	585					5,240
019 01 PATIENT REGISTRATION	9	562					
025 01 INPAT ROUTINE SRVC CN							
025 01 ADULTS & PEDIATRICS	19,130	2,648	7,873	94,823	137	4,349,391	4,885
026 01 INTENSIVE CARE UNIT	2,570	423	1,377	18,271	3	702,265	355
033 01 NURSERY		61	115	15,580		154,034	
034 01 SKILLED NURSING FACIL							
034 01 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	3,127	1,704	4,061	723,035	377	12,170,904	
039 01 DELIVERY ROOM & LABOR		27	50	5,192		273,310	
040 01 ANESTHESIOLOGY				18,815		708,756	
041 01 RADIOLOGY-DIAGNOSTIC	2	1,212			750	9,849,363	
042 01 RADIOLOGY-THERAPEUTIC		318				2,077,692	
043 01 RADIOISOTOPE				154	98,288	879,188	
043 01 MRI						2,589,406	
044 01 LABORATORY	1	1,178				9,519,552	
047 01 BLOOD STORING, PROCES						405,106	
049 01 RESPIRATORY THERAPY		533		12,250	3,966	1,848,382	
050 01 PHYSICAL THERAPY	22	901		12,533	971	2,051,797	
053 01 ELECTROCARDIOLOGY		102		3,377		673,547	
054 01 ELECTROENCEPHALOGRAPH		4		7		18,574	
055 01 MEDICAL SUPPLIES CHAR						8,725	
056 01 DRUGS CHARGED TO PATI					1,058,083	4,749,420	
056 01 CARDIAC REHAB	60	116		926		224,044	
060 01 OUTPAT SERVICE COST C							
060 01 SLEEP LAB	79	1		2,047		306,653	
061 01 EMERGENCY	1,961	1,249	3,004	62,959	514	4,896,241	
062 01 OBSERVATION BEDS (NON							
062 01 OTHER REIMBURS COST C							
067 01 DURABLE MEDICAL EQUIP		431		194,151		617,645	
067 01 SPEC PURPOSE COST CEN							
092 01 AMBULATORY SURGICAL C							
093 01 HOSPICE							
095 01 SUBTOTALS	62,470	14,998	16,480	1,174,174	1,163,089	59,073,995	5,240
096 01 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE							
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE O		60		113		227,124	
098 01 MOBILE MEALS							
098 02 PRINCETON PEDIATRICS							
098 03 OUTSIDE CONTRACT LAUN							
098 04 HOSPITAL LEASED SPACE							
098 05 MOB LEASED SPACE							
099 01 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE							
100 01 CLINICS							
100 02 ORTHO CLINIC		319		8,464	358	558,554	
100 03 SHEFFIELD CLINIC							
100 04 WALNUT CLINIC							
100 05 PERRY PLAZA LEASED							
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED	980,167	581,523	1,224,581	182,848	871,671	921,050	554,796
104 01 (WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER		37.817715		.154596		.015387	
104 01 (WRKSHT B, PT I)	15.690203		74.307100		.749214		105.877099
105 01 COST TO BE ALLOCATED							
105 01 (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER							
106 01 (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED	63,580	53,607	38,723	29,790	32,279	51,759	19,425
107 01 (WRKSHT B, PART III)							
108 01 UNIT COST MULTIPLIER		3.486181		.025187		.000865	
108 01 (WRKSHT B, PT III)	1.017769		2.349697		.027744		3.707061

