

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1340		FROM 5/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/27/2010 TIME 15:07

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: VALLEY WEST COMMUNITY HOSPITAL 14-1340 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	609,101	743,599	0		
100	TOTAL	0	609,101	743,599	0		

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

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/27/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	9,641,158		9,641,158			
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	121,376		121,376			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	1,184,999	-84,833	1,100,166			
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	271,381		271,381			
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	226,476		226,476			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	330,576	-203,361	127,215			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		203,361	203,361			
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	162,437	8,593	171,030			
31 CENTRAL SERVICE AND SUPPLY	40,657		40,657			
32 PHARMACY	412,540		412,540			
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	361,738		361,738			
34 SOCIAL SERVICE	94,763	76,240	171,003			
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	9,641,158		9,641,158			
2 EXCLUDED AREA SALARIES	121,376		121,376			
3 SUBTOTAL SALARIES	9,519,782		9,519,782			
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS						
6 TOTAL	9,519,782		9,519,782			
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,085,567		3,085,567			

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340

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

PREPARED 9/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,443,379	2,443,379	-1,026,641	1,416,738
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,131,079	1,131,079
5	0500 EMPLOYEE BENEFITS		4,237,772	4,237,772	664	4,238,436
6.01	0610 NONPATIENT PHONES		236,869	236,869		236,869
6.02	0620 DATA PROCESSING		166,580	166,580		166,580
6.03	0630 PURCHASING RECEIVING AND STORES	88,288	11,489	99,777		99,777
6.04	0640 ADMINISTRATION	407,030	4,998	412,028		412,028
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	85,224	351,950	437,174		437,174
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	604,457	7,994,352	8,598,809	25,573	8,624,382
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	271,381	1,121,105	1,392,486	-35	1,392,451
9	0900 LAUNDRY & LINEN SERVICE		94,667	94,667		94,667
10	1000 HOUSEKEEPING	226,476	150,623	377,099		377,099
11	1100 DIETARY	330,576	231,989	562,565	-339,914	222,651
12	1200 CAFETERIA				339,914	339,914
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	162,437	29,775	192,212	8,593	200,805
15	1500 CENTRAL SERVICES & SUPPLY	40,657	195,902	236,559	-84,861	151,698
16	1600 PHARMACY	412,540	629,481	1,042,021	-611,317	430,704
17	1700 MEDICAL RECORDS & LIBRARY	361,738	149,768	511,506		511,506
18	1800 SOCIAL SERVICE	94,763	54	94,817	113,176	207,993
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,909,162	192,763	2,101,925	-352,776	1,749,149
26	2600 INTENSIVE CARE UNIT	364,199	23,630	387,829	-5,275	382,554
33	3300 NURSERY				297,982	297,982
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,007,854	1,408,473	2,416,327	-1,018,158	1,398,169
38	3800 RECOVERY ROOM	132,130	9,473	141,603		141,603
39	3900 DELIVERY ROOM & LABOR ROOM				77,020	77,020
40	4000 ANESTHESIOLOGY		997,440	997,440		997,440
40.01	3950 PAIN CLINIC	13,286	3,627	16,913	28,275	45,188
41	4100 RADIOLOGY-DIAGNOSTIC	790,466	1,745,868	2,536,334		2,536,334
44	4400 LABORATORY	692,936	1,010,801	1,703,737	-512	1,703,225
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
48	4800 INTRAVENOUS THERAPY				16,381	16,381
49	4900 RESPIRATORY THERAPY	355,087	60,178	415,265		415,265
50	5000 PHYSICAL THERAPY		339,043	339,043		339,043
50.01	3951 O/P PHYSICAL THERAPY	60,868	836,003	896,871		896,871
53.01	3140 CARDIAC REHAB	97,273	5,401	102,674	107,633	210,307
54	5400 ELECTROENCEPHALOGRAPHY		1,298	1,298		1,298
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,063,169	1,063,169
56	5600 DRUGS CHARGED TO PATIENTS				558,384	558,384
59	3952 CLINICAL NUTRITION OUTPAT SERVICE COST CNTRS	62,195	977	63,172	17,751	80,923
61	6100 EMERGENCY	948,759	1,680,157	2,628,916		2,628,916
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
88	8800 INTEREST EXPENSE		140,629	140,629	-140,629	
95	SUBTOTALS	9,519,782	26,506,514	36,026,296	205,476	36,231,772
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	121,376	603,005	724,381	-205,476	518,905
101	TOTAL	9,641,158	27,109,519	36,750,677	-0-	36,750,677

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1340
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/27/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	98,689	1,515,427
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	112,613	1,243,692
5 0500	EMPLOYEE BENEFITS	-69,875	4,168,561
6.01 0610	NONPATIENT PHONES		236,869
6.02 0620	DATA PROCESSING		166,580
6.03 0630	PURCHASING RECEIVING AND STORES		99,777
6.04 0640	ADMITTING		412,028
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-22,443	414,731
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-3,896,865	4,727,517
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-5,790	1,386,661
9 0900	LAUNDRY & LINEN SERVICE		94,667
10 1000	HOUSEKEEPING		377,099
11 1100	DIETARY	-117	222,534
12 1200	CAFETERIA	-73,398	266,516
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		200,805
15 1500	CENTRAL SERVICES & SUPPLY	-15,206	136,492
16 1600	PHARMACY		430,704
17 1700	MEDICAL RECORDS & LIBRARY	-19,091	492,415
18 1800	SOCIAL SERVICE		207,993
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		1,749,149
26 2600	INTENSIVE CARE UNIT		382,554
33 3300	NURSERY		297,982
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,398,169
38 3800	RECOVERY ROOM		141,603
39 3900	DELIVERY ROOM & LABOR ROOM		77,020
40 4000	ANESTHESIOLOGY	-919,190	78,250
40.01 3950	PAIN CLINIC		45,188
41 4100	RADIOLOGY-DIAGNOSTIC	-219,030	2,317,304
44 4400	LABORATORY	-34,932	1,668,293
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
48 4800	INTRAVENOUS THERAPY		16,381
49 4900	RESPIRATORY THERAPY		415,265
50 5000	PHYSICAL THERAPY	-12,065	326,978
50.01 3951	O/P PHYSICAL THERAPY	-168,091	728,780
53.01 3140	CARDIAC REHAB		210,307
54 5400	ELECTROENCEPHALOGRAPHY		1,298
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,063,169
56 5600	DRUGS CHARGED TO PATIENTS	-7,975	550,409
59 3952	CLINICAL NUTRITION OUTPAT SERVICE COST CNTRS		80,923
61 6100	EMERGENCY	-1,213,828	1,415,088
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
95	SUBTOTALS	-6,466,594	29,765,178
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		518,905
101	TOTAL	-6,466,594	30,284,083

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED 9/27/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT PHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	O/P PHYSICAL THERAPY	3951	OTHER ANCILLARY SERVICE COST CENTERS
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CLINICAL NUTRITION	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141340

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

PREPARED 9/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NURSING ADMINISTRATION	A		14	8,593	
2 DRUGS SOLD	B		56		558,384
3 NURSERY/DELIVERY AND LABOR	C		33	267,998	29,984
4			39	69,270	7,750
5 MEDICAL SUPPLIES	D		55		1,063,169
6			48		16,381
7 EQUIPMENT LEASES	E		4		104,438
8					
9					
10					
11					
12					
13					
14 CAFETERIA	F		12	203,361	136,553
15 INTEREST	G		6.06		140,629
16 EQUIPMENT DEPRECIATION	H		4		1,026,641
17 EMPLOYEE BENEFITS	I		5		664
18 CONTINUITY OF CARE	K		18	76,240	36,936
19 ROUTINE DIABETES	L		25	16,962	266
20 ICU OBSERVATION	M		25	4,693	305
21 MOB RECLASS	O		40.01		28,275
22			53.01		83,153
23			53.01		24,480
24			6.06		34,589
25			59		34,979
36 TOTAL RECLASSIFICATIONS				647,117	3,327,576

