

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		14-3026		FROM 9/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/19/2011 TIME 10:39

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: THE REHAB. INSTITUTE OF CHICAGO 14-3026 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2009 AND ENDING 8/31/2010 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	95,267	26,061	0		
100	TOTAL	0	95,267	26,061	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.

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

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

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

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

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

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

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

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

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

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

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

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

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

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

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					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,018,444	8,018,444
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				4,886,798	4,886,798
5	0500 EMPLOYEE BENEFITS	1,249,792	862,258	2,112,050	16,959,993	19,072,043
6.01	0630 PURCHASING, RECEIVING AND STORES	641,674	178,299	819,973	-140,659	679,314
6.02	0640 ADMITTING	1,803,422	569,045	2,372,467	-486,472	1,885,995
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,340,985	965,945	2,306,930	-285,974	2,020,956
6.04	0660 ADMINISTRATIVE AND GENERAL	14,929,361	32,106,067	47,035,428	-10,998,515	36,036,913
8	0800 OPERATION OF PLANT	919,445	10,239,276	11,158,721	-4,876,163	6,282,558
9	0900 LAUNDRY & LINEN SERVICE				381,623	381,623
10	1000 HOUSEKEEPING	1,117,472	1,434,420	2,551,892	-641,600	1,910,292
11	1100 DIETARY	1,081,209	1,622,222	2,703,431	-1,710,890	992,541
12	1200 CAFETERIA				1,432,867	1,432,867
14	1400 NURSING ADMINISTRATION	690,516	218,509	909,025	-169,565	739,460
15	1500 CENTRAL SERVICES & SUPPLY	354,281	171,057	525,338	-98,144	427,194
16	1600 PHARMACY	865,377	5,252,347	6,117,724	-5,091,808	1,025,916
17	1700 MEDICAL RECORDS & LIBRARY	470,728	166,577	637,305	-52,012	585,293
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	132,303	2,848,995	2,981,298	-27,864	2,953,434
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	33,000	16,092	49,092	387,994	437,086
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,860,165	7,721,550	21,581,715	-7,049,770	14,531,945
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC	246,836	275,025	521,861	1,645,375	2,167,236
41.01	3550 PSYCHOLOGY				1,394,478	1,394,478
41.02	3560 PULMONARY				423,460	423,460
44	4400 LABORATORY	236,353	573,815	810,168	-50,471	759,697
44.01	3951 VOCATIONAL REHABILITATION	320,024	222,736	542,760	-75,868	466,892
49	4900 RESPIRATORY THERAPY		100,499	100,499	895,732	996,231
50	5000 PHYSICAL THERAPY				6,116,576	6,116,576
50.01	3953 ALLIED HEALTH	11,732,452	3,364,813	15,097,265	-15,097,265	
51	5100 OCCUPATIONAL THERAPY				3,499,728	3,499,728
52	5200 SPEECH PATHOLOGY		142	142	1,323,084	1,323,226
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,057,303	1,057,303
56	5600 DRUGS CHARGED TO PATIENTS				4,857,264	4,857,264
59	3950 PROSTHETICS AND ORTHOTICS	1,492,833	2,213,935	3,706,768	-752,398	2,954,370
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	20,121,595	9,562,062	29,683,657	-1,488,060	28,195,597
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	73,639,823	80,685,686	154,325,509	4,187,221	158,512,730
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH	8,752,388	11,248,098	20,000,486	-2,471,593	17,528,893
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 FOUNDATION	1,287,827	890,598	2,178,425	-278,842	1,899,583
98.02	9802 ACADEMY	1,227,094	876,190	2,103,284	-286,928	1,816,356
98.03	9803 PARTNERSHIP EXPENSE	5,596,941	1,511,802	7,108,743	-1,149,858	5,958,885
101	TOTAL	90,504,073	95,212,374	185,716,447	-0-	185,716,447

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-3026	I FROM 9/ 1/2009	I WORKSHEET A
I	I TO 8/31/2010	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,789,282	6,229,162
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,886,798
5	0500 EMPLOYEE BENEFITS		19,072,043
6.01	0630 PURCHASING, RECEIVING AND STORES		679,314
6.02	0640 ADMINITTING		1,885,995
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	-24,286	1,996,670
6.04	0660 ADMINISTRATIVE AND GENERAL	-10,686,040	25,350,873
8	0800 OPERATION OF PLANT	-990,728	5,291,830
9	0900 LAUNDRY & LINEN SERVICE		381,623
10	1000 HOUSEKEEPING	-302	1,909,990
11	1100 DIETARY	-10,666	981,875
12	1200 CAFETERIA	-719,839	713,028
14	1400 NURSING ADMINISTRATION	-2,543	736,917
15	1500 CENTRAL SERVICES & SUPPLY	-461	426,733
16	1600 PHARMACY	-4,900	1,021,016
17	1700 MEDICAL RECORDS & LIBRARY	-76,116	509,177
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-99,402	2,854,032
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		437,086
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	-88,520	14,443,425
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC	-380	2,166,856
41.01	3550 PSYCHOLOGY	-114,713	1,279,765
41.02	3560 PULMONARY		423,460
44	4400 LABORATORY	-428	759,269
44.01	3951 VOCATIONAL REHABILITATION	-1,621	465,271
49	4900 RESPIRATORY THERAPY		996,231
50	5000 PHYSICAL THERAPY	-503,164	5,613,412
50.01	3953 ALLIED HEALTH		
51	5100 OCCUPATIONAL THERAPY	-287,896	3,211,832
52	5200 SPEECH PATHOLOGY	-108,840	1,214,386
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,057,303
56	5600 DRUGS CHARGED TO PATIENTS		4,857,264
59	3950 PROSTHETICS AND ORTHOTICS	-4,750	2,949,620
60	6000 OUTPAT SERVICE COST CNTRS CLINIC	-9,322,982	18,872,615
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
95	9500 SUBTOTALS NONREIMBURS COST CENTERS	-24,837,859	133,674,871
97	9700 RESEARCH		17,528,893
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 FOUNDATION		1,899,583
98.02	9802 ACADEMY		1,816,356
98.03	9803 PARTNERSHIP EXPENSE		5,958,885
101	TOTAL	-24,837,859	160,878,588

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3026
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/19/2011
 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	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
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	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.02	ADMITTING	0640	ADMITTING
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
25	INPAT ROUTINE SRVC C ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	PSYCHOLOGY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
41.02	PULMONARY	3560	PULMONARY FUNCTION TESTING
44	LABORATORY	4400	
44.01	VOCATIONAL REHABILITATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	ALLIED HEALTH	3953	OTHER ANCILLARY SERVICE COST CENTERS
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PROSTHETICS AND ORTHOTICS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	ACADEMY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	PARTNERSHIP EXPENSE	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 143026	PERIOD: FROM 9/1/2009 TO 8/31/2010	PREPARED 1/19/2011 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		16,966,833
2					
3					
4					
5					
6					
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8					
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17					
18					
19					
20					
21					
22					
23					
24					
25 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		6,046,887
26		NEW CAP REL COSTS-MVBLE EQUIP	4		4,886,798
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DEPRECIATION	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12 INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		1,822,183
13					
14 AMORTIZATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		149,374
15					
16 ALLIED HEALTH - PT, OT, SP, PSYCH	E	PSYCHOLOGY	41.01	1,326,481	67,997
17		PHYSICAL THERAPY	50	5,818,325	298,251
18		OCCUPATIONAL THERAPY	51	3,329,077	170,651
19		SPEECH PATHOLOGY	52	1,258,569	64,515
20 NMH SERVICES	F	RESPIRATORY THERAPY	49		955,066
21		RADIOLOGY-DIAGNOSTIC	41		1,826,836
22 MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,057,303
23					
24					
25					
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35					

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	G				
2 TRANSCRIPTION AND PHY PRACTICE	H	MEDICAL RECORDS & LIBRARY	17		51,921
3		CLINIC	60	937,217	1,089,462
4 LINEN	I	LAUNDRY & LINEN SERVICE	9		381,623
5 CAFETERIA	J	CAFETERIA	12	378,423	1,054,444
6 DRUGS	K	DRUGS CHARGED TO PATIENTS	56		4,857,264
7 PULMONARY	L	PULMONARY	41.02	263,600	159,860
8					
9 P&O PARAMEDICAL PROGRAM	M	PARAMED ED PRGM	24	389,846	4,800
36 TOTAL RECLASSIFICATIONS				13,701,538	41,912,068