COST CENTER DESCRIPTION	PATIENT REGISTRATION	(TOTAL REVENUE)
		19
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 01 PERRY PLAZA B&F		
004 02 NEW CAP REL COSTS-MVB		
005 03 EMPLOYEE BENEFITS		
006 01 BUSINESS OFFICE		
006 02 A&G HOSPITAL ONLY		
006 03 A&G SHARED		
008 01 OPERATION OF PLANT		
008 01 PERRY PLAZA PLANT OP		
009 01 LAUNDRY & LINEN SERVI		
010 01 HOUSEKEEPING		
011 01 DIETARY		
012 01 CAFETERIA		
014 01 NURSING ADMINISTRATION		
015 01 CENTRAL SERVICES & SU		
016 01 PHARMACY		
017 01 MEDICAL RECORDS & LIB		
018 01 SOCIAL SERVICE		
019 01 PATIENT REGISTRATION	59,859,673	
025 01 INPAT ROUTINE SRVC CN		
025 01 ADULTS & PEDIATRICS	4,349,391	
026 01 INTENSIVE CARE UNIT	702,265	
033 01 NURSERY	154,034	
034 01 SKILLED NURSING FACIL		
034 01 ANCILLARY SRVC COST C		
037 01 OPERATING ROOM	12,170,904	
039 01 DELIVERY ROOM & LABOR	273,310	
040 01 ANESTHESIOLOGY	708,756	
041 01 RADIOLOGY-DIAGNOSTIC	9,849,363	
042 01 RADIOLOGY-THERAPEUTIC	2,077,692	
043 01 RADIOISOTOPE	879,188	
043 01 MRI	2,589,406	
044 01 LABORATORY	9,519,552	
047 01 BLOOD STORING, PROCES	405,106	
049 01 RESPIRATORY THERAPY	1,848,382	
050 01 PHYSICAL THERAPY	2,051,797	
053 01 ELECTROCARDIOLOGY	673,547	
054 01 ELECTROENCEPHALOGRAPH	18,574	
055 01 MEDICAL SUPPLIES CHAR	8,725	
056 01 DRUGS CHARGED TO PATI	4,749,420	
056 01 CARDIAC REHAB	224,044	
060 01 OUTPAT SERVICE COST C		
060 01 SLEEP LAB	306,653	
061 01 EMERGENCY	4,896,241	
062 01 OBSERVATION BEDS (NON		
062 01 OTHER REIMBURS COST C		
067 01 DURABLE MEDICAL EQUIP	617,645	
067 01 SPEC PURPOSE COST CEN		
092 01 AMBULATORY SURGICAL C		
093 01 HOSPICE		
095 01 SUBTOTALS	59,073,995	
096 01 NONREIMBURS COST CENT		
097 01 GIFT, FLOWER, COFFEE		
097 01 RESEARCH		
098 01 PHYSICIANS' PRIVATE O	227,124	
098 01 MOBILE MEALS		
098 02 PRINCETON PEDIATRICS		
098 03 OUTSIDE CONTRACT LAUN		
098 04 HOSPITAL LEASED SPACE		
098 05 MOB LEASED SPACE		
099 01 NONPAID WORKERS		
100 01 OTHER NONREIMBURSABLE		
100 01 CLINICS		
100 02 ORTHO CLINIC	558,554	
100 03 SHEFFIELD CLINIC		
100 04 WALNUT CLINIC		
100 05 PERRY PLAZA LEASED		
101 01 CROSS FOOT ADJUSTMENT		
102 01 NEGATIVE COST CENTER		
103 01 COST TO BE ALLOCATED	453,673	
104 01 (PER WRKSHT B, PART		
104 01 UNIT COST MULTIPLIER		
104 01 (WRKSHT B, PT I)	.007579	
105 01 COST TO BE ALLOCATED		
105 01 (PER WRKSHT B, PART		
106 01 UNIT COST MULTIPLIER		
106 01 (WRKSHT B, PT II)		
107 01 COST TO BE ALLOCATED	18,591	
107 01 (PER WRKSHT B, PART		
108 01 UNIT COST MULTIPLIER		
108 01 (WRKSHT B, PT III)	.000311	

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
14-1337PERIOD:
FROM 5/1/2009
TO 4/30/2010PREPARED 7/27/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,322,833		5,322,833		
26	INTENSIVE CARE UNIT	1,013,833		1,013,833		
33	NURSERY	137,370		137,370		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270		5,111,270		
39	DELIVERY ROOM & LABOR ROOM	72,706		72,706		
40	ANESTHESIOLOGY	139,869		139,869		
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452		
42	RADIOLOGY-THERAPEUTIC	530,001		530,001		
43	RADIOISOTOPE	490,452		490,452		
43	01 MRI	823,170		823,170		
44	LABORATORY	2,641,868		2,641,868		
47	BLOOD STORAGE, PROCESSING	202,429		202,429		
49	RESPIRATORY THERAPY	706,247		706,247		
50	PHYSICAL THERAPY	976,948		976,948		
53	ELECTROCARDIOLOGY	98,389		98,389		
54	ELECTROENCEPHALOGRAPHY	14,619		14,619		
55	MEDICAL SUPPLIES CHARGED	330		330		
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602		
56	01 CARDIAC REHAB	122,684		122,684		
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	104,689		104,689		
61	EMERGENCY	2,649,262		2,649,262		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521		
67	DURABLE MEDICAL EQUIP-SOL	588,533		588,533		
101	SUBTOTAL	27,060,077		27,060,077		
102	LESS OBSERVATION BEDS	600,521		600,521		
103	TOTAL	26,459,556		26,459,556		