(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:
141340

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

PREPARED 9/27/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 NURSING ADMINISTRATION	A	OTHER ADMINISTRATIVE AND GENERAL	6.06	8,593		
2 DRUGS SOLD	B	PHARMACY	16		558,384	
3 NURSERY/DELIVERY AND LABOR	C	ADULTS & PEDIATRICS	25	267,998	29,984	
4		ADULTS & PEDIATRICS	25	69,270	7,750	
5 MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		63,884	
6		OPERATING ROOM	37		1,015,666	
7 EQUIPMENT LEASES	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		27,212	9
8		CENTRAL SERVICES & SUPPLY	15		20,977	
9		PHARMACY	16		52,933	
10		INTENSIVE CARE UNIT	26		277	
11		OPERATING ROOM	37		2,492	
12		LABORATORY	44		512	
13		OPERATION OF PLANT	8		35	
14 CAFETERIA	F	DIETARY	11	203,361	136,553	
15 INTEREST	G	INTEREST EXPENSE	88		140,629	
16 EQUIPMENT DEPRECIATION	H	NEW CAP REL COSTS-BLDG & FIXT	3		1,026,641	9
17 EMPLOYEE BENEFITS	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		664	
18 CONTINUITY OF CARE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06	76,240	36,936	
19 ROUTINE DIABETES	L	CLINICAL NUTRITION	59	16,962	266	
20 ICU OBSERVATION	M	INTENSIVE CARE UNIT	26	4,693	305	
21 MOB RECLASS	O	PHYSICIANS' PRIVATE OFFICES	98		28,275	
22		PHYSICIANS' PRIVATE OFFICES	98		83,153	
23		PHYSICIANS' PRIVATE OFFICES	98		24,480	
24		PHYSICIANS' PRIVATE OFFICES	98		34,589	
25		PHYSICIANS' PRIVATE OFFICES	98		34,979	
36 TOTAL RECLASSIFICATIONS				647,117	3,327,576	

(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:
141340

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

PREPARED 9/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : NURSING ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	8,593	OTHER ADMINISTRATIVE AND GENER	6.06	8,593	
TOTAL RECLASSIFICATIONS FOR CODE A			8,593				

RECLASS CODE: B
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	558,384	PHARMACY	16	558,384	
TOTAL RECLASSIFICATIONS FOR CODE B			558,384				

RECLASS CODE: C
EXPLANATION : NURSERY/DELIVERY AND LABOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	297,982	ADULTS & PEDIATRICS	25	297,982	
2.00	DELIVERY ROOM & LABOR ROOM	39	77,020	ADULTS & PEDIATRICS	25	77,020	
TOTAL RECLASSIFICATIONS FOR CODE C			375,002				

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,063,169	CENTRAL SERVICES & SUPPLY	15	63,884	
2.00	INTRAVENOUS THERAPY	48	16,381	OPERATING ROOM	37	1,015,666	
TOTAL RECLASSIFICATIONS FOR CODE D			1,079,550				

RECLASS CODE: E
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	104,438	OTHER ADMINISTRATIVE AND GENER	6.06	27,212	
2.00			0	CENTRAL SERVICES & SUPPLY	15	20,977	
3.00			0	PHARMACY	16	52,933	
4.00			0	INTENSIVE CARE UNIT	26	277	
5.00			0	OPERATING ROOM	37	2,492	
6.00			0	LABORATORY	44	512	
7.00			0	OPERATION OF PLANT	8	35	
TOTAL RECLASSIFICATIONS FOR CODE E			104,438				

RECLASS CODE: F
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	339,914	DIETARY	11	339,914	
TOTAL RECLASSIFICATIONS FOR CODE F			339,914				

RECLASS CODE: G
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	140,629	INTEREST EXPENSE	88	140,629	
TOTAL RECLASSIFICATIONS FOR CODE G			140,629				

RECLASS CODE: H
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,026,641	NEW CAP REL COSTS-BLDG & FIXT	3	1,026,641	
TOTAL RECLASSIFICATIONS FOR CODE H			1,026,641				

RECLASS CODE: I
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	664	OTHER ADMINISTRATIVE AND GENER	6.06	664	
TOTAL RECLASSIFICATIONS FOR CODE I			664				

RECLASSIFICATIONS

PROVIDER NO:
141340

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

PREPARED 9/27/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : CONTINUITY OF CARE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SOCIAL SERVICE	113,176	18	OTHER ADMINISTRATIVE AND GENER	113,176
TOTAL RECLASSIFICATIONS FOR CODE K		113,176	6.06		113,176

RECLASS CODE: L
EXPLANATION : ROUTINE DIABETES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	17,228	25	CLINICAL NUTRITION	17,228
TOTAL RECLASSIFICATIONS FOR CODE L		17,228	59		17,228

RECLASS CODE: M
EXPLANATION : ICU OBSERVATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	4,998	25	INTENSIVE CARE UNIT	4,998
TOTAL RECLASSIFICATIONS FOR CODE M		4,998	26		4,998

RECLASS CODE: O
EXPLANATION : MOB RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	PAIN CLINIC	28,275	40.01	PHYSICIANS' PRIVATE OFFICES	28,275
2.00	CARDIAC REHAB	83,153	53.01	PHYSICIANS' PRIVATE OFFICES	83,153
3.00	CARDIAC REHAB	24,480	53.01	PHYSICIANS' PRIVATE OFFICES	24,480
4.00	OTHER ADMINISTRATIVE AND GENER	34,589	6.06	PHYSICIANS' PRIVATE OFFICES	34,589
5.00	CLINICAL NUTRITION	34,979	59	PHYSICIANS' PRIVATE OFFICES	34,979
TOTAL RECLASSIFICATIONS FOR CODE O		205,476			205,476

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,275,060	4,403		4,403		1,279,463	
2 LAND IMPROVEMENTS	1,541,067					1,541,067	
3 BUILDINGS & FIXTURE	13,450,951	55,985		55,985		13,506,936	
4 BUILDING IMPROVEMEN	372,015	22,825		22,825		394,840	
5 FIXED EQUIPMENT	9,040,705	99,703		99,703	6,452	9,133,956	
6 MOVABLE EQUIPMENT	8,358,481	1,040,847		1,040,847	474,330	8,924,998	
7 SUBTOTAL	34,038,279	1,223,763		1,223,763	480,782	34,781,260	
8 RECONCILING ITEMS							
9 TOTAL	34,038,279	1,223,763		1,223,763	480,782	34,781,260	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	13,506,936		13,506,936	.427897				
4	NEW CAP REL COSTS-MV	18,058,954		18,058,954	.572103				
5	TOTAL	31,565,890		31,565,890	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,515,427						1,515,427
4	NEW CAP REL COSTS-MV	1,243,692						1,243,692
5	TOTAL	2,759,119						2,759,119

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,443,379						2,443,379
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,443,379						2,443,379

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-15,206	CENTRAL SERVICES & SUPPLY		15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	A	-5,790	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,385,775				
13 SALE OF SCRAP, WASTE, ETC.	B	-1,205	RADIOLOGY-DIAGNOSTIC		41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-319,753				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-73,398	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-7,975	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-19,091	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	-12,065	PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 OTHER REVENUE	B	-7,895	O/P PHYSICAL THERAPY		50.01	
38 PROVIDER TAX	A	-456,196	OTHER ADMINISTRATIVE AND		6.06	
39 MEDICAL STAFF CREDENTIALING	B	-3,450	OTHER ADMINISTRATIVE AND		6.06	
40 INTEREST INCOME						
41 PHYSICIAN RECRUITMENT	A	-2,681,719	OTHER ADMINISTRATIVE AND		6.06	
42 LOBBYIST PORTION OF DUES	A	-10,344	OTHER ADMINISTRATIVE AND		6.06	
43 OTHER MISC INCOME						
44 CONTRIBUTIONS	A	-117	DIETARY		11	
45 PROPERTY TAX	A	-5,583	OTHER ADMINISTRATIVE AND		6.06	
45.01 PROPERTY TAX	A	-4,567	O/P PHYSICAL THERAPY		50.01	
46 DEPRECIATION TO STRAIGHT LINE	A	75,594	NEW CAP REL COSTS-MVBLE E		4	9
47 CONTRIBUTIONS	A	-43,528	OTHER ADMINISTRATIVE AND		6.06	
48 MARKETING	A	-241,317	OTHER ADMINISTRATIVE AND		6.06	
48.01 THERAPY ARROWHEAD IN EXCESS OF COST	A	-155,629	O/P PHYSICAL THERAPY		50.01	
48.02 EMPLOYEE SELF INSURANCE	A	-69,875	EMPLOYEE BENEFITS		5	
48.03 GAIN ON LOSS OF SALE OF ASSETS	A	733	NEW CAP REL COSTS-BLDG &		3	9
49 PHYSICIAN BILLING	A	-22,443	CASHIERING/ACCOUNTS RECEI		6.05	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,466,594				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	OTHER ADMINISTRATIVE AND ADMINISTRATIVE	2,538,936	2,993,664	-454,728	
2	3	NEW CAP REL COSTS-BLDG & CAPITAL	97,956		97,956	9
3	4	NEW CAP REL COSTS-MVBLE E CAPITAL	37,019		37,019	9
4						
5		TOTALS	2,673,911	2,993,664	-319,753	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1340
 PERIOD: FROM 5/1/2009 TO 4/30/2010
 PREPARED: 9/27/2010
 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 40	ANESTHESIA	937,910	919,190	18,720				
2 41	RADIOLOGY	133,900	133,900					
3 61	EMERGENCY ROOM	1,560,591	1,213,828	346,763				
4 44	LABORATORY	60,000	34,932	25,068				
5 41	RADIOLOGY-DIAGNOSTIC	83,925	83,925					
6 26	INTENSIVE CARE UNIT	4,019		4,019				
7 49	RESPIRATORY THERAPY	4,019		4,019				
8								
9								
10								
11								
12								
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25								
26								
27								
28								
29								
30								
101	TOTAL	2,784,364	2,385,775	398,589				