(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:
143026

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 EMPLOYEE BENEFITS	A	PURCHASING, RECEIVING AND STORES	6.01		136,768	
2		ADMINISTRATIVE	6.02		400,668	
3		CASHIERING/ACCOUNTS RECEIVABLE	6.03		285,974	
4		ADMINISTRATIVE AND GENERAL	6.04		2,928,860	
5		OPERATION OF PLANT	8		211,115	
6		HOUSEKEEPING	10		240,326	
7		DIETARY	11		230,798	
8		NURSING ADMINISTRATION	14		147,912	
9		CENTRAL SERVICES & SUPPLY	15		75,662	
10		PHARMACY	16		186,500	
11		MEDICAL RECORDS & LIBRARY	17		102,003	
12		I&R SERVICES-SALARY & FRINGES APPRVD	22		27,864	
13		PARAMEDICAL PRGM	24		6,652	
14		ADULTS & PEDIATRICS	25		2,991,278	
15		RADIOLOGY-DIAGNOSTIC	41		53,032	
16		LABORATORY	44		50,465	
17		VOCATIONAL REHABILITATION	44.01		67,919	
18		ALLIED HEALTH	50.01		2,533,036	
19		PROSTHETICS AND ORTHOTICS	59		320,606	
20		CLINIC	60		2,492,692	
21		RESEARCH	97		1,838,025	
22		FOUNDATION	98.01		266,486	
23		ACADEMY	98.02		262,838	
24		PARTNERSHIP EXPENSE	98.03		1,109,354	
25 DEPRECIATION	B	EMPLOYEE BENEFITS	5		6,840	9
26		PURCHASING, RECEIVING AND STORES	6.01		3,797	9
27		ADMINISTRATIVE	6.02		85,804	9
28		ADMINISTRATIVE AND GENERAL	6.04		4,130,526	9
29		OPERATION OF PLANT	8		4,665,048	9
30		HOUSEKEEPING	10		19,551	9
31		DIETARY	11		47,225	9
32		NURSING ADMINISTRATION	14		21,653	9
33		CENTRAL SERVICES & SUPPLY	15		5,103	9
34		PHARMACY	16		47,969	9
35		MEDICAL RECORDS & LIBRARY	17		1,930	9
1 DEPRECIATION	B	ADULTS & PEDIATRICS	25		125,329	9
2		RADIOLOGY-DIAGNOSTIC	41		128,408	9
3		VOCATIONAL REHABILITATION	44.01		7,949	9
4		RESPIRATORY THERAPY	49		8,407	9
5		ALLIED HEALTH	50.01		220,430	9
6		PROSTHETICS AND ORTHOTICS	59		36,962	9
7		CLINIC	60		694,026	9
8		RESEARCH	97		633,482	9
9		FOUNDATION	98.01		12,356	9
10		ACADEMY	98.02		23,437	9
11		PARTNERSHIP EXPENSE	98.03		7,453	9
12 INTEREST	C	ADMINISTRATIVE AND GENERAL	6.04		1,789,282	11
13		PARTNERSHIP EXPENSE	98.03		32,901	11
14 AMORTIZATION	D	ADMINISTRATIVE AND GENERAL	6.04		69,838	9
15		CLINIC	60		79,536	9
16 ALLIED HEALTH - PT, OT, SP, PSYCH	E	ALLIED HEALTH	50.01	11,732,452	601,414	
17						
18						
19						
20 NMH SERVICES	F	ADULTS & PEDIATRICS	25		2,781,902	
21						
22 MEDICAL SUPPLIES	G	PURCHASING, RECEIVING AND STORES	6.01		94	
23		ADMINISTRATIVE AND GENERAL	6.04		1,409	
24		HOUSEKEEPING	10		100	
25		CENTRAL SERVICES & SUPPLY	15		17,379	
26		PHARMACY	16		75	
27		ADULTS & PEDIATRICS	25		940,566	
28		RADIOLOGY-DIAGNOSTIC	41		21	
29		LABORATORY	44		6	
30		RESPIRATORY THERAPY	49		50,927	
31		ALLIED HEALTH	50.01		9,933	
32		PROSTHETICS AND ORTHOTICS	59		184	
33		CLINIC	60		35,720	
34		RESEARCH	97		86	
35		ACADEMY	98.02		653	

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 MEDICAL SUPPLIES	G	PARTNERSHIP EXPENSE	98.03		150
2 TRANSCRIPTION AND PHY PRACTICE	H	ADMINISTRATIVE AND GENERAL	6.04	937,217	1,141,383
3					
4 LINEN	I	HOUSEKEEPING	10		381,623
5 CAFETERIA	J	DIETARY	11	378,423	1,054,444
6 DRUGS	K	PHARMACY	16		4,857,264
7 PULMONARY	L	ADULTS & PEDIATRICS	25	135,312	75,383
8		CLINIC	60	128,288	84,477
9 P&O PARAMEDICAL PROGRAM	M	PROSTHETICS AND ORTHOTICS	59	389,846	4,800
36 TOTAL RECLASSIFICATIONS				13,701,538	41,912,068

(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:
143026

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	16,966,833	PURCHASING, RECEIVING AND STOR	6.01	136,768	
2.00			0	ADMINITTING	6.02	400,668	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.03	285,974	
4.00			0	ADMINISTRATIVE AND GENERAL	6.04	2,928,860	
5.00			0	OPERATION OF PLANT	8	211,115	
6.00			0	HOUSEKEEPING	10	240,326	
7.00			0	DIETARY	11	230,798	
8.00			0	NURSING ADMINISTRATION	14	147,912	
9.00			0	CENTRAL SERVICES & SUPPLY	15	75,662	
10.00			0	PHARMACY	16	186,500	
11.00			0	MEDICAL RECORDS & LIBRARY	17	102,003	
12.00			0	I&R SERVICES-SALARY & FRINGES	22	27,864	
13.00			0	PARAMED PRGM	24	6,652	
14.00			0	ADULTS & PEDIATRICS	25	2,991,278	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	53,032	
16.00			0	LABORATORY	44	50,465	
17.00			0	VOCATIONAL REHABILITATION	44.01	67,919	
18.00			0	ALLIED HEALTH	50.01	2,533,036	
19.00			0	PROSTHETICS AND ORTHOTICS	59	320,606	
20.00			0	CLINIC	60	2,492,692	
21.00			0	RESEARCH	97	1,838,025	
22.00			0	FOUNDATION	98.01	266,486	
23.00			0	ACADEMY	98.02	262,838	
24.00			0	PARTNERSHIP EXPENSE	98.03	1,109,354	
TOTAL RECLASSIFICATIONS FOR CODE A			16,966,833	16,966,833			

RECLASS CODE: B
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,046,887	EMPLOYEE BENEFITS	5	6,840	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,886,798	PURCHASING, RECEIVING AND STOR	6.01	3,797	
3.00			0	ADMINITTING	6.02	85,804	
4.00			0	ADMINISTRATIVE AND GENERAL	6.04	4,130,526	
5.00			0	OPERATION OF PLANT	8	4,665,048	
6.00			0	HOUSEKEEPING	10	19,551	
7.00			0	DIETARY	11	47,225	
8.00			0	NURSING ADMINISTRATION	14	21,653	
9.00			0	CENTRAL SERVICES & SUPPLY	15	5,103	
10.00			0	PHARMACY	16	47,969	
11.00			0	MEDICAL RECORDS & LIBRARY	17	1,930	
12.00			0	ADULTS & PEDIATRICS	25	125,329	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	128,408	
14.00			0	VOCATIONAL REHABILITATION	44.01	7,949	
15.00			0	RESPIRATORY THERAPY	49	8,407	
16.00			0	ALLIED HEALTH	50.01	220,430	
17.00			0	PROSTHETICS AND ORTHOTICS	59	36,962	
18.00			0	CLINIC	60	694,026	
19.00			0	RESEARCH	97	633,482	
20.00			0	FOUNDATION	98.01	12,356	
21.00			0	ACADEMY	98.02	23,437	
22.00			0	PARTNERSHIP EXPENSE	98.03	7,453	
TOTAL RECLASSIFICATIONS FOR CODE B			10,933,685	10,933,685			

RECLASS CODE: C
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,822,183	ADMINISTRATIVE AND GENERAL	6.04	1,789,282	
2.00			0	PARTNERSHIP EXPENSE	98.03	32,901	
TOTAL RECLASSIFICATIONS FOR CODE C			1,822,183	1,822,183			

RECLASS CODE: D
EXPLANATION : AMORTIZATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	149,374	ADMINISTRATIVE AND GENERAL	6.04	69,838	
2.00			0	CLINIC	60	79,536	
TOTAL RECLASSIFICATIONS FOR CODE D			149,374	149,374			

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/ 1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : ALLIED HEALTH - PT, OT, SP, PSYCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCHOLOGY	41.01	1,394,478	ALLIED HEALTH	50.01	12,333,866	
2.00	PHYSICAL THERAPY	50	6,116,576			0	
3.00	OCCUPATIONAL THERAPY	51	3,499,728			0	
4.00	SPEECH PATHOLOGY	52	1,323,084			0	
TOTAL RECLASSIFICATIONS FOR CODE E			12,333,866				12,333,866