COMPUTATION OF RATIO OF COSTS TO CHARGES

14-1337

FROM 5/ 1/2009

WORKSHEET C

TO 4/30/2010

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	3,807,579		3,807,579			
26	INTENSIVE CARE UNIT	702,265		702,265			
33	NURSERY	154,034		154,034			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,220,472	8,950,432	12,170,904	.419958	.419958	
39	DELIVERY ROOM & LABOR ROO		273,310	273,310	.266020	.266020	
40	ANESTHESIOLOGY	202,046	506,710	708,756	.197344	.197344	
41	RADIOLOGY-DIAGNOSTIC	998,285	8,851,078	9,849,363	.269200	.269200	
42	RADIOLOGY-THERAPEUTIC	291,893	1,785,799	2,077,692	.255091	.255091	
43	RADIOISOTOPE	76,945	802,243	879,188	.557847	.557847	
43	01 MRI	130,908	2,458,498	2,589,406	.317899	.317899	
44	LABORATORY	1,427,709	8,091,843	9,519,552	.277520	.277520	
47	BLOOD STORING, PROCESSING	152,390	252,715	405,105	.499695	.499695	
49	RESPIRATORY THERAPY	1,566,937	281,445	1,848,382	.382089	.382089	
50	PHYSICAL THERAPY	231,043	1,820,754	2,051,797	.476143	.476143	
53	ELECTROCARDIOLOGY	75,821	597,727	673,548	.146076	.146076	
54	ELECTROENCEPHALOGRAPHY	1,918	16,656	18,574	.787068	.787068	
55	MEDICAL SUPPLIES CHARGED	8,517	208	8,725	.037822	.037822	
56	DRUGS CHARGED TO PATIENTS	1,916,757	2,832,663	4,749,420	.433864	.433864	
56	01 CARDIAC REHAB		224,044	224,044	.547589	.547589	
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB		306,653	306,653	.341392	.341392	
61	EMERGENCY	243,716	4,652,525	4,896,241	.541081	.541081	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	12,473	529,338	541,811	1.108359	1.108359	
67	DURABLE MEDICAL EQUIP-SOL		617,645	617,645	.952866	.952866	
101	SUBTOTAL	15,221,708	43,852,286	59,073,994			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,221,708	43,852,286	59,073,994			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-1337

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

PREPARED 7/27/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,322,833		5,322,833		
26	INTENSIVE CARE UNIT	1,013,833		1,013,833		
33	NURSERY	137,370		137,370		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270		5,111,270		
39	DELIVERY ROOM & LABOR ROOM	72,706		72,706		
40	ANESTHESIOLOGY	139,869		139,869		
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452		
42	RADIOLOGY-THERAPEUTIC	530,001		530,001		
43	RADIOISOTOPE	490,452		490,452		
43	01 MRI	823,170		823,170		
44	LABORATORY	2,641,868		2,641,868		
47	BLOOD STORING, PROCESSING	202,429		202,429		
49	RESPIRATORY THERAPY	706,247		706,247		
50	PHYSICAL THERAPY	976,948		976,948		
53	ELECTROCARDIOLOGY	98,389		98,389		
54	ELECTROENCEPHALOGRAPHY	14,619		14,619		
55	MEDICAL SUPPLIES CHARGED	330		330		
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602		
56	01 CARDIAC REHAB	122,684		122,684		
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	104,689		104,689		
61	EMERGENCY	2,649,262		2,649,262		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521		
67	DURABLE MEDICAL EQUIP-SOL	588,533		588,533		
101	SUBTOTAL	27,060,077		27,060,077		
102	LESS OBSERVATION BEDS	600,521		600,521		
103	TOTAL	26,459,556		26,459,556		