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.72
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	939.00	1273.00	882.00	2325.00
10	AHSEA (SEE INSTRUCTIONS)	87.29	69.84	52.38	26.19
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	34.92	34.92	26.19	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	81,965
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	88,906
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	46,199
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	217,070
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	60,892
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	277,962

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	277,962

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,746
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	9,559
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	22,305
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	4,176
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	26,481

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 26,481
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 277,962
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 26,481
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 304,443
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 316,508

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF 12,065
 NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 316,508
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.11 COST OF OUTSIDE SUPPLIER SERVICES - CMHC I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS 316,508
 LINE MUST AGREE WITH LINE 64)

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 TOTAL COST- (LINE 66 DIVIDED BY LINE 67)

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.11 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)

68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)

68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION- 12,065
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.11 EXCESS COST OVER LIMITATION-CMHC I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.21 EXCESS COST OVER LIMITATION- OPT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.41 EXCESS COST OVER LIMITATION- OOT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

69.51 EXCESS COST OVER LIMITATION- OSP I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 12,065
 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE
 WITH LINE 65)

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.72
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		126.00	46.00	
10	AHSEA (SEE INSTRUCTIONS)		66.18	49.64	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.09	33.09	24.82	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	8,339
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	2,283
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	10,622
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	10,622

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	61.76
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	48,173
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	48,173

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	12,078
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	9,059
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	21,137
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	4,176
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	25,313

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

OCCUPATIONAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 25,313
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 48,173
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 25,313
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 73,486
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 7,227

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 7,227
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.11 COST OF OUTSIDE SUPPLIER SERVICES - CMHC I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.21 COST OF OUTSIDE SUPPLIER SERVICES - OPT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.41 COST OF OUTSIDE SUPPLIER SERVICES - OOT I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 66.51 COST OF OUTSIDE SUPPLIER SERVICES - OSP I
 (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 7,227
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- 1.000000
 (LINE 66 DIVIDED BY LINE 67)
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.11 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)
 68.21 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 68.41 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)
 68.51 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION-
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.11 EXCESS COST OVER LIMITATION-CMHC I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.21 EXCESS COST OVER LIMITATION- OPT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.41 EXCESS COST OVER LIMITATION- OOT I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 69.51 EXCESS COST OVER LIMITATION- OSP I
 (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	5.72
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		259.00			
10		63.60			
11	31.80	31.80			
12					
12.01					
13					
13.01					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	16,472
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	16,472
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	16,472

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	63.60
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	49,608
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	49,608

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	11,639
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	11,639
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	4,187
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	15,826

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 15,826
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 49,608
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 15,826
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 65,434
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 8,039

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

PROVIDER NO: 14-1340
PERIOD: FROM 5/1/2009 TO 4/30/2010
PREPARED 9/27/2010
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	8,039
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.11	COST OF OUTSIDE SUPPLIER SERVICES - CMHC I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.21	COST OF OUTSIDE SUPPLIER SERVICES - OPT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.41	COST OF OUTSIDE SUPPLIER SERVICES - OOT I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.51	COST OF OUTSIDE SUPPLIER SERVICES - OSP I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	8,039
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.11	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CMHC I (LINE 66 DIVIDED BY LINE 67)	
68.21	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OPT I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
68.41	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OOT I (LINE 66 DIVIDED BY LINE 67)	
68.51	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- OSP I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.11	EXCESS COST OVER LIMITATION-CMHC I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.21	EXCESS COST OVER LIMITATION- OPT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.41	EXCESS COST OVER LIMITATION- OOT I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.51	EXCESS COST OVER LIMITATION- OSP I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2010
 I 14-1340 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 4/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6.01	NONPATIENT PHONES	3	NO. OF PHONES	ENTERED
6.02	DATA PROCESSING	4	NO. OF PC'S	ENTERED
6.03	PURCHASING RECEIVING AND STORES	5	SUPPLY EXPENSE	ENTERED
6.04	ADMITTING	6	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE FEET	ENTERED
11	DIETARY	13	PATIENT DAYS	ENTERED
12	CAFETERIA	14	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	15	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	ENTERED
16	PHARMACY	18	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	19	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	NONPATIENT PH ONES 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,515,427			1,515,427			
005 NEW CAP REL COSTS-MVBLE E	1,243,692				1,243,692		
006 EMPLOYEE BENEFITS	4,168,561			7,785	6,389	4,182,735	
006 01 NONPATIENT PHONES	236,869			6,670	5,474		249,013
006 02 DATA PROCESSING	166,580			9,819	8,059		3,411
006 03 PURCHASING RECEIVING AND	99,777					38,303	7,959
006 04 ADMINISTRATION	412,028			33,937	27,852	176,587	9,096
006 05 CASHIERING/ACCOUNTS RECEI	414,731			1,174	963	36,974	3,411
006 06 OTHER ADMINISTRATIVE AND	4,727,517			177,020	145,278	225,435	21,604
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,386,661			196,561	161,315	117,736	4,548
009 LAUNDRY & LINEN SERVICE	94,667			26,915	22,089		1,137
010 HOUSEKEEPING	377,099			14,690	12,056	98,255	1,137
011 DIETARY	222,534			30,455	24,994	55,191	4,548
012 CAFETERIA	266,516			37,204	30,532	88,227	1,137
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	200,805			15,042	12,345	74,200	2,274
015 CENTRAL SERVICES & SUPPLY	136,492			81,273	66,699	17,639	
016 PHARMACY	430,704			14,866	12,200	178,977	4,548
017 MEDICAL RECORDS & LIBRARY	492,415			12,851	10,547	156,937	15,919
018 SOCIAL SERVICE	207,993					74,188	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,749,149			228,636	187,642	691,343	36,385
026 INTENSIVE CARE UNIT	382,554			23,238	19,071	155,969	3,411
033 NURSERY	297,982			8,215	6,742	116,269	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,398,169			191,925	157,510	437,249	38,662
038 RECOVERY ROOM	141,603			17,565	14,415	57,324	
039 DELIVERY ROOM & LABOR ROO	77,020			11,228	9,214	30,052	
040 ANESTHESIOLOGY	78,250			6,025	4,944		2,274
040 01 PAIN CLINIC	45,188					5,764	4,548
041 RADIOLOGY-DIAGNOSTIC	2,317,304			145,763	119,626	342,937	26,152
044 LABORATORY	1,668,293			44,539	36,552	300,625	13,645
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY	16,381						
049 RESPIRATORY THERAPY	415,265			19,697	16,165	154,052	4,548
050 PHYSICAL THERAPY	326,978			32,274	26,487		4,548
050 01 O/P PHYSICAL THERAPY	728,780					26,407	
053 01 CARDIAC REHAB	210,307			14,709	12,072	42,201	5,685
054 ELECTROENCEPHALOGRAPHY	1,298			1,604	1,316		
055 MEDICAL SUPPLIES CHARGED	1,063,169						
056 DRUGS CHARGED TO PATIENTS	550,409						
059 CLINICAL NUTRITION	80,923					19,624	4,548
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,415,088			86,671	71,130	411,612	17,056
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	29,765,178			1,498,351	1,229,678	4,130,077	242,191
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,267	9,246		6,822
098 PHYSICIANS' PRIVATE OFFIC	518,905			5,809	4,768	52,658	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	30,284,083			1,515,427	1,243,692	4,182,735	249,013