RECLASS CODE: F
EXPLANATION : NMH SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	955,066	ADULTS & PEDIATRICS	25	2,781,902	
2.00	RADIOLOGY-DIAGNOSTIC	41	1,826,836			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,781,902				2,781,902

RECLASS CODE: G
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,057,303	PURCHASING, RECEIVING AND STOR	6.01	94	
2.00			0	ADMINISTRATIVE AND GENERAL	6.04	1,409	
3.00			0	HOUSEKEEPING	10	100	
4.00			0	CENTRAL SERVICES & SUPPLY	15	17,379	
5.00			0	PHARMACY	16	75	
6.00			0	ADULTS & PEDIATRICS	25	940,566	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	21	
8.00			0	LABORATORY	44	6	
9.00			0	RESPIRATORY THERAPY	49	50,927	
10.00			0	ALLIED HEALTH	50.01	9,933	
11.00			0	PROSTHETICS AND ORTHOTICS	59	184	
12.00			0	CLINIC	60	35,720	
13.00			0	RESEARCH	97	86	
14.00			0	ACADEMY	98.02	653	
15.00			0	PARTNERSHIP EXPENSE	98.03	150	
TOTAL RECLASSIFICATIONS FOR CODE G			1,057,303				1,057,303

RECLASS CODE: H
EXPLANATION : TRANSCRIPTION AND PHY PRACTICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	51,921	ADMINISTRATIVE AND GENERAL	6.04	2,078,600	
2.00	CLINIC	60	2,026,679			0	
TOTAL RECLASSIFICATIONS FOR CODE H			2,078,600				2,078,600

RECLASS CODE: I
EXPLANATION : LINEN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	381,623	HOUSEKEEPING	10	381,623	
TOTAL RECLASSIFICATIONS FOR CODE I			381,623				381,623

RECLASS CODE: J
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,432,867	DIETARY	11	1,432,867	
TOTAL RECLASSIFICATIONS FOR CODE J			1,432,867				1,432,867

RECLASS CODE: K
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,857,264	PHARMACY	16	4,857,264	
TOTAL RECLASSIFICATIONS FOR CODE K			4,857,264				4,857,264

RECLASSIFICATIONS

PROVIDER NO:
143026

PERIOD:
FROM 9/1/2009
TO 8/31/2010

PREPARED 1/19/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : PULMONARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY	41.02	423,460	ADULTS & PEDIATRICS	25	210,695	
2.00			0	CLINIC	60	212,765	
TOTAL RECLASSIFICATIONS FOR CODE L			423,460				423,460

RECLASS CODE: M
EXPLANATION : P&O PARAMEDICAL PROGRAM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	394,646	PROSTHETICS AND ORTHOTICS	59	394,646	
TOTAL RECLASSIFICATIONS FOR CODE M			394,646				394,646

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	4,040,786					256,618	3,784,168	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL	4,040,786					256,618	3,784,168	
8	RECONCILING ITEMS								
9	TOTAL	4,040,786					256,618	3,784,168	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND		29,187,133			29,187,133		29,187,133	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE	112,582,056	774,203			774,203		113,356,259	
4	BUILDING IMPROVEMENT	9,615,091	1,191,881			1,191,881		10,806,972	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	78,231,347	2,282,703			2,282,703	216,707	80,297,343	
7	SUBTOTAL	200,428,494	33,435,920			33,435,920	216,707	233,647,707	
8	RECONCILING ITEMS								
9	TOTAL	200,428,494	33,435,920			33,435,920	216,707	233,647,707	

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
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				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							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	6,196,261		32,901				6,229,162
4	NEW CAP REL COSTS-MV	4,886,798						4,886,798
5	TOTAL	11,083,059		32,901				11,115,960

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							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,789,282	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-420,553	OPERATION OF PLANT	8	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-543,340	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,465,225			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-706,542	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-13,297	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PARKIN LOT VOC REHAB	B	-800	VOCATIONAL REHABILITATION	44.01	
38 INFORMATION SYSTEMS RENTAL INCOME	B	-64,549	ADMINISTRATIVE AND GENERA	6.04	
39 CLINIC RENTAL INCOME	B	-7,550	CLINIC	60	
40 REMOVE BAD DEBT EXPENSE	A	-2,010,131	ADMINISTRATIVE AND GENERA	6.04	
41 CONTRIBUTION EXPENSE	A	-160,000	ADMINISTRATIVE AND GENERA	6.04	
42 PRIVATE DUTY NURSING	A	-574	NURSING ADMINISTRATIION	14	
43 PRIVATE DUTY NURSING	A	-88,520	ADULTS & PEDIATRICS	25	
44 PROVIDER TAX	A	-6,634,603	ADMINISTRATIVE AND GENERA	6.04	
45 INTERNATIONAL RELATIONS	A	-461,833	ADMINISTRATIVE AND GENERA	6.04	
46 MARKETING	A	-178,819	ADMINISTRATIVE AND GENERA	6.04	
47 REFERRAL DEVELOPMENT	A	-1,969	NURSING ADMINISTRATIION	14	
48 OTHER OPERATING REVENUE	B	-287,896	OCCUPATIONAL THERAPY	51	
49 OTHER OPERATING REVENUE	B	-114,713	PSYCHOLOGY	41.01	
49.01 OTHER OPERATING REVENUE	B	-503,164	PHYSICAL THERAPY	50	
49.02 OTHER OPERATING REVENUE	B	-108,840	SPEECH PATHOLOGY	52	
49.03 OTHER OPERATING REVENUE	B	-295,439	CLINIC	60	
49.04 OTHER OPERATING REVENUE	B	-24,286	CASHIERING/ACCOUNTS RECEI	6.03	
49.05 OTHER OPERATING REVENUE	B	-1,053,805	ADMINISTRATIVE AND GENERA	6.04	
49.06 OTHER OPERATING REVENUE	B	-26,835	OPERATION OF PLANT	8	
49.07 OTHER OPERATING REVENUE	B	-302	HOUSEKEEPING	10	
49.08 OTHER OPERATING REVENUE	B	-10,666	DIETARY	11	
49.09 OTHER OPERATING REVENUE	B	-461	CENTRAL SERVICES & SUPPLY	15	
49.10 OTHER OPERATING REVENUE	B	-4,900	PHARMACY	16	
49.11 OTHER OPERATING REVENUE	B	-76,116	MEDICAL RECORDS & LIBRARY	17	
49.12 OTHER OPERATING REVENUE	B	-99,402	I&R SERVICES-SALARY & FRI	22	
49.13 OTHER OPERATING REVENUE	B	-380	RADIOLOGY-DIAGNOSTIC	41	
49.14 OTHER OPERATING REVENUE	B	-428	LABORATORY	44	
49.15 OTHER OPERATING REVENUE	B	-821	VOCATIONAL REHABILITATION	44.01	
49.16 OTHER OPERATING REVENUE	B	-4,750	PROSTHETICS AND ORTHOTICS	59	
49.17 OTHER OPERATING REVENUE	B	-487,073	CLINIC	60	
49.18 DEPOSITION INCOME	B	-122,300	ADMINISTRATIVE AND GENERA	6.04	
49.20 DEPOSITION INCOME	B	-67,695	CLINIC	60	
50 TOTAL (SUM OF LINES 1 THRU 49)		-24,837,859			

(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

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
60	CLINIC AGGREGATE	10,445,151	8,058,706	2,386,445	177,200	20,904	1,780,860	89,043
101	TOTAL	10,445,151	8,058,706	2,386,445		20,904	1,780,860	89,043

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT	
10	11	12	13	14	15	16	17	18	
1	60	CLINIC	98,084	22,410	773,200	176,656	1,979,926	406,519	8,465,225
2		AGGREGATE							
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101	TOTAL		98,084	22,410	773,200	176,656	1,979,926	406,519	8,465,225