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	5,111,270	518,639	4,592,631			5,111,270
39	OPERATING ROOM	72,706	8,886	63,820			72,706
40	DELIVERY ROOM & LABOR ROO	139,869	52,630	87,239			139,869
41	RADIOLOGY-DIAGNOSTIC	2,651,452	547,559	2,103,893			2,651,452
42	RADIOLOGY-THERAPEUTIC	530,001	46,337	483,664			530,001
43	RADIOISOTOPE	490,452	13,140	477,312			490,452
44	01 MRI	823,170	220,610	602,560			823,170
47	LABORATORY	2,641,868	140,109	2,501,759			2,641,868
49	BLOOD STORING, PROCESSING	202,429	2,907	199,522			202,429
50	RESPIRATORY THERAPY	706,247	42,492	663,755			706,247
53	PHYSICAL THERAPY	976,948	65,789	911,159			976,948
54	ELECTROCARDIOLOGY	98,389	6,236	92,153			98,389
55	ELECTROENCEPHALOGRAPHY	14,619	5,674	8,945			14,619
56	MEDICAL SUPPLIES CHARGED	330	17	313			330
56	01 DRUGS CHARGED TO PATIENTS	2,060,602	50,549	2,010,053			2,060,602
60	01 CARDIAC REHAB	122,684	12,131	110,553			122,684
61	OUTPAT SERVICE COST CNTRS						
61	01 SLEEP LAB	104,689	10,199	94,490			104,689
62	EMERGENCY	2,649,262	132,521	2,516,741			2,649,262
67	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521			600,521
101	DURABLE MEDICAL EQUIP-SOL	588,533	34,952	553,581			588,533
102	SUBTOTAL	20,586,041	1,911,377	18,674,664			20,586,041
103	LESS OBSERVATION BEDS	600,521		600,521			600,521
	TOTAL	19,985,520	1,911,377	18,074,143			19,985,520

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,170,904	.419958	.419958
39	DELIVERY ROOM & LABOR ROO	273,310	.266020	.266020
40	ANESTHESIOLOGY	708,756	.197344	.197344
41	RADIOLOGY-DIAGNOSTIC	9,849,363	.269200	.269200
42	RADIOLOGY-THERAPEUTIC	2,077,692	.255091	.255091
43	RADIOISOTOPE	879,188	.557847	.557847
43	01 MRI	2,589,406	.317899	.317899
44	LABORATORY	9,519,552	.277520	.277520
47	BLOOD STORING, PROCESSING	405,105	.499695	.499695
49	RESPIRATORY THERAPY	1,848,382	.382089	.382089
50	PHYSICAL THERAPY	2,051,797	.476143	.476143
53	ELECTROCARDIOLOGY	673,548	.146076	.146076
54	ELECTROENCEPHALOGRAPHY	18,574	.787068	.787068
55	MEDICAL SUPPLIES CHARGED	8,725	.037822	.037822
56	DRUGS CHARGED TO PATIENTS	4,749,420	.433864	.433864
56	01 CARDIAC REHAB	224,044	.547589	.547589
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	306,653	.341392	.341392
61	EMERGENCY	4,896,241	.541081	.541081
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	541,811	1.108359	1.108359
67	DURABLE MEDICAL EQUIP-SOL	617,645	.952866	.952866
101	SUBTOTAL	54,410,116		
102	LESS OBSERVATION BEDS	541,811		
103	TOTAL	53,868,305		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,111,270	518,639	4,592,631			5,111,270
39	DELIVERY ROOM & LABOR ROO	72,706	8,886	63,820			72,706
40	ANESTHESIOLOGY	139,869	52,630	87,239			139,869
41	RADIOLOGY-DIAGNOSTIC	2,651,452	547,559	2,103,893			2,651,452
42	RADIOLOGY-THERAPEUTIC	530,001	46,337	483,664			530,001
43	RADIOISOTOPE	490,452	13,140	477,312			490,452
43	01 MRI	823,170	220,610	602,560			823,170
44	LABORATORY	2,641,868	140,109	2,501,759			2,641,868
47	BLOOD STORING, PROCESSING	202,429	2,907	199,522			202,429
49	RESPIRATORY THERAPY	706,247	42,492	663,755			706,247
50	PHYSICAL THERAPY	976,948	65,789	911,159			976,948
53	ELECTROCARDIOLOGY	98,389	6,236	92,153			98,389
54	ELECTROENCEPHALOGRAPHY	14,619	5,674	8,945			14,619
55	MEDICAL SUPPLIES CHARGED	330	17	313			330
56	DRUGS CHARGED TO PATIENTS	2,060,602	50,549	2,010,053			2,060,602
56	01 CARDIAC REHAB	122,684	12,131	110,553			122,684
	OUTPAT SERVICE COST CNTRS						
60	01 SLEEP LAB	104,689	10,199	94,490			104,689
61	EMERGENCY	2,649,262	132,521	2,516,741			2,649,262
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521			600,521
67	DURABLE MEDICAL EQUIP-SOL	588,533	34,952	553,581			588,533
101	SUBTOTAL	20,586,041	1,911,377	18,674,664			20,586,041
102	LESS OBSERVATION BEDS	600,521		600,521			600,521
103	TOTAL	19,985,520	1,911,377	18,074,143			19,985,520