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING	187,869						
006 03 PURCHASING RECEIVING AND	4,040	150,079					
006 04 ADMINISTRATIVE	8,080	19	667,599				
006 05 CASHIERING/ACCOUNTS RECEI	3,030			460,283			
006 06 OTHER ADMINISTRATIVE AND	26,261	76			5,323,191	5,323,191	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,030	3			1,869,854	398,767	
009 LAUNDRY & LINEN SERVICE					144,808	30,882	
010 HOUSEKEEPING	1,010	684			504,931	107,682	
011 DIETARY	4,040	3,624			345,386	73,657	
012 CAFETERIA	1,010				424,626	90,556	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,010				305,676	65,189	
015 CENTRAL SERVICES & SUPPLY		16,151			318,254	67,871	
016 PHARMACY	5,050	405			646,750	137,927	
017 MEDICAL RECORDS & LIBRARY	11,111				699,780	149,236	
018 SOCIAL SERVICE					282,181	60,178	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	34,343	13,774	113,544	27,525	3,082,341	657,343	
026 INTENSIVE CARE UNIT	3,030	1,758	31,322	6,169	626,522	133,613	
033 NURSERY	4,040		11,746	2,313	447,307	95,393	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,171	16,228	43,969	40,424	2,341,307	499,309	
038 RECOVERY ROOM		762	11,930	6,532	250,131	53,343	
039 DELIVERY ROOM & LABOR ROO	3,030		9,927	1,955	142,426	30,374	
040 ANESTHESIOLOGY	4,040	4,397	9,937	5,779	115,646	24,663	
040 01 PAIN CLINIC	1,010	82		822	57,414	12,244	
041 RADIOLOGY-DIAGNOSTIC	12,121	7,825	64,665	124,325	3,160,718	674,065	
044 LABORATORY	13,131	78,326	87,732	79,439	2,322,282	495,252	
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			42,670	21,463	80,514	17,170	
049 RESPIRATORY THERAPY	3,030	2,376	33,316	9,317	657,766	140,276	
050 PHYSICAL THERAPY	3,030	288	4,531	4,095	402,231	85,780	
050 01 O/P PHYSICAL THERAPY	5,050	216		7,466	767,919	163,767	
053 01 CARDIAC REHAB	2,020	187	318	1,108	288,607	61,549	
054 ELECTROENCEPHALOGRAPHY			122	63	4,403	939	
055 MEDICAL SUPPLIES CHARGED			72,208	38,879	1,174,256	250,423	
056 DRUGS CHARGED TO PATIENTS			119,800	43,636	713,845	152,235	
059 CLINICAL NUTRITION		3	11	485	105,594	22,519	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	13,131	2,787	9,851	38,488	2,065,814	440,558	
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	185,849	149,971	667,599	460,283	29,672,480	5,192,760	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP					27,335	5,829	
098 PHYSICIANS' PRIVATE OFFIC	2,020	108			584,268	124,602	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	187,869	150,079	667,599	460,283	30,284,083	5,323,191	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,268,621						
009 LAUNDRY & LINEN SERVICE	56,408	232,098					
010 HOUSEKEEPING			643,400				
011 DIETARY	63,828		18,826	501,697			
012 CAFETERIA	77,971		22,997		616,150		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	31,525		9,298		13,047		424,735
015 CENTRAL SERVICES & SUPPLY	170,331		50,238		5,000		
016 PHARMACY	31,156		9,189		24,934		
017 MEDICAL RECORDS & LIBRARY	26,933		7,944		38,513		
018 SOCIAL SERVICE					5,743		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	479,181	83,218	141,335	440,542	124,203		159,723
026 INTENSIVE CARE UNIT	48,701	8,889	14,364	61,155	21,929		28,200
033 NURSERY	17,218	7,369	5,078		16,792		21,594
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	402,235	42,385	118,637		78,991		101,579
038 RECOVERY ROOM	36,813		10,858		6,984		8,981
039 DELIVERY ROOM & LABOR ROO	23,531	6,229	6,940		4,341		5,582
040 ANESTHESIOLOGY	12,626	805	3,724				
040 01 PAIN CLINIC		861			1,439		
041 RADIOLOGY-DIAGNOSTIC	305,489	26,801	90,102		67,026		
044 LABORATORY	93,344		27,531		70,312		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	41,281	525	12,176		29,445		
050 PHYSICAL THERAPY	67,640	738	19,950				
050 01 O/P PHYSICAL THERAPY					6,883		
053 01 CARDIAC REHAB	30,828	830	9,092		7,523		
054 ELECTROENCEPHALOGRAPHY	3,362		991				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION					3,780		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	181,645	53,448	53,575		77,044		99,076
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	2,232,833	232,098	632,845	501,697	603,929		424,735
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	23,613		6,964				
098 PHYSICIANS' PRIVATE OFFIC	12,175		3,591		12,221		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,268,621	232,098	643,400	501,697	616,150		424,735

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	611,694						
016 PHARMACY		849,956					
017 MEDICAL RECORDS & LIBRARY			922,406				
018 SOCIAL SERVICE				348,102			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	241		55,159	305,669			
026 INTENSIVE CARE UNIT	1,716		12,362	42,433			
033 NURSERY			4,636				
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			81,008				
038 RECOVERY ROOM	121		13,089				
039 DELIVERY ROOM & LABOR ROO			3,918				
040 ANESTHESIOLOGY	2,156		11,582				
040 01 PAIN CLINIC			1,647				
041 RADIOLOGY-DIAGNOSTIC	62,425		249,153				
044 LABORATORY	153		159,194				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			43,011				
049 RESPIRATORY THERAPY	310		18,672				
050 PHYSICAL THERAPY	1,555		8,206				
050 01 O/P PHYSICAL THERAPY	923		14,962				
053 01 CARDIAC REHAB			2,221				
054 ELECTROENCEPHALOGRAPHY			127				
055 MEDICAL SUPPLIES CHARGED	538,026		77,912				
056 DRUGS CHARGED TO PATIENTS	2,213	849,956	87,446				
059 CLINICAL NUTRITION			972				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,853		77,129				
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
095 SUBTOTALS	611,692	849,956	922,406	348,102			
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	2						
101 PHYSICIANS' PRIVATE OFFIC							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	611,694	849,956	922,406	348,102			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM-(SPECIFY)	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25		25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					5,528,955		5,528,955
026 INTENSIVE CARE UNIT					999,884		999,884
033 NURSERY					615,387		615,387
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					3,665,451		3,665,451
038 RECOVERY ROOM					380,320		380,320
039 DELIVERY ROOM & LABOR ROO					223,341		223,341
040 ANESTHESIOLOGY					171,202		171,202
040 01 PAIN CLINIC					73,605		73,605
041 RADIOLOGY-DIAGNOSTIC					4,635,779		4,635,779
044 LABORATORY					3,168,068		3,168,068
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY					140,695		140,695
049 RESPIRATORY THERAPY					900,451		900,451
050 PHYSICAL THERAPY					586,100		586,100
050 01 O/P PHYSICAL THERAPY					954,454		954,454
053 01 CARDIAC REHAB					400,650		400,650
054 ELECTROENCEPHALOGRAPHY					9,822		9,822
055 MEDICAL SUPPLIES CHARGED					2,040,617		2,040,617
056 DRUGS CHARGED TO PATIENTS					1,805,695		1,805,695
059 CLINICAL NUTRITION					132,865		132,865
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					3,050,142		3,050,142
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
095 SUBTOTALS					29,483,483		29,483,483
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP					63,741		63,741
098 PHYSICIANS' PRIVATE OFFIC					736,859		736,859
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					30,284,083		30,284,083

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				7,785	6,389	14,174	14,174
006 01 NONPATIENT PHONES				6,670	5,474	12,144	
006 02 DATA PROCESSING				9,819	8,059	17,878	
006 03 PURCHASING RECEIVING AND							130
006 04 ADMINITTING				33,937	27,852	61,789	598
006 05 CASHIERING/ACCOUNTS RECEI				1,174	963	2,137	125
006 06 OTHER ADMINISTRATIVE AND				177,020	145,278	322,298	764
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				196,561	161,315	357,876	399
009 LAUNDRY & LINEN SERVICE				26,915	22,089	49,004	
010 HOUSEKEEPING				14,690	12,056	26,746	333
011 DIETARY				30,455	24,994	55,449	187
012 CAFETERIA				37,204	30,532	67,736	299
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				15,042	12,345	27,387	251
015 CENTRAL SERVICES & SUPPLY				81,273	66,699	147,972	60
016 PHARMACY				14,866	12,200	27,066	606
017 MEDICAL RECORDS & LIBRARY				12,851	10,547	23,398	532
018 SOCIAL SERVICE							251
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				228,636	187,642	416,278	2,345
026 INTENSIVE CARE UNIT				23,238	19,071	42,309	528
033 NURSERY				8,215	6,742	14,957	394
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				191,925	157,510	349,435	1,482
038 RECOVERY ROOM				17,565	14,415	31,980	194
039 DELIVERY ROOM & LABOR ROO				11,228	9,214	20,442	102
040 ANESTHESIOLOGY				6,025	4,944	10,969	
040 01 PAIN CLINIC							20
041 RADIOLOGY-DIAGNOSTIC				145,763	119,626	265,389	1,162
044 LABORATORY				44,539	36,552	81,091	1,019
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				19,697	16,165	35,862	522
050 PHYSICAL THERAPY				32,274	26,487	58,761	
050 01 O/P PHYSICAL THERAPY							89
053 01 CARDIAC REHAB				14,709	12,072	26,781	143
054 ELECTROENCEPHALOGRAPHY				1,604	1,316	2,920	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION							66
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY				86,671	71,130	157,801	1,395
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
095 SUBTOTALS				1,498,351	1,229,678	2,728,029	13,996
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				11,267	9,246	20,513	
098 PHYSICIANS' PRIVATE OFFIC				5,809	4,768	10,577	178
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,515,427	1,243,692	2,759,119	14,174