COST ALLOCATION STATISTICS

PROVIDER NO: 14-3026
 PERIOD: FROM 9/1/2009 TO 8/31/2010
 PREPARED 1/19/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	6	GROSS	SALARIES	ENTERED
6.01	PURCHASING, RECEIVING AND STORES	7	OTHER	EXPENSE	ENTERED
6.02	ADMITTING	8	INPATIENT	CHARGES	ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE		GROSS	CHARGES	NOT ENTERED
6.04	ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF	SERVICE	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	MEALS	SERVED	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	19	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	21	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	6,229,162				6,229,162		
004 NEW CAP REL COSTS-MVBLE E	4,886,798					4,886,798	
005 EMPLOYEE BENEFITS	19,072,043				143,105	6,876	19,222,024
006 01 PURCHASING, RECEIVING AND	679,314					3,818	138,192
006 02 ADMINITTING	1,885,995				31,841	86,252	388,389
006 03 CASHIERING/ACCOUNTS RECEI	1,996,670				63,682		288,797
006 04 ADMINISTRATIVE AND GENERA	25,350,873				613,185	2,728,506	3,215,217
008 OPERATION OF PLANT	5,291,830				745,968	34,526	198,014
009 LAUNDRY & LINEN SERVICE	381,623						240,661
010 HOUSEKEEPING	1,909,990				31,841	19,653	
011 DIETARY	981,875				343,988	47,471	151,353
012 CAFETERIA	713,028						81,498
014 NURSING ADMINISTRATION	736,917				23,881	21,766	148,711
015 CENTRAL SERVICES & SUPPLY	426,733				127,363	5,130	76,299
016 PHARMACY	1,021,016				25,473	48,219	186,369
017 MEDICAL RECORDS & LIBRARY	509,177				47,761	1,940	101,377
022 I&R SERVICES-SALARY & FRI	2,854,032				63,682		28,493
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM	437,086						91,065
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	14,443,425				1,564,880	125,983	2,984,953
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	2,166,856				47,761	129,078	53,159
041 01 PSYCHOLOGY	1,279,765				117,006	25,061	285,674
041 02 PULMONARY	423,460						
044 LABORATORY	759,269				25,473		50,901
044 01 VOCATIONAL REHABILITATION	465,271					7,990	68,921
049 RESPIRATORY THERAPY	996,231					8,451	
050 PHYSICAL THERAPY	5,613,412				513,173	109,881	1,253,046
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	3,211,832				293,633	62,862	716,957
052 SPEECH PATHOLOGY	1,214,386				168,327	23,775	271,048
055 MEDICAL SUPPLIES CHARGED	1,057,303						
056 DRUGS CHARGED TO PATIENTS	4,857,264						
059 PROSTHETICS AND ORTHOTICS	2,949,620				81,570	37,155	237,541
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC	18,872,615				576,890	697,647	4,333,471
OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	133,674,871				5,650,483	4,232,040	15,590,106
NONREIMBURS COST CENTERS							
097 RESEARCH	17,528,893				403,555	611,287	1,884,932
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	1,899,583				31,841	12,420	277,349
098 02 ACADEMY	1,816,356				143,283	23,559	264,269
098 03 PARTNERSHIP EXPENSE	5,958,885					7,492	1,205,368
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	160,878,588				6,229,162	4,886,798	19,222,024

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND GENERAL	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6.01	6.02	6.03	6a.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND	821,324						
006 02 ADMINISTRATION	6,153	2,398,630					
006 03 CASHIERING/ACCOUNTS RECEI	7,725		2,356,874				
006 04 ADMINISTRATIVE AND GENERA	125,621			32,033,402	32,033,402		
008 OPERATION OF PLANT	14,731			6,285,069	1,562,588	7,847,657	
009 LAUNDRY & LINEN SERVICE				622,284	154,712		776,996
010 HOUSEKEEPING	615			1,962,099	487,815	54,162	
011 DIETARY	47,912			1,572,599	390,978	585,131	
012 CAFETERIA	25,799			820,325	203,948		
014 NURSING ADMINISTRATION	1,969			933,244	232,022	40,621	
015 CENTRAL SERVICES & SUPPLY	89,157			724,682	180,170	216,647	
016 PHARMACY	7,291			1,288,368	320,313	43,329	
017 MEDICAL RECORDS & LIBRARY	16,816			677,071	168,333	81,243	
022 I&R SERVICES-SALARY & FRI	8,340			2,954,547	734,557	108,324	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM	176			528,327	131,352		
025 INPATIENT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	22,329	839,296	465,995	20,446,861	5,083,478	2,661,902	776,996
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	2,802	63,470	68,423	2,531,549	629,391	81,243	
041 01 PSYCHOLOGY	4,992	35,962	56,968	1,805,428	448,864	199,030	
041 02 PULMONARY		10,086	13,204	446,750	111,071		
044 LABORATORY	1,451	156,295	91,714	1,085,103	269,777	43,329	
044 01 VOCATIONAL REHABILITATION	784	520	12,280	555,766	138,174		
049 RESPIRATORY THERAPY		52,676	29,571	1,086,929	270,231		
050 PHYSICAL THERAPY	21,887	303,265	300,472	8,115,136	2,017,577	872,919	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	12,521	309,284	224,283	4,831,372	1,201,171	499,476	
052 SPEECH PATHOLOGY	4,860	115,916	83,393	1,881,705	467,828	255,900	
055 MEDICAL SUPPLIES CHARGED		77,677	43,772	1,178,752	293,060		
056 DRUGS CHARGED TO PATIENTS		310,817	214,210	5,382,291	1,338,140		
059 PROSTHETICS AND ORTHOTICS	12,865	30,800	101,671	3,451,222	858,039	138,752	
060 OUTPATIENT SERVICE COST CNTRS							
062 CLINIC OBSERVATION BEDS (NON-DIS	61,888	3,241	650,918	25,196,670	6,264,410	981,303	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	498,684	2,309,305	2,356,874	128,397,551	23,957,999	6,863,311	776,996
NONREIMBURS COST CENTERS							
097 RESEARCH	93,227			20,521,894	5,102,133	686,456	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	51,760			2,272,953	565,099	54,162	
098 02 ACADEMY	174,259			2,421,726	602,087	243,728	
098 03 PARTNERSHIP EXPENSE	3,394	89,325		7,264,464	1,806,084		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	821,324	2,398,630	2,356,874	160,878,588	32,033,402	7,847,657	776,996

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND							
006 02 ADMINISTRATION							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,504,076						
011 DIETARY	257,224	2,805,932					
012 CAFETERIA		2,805,932	3,830,205				
014 NURSING ADMINISTRATION	17,165		36,788	1,259,840			
015 CENTRAL SERVICES & SUPPLY	16,184		45,462		1,183,145		
016 PHARMACY	5,640		47,912			1,705,562	
017 MEDICAL RECORDS & LIBRARY	16,674		44,739				988,060
022 I&R SERVICES-SALARY & FRI	70,375		10,201				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM			21,406				
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,485,229		1,019,170	1,259,840			357,046
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	14,958		17,791				15,825
041 01 PSYCHOLOGY	29,916		81,286				24,726
041 02 PULMONARY	11,525						17,803
044 LABORATORY	6,375		21,366				13,847
044 01 VOCATIONAL REHABILITATION	29,180		24,498				46,485
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	187,095		356,470				93,960
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	77,977		203,938				74,179
052 SPEECH PATHOLOGY	39,724		77,109				63,299
055 MEDICAL SUPPLIES CHARGED					1,183,145		
056 DRUGS CHARGED TO PATIENTS						1,705,562	
059 PROSTHETICS AND ORTHOTICS	21,824		83,696				16,814
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC	148,352		913,424				259,131
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS	2,435,417	2,805,932	3,005,256	1,259,840	1,183,145	1,705,562	983,115
NONREIMBURS COST CENTERS							
097 RESEARCH	32,858		541,773				4,945
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	26,973		59,479				
098 02 ACADEMY	8,828		58,073				
098 03 PARTNERSHIP EXPENSE			165,624				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,504,076	2,805,932	3,830,205	1,259,840	1,183,145	1,705,562	988,060

