

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		14-4005		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/11/2011 TIME 9:26

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 AURORA CHI CAGO LAKESHORE 14-4005  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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	155,366	-12,408	538,110	
100	TOTAL	0	155,366	-12,408	538,110	

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

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









HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-4005      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/11/2011  
WORKSHEET S-3  
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	113	41,245			7,479		8,911
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	113	41,245			7,479		8,911
12 TOTAL	113	41,245			7,479		8,911
13 RPCH VISITS							
25 TOTAL	113						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			28,703				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			28,703				
12 TOTAL			28,703				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					645	751	3,187
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		101.30			645	751	3,187
13 RPCH VISITS							
25 TOTAL		101.30					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-4005  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/11/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		-59,967	-59,967	1,821,791	1,761,824
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				223,941	223,941
5	0500 EMPLOYEE BENEFITS	90,870	-93,012	-2,142		-2,142
6	0600 ADMINISTRATIVE & GENERAL	2,693,293	5,105,223	7,798,516	-2,644,144	5,154,372
8	0800 OPERATION OF PLANT	144,406	421,492	565,898	-12,445	553,453
9	0900 LAUNDRY & LINEN SERVICE				94,060	94,060
10	1000 HOUSEKEEPING	184,490	185,426	369,916	-94,060	275,856
11	1100 DIETARY	376,642	578,489	955,131	-298,013	657,118
12	1200 CAFETERIA				298,013	298,013
14	1400 NURSING ADMINISTRATION	840,567	95,583	936,150		936,150
17	1700 MEDICAL RECORDS & LIBRARY	144,098	95,724	239,822		239,822
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,666,936	2,090,361	6,757,297	134,830	6,892,127
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		163,205	163,205		163,205
53	5300 ELECTROCARDIOLOGY		25,160	25,160	-25,160	
55.30	5530 IMPL. DEV. CHARGED TO PATIENT					
56	5600 DRUGS CHARGED TO PATIENTS		770,477	770,477		770,477
	OUTPAT SERVICE COST CNTRS					
63	4950 PARTIAL HOSPITAL	399,679	86,126	485,805		485,805
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS		24,597	24,597	-24,597	
95	SUBTOTALS	9,540,981	9,488,884	19,029,865	-525,784	18,504,081
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PATIENT SCHOOL	44,220	6,245	50,465	-37,849	12,616
100.01	7951 GUEST & PHYSICIAN MEALS					
100.02	7952 BUSINESS DEVELOPMENT				563,633	563,633
101	TOTAL	9,585,201	9,495,129	19,080,330	-0-	19,080,330

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-4005	I FROM 1/ 1/2010	I WORKSHEET A
I	I TO 12/31/2010	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-250,403	1,511,421
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		223,941
5	0500 EMPLOYEE BENEFITS		-2,142
6	0600 ADMINISTRATIVE & GENERAL	-327,602	4,826,770
8	0800 OPERATION OF PLANT		553,453
9	0900 LAUNDRY & LINEN SERVICE		94,060
10	1000 HOUSEKEEPING		275,856
11	1100 DIETARY	-11,650	645,468
12	1200 CAFETERIA		298,013
14	1400 NURSING ADMINISTRATION	-17	936,133
17	1700 MEDICAL RECORDS & LIBRARY	-5,787	234,035
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-258,247	6,633,880
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		163,205
53	5300 ELECTROCARDIOLOGY		
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		
56	5600 DRUGS CHARGED TO PATIENTS		770,477
	OUTPAT SERVICE COST CNTRS		
63	4950 PARTIAL HOSPITAL	-22,476	463,329
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-876,182	17,627,899
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 PATIENT SCHOOL		12,616
100.01	7951 GUEST & PHYSICIAN MEALS		
100.02	7952 BUSINESS DEVELOPMENT		563,633
101	TOTAL	-876,182	18,204,148

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
63	PARTIAL HOSPITAL	4950	OTHER OUTPATIENT SERVICE COST CENTER
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PATIENT SCHOOL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	GUEST & PHYSICIAN MEALS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	BUSINESS DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
144005