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	NONPATIENT ONES	PH DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
01 NONPATIENT PHONES	12,144						
02 DATA PROCESSING	166	18,044					
03 PURCHASING RECEIVING AND	388	388	906				
04 ADMINISTRATION	444	776		63,607			
05 CASHIERING/ACCOUNTS RECEI	166	291			2,719		
06 OTHER ADMINISTRATIVE AND	1,054	2,522				326,638	
07 MAINTENANCE & REPAIRS							
08 OPERATION OF PLANT	222	291				24,469	
09 LAUNDRY & LINEN SERVICE	55					1,895	
10 HOUSEKEEPING	55	97	4			6,608	
11 DIETARY	222	388	22			4,520	
12 CAFETERIA	55	97				5,557	
13 MAINTENANCE OF PERSONNEL							
14 NURSING ADMINISTRATION	111	97				4,000	
15 CENTRAL SERVICES & SUPPLY			97			4,165	
16 PHARMACY	222	485	2			8,463	
17 MEDICAL RECORDS & LIBRARY	776	1,067				9,157	
18 SOCIAL SERVICE						3,693	
20 NONPHYSICIAN ANESTHETISTS							
21 NURSING SCHOOL							
22 I&R SERVICES-SALARY & FRI							
23 I&R SERVICES-OTHER PRGM C							
24 PARAMEDICAL PRGM-(SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
25 ADULTS & PEDIATRICS	1,774	3,300	83	10,819	164	40,336	
26 INTENSIVE CARE UNIT	166	291	11	2,985	37	8,199	
27 NURSERY		388		1,119	14	5,853	
28 ANCILLARY SRVC COST CNTRS							
29 OPERATING ROOM	1,887	1,649	98	4,190	241	30,638	
30 RECOVERY ROOM			5	1,137	39	3,273	
31 DELIVERY ROOM & LABOR ROO		291		946	12	1,864	
32 ANESTHESIOLOGY	111	388	27	947	35	1,513	
33 PAIN CLINIC	222	97			5	751	
34 RADIOLOGY-DIAGNOSTIC	1,275	1,164	47	6,162	712	41,359	
35 LABORATORY	665	1,261	474	8,360	474	30,389	
36 BLOOD CLOTTING FACTORS AD							
37 INTRAVENOUS THERAPY				4,066	128	1,054	
38 RESPIRATORY THERAPY	222	291	14	3,175	56	8,608	
39 PHYSICAL THERAPY	222	291	2	432	24	5,264	
40 O/P PHYSICAL THERAPY		485	1		45	10,049	
41 CARDIAC REHAB	277	194	1	30	7	3,777	
42 ELECTROENCEPHALOGRAPHY				12		58	
43 MEDICAL SUPPLIES CHARGED				6,881	232	15,366	
44 DRUGS CHARGED TO PATIENTS				11,406	261	9,341	
45 CLINICAL NUTRITION	222			1	3	1,382	
46 OUTPAT SERVICE COST CNTRS							
47 EMERGENCY	832	1,261	17	939	230	27,033	
48 OBSERVATION BEDS (NON-DIS							
49 RHC							
50 FOHC							
51 OTHER REIMBURS COST CNTRS							
52 CMHC							
53 OUTPATIENT PHYSICAL THERA							
54 OUTPATIENT OCCUPATIONAL T							
55 OUTPATIENT SPEECH PATHOLO							
56 HOME HEALTH AGENCY							
57 SPEC PURPOSE COST CENTERS							
58 PANCREAS ACQUISITION							
59 INTTESTINAL ACQUISITION							
60 SUBTOTALS	11,811	17,850	905	63,607	2,719	318,634	
61 NONREIMBURS COST CENTERS							
62 GIFT, FLOWER, COFFEE SHOP	333					358	
63 PHYSICIANS' PRIVATE OFFIC		194	1			7,646	
64 CROSS FOOT ADJUSTMENTS							
65 NEGATIVE COST CENTER							
66 TOTAL	12,144	18,044	906	63,607	2,719	326,638	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	383,257						
009 LAUNDRY & LINEN SERVICE	9,529	60,483					
010 HOUSEKEEPING	5,201		39,044				
011 DIETARY	10,783		1,142	72,713			
012 CAFETERIA	13,172		1,396		88,312		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,326		564		1,870		39,606
015 CENTRAL SERVICES & SUPPLY	28,775		3,049		717		
016 PHARMACY	5,263		558		3,574		
017 MEDICAL RECORDS & LIBRARY	4,550		482		5,520		
018 SOCIAL SERVICE					823		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	80,954	21,687	8,575	63,850	17,800		14,893
026 INTENSIVE CARE UNIT	8,227	2,317	872	8,863	3,143		2,630
033 NURSERY	2,909	1,920	308		2,407		2,014
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	67,953	11,045	7,199		11,322		9,472
038 RECOVERY ROOM	6,219		659		1,001		837
039 DELIVERY ROOM & LABOR ROO	3,975	1,623	421		622		521
040 ANESTHESIOLOGY	2,133	210	226				
040 01 PAIN CLINIC		224			206		
041 RADIOLOGY-DIAGNOSTIC	51,609	6,984	5,468		9,607		
044 LABORATORY	15,769		1,671		10,078		
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	6,974	137	739		4,220		
050 PHYSICAL THERAPY	11,427	192	1,211				
050 01 O/P PHYSICAL THERAPY					987		
053 01 CARDIAC REHAB	5,208	216	552		1,078		
054 ELECTROENCEPHALOGRAPHY	568		60				
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 CLINICAL NUTRITION					542		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	30,687	13,928	3,251		11,043		9,239
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTestinal ACQUISITION							
095 SUBTOTALS	377,211	60,483	38,403	72,713	86,560		39,606
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP	3,989		423				
098 PHYSICIANS' PRIVATE OFFIC	2,057		218		1,752		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	383,257	60,483	39,044	72,713	88,312		39,606

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	184,835						
016 PHARMACY		46,239					
017 MEDICAL RECORDS & LIBRARY			45,482				
018 SOCIAL SERVICE				4,767			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	73		2,722	4,186			
026 INTENSIVE CARE UNIT	519		610	581			
033 NURSERY			229				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			3,997				
038 RECOVERY ROOM	37		646				
039 DELIVERY ROOM & LABOR ROO			193				
040 ANESTHESIOLOGY	651		572				
040 01 PAIN CLINIC			81				
041 RADIOLOGY-DIAGNOSTIC	18,863		12,260				
044 LABORATORY	46		7,856				
046 30 BLOOD CLOTTING FACTORS AD							
048 INTRAVENOUS THERAPY			2,122				
049 RESPIRATORY THERAPY	94		921				
050 PHYSICAL THERAPY	470		405				
050 01 O/P PHYSICAL THERAPY	279		738				
053 01 CARDIAC REHAB			110				
054 ELECTROENCEPHALOGRAPHY			6				
055 MEDICAL SUPPLIES CHARGED	162,574		3,845				
056 DRUGS CHARGED TO PATIENTS	669	46,239	4,315				
059 CLINICAL NUTRITION			48				
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	560		3,806				
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
095 SUBTOTALS	184,835	46,239	45,482	4,767			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	184,835	46,239	45,482	4,767			