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI			I&R SERVICES- OTHER PRGM C GM		PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26				
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
002 OLD CAP REL COSTS-MVBLE E									
003 NEW CAP REL COSTS-BLDG &									
004 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS									
006 01 PURCHASING, RECEIVING AND									
006 02 ADMINITTING									
006 03 CASHIERING/ACCOUNTS RECEI									
006 04 ADMINISTRATIVE AND GENERA									
008 OPERATION OF PLANT									
009 LAUNDRY & LINEN SERVICE									
010 HOUSEKEEPING									
011 DIETARY									
012 CAFETERIA									
014 NURSING ADMINISTRATION									
015 CENTRAL SERVICES & SUPPLY									
016 PHARMACY									
017 MEDICAL RECORDS & LIBRARY									
022 I&R SERVICES-SALARY & FRI	3,878,004								
023 I&R SERVICES-OTHER PRGM C									
024 PARAMED ED PRGM				681,085					
025 INPAT ROUTINE SRVC CNTRS									
ADULTS & PEDIATRICS	2,326,803		320,110	35,737,435			-2,326,803	33,410,632	
ANCILLARY SRVC COST CNTRS									
RADIOLOGY-DIAGNOSTIC				3,290,757				3,290,757	
041 01 PSYCHOLOGY				2,589,250				2,589,250	
041 02 PULMONARY				587,149				587,149	
044 LABORATORY				1,439,797				1,439,797	
044 01 VOCATIONAL REHABILITATION				794,103				794,103	
049 RESPIRATORY THERAPY				1,357,160				1,357,160	
050 PHYSICAL THERAPY	1,163,401			12,806,558			-1,163,401	11,643,157	
050 01 ALLIED HEALTH									
051 OCCUPATIONAL THERAPY				6,888,113				6,888,113	
052 SPEECH PATHOLOGY				2,785,565				2,785,565	
055 MEDICAL SUPPLIES CHARGED				2,654,957				2,654,957	
056 DRUGS CHARGED TO PATIENTS				8,425,993				8,425,993	
059 PROSTHETICS AND ORTHOTICS				4,570,347				4,570,347	
060 OUTPAT SERVICE COST CNTRS									
062 CLINIC			360,975	34,124,265				34,124,265	
OBSERVATION BEDS (NON-DIS									
SPEC PURPOSE COST CENTERS									
095 SUBTOTALS	3,490,204		681,085	118,051,449			-3,490,204	114,561,245	
NONREIMBURS COST CENTERS									
097 RESEARCH				26,890,059				26,890,059	
098 PHYSICIANS' PRIVATE OFFIC									
098 01 FOUNDATION				2,978,666				2,978,666	
098 02 ACADEMY				3,334,442				3,334,442	
098 03 PARTNERSHIP EXPENSE	387,800			9,623,972			-387,800	9,236,172	
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	3,878,004		681,085	160,878,588			-3,878,004	157,000,584	

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS					143,105	6,876	149,981
006 01 PURCHASING, RECEIVING AND						3,818	3,818
006 02 ADMINITTING	143				31,841	86,252	118,236
006 03 CASHIERING/ACCOUNTS RECEI					63,682		63,682
006 04 ADMINISTRATIVE AND GENERA	1,139,501				613,185	2,728,506	4,481,192
008 OPERATION OF PLANT	71,039				745,968	34,526	851,533
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING					31,841	19,653	51,494
011 DIETARY					343,988	47,471	391,459
012 CAFETERIA							
014 NURSING ADMINISTRATION					23,881	21,766	45,647
015 CENTRAL SERVICES & SUPPLY					127,363	5,130	132,493
016 PHARMACY					25,473	48,219	73,692
017 MEDICAL RECORDS & LIBRARY	17,161				47,761	1,940	66,862
022 I&R SERVICES-SALARY & FRI	4,600				63,682		68,282
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS					1,564,880	125,983	1,690,863
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	3,845				47,761	129,078	180,684
041 01 PSYCHOLOGY	21,922				117,006	25,061	163,989
041 02 PULMONARY							
044 LABORATORY					25,473		25,473
044 01 VOCATIONAL REHABILITATION	73,990					7,990	81,980
049 RESPIRATORY THERAPY						8,451	8,451
050 PHYSICAL THERAPY	96,155				513,173	109,881	719,209
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	55,017				293,633	62,862	411,512
052 SPEECH PATHOLOGY	20,799				168,327	23,775	212,901
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 PROSTHETICS AND ORTHOTICS					81,570	37,155	118,725
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,697,499				576,890	697,647	2,972,036
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,201,671				5,650,483	4,232,040	13,084,194
NONREIMBURS COST CENTERS							
097 RESEARCH	306,898				403,555	611,287	1,321,740
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION					31,841	12,420	44,261
098 02 ACADEMY	1,724				143,283	23,559	168,566
098 03 PARTNERSHIP EXPENSE	65,874					7,492	73,366
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,576,167				6,229,162	4,886,798	14,692,127

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	6.01	6.02	6.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	149,981						
006 01 PURCHASING, RECEIVING AND	1,078	4,896					
006 02 ADMINITTING	3,030		121,303				
006 03 CASHIERING/ACCOUNTS RECEI	2,253			65,981			
006 04 ADMINI STRATIVE AND GENERA	25,081				4,507,022		
008 OPERATION OF PLANT	1,545	88			219,852	1,073,018	
009 LAUNDRY & LINEN SERVICE	1,877				21,767		23,644
010 HOUSEKEEPING		4			68,634	7,406	
011 DIETARY	1,181	286			55,010	80,005	
012 CAFETERIA	636	154			28,695		
014 NURSING ADMINISTRATION	1,160	12			32,645	5,554	
015 CENTRAL SERVICES & SUPPLY	595	531			25,349	29,622	
016 PHARMACY	1,454	43			45,067	5,924	
017 MEDICAL RECORDS & LIBRARY	791	100			23,684	11,108	
022 I&R SERVICES-SALARY & FRI	222	50			103,350	14,811	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM	710	1			18,481		
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRCS	23,285	133	42,468	13,065	715,231	363,966	23,644
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	415	17	3,209	1,918	88,554	11,108	
041 01 PSYCHOLOGY	2,228	30	1,818	1,597	63,154	27,214	
041 02 PULMONARY			510	370	15,627		
044 LABORATORY	397	9	7,902	2,571	37,957	5,924	
044 01 VOCATIONAL REHABILITATION	538	5	26	344	19,441		
049 RESPIRATORY THERAPY			2,663	829	38,021		
050 PHYSICAL THERAPY	9,775	130	15,332	8,424	283,867	119,355	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	5,593	75	15,637	6,288	169,001	68,294	
052 SPEECH PATHOLOGY	2,114	29	5,860	2,338	65,822	34,989	
055 MEDICAL SUPPLIES CHARGED			3,927	1,227	41,233		
056 DRUGS CHARGED TO PATIENTS			15,714	6,006	188,273		
059 PROSTHETICS AND ORTHOTICS	1,853	77	1,557	2,850	120,724	18,972	
060 OUTPAT SERVICE COST CNTRS							
CLINIC	33,837	369	164	18,154	881,396	134,175	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	121,648	2,975	116,787	65,981	3,370,835	938,427	23,644
NONREIMBURS COST CENTERS							
097 RESEARCH	14,704	556			717,856	93,860	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	2,164	309			79,508	7,406	
098 02 ACADEMY	2,062	1,036			84,712	33,325	
098 03 PARTNERSHIP EXPENSE	9,403	20	4,516		254,111		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	149,981	4,896	121,303	65,981	4,507,022	1,073,018	23,644

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	03 NEW CAP REL COSTS-BLDG &							
004	04 NEW CAP REL COSTS-MVBLE E							
005	05 EMPLOYEE BENEFITS							
006	01 PURCHASING, RECEIVING AND							
006	02 ADMINISTRATION							
006	03 CASHIERING/ACCOUNTS RECEI							
006	04 ADMINISTRATIVE AND GENERA							
008	08 OPERATION OF PLANT							
009	09 LAUNDRY & LINEN SERVICE							
010	10 HOUSEKEEPING	127,538						
011	11 DIETARY	13,101	541,042					
012	12 CAFETERIA		541,042	570,527				
014	14 NURSING ADMINISTRATION	874		5,480	91,372			
015	15 CENTRAL SERVICES & SUPPLY	824		6,772		196,186		
016	16 PHARMACY	287		7,137			133,604	
017	17 MEDICAL RECORDS & LIBRARY	849		6,664				110,058
022	22 I&R SERVICES-SALARY & FRI	3,584		1,519				
023	23 I&R SERVICES-OTHER PRGM C							
024	24 PARAMEDICAL PRGM			3,189				
025	25 INPAT ROUTINE SRVC CNTRS							
	ADULTS & PEDIATRICS	75,645		151,807	91,372			39,770
	ANCILLARY SRVC COST CNTRS							
041	41 RADIOLOGY-DIAGNOSTIC	762		2,650				1,763
041	01 PSYCHOLOGY	1,524		12,108				2,754
041	02 PULMONARY	587						1,983
044	44 LABORATORY	325		3,183				1,542
044	01 VOCATIONAL REHABILITATION	1,486		3,649				5,178
049	49 RESPIRATORY THERAPY							
050	50 PHYSICAL THERAPY	9,529		53,098				10,466
050	01 ALLIED HEALTH							
051	51 OCCUPATIONAL THERAPY	3,972		30,378				8,263
052	52 SPEECH PATHOLOGY	2,023		11,486				7,051
055	55 MEDICAL SUPPLIES CHARGED					196,186		
056	56 DRUGS CHARGED TO PATIENTS						133,604	
059	59 PROSTHETICS AND ORTHOTICS	1,112		12,467				1,873
060	60 OUTPAT SERVICE COST CNTRS							
062	62 CLINIC	7,556		136,059				28,864
062	02 OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	95 SUBTOTALS	124,040	541,042	447,646	91,372	196,186	133,604	109,507
	NONREIMBURS COST CENTERS							
097	97 RESEARCH	1,674		80,700				551
098	98 PHYSICIANS' PRIVATE OFFIC							
098	01 FOUNDATION	1,374		8,860				
098	02 ACADEMY	450		8,650				
098	03 PARTNERSHIP EXPENSE			24,671				
101	101 CROSS FOOT ADJUSTMENTS							
102	102 NEGATIVE COST CENTER							
103	103 TOTAL	127,538	541,042	570,527	91,372	196,186	133,604	110,058