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	12,170,904	.419958	.419958
39	DELIVERY ROOM & LABOR ROO	273,310	.266020	.266020
40	ANESTHESIOLOGY	708,756	.197344	.197344
41	RADIOLOGY-DIAGNOSTIC	9,849,363	.269200	.269200
42	RADIOLOGY-THERAPEUTIC	2,077,692	.255091	.255091
43	RADIOISOTOPE	879,188	.557847	.557847
43	01 MRI	2,589,406	.317899	.317899
44	LABORATORY	9,519,552	.277520	.277520
47	BLOOD STORING, PROCESSING	405,105	.499695	.499695
49	RESPIRATORY THERAPY	1,848,382	.382089	.382089
50	PHYSICAL THERAPY	2,051,797	.476143	.476143
53	ELECTROCARDIOLOGY	673,548	.146076	.146076
54	ELECTROENCEPHALOGRAPHY	18,574	.787068	.787068
55	MEDICAL SUPPLIES CHARGED	8,725	.037822	.037822
56	DRUGS CHARGED TO PATIENTS	4,749,420	.433864	.433864
56	01 CARDIAC REHAB	224,044	.547589	.547589
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	306,653	.341392	.341392
61	EMERGENCY	4,896,241	.541081	.541081
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	541,811	1.108359	1.108359
67	DURABLE MEDICAL EQUIP-SOL	617,645	.952866	.952866
101	SUBTOTAL	54,410,116		
102	LESS OBSERVATION BEDS	541,811		
103	TOTAL	53,868,305		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 WORKSHEET C
 PART III