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/11/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RENT & LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3		1,380,818
2		NEW CAP REL COSTS-MVBLE EQUIP	4		93,656
3 INTEREST	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,425
4 MEDICAL PROFESSIONAL FEES	C	ADULTS & PEDIATRICS	25		71,821
5 TELEPHONE COSTS	D	ADMINISTRATIVE & GENERAL	6		3,293
6 CONTRACT LAUNDRY	E	LAUNDRY & LINEN SERVICE	9		94,060
7 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		416,975
8		NEW CAP REL COSTS-MVBLE EQUIP	4		127,261
9 PATIENT SCHOOL	G	ADULTS & PEDIATRICS	25	33,165	4,684
10 CAFETERIA COSTS	H	CAFETERIA	12	117,517	180,496
11 BUSINESS DEVELOPMENT	I	BUSINESS DEVELOPMENT	100.02	407,383	156,250
12 ANCILLARY COSTS	J	ADULTS & PEDIATRICS	25		25,160
36 TOTAL RECLASSIFICATIONS				558,065	2,556,899

(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:  
144005

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/11/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RENT & LEASE	A	ADMINISTRATIVE & GENERAL	6		1,465,322	10
2		OPERATION OF PLANT	8		9,152	10
3 INTEREST	B	ADMINISTRATIVE & GENERAL	6		2,425	11
4 MEDICAL PROFESSIONAL FEES	C	ADMINISTRATIVE & GENERAL	6		71,821	
5 TELEPHONE COSTS	D	OPERATION OF PLANT	8		3,293	
6 CONTRACT LAUNDRY	E	HOUSEKEEPING	10		94,060	
7 DEPRECIATION	F	ADMINISTRATIVE & GENERAL	6		544,236	9
8						9
9 PATIENT SCHOOL	G	PATIENT SCHOOL	100	33,165	4,684	
10 CAFETERIA COSTS	H	DIETARY	11	117,517	180,496	
11 BUSINESS DEVELOPMENT	I	ADMINISTRATIVE & GENERAL	6	407,383	156,250	
12 ANCILLARY COSTS	J	ELECTROCARDIOLOGY	53		25,160	
36 TOTAL RECLASSIFICATIONS				558,065	2,556,899	

(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:  
144005

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 5/11/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: RENT & LEASE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,380,818
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	93,656
TOTAL RECLASSIFICATIONS FOR CODE A			1,474,474

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,465,322	
OPERATION OF PLANT	8	9,152	
		1,474,474	

RECLASS CODE: B  
EXPLANATION: INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,425
TOTAL RECLASSIFICATIONS FOR CODE B			2,425

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,425	
		2,425	

RECLASS CODE: C  
EXPLANATION: MEDICAL PROFESSIONAL FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	71,821
TOTAL RECLASSIFICATIONS FOR CODE C			71,821

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	71,821	
		71,821	

RECLASS CODE: D  
EXPLANATION: TELEPHONE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	3,293
TOTAL RECLASSIFICATIONS FOR CODE D			3,293

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	3,293	
		3,293	

RECLASS CODE: E  
EXPLANATION: CONTRACT LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	94,060
TOTAL RECLASSIFICATIONS FOR CODE E			94,060

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	94,060	
		94,060	

RECLASS CODE: F  
EXPLANATION: DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	416,975
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	127,261
TOTAL RECLASSIFICATIONS FOR CODE F			544,236

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	544,236	
		0	
		544,236	

RECLASS CODE: G  
EXPLANATION: PATIENT SCHOOL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	37,849
TOTAL RECLASSIFICATIONS FOR CODE G			37,849

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PATIENT SCHOOL	100	37,849	
		37,849	

RECLASS CODE: H  
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	298,013
TOTAL RECLASSIFICATIONS FOR CODE H			298,013

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	298,013	
		298,013	

RECLASS CODE: I  
EXPLANATION: BUSINESS DEVELOPMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	BUSINESS DEVELOPMENT	100.02	563,633
TOTAL RECLASSIFICATIONS FOR CODE I			563,633