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 PURCHASING, RECEIVING AND						
006 02 ADMITTING						
006 03 CASHIERING/ACCOUNTS RECEI						
006 04 ADMINISTRATIVE AND GENERA						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	191,818					
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM			22,381			
025 INPAT ROUTINE SRVC CNTRS				3,231,249		3,231,249
ADULTS & PEDIATRICS						
ANCILLARY SRVC COST CNTRS						
041 RADIOLOGY-DIAGNOSTIC				291,080		291,080
041 01 PSYCHOLOGY				276,416		276,416
041 02 PULMONARY				19,077		19,077
044 LABORATORY				85,283		85,283
044 01 VOCATIONAL REHABILITATION				112,647		112,647
049 RESPIRATORY THERAPY				49,964		49,964
050 PHYSICAL THERAPY				1,229,185		1,229,185
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				719,013		719,013
052 SPEECH PATHOLOGY				344,613		344,613
055 MEDICAL SUPPLIES CHARGED				242,573		242,573
056 DRUGS CHARGED TO PATIENTS				343,597		343,597
059 PROSTHETICS AND ORTHOTICS				280,210		280,210
060 OUTPAT SERVICE COST CNTRS						
062 CLINIC				4,212,610		4,212,610
OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS				11,437,517		11,437,517
NONREIMBURS COST CENTERS						
097 RESEARCH				2,231,641		2,231,641
098 PHYSICIANS' PRIVATE OFFIC						
098 01 FOUNDATION				143,882		143,882
098 02 ACADEMY				298,801		298,801
098 03 PARTNERSHIP EXPENSE				366,087		366,087
101 CROSS FOOT ADJUSTMENTS	191,818		22,381	214,199		214,199
102 NEGATIVE COST CENTER						
103 TOTAL	191,818		22,381	14,692,127		14,692,127

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD				348,230		
004 NEW CAP REL COSTS-MVB					4,861,431	
005 EMPLOYEE BENEFITS				8,000	6,840	89,254,281
006 01 PURCHASING, RECEIVING					3,798	641,674
006 02 ADMINITTING				1,780	85,804	1,803,422
006 03 CASHIERING/ACCOUNTS R				3,560		1,340,985
006 04 ADMINISTRATIVE AND GE				34,279	2,714,340	14,929,361
008 OPERATION OF PLANT				41,702	34,347	919,445
009 LAUNDRY & LINEN SERVI						1,117,472
010 HOUSEKEEPING				1,780	19,551	
011 DIETARY				19,230	47,225	702,786
012 CAFETERIA						378,423
014 NURSING ADMINISTRATIO				1,335	21,653	690,516
015 CENTRAL SERVICES & SU				7,120	5,103	354,281
016 PHARMACY				1,424	47,969	865,377
017 MEDICAL RECORDS & LIB				2,670	1,930	470,728
022 I&R SERVICES-SALARY &				3,560		132,303
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						422,846
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS				87,482	125,329	13,860,165
041 ANCILLARY SRVC COST C						
RADIOLOGY-DIAGNOSTIC				2,670	128,408	246,836
041 01 PSYCHOLOGY				6,541	24,931	1,326,481
041 02 PULMONARY						
044 LABORATORY				1,424		236,353
044 01 VOCATIONAL REHABILI TA					7,949	320,024
049 RESPIRATORY THERAPY					8,407	
050 PHYSICAL THERAPY				28,688	109,311	5,818,325
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				16,415	62,536	3,329,077
052 SPEECH PATHOLOGY				9,410	23,652	1,258,569
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 PROSTHETICS AND ORTHO				4,560	36,962	1,102,987
060 OUTPAT SERVICE COST C						
CLINIC				32,250	694,026	20,121,595
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS				315,880	4,210,071	72,390,031
NONREIMBURS COST CENT						
097 RESEARCH				22,560	608,114	8,752,388
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION				1,780	12,356	1,287,827
098 02 ACADEMY				8,010	23,437	1,227,094
098 03 PARTNERSHIP EXPENSE					7,453	5,596,941
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				6,229,162	4,886,798	19,222,024
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					1.005218	
(WRKSHT B, PT I)				17.888068		.215362
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						149,981
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.001680
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		ADMINISTRATIVE OPERATION OF PLANT AND GENERAL		LAUNDRY & LINEN SERVICE	
	(OTHER EXPENSE)	(INPATIENT CHARGES)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	6.01	6.02	6.03	6a.04	6.04	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 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 PURCHASING, RECEIVING	932,261							
006 02 ADMINITTING	6,984	149,347,382						
006 03 CASHIERING/ACCOUNTS R	8,768		264,300,113					
006 04 ADMINISTRATIVE AND GE	142,589			-32,033,402	128,845,186			
008 OPERATION OF PLANT	16,721				6,285,069	257,909		
009 LAUNDRY & LINEN SERVI					622,284		46,398	
010 HOUSEKEEPING	698				1,962,099	1,780		
011 DIETARY	54,384				1,572,599	19,230		
012 CAFETERIA	29,284				820,325			
014 NURSING ADMINISTRATIO	2,235				933,244	1,335		
015 CENTRAL SERVICES & SU	101,199				724,682	7,120		
016 PHARMACY	8,276				1,288,368	1,424		
017 MEDICAL RECORDS & LIB	19,087				677,071	2,670		
022 I&R SERVICES-SALARY &	9,467				2,954,547	3,560		
023 I&R SERVICES-OTHER PR								
024 PARAMED PRGM	200				528,327			
025 INPAT ROUTINE SRVC CN								
ADULTS & PEDIATRICS	25,345	52,259,141	52,259,141		20,446,861	87,482	46,398	
ANCILLARY SRVC COST C								
041 RADIOLOGY-DIAGNOSTIC	3,181	3,951,803	7,673,301		2,531,549	2,670		
041 01 PSYCHOLOGY	5,666	2,239,081	6,388,681		1,805,428	6,541		
041 02 PULMONARY		627,955	1,480,769		446,750			
044 LABORATORY	1,647	9,731,345	10,285,322		1,085,103	1,424		
044 01 VOCATIONAL REHABILI TA	890	32,382	1,377,089		555,766			
049 RESPIRATORY THERAPY		3,279,763	3,316,259		1,086,929			
050 PHYSICAL THERAPY	24,843	18,882,096	33,696,546		8,115,136	28,688		
050 01 ALLIED HEALTH								
051 OCCUPATIONAL THERAPY	14,212	19,256,853	25,152,322		4,831,372	16,415		
052 SPEECH PATHOLOGY	5,517	7,217,237	9,352,105		1,881,705	8,410		
055 MEDICAL SUPPLIES CHAR		4,836,362	4,908,854		1,178,752			
056 DRUGS CHARGED TO PATI		19,352,251	24,022,693		5,382,291			
059 PROSTHETICS AND ORTHO	14,603	1,917,706	11,401,947		3,451,222	4,560		
060 OUTPAT SERVICE COST C								
CLINIC	70,247	201,785	72,985,084		25,196,670	32,250		
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	566,043	143,785,760	264,300,113	-32,033,402	96,364,149	225,559	46,398	
NONREIMBURS COST CENT								
097 RESEARCH	105,819				20,521,894	22,560		
098 PHYSICIANS' PRIVATE O								
098 01 FOUNDATION	58,751				2,272,953	1,780		
098 02 ACADEMY	197,796				2,421,726	8,010		
098 03 PARTNERSHIP EXPENSE	3,852	5,561,622			7,264,464			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	821,324	2,398,630	2,356,874		32,033,402	7,847,657	776,996	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.016061				30.428008		
(WRKSHT B, PT I)	.881002		.008917		.248619		16.746325	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	4,896	121,303	65,981		4,507,022	1,073,018	23,644	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000812				4.160452		
(WRKSHT B, PT III)	.005252		.000250		.034980		.509591	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.	(TIME) SPENT
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 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 PURCHASING, RECEIVING							
006 02 ADMINITTING							
006 03 CASHIERING/ACCOUNTS R							
006 04 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	10,212						
011 DIETARY	1,049	154,608					
012 CAFETERIA		154,608	95,371				
014 NURSING ADMINISTRATION	70		916	412,966			
015 CENTRAL SERVICES & SU	66		1,132		100		
016 PHARMACY	23		1,193			100	
017 MEDICAL RECORDS & LIB	68		1,114				999
022 I&R SERVICES-SALARY &	287		254				
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM			533				
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	6,057		25,377	412,966			361
ANCILLARY SRVC COST C							
041 RADIOLOGY-DIAGNOSTIC	61		443				16
041 01 PSYCHOLOGY	122		2,024				25
041 02 PULMONARY	47						18
044 LABORATORY	26		532				14
044 01 VOCATIONAL REHABILI TA	119		610				47
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	763		8,876				95
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	318		5,078				75
052 SPEECH PATHOLOGY	162		1,920				64
055 MEDICAL SUPPLIES CHAR					100		
056 DRUGS CHARGED TO PATI						100	
059 PROSTHETICS AND ORTHO	89		2,084				17
060 OUTPAT SERVICE COST C							
CLINIC	605		22,744				262
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	9,932	154,608	74,830	412,966	100	100	994
NONREIMBURS COST CENT							
097 RESEARCH	134		13,490				5
098 PHYSICIANS' PRIVATE O							
098 01 FOUNDATION	110		1,481				
098 02 ACADEMY	36		1,446				
098 03 PARTNERSHIP EXPENSE			4,124				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,504,076	2,805,932	3,830,205	1,259,840	1,183,145	1,705,562	988,060
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		18.148686		3.050711		17,055.620000	
(WRKSHT B, PT I)	245.209166		40.161108		11,831.450000		989.049049
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	127,538	541,042	570,527	91,372	196,186	133,604	110,058
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.499444		.221258		1,336.040000	
(WRKSHT B, PT III)	12.489033		5.982185		1,961.860000		110.168168