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001		GENERAL SERVICE COST CNTR			
002		OLD CAP REL COSTS-BLDG &			
003		OLD CAP REL COSTS-MVBLE E			
004		NEW CAP REL COSTS-BLDG &			
005		NEW CAP REL COSTS-MVBLE E			
006		EMPLOYEE BENEFITS			
006	01	NONPATIENT PHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEI			
006	06	OTHER ADMINISTRATIVE AND			
007		MAINTENANCE & REPAIRS			
008		OPERATION OF PLANT			
009		LAUNDRY & LINEN SERVICE			
010		HOUSEKEEPING			
011		DIETARY			
012		CAFETERIA			
013		MAINTENANCE OF PERSONNEL			
014		NURSING ADMINISTRATION			
015		CENTRAL SERVICES & SUPPLY			
016		PHARMACY			
017		MEDICAL RECORDS & LIBRARY			
018		SOCIAL SERVICE			
020		NONPHYSICIAN ANESTHETISTS			
021		NURSING SCHOOL			
022		I&R SERVICES-SALARY & FRI			
023		I&R SERVICES-OTHER PRGM C			
024		PARAMED ED PRGM-(SPECIFY)			
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	689,839		689,839
026		INTENSIVE CARE UNIT	82,288		82,288
033		NURSERY	32,512		32,512
		ANCILLARY SRVC COST CNTRS			
037		OPERATING ROOM	500,608		500,608
038		RECOVERY ROOM	46,027		46,027
039		DELIVERY ROOM & LABOR ROO	31,012		31,012
040		ANESTHESIOLOGY	17,782		17,782
040	01	PAIN CLINIC	1,606		1,606
041		RADIOLOGY-DIAGNOSTIC	422,061		422,061
044		LABORATORY	159,153		159,153
046	30	BLOOD CLOTTING FACTORS AD			
048		INTRAVENOUS THERAPY	7,370		7,370
049		RESPIRATORY THERAPY	61,835		61,835
050		PHYSICAL THERAPY	78,701		78,701
050	01	O/P PHYSICAL THERAPY	12,673		12,673
053	01	CARDIAC REHAB	38,374		38,374
054		ELECTROENCEPHALOGRAPHY	3,624		3,624
055		MEDICAL SUPPLIES CHARGED	188,898		188,898
056		DRUGS CHARGED TO PATIENTS	72,231		72,231
059		CLINICAL NUTRITION	2,264		2,264
		OUTPAT SERVICE COST CNTRS			
061		EMERGENCY	262,022		262,022
062		OBSERVATION BEDS (NON-DIS			
063	50	RHC			
063	60	FOHC			
		OTHER REIMBURS COST CNTRS			
069	10	CMHC			
069	20	OUTPATIENT PHYSICAL THERA			
069	30	OUTPATIENT OCCUPATIONAL T			
069	40	OUTPATIENT SPEECH PATHOLO			
071		HOME HEALTH AGENCY			
		SPEC PURPOSE COST CENTERS			
085	01	PANCREAS ACQUISITION			
085	02	INTESTINAL ACQUISITION			
095		SUBTOTALS	2,710,880		2,710,880
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP	25,616		25,616
098		PHYSICIANS' PRIVATE OFFIC	22,623		22,623
101		CROSS FOOT ADJUSTMENTS			
102		NEGATIVE COST CENTER			
103		TOTAL	2,759,119		2,759,119

COST CENTER DESCRIPTION	DATA PROCESSING (NO OF PC'S)	PURCHASING RECEIVING AND (SUPPLY) EXPENSE	RE ADMITTING (INPATIENT) REVENUE	CASHIERING/AC COUNTS RECEI (GROSS REVENUE)	OTHER ADMINIS TRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	7
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT PHONES						
006 02 DATA PROCESSING	186					
006 03 PURCHASING RECEIVING	4	1,020,184				
006 04 ADMITTING	8	130	21,815,553			
006 05 CASHIERING/ACCOUNTS R	3			76,371,969		
006 06 OTHER ADMINISTRATIVE	26	516			-5,323,191	24,960,892
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	3	17			1,869,854	
009 LAUNDRY & LINEN SERVI					144,808	
010 HOUSEKEEPING	1	4,647			504,931	
011 DIETARY	4	24,635			345,386	
012 CAFETERIA	1				424,626	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1				305,676	
015 CENTRAL SERVICES & SU		109,790			318,254	
016 PHARMACY	5	2,756			646,750	
017 MEDICAL RECORDS & LIB	11				699,780	
018 SOCIAL SERVICE					282,181	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	34	93,628	3,710,345	4,566,921		3,082,341
026 INTENSIVE CARE UNIT	3	11,947	1,023,517	1,023,517		626,522
033 NURSERY	4		383,839	383,839		447,307
ANCILLARY SRVC COST C						
037 OPERATING ROOM	17	110,315	1,436,808	6,707,069		2,341,307
038 RECOVERY ROOM		5,183	389,848	1,083,707		250,131
039 DELIVERY ROOM & LABOR	3		324,404	324,404		142,426
040 ANESTHESIOLOGY	4	29,890	324,725	958,923		115,646
040 01 PAIN CLINIC	1	557		136,393		57,414
041 RADIOLOGY-DIAGNOSTIC	12	53,190	2,113,088	20,629,794		3,160,718
044 LABORATORY	13	532,439	2,866,866	13,180,480		2,322,282
046 30 BLOOD CLOTTING FACTOR						
048 INTRAVENOUS THERAPY			1,394,360	3,561,105		80,514
049 RESPIRATORY THERAPY	3	16,152	1,088,698	1,545,939		657,766
050 PHYSICAL THERAPY	3	1,960	148,057	679,384		402,231
050 01 O/P PHYSICAL THERAPY	5	1,466		1,238,777		767,919
053 01 CARDIAC REHAB	2	1,268	10,377	183,890		288,607
054 ELECTROENCEPHALOGRAPH			3,996	10,527		4,403
055 MEDICAL SUPPLIES CHAR			2,359,572	6,450,732		1,174,256
056 DRUGS CHARGED TO PATI			3,914,804	7,240,129		713,845
059 CLINICAL NUTRITION		19	357	80,504		105,594
OUTPAT SERVICE COST C						
061 EMERGENCY	13	18,948	321,892	6,385,935		2,065,814
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITIO						
095 SUBTOTALS	184	1,019,453	21,815,553	76,371,969	-5,323,191	24,349,289
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						27,335
098 PHYSICIANS' PRIVATE O	2	731				584,268
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	187,869	150,079	667,599	460,283		5,323,191
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		.147110		.006027		.213261
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED	1,010.048387		.030602			
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	18,044	906	63,607	2,719		326,638
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.000888		.000036		.013086

COST CENTER DESCRIPTION	DATA PROCESSI NG	PURCHASING RE CEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	
	(NO OF PC'S	(SUPPLY)EXPENSE	(INPATIENT)REVENUE	(GROSS)REVENUE	RECONCILI- ATION	(ACCUM. COST	(SQUARE)FEET
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.02 97.010753	6.03	6.04 .002916	6.05	6a.06	6.06	7

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(PATIENT DAYS)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	55,340						
009 LAUNDRY & LINEN SERVICE	1,376	156,055					
010 HOUSEKEEPING	751		53,213				
011 DIETARY	1,557		1,557	3,142			
012 CAFETERIA	1,902		1,902		232,924		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			769		4,932		124,858
015 CENTRAL SERVICES & SUPPLIES	4,155		4,155		1,890		
016 PHARMACY	760		760		9,426		
017 MEDICAL RECORDS & LIBRARY	657		657		14,559		
018 SOCIAL SERVICE					2,171		
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIFIED)							
025 ADULTS & PEDIATRICS	11,689	55,953	11,689	2,759	46,953		46,953
026 INTENSIVE CARE UNIT	1,188	5,977	1,188	383	8,290		8,290
033 NURSERY	420	4,955	420		6,348		6,348
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	9,812	28,498	9,812		29,861		29,861
039 RECOVERY ROOM	898		898		2,640		2,640
040 DELIVERY ROOM & LABOR	574	4,188	574		1,641		1,641
040 01 ANESTHESIOLOGY	308	541	308				
040 01 PAIN CLINIC		579			544		
041 RADIOLOGY-DIAGNOSTIC	7,452	18,020	7,452		25,338		
044 LABORATORY	2,277		2,277		26,580		
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,007	353	1,007		11,131		
050 PHYSICAL THERAPY	1,650	496	1,650				
050 01 O/P PHYSICAL THERAPY					2,602		
053 01 CARDIAC REHAB	752	558	752		2,844		
054 ELECTROENCEPHALOGRAPHY	82		82				
055 MEDICAL SUPPLIES CHARACTERIZED							
056 DRUGS CHARGED TO PATIENT							
059 CLINICAL NUTRITION					1,429		
061 OUTPATIENT SERVICE COST CENTER							
062 EMERGENCY	4,431	35,937	4,431		29,125		29,125
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATION THERAPY							
069 40 OUTPATIENT SPEECH PATHERAPY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
095 SUBTOTALS	54,467	156,055	52,340	3,142	228,304		124,858
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	576		576				
098 PHYSICIANS' PRIVATE OFFICE	297		297		4,620		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,268,621	232,098	643,400	501,697	616,150		424,735
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.487283		159.674411			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	40.994236		12.091030		2.645283		3.401744
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	383,257	60,483	39,044	72,713	88,312		39,606
108 UNIT COST MULTIPLIER		.387575		23.142266			