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	563,633	
		563,633	

RECLASSIFICATIONS

PROVIDER NO:  
144005

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/11/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: J  
EXPLANATION : ANCILLARY COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	25,160	25	ELECTROCARDIOLOGY	25,160
TOTAL RECLASSIFICATIONS FOR CODE J		25,160	53		25,160

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	2,603,881	2,189		2,189		2,606,070	
5 FIXED EQUIPMENT	253,197					253,197	
6 MOVABLE EQUIPMENT	399,545	1,280		1,280		400,825	
7 SUBTOTAL	3,256,623	3,469		3,469		3,260,092	
8 RECONCILING ITEMS							
9 TOTAL	3,256,623	3,469		3,469		3,260,092	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	2,859,267		2,859,267	.877051	21,573			21,573
4	NEW CAP REL COSTS-MV	400,825		400,825	.122949	3,024			3,024
5	TOTAL	3,260,092		3,260,092	1.000000	24,597			24,597

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	357,008	1,130,415	2,425	21,573			1,511,421
4	NEW CAP REL COSTS-MV	127,261	93,656		3,024			223,941
5	TOTAL	484,269	1,224,071	2,425	24,597			1,735,362

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	-59,967						-59,967
4	NEW CAP REL COSTS-MV							
5	TOTAL	-59,967						-59,967

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-5,587	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-20,881	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-351,207			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-3,019			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-10,950	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,787	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-17,124	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST	B	-459	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER NON OPERATING REVENUE	B	-93,497	ADMINISTRATIVE & GENERAL	6	
38 PHYSICIAN COSTS	A	-308,306	ADMINISTRATIVE & GENERAL	6	
39 CONTRIBUTIONS	A	-2,100	ADMINISTRATIVE & GENERAL	6	
40 LOBBYING COSTS	A	-2,887	ADMINISTRATIVE & GENERAL	6	
41 PATIENT TRANSPORTATION	A	-700	DIETARY	11	
41.01 PATIENT TRANSPORTATION	A	-17	NURSING ADMINISTRATION	14	
41.02 PATIENT TRANSPORTATION	A	-48,966	ADULTS & PEDIATRICS	25	
41.03 PATIENT TRANSPORTATION	A	-3,137	PARTIAL HOSPITAL	63	
42 PENALTIES	A	-972	ADMINISTRATIVE & GENERAL	6	
43 COMPLIANCE COSTS	A	-586	ADMINISTRATIVE & GENERAL	6	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-876,182			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	1,139,251	840,000	299,251	
2	6	ADMINISTRATIVE & GENERAL	RELATED PARTY COSTS	156,101	207,968	-51,867	
3	3	NEW CAP REL COSTS-BLDG &	OWNERSHIP COSTS	1,069,597	1,320,000	-250,403	10
4							
5		TOTALS		2,364,949	2,367,968	-3,019	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	SIGNATURE HEALTHCARE	100.00	HOSPITAL MGMT
2	F	0.00	KEBOK	0.00	COMPUTER SERVICES
3	F	0.00	ILLINOIS MENTAL HEALTH	0.00	REIT
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/11/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
6	AGGREGATE	527,692		527,692	154,100	5,468	405,105	20,255
25	AGGREGATE	255,511	170,511	85,000	154,100	624	46,230	2,312
63	AGGREGATE	42,454	7,454	35,000	154,100	312	23,115	1,156
101	TOTAL	825,657	177,965	647,692		6,404	474,450	23,723

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/11/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	AGGREGATE				405,105	122,587	122,587
2	25	AGGREGATE				46,230	38,770	209,281
3	63	AGGREGATE				23,115	11,885	19,339
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					474,450	173,242	351,207