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		(ASSIGNED TIME	(ASSIGNED TIME	(ASSIGNED TIME)
	GENERAL SERVICE COST	22	23	24
001	01 OLD CAP REL COSTS-BLD			
002	01 OLD CAP REL COSTS-MVB			
003	01 NEW CAP REL COSTS-BLD			
004	01 NEW CAP REL COSTS-MVB			
005	01 EMPLOYEE BENEFITS			
006	01 PURCHASING, RECEIVING			
006	02 ADMINITTING			
006	03 CASHIERING/ACCOUNTS R			
006	04 ADMINISTRATIVE AND GE			
008	01 OPERATION OF PLANT			
009	01 LAUNDRY & LINEN SERVI			
010	01 HOUSEKEEPING			
011	01 DIETARY			
012	01 CAFETERIA			
014	01 NURSING ADMINISTRATION			
015	01 CENTRAL SERVICES & SU			
016	01 PHARMACY			
017	01 MEDICAL RECORDS & LIB			
022	01 I&R SERVICES-SALARY &	100		
023	01 I&R SERVICES-OTHER PR		100	
024	01 PARAMED ED PRGM			100
025	01 INPAT ROUTINE SRVC CN	60	60	47
	01 ADULTS & PEDIATRICS			
	01 ANCILLARY SRVC COST C			
041	01 RADIOLOGY-DIAGNOSTIC			
041	01 PSYCHOLOGY			
041	02 PULMONARY			
044	01 LABORATORY			
044	01 VOCATIONAL REHABILITA			
049	01 RESPIRATORY THERAPY			
050	01 PHYSICAL THERAPY	30	30	
050	01 ALLIED HEALTH			
051	01 OCCUPATIONAL THERAPY			
052	01 SPEECH PATHOLOGY			
055	01 MEDICAL SUPPLIES CHAR			
056	01 DRUGS CHARGED TO PATI			
059	01 PROSTHETICS AND ORTHO			
060	01 OUTPAT SERVICE COST C			53
062	01 CLINIC			
062	01 OBSERVATION BEDS (NON			
	01 SPEC PURPOSE COST CEN			
095	01 SUBTOTALS	90	90	100
	01 NONREIMBURS COST CENT			
097	01 RESEARCH			
098	01 PHYSICIANS' PRIVATE O			
098	01 FOUNDATION			
098	02 ACADEMY			
098	03 PARTNERSHIP EXPENSE	10	10	
101	01 CROSS FOOT ADJUSTMENT			
102	01 NEGATIVE COST CENTER			
103	01 COST TO BE ALLOCATED	3,878,004		681,085
	01 (PER WRKSHT B, PART			
104	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT I)	38,780.040000		6,810.850000
105	01 COST TO BE ALLOCATED			
	01 (PER WRKSHT B, PART			
106	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT II)			
107	01 COST TO BE ALLOCATED	191,818		22,381
	01 (PER WRKSHT B, PART			
108	01 UNIT COST MULTIPLIER			
	01 (WRKSHT B, PT III)	1,918.180000		223.810000

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	52,259,141		52,259,141			
41	RADIOLOGY-DIAGNOSTIC	3,951,803	3,721,498	7,673,301	.428858	.428858	.428858
41 01	PSYCHOLOGY	2,239,081	4,149,600	6,388,681	.405287	.405287	.405287
41 02	PULMONARY	627,955	852,814	1,480,769	.396516	.396516	.396516
44	LABORATORY	9,731,345	553,977	10,285,322	.139986	.139986	.139986
44 01	VOCATIONAL REHABILITATION	32,382	1,344,707	1,377,089	.576653	.576653	.576653
49	RESPIRATORY THERAPY	3,279,763	36,496	3,316,259	.409244	.409244	.409244
50	PHYSICAL THERAPY	18,882,096	14,814,450	33,696,546	.345530	.345530	.345530
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	19,256,853	5,895,469	25,152,322	.273856	.273856	.273856
52	SPEECH PATHOLOGY	7,217,237	2,134,868	9,352,105	.297854	.297854	.297854
55	MEDICAL SUPPLIES CHARGED	4,836,362	72,492	4,908,854	.540851	.540851	.540851
56	DRUGS CHARGED TO PATIENTS	19,352,251	4,670,442	24,022,693	.350751	.350751	.350751
59	PROSTHETICS AND ORTHOTICS	1,917,706	9,484,241	11,401,947	.400839	.400839	.400839
60	OUTPAT SERVICE COST CNTRS CLINIC	201,785	72,783,299	72,985,084	.467551	.467551	.473121
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	143,785,760	120,514,353	264,300,113			
102	LESS OBSERVATION BEDS						
103	TOTAL	143,785,760	120,514,353	264,300,113			

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
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	3,290,757	291,080	2,999,677			3,290,757
41 01	PSYCHOLOGY	2,589,250	276,416	2,312,834			2,589,250
41 02	PULMONARY	587,149	19,077	568,072			587,149
44	LABORATORY	1,439,797	85,283	1,354,514			1,439,797
44 01	VOCATIONAL REHABILITATION	794,103	112,647	681,456			794,103
49	RESPIRATORY THERAPY	1,357,160	49,964	1,307,196			1,357,160
50	PHYSICAL THERAPY	11,643,157	1,229,185	10,413,972			11,643,157
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,888,113	719,013	6,169,100			6,888,113
52	SPEECH PATHOLOGY	2,785,565	344,613	2,440,952			2,785,565
55	MEDICAL SUPPLIES CHARGED	2,654,957	242,573	2,412,384			2,654,957
56	DRUGS CHARGED TO PATIENTS	8,425,993	343,597	8,082,396			8,425,993
59	PROSTHETICS AND ORTHOTICS	4,570,347	280,210	4,290,137			4,570,347
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	34,124,265	4,212,610	29,911,655			34,124,265
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	81,150,613	8,206,268	72,944,345			81,150,613
102	LESS OBSERVATION BEDS						
103	TOTAL	81,150,613	8,206,268	72,944,345			81,150,613