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 RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,111,270	12,170,904			
39	DELIVERY ROOM & LABOR ROO	72,706	273,310			
40	ANESTHESIOLOGY	139,869	708,756			
41	RADIOLOGY-DIAGNOSTIC	2,651,452	9,849,363			
42	RADIOLOGY-THERAPEUTIC	530,001	2,077,692			
43	RADIOISOTOPE	490,452	879,188			
43	01 MRI	823,170	2,589,406			
44	LABORATORY	2,641,868	9,519,552			
47	BLOOD STORING, PROCESSING	202,429	405,105			
49	RESPIRATORY THERAPY	706,247	1,848,382			
50	PHYSICAL THERAPY	976,948	2,051,797			
53	ELECTROCARDIOLOGY	98,389	673,548			
54	ELECTROENCEPHALOGRAPHY	14,619	18,574			
55	MEDICAL SUPPLIES CHARGED	330	8,725			
56	DRUGS CHARGED TO PATIENTS	2,060,602	4,749,420			
56	01 CARDIAC REHAB	122,684	224,044			
	OUTPAT SERVICE COST CNTRS					
60	01 SLEEP LAB	104,689	306,653			
61	EMERGENCY	2,649,262	4,896,241			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521	541,811			
67	DURABLE MEDICAL EQUIP-SOL	588,533	617,645			
101	TOTAL	20,586,041	54,410,116			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 14-1337
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 7/27/2010
 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							
	OPERATING ROOM	5,111,270	140,221	5,251,491	12,170,904			
39	DELIVERY ROOM & LABOR ROO	72,706		72,706	273,310			
40	ANESTHESIOLOGY	139,869	1,006,184	1,146,053	708,756			
41	RADIOLOGY-DIAGNOSTIC	2,651,452		2,651,452	9,849,363			
42	RADIOLOGY-THERAPEUTIC	530,001		530,001	2,077,692			
43	RADIOISOTOPE	490,452		490,452	879,188			
43	01 MRI	823,170		823,170	2,589,406			
44	LABORATORY	2,641,868	37,260	2,679,128	9,519,552			
47	BLOOD STORING, PROCESSING	202,429		202,429	405,105			
49	RESPIRATORY THERAPY	706,247		706,247	1,848,382			
50	PHYSICAL THERAPY	976,948		976,948	2,051,797			
53	ELECTROCARDIOLOGY	98,389		98,389	673,548			
54	ELECTROENCEPHALOGRAPHY	14,619		14,619	18,574			
55	MEDICAL SUPPLIES CHARGED	330		330	8,725			
56	DRUGS CHARGED TO PATIENTS	2,060,602		2,060,602	4,749,420			
56	01 CARDIAC REHAB	122,684	27,797	150,481	224,044			
	OUTPAT SERVICE COST CNTRS							
60	01 SLEEP LAB	104,689		104,689	306,653			
61	EMERGENCY	2,649,262	727,257	3,376,519	4,896,241			
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	600,521		600,521	541,811			
67	DURABLE MEDICAL EQUIP-SOL	588,533		588,533	617,645			
101	TOTAL	20,586,041	1,938,719	22,524,760	54,410,116			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVI II OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVI II OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.433864
2	PROGRAM VACCINE CHARGES		1,553
3	PROGRAM COSTS		674

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	541
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,110.02
85	OBSERVATION BED COST	600,521

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,821,044	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		437,646	
37	OPERATING ROOM	.419958	1,569,764	659,235
39	DELIVERY ROOM & LABOR ROOM	.266020		
40	ANESTHESIOLOGY	.197344	74,532	14,708
41	RADIOLOGY-DIAGNOSTIC	.269200	525,721	141,524
42	RADIOLOGY-THERAPEUTIC	.255091	188,754	48,149
43	RADIOISOTOPE	.557847	51,493	28,725
43	01 MRI	.317899	95,600	30,391
44	LABORATORY	.277520	797,939	221,444
47	BLOOD STORING, PROCESSING & TRANS.	.499695	109,540	54,737
49	RESPIRATORY THERAPY	.382089	1,033,696	394,964
50	PHYSICAL THERAPY	.476143	118,809	56,570
53	ELECTROCARDIOLOGY	.146076	51,659	7,546
54	ELECTROENCEPHALOGRAPHY	.787068	1,254	987
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.037822	5,644	213
56	DRUGS CHARGED TO PATIENTS	.433864	1,017,598	441,499
56	01 CARDIAC REHAB	.547589		
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	.341392		
61	EMERGENCY	.541081		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.108359	940	1,042
67	DURABLE MEDICAL EQUIP-SOLD	.952866		
101	TOTAL		5,642,943	2,101,734
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,642,943	

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			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.419958		
39	DELIVERY ROOM & LABOR ROOM	.266020		
40	ANESTHESIOLOGY	.197344		
41	RADIOLOGY-DIAGNOSTIC	.269200	11,649	3,136
42	RADIOLOGY-THERAPEUTIC	.255091		
43	RADIOISOTOPE	.557847		
43	01 MRI	.317899		
44	LABORATORY	.277520	19,777	5,489
47	BLOOD STORING, PROCESSING & TRANS.	.499695	1,525	762
49	RESPIRATORY THERAPY	.382089	59,234	22,633
50	PHYSICAL THERAPY	.476143	42,060	20,027
53	ELECTROCARDIOLOGY	.146076	394	58
54	ELECTROENCEPHALOGRAPHY	.787068		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.037822		
56	DRUGS CHARGED TO PATIENTS	.433864	48,615	21,092
56	01 CARDIAC REHAB	.547589		
	OUTPAT SERVICE COST CNTRS			
60	01 SLEEP LAB	.341392		
61	EMERGENCY	.541081		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.108359	491	544
67	DURABLE MEDICAL EQUIP-SOLD	.952866		
101	TOTAL		183,745	73,741
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		183,745	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,650,547
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,650,547