COST ALLOCATION STATISTICS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTE'S	SERVED	ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE	1,511,421	1,511,421					
005 EMPLOYEE BENEFITS	223,941		223,941				
006 ADMINISTRATIVE & GENERAL	-2,142	6,169	914	4,941			
008 OPERATION OF PLANT	4,826,770	164,246	24,336	1,189	5,016,541	5,016,541	
009 LAUNDRY & LINEN SERVICE	553,453	101,654	15,062	75	670,244	254,959	925,203
010 HOUSEKEEPING	94,060				94,060	35,780	
011 DIETARY	275,856	8,583	1,272	96	285,807	108,720	6,407
012 CAFETERIA	645,468	44,865	6,647	135	697,115	265,181	33,493
014 NURSING ADMINISTRATION	298,013	35,892	5,318	61	339,284	129,063	26,794
017 MEDICAL RECORDS & LIBRARY	936,133	20,384	3,020	437	959,974	365,172	15,217
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	234,035	9,363	1,387	75	244,860	93,144	6,990
041 ANCILLARY SRVC COST CNTRS RADIOLOGY-DIAGNOSTIC	6,633,880	986,498	146,165	2,447	7,768,990	2,955,311	736,443
044 LABORATORY							
053 ELECTROCARDIOLOGY	163,205				163,205	62,083	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	770,477	7,803	1,156		779,436	296,496	5,825
063 OUTPAT SERVICE COST CNTRS PARTIAL HOSPITAL	463,329	106,433	15,770	208	585,740	222,814	79,454
095 SPEC PURPOSE COST CENTERS SUBTOTALS	17,627,899	1,491,890	221,047	4,723	17,605,256	4,788,723	910,623
098 NONREIMBURS COST CENTERS PHYSICIANS' PRIVATE OFFICE		8,315	1,232		9,547	3,632	6,207
100 PATIENT SCHOOL	12,616	11,216	1,662	6	25,500	9,700	8,373
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT	563,633			212	563,845	214,486	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,204,148	1,511,421	223,941	4,941	18,204,148	5,016,541	925,203

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	RECOR	SUBTOTAL
	9	10	11	12	14	17		25
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	129,840							
011 HOUSEKEEPING		400,934						
012 DIETARY		14,615	1,010,404					
014 CAFETERIA		11,692	130,954	637,787				
017 NURSING ADMINISTRATION		6,640		13,865	1,360,868			
025 MEDICAL RECORDS & LIBRARY		3,050		131,717	342,470	822,231		
041 INPAT ROUTINE SRVC CNTRS								
044 ADULTS & PEDIATRICS	129,840	321,361	695,145	276,605	719,194	706,968	14,309,857	
053 ANCILLARY SRVC COST CNTRS								
055 RADIOLOGY-DIAGNOSTIC								
056 LABORATORY						22,276	247,564	
063 ELECTROCARDIOLOGY								
095 30 IMPL. DEV. CHARGED TO PAT								
098 DRUGS CHARGED TO PATIENTS		2,542		31,889	82,907	30,385	1,229,480	
100 OUTPAT SERVICE COST CNTRS								
101 PARTIAL HOSPITAL		34,671		83,190	216,297	62,602	1,284,768	
102 SPEC PURPOSE COST CENTERS								
103 SUBTOTALS	129,840	394,571	826,099	537,266	1,360,868	822,231	17,071,669	
098 NONREIMBURS COST CENTERS								
100 PHYSICIANS' PRIVATE OFFIC		2,709					22,095	
101 PATIENT SCHOOL		3,654		3,466			50,693	
100 01 GUEST & PHYSICIAN MEALS			184,305				184,305	
100 02 BUSINESS DEVELOPMENT				97,055			875,386	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	129,840	400,934	1,010,404	637,787	1,360,868	822,231	18,204,148	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATION		
025 MEDICAL RECORDS & LIBRARY		
ADULTS & PEDIATRICS		14,309,857
041 INPAT ROUTINE SRVC CNTRS		
044 ANCILLARY SRVC COST CNTRS		
053 RADIOLOGY-DIAGNOSTIC		247,564
055 LABORATORY		
056 30 ELECROCARDIOLOGY		
063 01 IMPL. DEV. CHARGED TO PAT		
DRUGS CHARGED TO PATIENTS		1,229,480
063 02 OUTPAT SERVICE COST CNTRS		
PARTIAL HOSPITAL		1,284,768
095 SPEC PURPOSE COST CENTERS		
SUBTOTALS		17,071,669
098 NONREIMBURS COST CENTERS		
100 PHYSICIANS' PRIVATE OFFIC		22,095
100 PATIENT SCHOOL		50,693
100 01 GUEST & PHYSICIAN MEALS		184,305
100 02 BUSINESS DEVELOPMENT		875,386
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		18,204,148