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)
	8	9	10	11	12	13	14
NONREIMBURS COST CENT (WRKSHT B, PT III)	6.925497		.733730		.379145		.317208

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUE)	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	15	16	17	18	20	21	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT PHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUP	1,154,979						
016 PHARMACY		536,205					
017 MEDICAL RECORDS & LIB			76,371,969				
018 SOCIAL SERVICE				3,142			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		455	4,566,921	2,759			
026 INTENSIVE CARE UNIT	3,241		1,023,517	383			
033 NURSERY			383,839				
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM			6,707,069				
039 RECOVERY ROOM	229		1,083,707				
040 DELIVERY ROOM & LABOR			324,404				
040 ANESTHESIOLOGY	4,071		958,923				
040 01 PAIN CLINIC			136,393				
041 RADIOLOGY-DIAGNOSTIC	117,869		20,629,794				
044 LABORATORY	289		13,180,480				
046 30 BLOOD CLOTTING FACTOR							
048 INTRAVENOUS THERAPY			3,561,105				
049 RESPIRATORY THERAPY	585		1,545,939				
050 PHYSICAL THERAPY	2,937		679,384				
050 01 O/P PHYSICAL THERAPY	1,742		1,238,777				
053 01 CARDIAC REHAB			183,890				
054 ELECTROENCEPHALOGRAPH			10,527				
055 MEDICAL SUPPLIES CHAR	1,015,882		6,450,732				
056 DRUGS CHARGED TO PATI	4,178	536,205	7,240,129				
059 CLINICAL NUTRITION			80,504				
061 OUTPAT SERVICE COST C							
061 EMERGENCY	3,498		6,385,935				
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
095 SUBTOTALS	1,154,976	536,205	76,371,969	3,142			
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE	3						
101 PHYSICIANS' PRIVATE O							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	611,694	849,956	922,406	348,102			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.585133		110.789943			
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	.529615		.012078				
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	184,835	46,239	45,482	4,767			
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.086234		1.517187			

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUE)	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT III)	15 .160033	16	17 .000596	18	20	21	22

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	(ASSIGNED TIME	(ASSIGNED TIME
			23	24
001		GENERAL SERVICE COST		
002		OLD CAP REL COSTS-BLD		
003		OLD CAP REL COSTS-MVB		
004		NEW CAP REL COSTS-BLD		
005		NEW CAP REL COSTS-MVB		
006		EMPLOYEE BENEFITS		
006	01	NONPATIENT PHONES		
006	02	DATA PROCESSING		
006	03	PURCHASING RECEIVING		
006	04	ADMINISTRATIVE		
006	05	CASHIERING/ACCOUNTS R		
006	06	OTHER ADMINISTRATIVE		
007		MAINTENANCE & REPAIRS		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
013		MAINTENANCE OF PERSON		
014		NURSING ADMINISTRATION		
015		CENTRAL SERVICES & SU		
016		PHARMACY		
017		MEDICAL RECORDS & LIB		
018		SOCIAL SERVICE		
020		NONPHYSICIAN ANESTHET		
021		NURSING SCHOOL		
022		I&R SERVICES-SALARY &		
023		I&R SERVICES-OTHER PR		
024		PARAMED ED PRGM-(SPEC		
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS		
026		INTENSIVE CARE UNIT		
033		NURSERY		
		ANCILLARY SRVC COST C		
037		OPERATING ROOM		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
040	01	PAIN CLINIC		
041		RADIOLOGY-DIAGNOSTIC		
044		LABORATORY		
046	30	BLOOD CLOTTING FACTOR		
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
050	01	O/P PHYSICAL THERAPY		
053	01	CARDIAC REHAB		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
056		DRUGS CHARGED TO PATI		
059		CLINICAL NUTRITION		
		OUTPAT SERVICE COST C		
061		EMERGENCY		
062		OBSERVATION BEDS (NON		
063	50	RHC		
063	60	FOHC		
		OTHER REIMBURS COST C		
069	10	CMHC		
069	20	OUTPATIENT PHYSICAL T		
069	30	OUTPATIENT OCCUPATION		
069	40	OUTPATIENT SPEECH PAT		
071		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CEN		
085	01	PANCREAS ACQUISITION		
085	02	INTESTINAL ACQUISITIO		
095		SUBTOTALS		
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		
098		PHYSICIANS' PRIVATE O		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED		
		(PER WRKSHT B, PART		
104		UNIT COST MULTIPLIER		
		(WRKSHT B, PT I)		
105		COST TO BE ALLOCATED		
		(PER WRKSHT B, PART		
106		UNIT COST MULTIPLIER		
		(WRKSHT B, PT II)		
107		COST TO BE ALLOCATED		
		(PER WRKSHT B, PART		
108		UNIT COST MULTIPLIER		

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM-(SPECIFY)	
	(ASSIGNED TIME	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT III)	23	24

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	5,528,955		5,528,955		
26	INTENSIVE CARE UNIT	999,884		999,884		
33	NURSERY	615,387		615,387		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,665,451		3,665,451		
38	RECOVERY ROOM	380,320		380,320		
39	DELIVERY ROOM & LABOR ROO	223,341		223,341		
40	ANESTHESIOLOGY	171,202		171,202		
40	01 PAIN CLINIC	73,605		73,605		
41	RADIOLOGY-DIAGNOSTIC	4,635,779		4,635,779		
44	LABORATORY	3,168,068		3,168,068		
46	30 BLOOD CLOTTING FACTORS AD					
48	INTRAVENOUS THERAPY	140,695		140,695		
49	RESPIRATORY THERAPY	900,451		900,451		
50	PHYSICAL THERAPY	586,100		586,100		
50	01 O/P PHYSICAL THERAPY	954,454		954,454		
53	01 CARDIAC REHAB	400,650		400,650		
54	ELECTROENCEPHALOGRAPHY	9,822		9,822		
55	MEDICAL SUPPLIES CHARGED	2,040,617		2,040,617		
56	DRUGS CHARGED TO PATIENTS	1,805,695		1,805,695		
59	CLINICAL NUTRITION	132,865		132,865		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,050,142		3,050,142		
62	OBSERVATION BEDS (NON-DIS	975,404		975,404		
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	30,458,887		30,458,887		
102	LESS OBSERVATION BEDS	975,404		975,404		
103	TOTAL	29,483,483		29,483,483		

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	3,665,451	500,608	3,164,843			3,665,451
38	RECOVERY ROOM	380,320	46,027	334,293			380,320
39	DELIVERY ROOM & LABOR ROO	223,341	31,012	192,329			223,341
40	ANESTHESIOLOGY	171,202	17,782	153,420			171,202
40	01 PAIN CLINIC	73,605	1,606	71,999			73,605
41	RADIOLOGY-DIAGNOSTIC	4,635,779	422,061	4,213,718			4,635,779
44	LABORATORY	3,168,068	159,153	3,008,915			3,168,068
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	140,695	7,370	133,325			140,695
49	RESPIRATORY THERAPY	900,451	61,835	838,616			900,451
50	PHYSICAL THERAPY	586,100	78,701	507,399			586,100
50	01 O/P PHYSICAL THERAPY	954,454	12,673	941,781			954,454
53	01 CARDIAC REHAB	400,650	38,374	362,276			400,650
54	ELECTROENCEPHALOGRAPHY	9,822	3,624	6,198			9,822
55	MEDICAL SUPPLIES CHARGED	2,040,617	188,898	1,851,719			2,040,617
56	DRUGS CHARGED TO PATIENTS	1,805,695	72,231	1,733,464			1,805,695
59	CLINICAL NUTRITION	132,865	2,264	130,601			132,865
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,050,142	262,022	2,788,120			3,050,142
62	OBSERVATION BEDS (NON-DIS	975,404		975,404			975,404
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	23,314,661	1,906,241	21,408,420			23,314,661
102	LESS OBSERVATION BEDS	975,404		975,404			975,404
103	TOTAL	22,339,257	1,906,241	20,433,016			22,339,257