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,717,052
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	43,978
18.01	CAH ACTUAL BILLED COINSURANCE	2,811,932
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,861,142
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,861,142
24	PRIMARY PAYER PAYMENTS	1,908
25	SUBTOTAL	3,859,234

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	263,176
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	263,176
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	237,582
28	SUBTOTAL	4,122,410
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,122,410
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,977,844
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	144,566
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,841,993		4,081,068
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	11/20/2009	140,525		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			11/20/2009	69,546
ADJUSTMENTS TO PROGRAM .51	4/1/2010	220,846	4/1/2010	33,678
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-80,321		-103,224
4 TOTAL INTERIM PAYMENTS		4,761,672		3,977,844
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01	10/11/2006		10/11/2006	
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	17,709	144,566
7 TOTAL MEDICARE PROGRAM LIABILITY		4,779,381		4,122,410

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
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/1/2009	7/27/2010
COMPONENT NO:	TO	WORKSHEET E-2
14-2337	4/30/2010	

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	312,796	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	74,478	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	279	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	387,274	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	387,274	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	387,274	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,204	
14	80% OF PART B COSTS		
15	SUBTOTAL	384,070	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	384,070	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	367,509	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	16,561	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1337	FROM 5/ 1/2009	7/27/2010
COMPONENT NO:	TO 4/30/2010	WORKSHEET E-3
14-1337		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	5,230,042
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,230,042
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,282,342

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY 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 LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	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	5,282,342
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	557,939
21	EXCESS REASONABLE COST	
22	SUBTOTAL	4,724,403
23	COINSURANCE	7,476
24	SUBTOTAL	4,716,927
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	62,454
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	62,454
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	53,808
26	SUBTOTAL	4,779,381
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	4,779,381
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,761,672
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	17,709
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	3,410,233			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,737,247			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	394,938			
8	PREPAID EXPENSES	579,007			
9	OTHER CURRENT ASSETS	485,027			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,606,452			
FIXED ASSETS					
12	LAND	607,110			
12.01	LAND IMPROVEMENTS	1,111,344			
13.01	LESS ACCUMULATED DEPRECIATION	-820,070			
14	BUILDINGS	36,175,842			
14.01	LESS ACCUMULATED DEPRECIATION	-18,934,739			
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	15,532,218			
18.01	LESS ACCUMULATED DEPRECIATION	-11,414,787			
19	MINOR EQUIPMENT DEPRECIABLE	206,291			
19.01	LESS ACCUMULATED DEPRECIATION	-143,437			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	22,319,772			
OTHER ASSETS					
22	INVESTMENTS	5,756,450			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	959,308			
26	TOTAL OTHER ASSETS	6,715,758			
27	TOTAL ASSETS	37,641,982			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	668,777			
29 SALARIES, WAGES & FEES PAYABLE	1,335,215			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	942,733			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,173,875			
36 TOTAL CURRENT LIABILITIES	4,120,600			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,678,455			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	2,678,455			
43 TOTAL LIABILITIES	6,799,055			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	30,842,927			
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	30,842,927			
52 TOTAL LIABILITIES AND FUND BALANCES	37,641,982			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		31,294,842		
2 OF PERIOD				
3 NET INCOME (LOSS)		-451,915		
4 TOTAL		30,842,927		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		30,842,927		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 PRIOR PERIOD ADJUSTMENTS				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		30,842,927		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	64,008,004
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	32,995,919
3	NET PATIENT REVENUES	31,012,085
4	LESS: TOTAL OPERATING EXPENSES	33,183,893
5	NET INCOME FROM SERVICE TO PATIENTS	-2,171,808
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	39,408
7	INCOME FROM INVESTMENTS	166,455
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	OTHER OPERATING REVENUE	1,360,427
24.01	OTHER REV	153,603
25	TOTAL OTHER INCOME	1,719,893
26	TOTAL	-451,915
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-451,915