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		6,169	914	7,083	4,941		
006 ADMINISTRATIVE & GENERAL	24,939	164,246	24,336	213,521	1,189	214,710	
008 OPERATION OF PLANT		101,654	15,062	116,716	75	10,912	127,703
009 LAUNDRY & LINEN SERVICE						1,531	
010 HOUSEKEEPING		8,583	1,272	9,855	96	4,653	884
011 DIETARY		44,865	6,647	51,512	135	11,350	4,623
012 CAFETERIA		35,892	5,318	41,210	61	5,524	3,698
014 NURSING ADMINISTRATION		20,384	3,020	23,404	437	15,629	2,100
017 MEDICAL RECORDS & LIBRARY		9,363	1,387	10,750	75	3,987	965
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		986,498	146,165	1,132,663	2,447	126,491	101,649
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC						2,657	
053 LABORATORY							
053 ELECTROCARDIOLOGY							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS		7,803	1,156	8,959		12,690	804
063 OUTPAT SERVICE COST CNTRS							
PARTIAL HOSPITAL		106,433	15,770	122,203	208	9,536	10,967
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	24,939	1,491,890	221,047	1,737,876	4,723	204,960	125,690
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		8,315	1,232	9,547		155	857
100 PATIENT SCHOOL		11,216	1,662	12,878	6	415	1,156
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT					212	9,180	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER					2,142		
103 TOTAL	24,939	1,511,421	223,941	1,760,301	7,083	214,710	127,703

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	9	10	11	12	14	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	1,531						
011 HOUSEKEEPING		15,488					
012 DIETARY		565	68,185				
014 CAFETERIA		452	8,837	59,782			
017 NURSING ADMINISTRATION		257		1,300	43,127		
025 MEDICAL RECORDS & LIBRARY		118		12,346	10,853	39,094	
041 INPAT ROUTINE SRVC CNTRS	1,531	12,413	46,911	25,927	22,792	33,611	1,506,435
044 ADULTS & PEDIATRICS							
053 ANCILLARY SRVC COST CNTRS							
055 RADIOLOGY-DIAGNOSTIC						1,060	3,717
056 LABORATORY							
063 ELECTROCARDIOLOGY							
095 30 IMPL. DEV. CHARGED TO PAT		98		2,989	2,627	1,445	29,612
098 DRUGS CHARGED TO PATIENTS							
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		1,339		7,798	6,855	2,978	161,884
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	1,531	15,242	55,748	50,360	43,127	39,094	1,701,648
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		105					10,664
101 PATIENT SCHOOL		141		325			14,921
102 01 GUEST & PHYSICIAN MEALS			12,437				12,437
103 02 BUSINESS DEVELOPMENT				9,097			18,489
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							2,142
103 TOTAL	1,531	15,488	68,185	59,782	43,127	39,094	1,760,301

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATION		
025 MEDICAL RECORDS & LIBRARY		
INPAT ROUTINE SRVC CNTRS		
ADULTS & PEDIATRICS		1,506,435
ANCILLARY SRVC COST CNTRS		
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		3,717
053 ELECTROCARDIOLOGY		
055 30 IMPL. DEV. CHARGED TO PAT		
056 DRUGS CHARGED TO PATIENTS		29,612
063 OUTPAT SERVICE COST CNTRS		
PARTIAL HOSPITAL		161,884
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		1,701,648
NONREIMBURS COST CENTERS		
098 PHYSICIANS' PRIVATE OFFIC		10,664
100 PATIENT SCHOOL		14,921
100 01 GUEST & PHYSICIAN MEALS		12,437
100 02 BUSINESS DEVELOPMENT		18,489
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		2,142
103 TOTAL		1,760,301