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	3,665,451	500,608	3,164,843			3,665,451
38	RECOVERY ROOM	380,320	46,027	334,293			380,320
39	DELIVERY ROOM & LABOR ROO	223,341	31,012	192,329			223,341
40	ANESTHESIOLOGY	171,202	17,782	153,420			171,202
40	01 PAIN CLINIC	73,605	1,606	71,999			73,605
41	RADIOLOGY-DIAGNOSTIC	4,635,779	422,061	4,213,718			4,635,779
44	LABORATORY	3,168,068	159,153	3,008,915			3,168,068
46	30 BLOOD CLOTTING FACTORS AD						
	INTRAVENOUS THERAPY	140,695	7,370	133,325			140,695
49	RESPIRATORY THERAPY	900,451	61,835	838,616			900,451
50	PHYSICAL THERAPY	586,100	78,701	507,399			586,100
50	01 O/P PHYSICAL THERAPY	954,454	12,673	941,781			954,454
53	01 CARDIAC REHAB	400,650	38,374	362,276			400,650
54	ELECTROENCEPHALOGRAPHY	9,822	3,624	6,198			9,822
55	MEDICAL SUPPLIES CHARGED	2,040,617	188,898	1,851,719			2,040,617
56	DRUGS CHARGED TO PATIENTS	1,805,695	72,231	1,733,464			1,805,695
59	CLINICAL NUTRITION	132,865	2,264	130,601			132,865
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,050,142	262,022	2,788,120			3,050,142
62	OBSERVATION BEDS (NON-DIS	975,404		975,404			975,404
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	23,314,661	1,906,241	21,408,420			23,314,661
102	LESS OBSERVATION BEDS	975,404		975,404			975,404
103	TOTAL	22,339,257	1,906,241	20,433,016			22,339,257

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	6,707,069	.546506	.546506
38	RECOVERY ROOM	1,083,707	.350944	.350944
39	DELIVERY ROOM & LABOR ROO	324,404	.688466	.688466
40	ANESTHESIOLOGY	958,923	.178536	.178536
40	01 PAIN CLINIC	136,393	.539654	.539654
41	RADIOLOGY-DIAGNOSTIC	20,629,794	.224713	.224713
44	LABORATORY	13,180,480	.240361	.240361
46	30 BLOOD CLOTTING FACTORS AD			
	INTRAVENOUS THERAPY	3,561,105	.039509	.039509
49	RESPIRATORY THERAPY	1,545,939	.582462	.582462
50	PHYSICAL THERAPY	679,384	.862693	.862693
50	01 O/P PHYSICAL THERAPY	1,238,777	.770481	.770481
53	01 CARDIAC REHAB	183,890	2.178748	2.178748
54	ELECTROENCEPHALOGRAPHY	10,527	.933029	.933029
55	MEDICAL SUPPLIES CHARGED	6,450,732	.316339	.316339
56	DRUGS CHARGED TO PATIENTS	7,240,129	.249401	.249401
59	CLINICAL NUTRITION	80,504	1.650415	1.650415
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,385,935	.477634	.477634
62	OBSERVATION BEDS (NON-DIS	856,576	1.138724	1.138724
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	71,254,268		
102	LESS OBSERVATION BEDS	856,576		
103	TOTAL	70,397,692		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 00/00/00 to 04/30/10	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		828,659			
38 RECOVERY ROOM		39,134			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		19,437			
40 01 PAIN CLINIC		42,458			
41 RADIOLOGY-DIAGNOSTIC		1,183,460			
44 LABORATORY		829,516			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
48 INTRAVENOUS THERAPY		20,553			
49 RESPIRATORY THERAPY		89,123			
50 PHYSICAL THERAPY		130,028			
50 01 O/P PHYSICAL THERAPY		270,029			
53 01 CARDIAC REHAB		121,792			
54 ELECTROENCEPHALOGRAPHY		2,730			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		307,641			
56 DRUGS CHARGED TO PATIENTS		272,570			
59 CLINICAL NUTRITION		48,831			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		542,945			
62 OBSERVATION BEDS (NON-DISTINCT PART)		245,954			
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL		4,994,860			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,994,860			

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

TITLE XVIII PART A HOSPITAL 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	591
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,650.43
85	OBSERVATION BED COST	975,404

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	591
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,650.43
85	OBSERVATION BED COST	975,404

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				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,994,860
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	4,994,860

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)	5,044,809
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	24,719
18.01	CAH ACTUAL BILLED COINSURANCE	2,372,160
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,647,930
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	2,647,930
24	PRIMARY PAYER PAYMENTS	48
25	SUBTOTAL	2,647,882

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	415,158
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	415,158
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	392,289
28	SUBTOTAL	3,063,040
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,063,040
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,319,441
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	743,599
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	75,992

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)	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		4,743,501
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,743,501
5	PRIMARY PAYER PAYMENTS		26,611
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		4,764,059
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		4,764,059
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		357,188
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,406,871
23	COINSURANCE		4,400
24	SUBTOTAL		4,402,471
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		50,820
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		50,820
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		41,978
26	SUBTOTAL		4,453,291
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		4,453,291
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		3,844,190
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		609,101
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		72,184

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	5,440,441			
2	TEMPORARY INVESTMENTS	12,169,052			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	9,591,357			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,712,000			
7	INVENTORY	1,152,382			
8	PREPAID EXPENSES	456,239			
9	OTHER CURRENT ASSETS	299,995			
10	DUE FROM OTHER FUNDS	18,787			
11	TOTAL CURRENT ASSETS	24,416,253			
FIXED ASSETS					
12	LAND	1,279,463			
12.01	LAND IMPROVEMENTS	1,541,067			
13	LESS ACCUMULATED DEPRECIATION	-568,179			
13.01	BUILDINGS	13,506,937			
14	LESS ACCUMULATED DEPRECIATION	-3,603,686			
14.01	LEASEHOLD IMPROVEMENTS	394,840			
15	LESS ACCUMULATED DEPRECIATION	-55,227			
15.01	FIXED EQUIPMENT	9,133,956			
16	LESS ACCUMULATED DEPRECIATION	-4,319,047			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	8,760,590			
18	LESS ACCUMULATED DEPRECIATION	-6,522,159			
18.01	MINOR EQUIPMENT DEPRECIABLE	164,409			
19	LESS ACCUMULATED DEPRECIATION	-94,049			
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	19,618,915			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	8,658,870			
25	TOTAL OTHER ASSETS	8,658,870			
26	TOTAL ASSETS	52,694,038			
27					

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,078,774			
29 SALARIES, WAGES & FEES PAYABLE	1,649,869			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	251,990			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,138,729			
35 OTHER CURRENT LIABILITIES	29,094			
36 TOTAL CURRENT LIABILITIES	7,148,456			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	2,831,997			
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	2,831,997			
43 TOTAL LIABILITIES	9,980,453			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	42,713,585			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	42,713,585			
52 TOTAL LIABILITIES AND FUND BALANCES	52,694,038			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		38,634,323		
2	NET INCOME (LOSS)		4,466,128		
3	TOTAL		43,100,451		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		43,100,451		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	OTHER	386,866			
15					
16					
17					
18	TOTAL DEDUCTIONS		386,866		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		42,713,585		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,710,345		3,710,345
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,710,345		3,710,345
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,023,517		1,023,517
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,023,517		1,023,517
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,733,862		4,733,862
17 00 ANCILLARY SERVICES	16,868,318	51,611,968	68,480,286
18 00 OUTPATIENT SERVICES		6,920,619	6,920,619
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 OTHER	395,962		395,962
25 00 TOTAL PATIENT REVENUES	21,998,142	58,532,587	80,530,729

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		36,750,677	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	4,531,261		
29 00 ROUNDING		4	
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,531,265	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		41,281,942	

DESCRIPTION

1	TOTAL PATIENT REVENUES	80,530,729
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	38,453,476
3	NET PATIENT REVENUES	42,077,253
4	LESS: TOTAL OPERATING EXPENSES	41,281,942
5	NET INCOME FROM SERVICE TO PATIENTS	795,311
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	415,750
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	913
11	REBATES AND REFUNDS OF EXPENSES	14,293
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	73,294
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	7,975
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	19,091
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	ANESTHESIA PRO FEES	467,030
24.01	MISCELLANEOUS	2,672,471
25	TOTAL OTHER INCOME	3,670,817
26	TOTAL	4,466,128
	OTHER EXPENSES	
27	ROUNDING	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,466,128