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	7,673,301	.428858	.428858
41 01	PSYCHOLOGY	6,388,681	.405287	.405287
41 02	PULMONARY	1,480,769	.396516	.396516
44	LABORATORY	10,285,322	.139986	.139986
44 01	VOCATIONAL REHABILITATION	1,377,089	.576653	.576653
49	RESPIRATORY THERAPY	3,316,259	.409244	.409244
50	PHYSICAL THERAPY	33,696,546	.345530	.345530
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	25,152,322	.273856	.273856
52	SPEECH PATHOLOGY	9,352,105	.297854	.297854
55	MEDICAL SUPPLIES CHARGED	4,908,854	.540851	.540851
56	DRUGS CHARGED TO PATIENTS	24,022,693	.350751	.350751
59	PROSTHETICS AND ORTHOTICS	11,401,947	.400839	.400839
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	72,985,084	.467551	.467551
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	212,040,972		
102	LESS OBSERVATION BEDS			
103	TOTAL	212,040,972		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	3,290,757	291,080	2,999,677	29,108	173,981	3,087,668
41 01	PSYCHOLOGY	2,589,250	276,416	2,312,834	27,642	134,144	2,427,464
41 02	PULMONARY	587,149	19,077	568,072	1,908	32,948	552,293
44	LABORATORY	1,439,797	85,283	1,354,514	8,528	78,562	1,352,707
44 01	VOCATIONAL REHABILITATION	794,103	112,647	681,456	11,265	39,524	743,314
49	RESPIRATORY THERAPY	1,357,160	49,964	1,307,196	4,996	75,817	1,276,347
50	PHYSICAL THERAPY	12,806,558	1,229,185	11,577,373	122,919	671,488	12,012,151
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,888,113	719,013	6,169,100	71,901	357,808	6,458,404
52	SPEECH PATHOLOGY	2,785,565	344,613	2,440,952	34,461	141,575	2,609,529
55	MEDICAL SUPPLIES CHARGED	2,654,957	242,573	2,412,384	24,257	139,918	2,490,782
56	DRUGS CHARGED TO PATIENTS	8,425,993	343,597	8,082,396	34,360	468,779	7,922,854
59	PROSTHETICS AND ORTHOTICS	4,570,347	280,210	4,290,137	28,021	248,828	4,293,498
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	34,124,265	4,212,610	29,911,655	421,261	1,734,876	31,968,128
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	82,314,014	8,206,268	74,107,746	820,627	4,298,248	77,195,139
102	LESS OBSERVATION BEDS						
103	TOTAL	82,314,014	8,206,268	74,107,746	820,627	4,298,248	77,195,139

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	7,673,301	.402391	.425065
41 01	PSYCHOLOGY	6,388,681	.379963	.400960
41 02	PULMONARY	1,480,769	.372977	.395228
44	LABORATORY	10,285,322	.131518	.139156
44 01	VOCATIONAL REHABILITATION	1,377,089	.539772	.568473
49	RESPIRATORY THERAPY	3,316,259	.384876	.407738
50	PHYSICAL THERAPY	33,696,546	.356480	.376408
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	25,152,322	.256772	.270997
52	SPEECH PATHOLOGY	9,352,105	.279031	.294169
55	MEDICAL SUPPLIES CHARGED	4,908,854	.507406	.535909
56	DRUGS CHARGED TO PATIENTS	24,022,693	.329807	.349321
59	PROSTHETICS AND ORTHOTICS	11,401,947	.376558	.398382
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	72,985,084	.438009	.461779
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	212,040,972		
102	LESS OBSERVATION BEDS			
103	TOTAL	212,040,972		

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			320,110			320,110
101	TOTAL			320,110			320,110

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 1/19/2011
14-3026	FROM 9/ 1/2009	WORKSHEET D
	TO 8/31/2010	PART III

WKST A	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
LINE NO.		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDI ATRICS	52,016	6.15	19,999	122,994
101	TOTAL	52,016		19,999	122,994

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
41	ANCILLARY SRVC COST CNTRS										
	RADIOLOGY-DIAGNOSTIC										
41	01 PSYCHOLOGY										
41	02 PULMONARY										
44	LABORATORY										
44	01 VOCATIONAL REHABILITATION										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
50	01 ALLIED HEALTH										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
59	PROSTHETICS AND ORTHOTICS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

360,975

360,975

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
41	ANCILLARY SRVC COST CNTRS			7,673,301			2,042,638	
41	01 RADIOLOGY-DIAGNOSTIC			6,388,681			543,779	
41	02 PULMONARY			1,480,769			255,699	
44	LABORATORY			10,285,322			4,351,101	
44	01 VOCATIONAL REHABILITATION			1,377,089			2,692	
49	RESPIRATORY THERAPY			3,316,259			729,056	
50	PHYSICAL THERAPY			33,696,546			7,208,555	
50	01 ALLIED HEALTH							
51	OCCUPATIONAL THERAPY			25,152,322			7,413,709	
52	SPEECH PATHOLOGY			9,352,105			2,320,671	
55	MEDICAL SUPPLIES CHARGED			4,908,854			2,548,054	
56	DRUGS CHARGED TO PATIENTS			24,022,693			7,552,703	
59	PROSTHETICS AND ORTHOTICS			11,401,947			1,555	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	360,975	360,975	72,985,084	.004946	.004946	150,508	744
62	OBSERVATION BEDS (NON-DIS							
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	360,975	360,975	212,040,972			35,120,720	744

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	1,075,576					
41	01 PSYCHOLOGY	433,220					
41	02 PULMONARY	280,166					
44	LABORATORY						
44	01 VOCATIONAL REHABILITATION						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	3,859					
50	01 ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	9,166					
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	23,153					
56	DRUGS CHARGED TO PATIENTS	1,594,373					
59	PROSTHETICS AND ORTHOTICS	3,397					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,688,732			13,298		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	6,111,642			13,298		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		78
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		2,568,713
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		2,267,764
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.		13,298
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		78
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		222
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		222
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)		222
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		144
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		78
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		2,281,062
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		1,290
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)		478,830
19	SUBTOTAL (SEE INSTRUCTIONS)		1,801,020
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		73,643
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		1,874,663
24	PRIMARY PAYER PAYMENTS		352
25	SUBTOTAL		1,874,311
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		41,274
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		28,892
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		41,274
28	SUBTOTAL		1,903,203
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		1,903,203
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		1,877,142
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		26,061
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		25,904,647		1,875,864
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	2/19/2010	72,186	2/19/2010	3,090
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/31/2010	157,382	8/31/2010	1,812
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-85,196		1,278
4 TOTAL INTERIM PAYMENTS		25,819,451		1,877,142
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		95,267		26,061
7 TOTAL MEDICARE PROGRAM LIABILITY		25,914,718		1,903,203

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,628,925	18,342,245
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0481	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	258,020	2,110,129
1.05	OUTLIER PAYMENTS	1,481,248	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	26,021,456	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	22.77	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	31.74	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	22.77	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	142.509589	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	.142918	.107298
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	232,803	1,968,086
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	26,021,456	
5	PRIMARY PAYER PAYMENTS	21,023	
6	SUBTOTAL	26,000,433	
7	DEDUCTIBLES	122,988	
8	SUBTOTAL	25,877,445	
9	COINSURANCE	926,881	
10	SUBTOTAL	24,950,564	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	212,715	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	148,901	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	189,039	
12	SUBTOTAL	25,099,465	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	691,515	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	123,738	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	25,914,718	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	25,819,451	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	95,267	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		28.25
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	22.92	22.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		31.74
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		22.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		29.40
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		29.40
3.10	SEE INSTRUCTIONS		21.23
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		21.23
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		21.57
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		21.28
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	21.36
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		21.36
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		92,887.39
3.18	SEE INSTRUCTIONS		1,984,075
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,984,075

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		19,999
5	TOTAL INPATIENT DAYS		52,016
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.384478
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	762,833	762,833
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		71
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		52,016
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		2,325
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	24,263,692
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	21,023
16	TOTAL PART A REASONABLE COST	24,242,669

PART B REASONABLE COST

17	REASONABLE COST	2,582,089
18	PRIMARY PAYER PAYMENTS	352
19	TOTAL PART B REASONABLE COST	2,581,737
20	TOTAL REASONABLE COST	26,824,406
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.903754
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.096246

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	765,158
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	691,515
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	73,643

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.92	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	28.25	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.92	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IIME FTE CAP

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,389,000			
29 SALARIES, WAGES & FEES PAYABLE	11,760,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	14,785,000			
32 DEFERRED INCOME	5,162,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,000,000			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	46,096,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	95,890,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	64,844,672			
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	160,734,672			
43 TOTAL LIABILITIES	206,830,672			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	85,841,000			
45 SPECIFIC PURPOSE FUND		9,953,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			106,063,000	
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	85,841,000	9,953,000	106,063,000	
52 TOTAL LIABILITIES AND FUND BALANCES	292,671,672	9,953,000	106,063,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		89,909,000		9,953,000
2 NET INCOME (LOSS)		5,227,000		
3 TOTAL		95,136,000		9,953,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		95,136,000		9,953,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM		9,295,000		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		9,295,000		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		85,841,000		9,953,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		63,898,000		
2 NET INCOME (LOSS)				
3 TOTAL		63,898,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM		42,165,000		
6				
7				
8				
9				
10 TOTAL ADDITIONS		42,165,000		
11 SUBTOTAL		106,063,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		106,063,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	52,259,141		52,259,141
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	52,259,141		52,259,141
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	52,259,141		52,259,141
17 00 ANCILLARY SERVICES	97,088,242	64,365,376	161,453,618
18 00 OUTPATIENT SERVICES		77,101,459	77,101,459
24 00			
25 00 TOTAL PATIENT REVENUES	149,347,383	141,466,835	290,814,218

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		185,716,447	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)	136,228		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		136,228	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		185,852,675	