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	61,986					
005 NEW CAP REL COSTS-MVB		61,986				
006 EMPLOYEE BENEFITS	253	253	9,494,331			
008 ADMINISTRATIVE & GENE	6,736	6,736	2,285,910	-5,016,541	13,187,607	
009 OPERATION OF PLANT	4,169	4,169	144,406		670,244	50,828
010 LAUNDRY & LINEN SERVI					94,060	
011 HOUSEKEEPING	352	352	184,490		285,807	352
012 DIETARY	1,840	1,840	259,125		697,115	1,840
014 CAFETERIA	1,472	1,472	117,517		339,284	1,472
017 NURSING ADMINISTRATIO	836	836	840,567		959,974	836
025 MEDICAL RECORDS & LIB	384	384	144,098		244,860	384
041 INPAT ROUTINE SRVC CN						
044 ADULTS & PEDIATRICS	40,458	40,458	4,700,101		7,768,990	40,458
053 ANCILLARY SRVC COST C						
055 RADIOLOGY-DIAGNOSTIC					163,205	
056 LABORATORY						
063 ELECTROCARDIOLOGY						
095 30 IMPL. DEV. CHARGED TO						
098 DRUGS CHARGED TO PATI	320	320			779,436	320
100 OUTPAT SERVICE COST C						
101 PARTIAL HOSPITAL	4,365	4,365	399,679		585,740	4,365
102 SPEC PURPOSE COST CEN						
103 SUBTOTALS	61,185	61,185	9,075,893	-5,016,541	12,588,715	50,027
104 NONREIMBURS COST CENT						
105 PHYSICIANS' PRIVATE O	341	341			9,547	341
106 PATIENT SCHOOL	460	460	11,055		25,500	460
107 01 GUEST & PHYSICIAN MEA						
108 02 BUSINESS DEVELOPMENT			407,383		563,845	
109 CROSS FOOT ADJUSTMENT						
110 NEGATIVE COST CENTER						
111 COST TO BE ALLOCATED	1,511,421	223,941	4,941		5,016,541	925,203
112 (WRKSHT B, PART I)						
113 UNIT COST MULTIPLIER	24.383264		.000520		.380398	18.202625
114 (WRKSHT B, PT I)		3.612767				
115 COST TO BE ALLOCATED						
116 (WRKSHT B, PART II)						
117 UNIT COST MULTIPLIER						
118 (WRKSHT B, PT II)						
119 COST TO BE ALLOCATED			4,941		214,710	127,703
120 (WRKSHT B, PART III)						
121 UNIT COST MULTIPLIER			.000520		.016281	2.512454
122 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S SERVED)	(DIRECT NRSING HRS)	(GROSS CHARGES)
GENERAL SERVICE COST	9	10	11	12	14	17
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE	144,279					
010 HOUSEKEEPING		50,476				
011 DIETARY		1,840	124,995			
012 CAFETERIA		1,472	16,200	4,600		
014 NURSING ADMINISTRATION		836		100	78,822	
017 MEDICAL RECORDS & LIBRARY		384		950	19,836	45,477,750
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	144,279	40,458	85,995	1,995	41,656	39,102,533
041 ANCILLARY SRVC COST C RADIOLOGY-DIAGNOSTIC						
044 LABORATORY						1,232,106
053 ELECTROCARDIOLOGY						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATIENT		320		230	4,802	1,680,589
063 OUTPAT SERVICE COST CENTER PARTIAL HOSPITAL		4,365		600	12,528	3,462,522
095 SPEC PURPOSE COST CENTER SUBTOTALS	144,279	49,675	102,195	3,875	78,822	45,477,750
098 NONREIMBURS COST CENTER PHYSICIANS' PRIVATE OFFICE		341				
100 PATIENT SCHOOL		460		25		
100 01 GUEST & PHYSICIAN MEALS			22,800			
100 02 BUSINESS DEVELOPMENT				700		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	129,840	400,934	1,010,404	637,787	1,360,868	822,231
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.899923	7.943062	8.083555	138.649348	17.265078	.018080
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	1,531	15,488	68,185	59,782	43,127	39,094
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.010611	.306839	.545502	12.996087	.547144	.000860

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	14,309,857		14,309,857	38,770	14,348,627
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
53	LABORATORY	247,564		247,564		247,564
55	30 IMPL. DEV. CHARGED TO PAT					
56	DRUGS CHARGED TO PATIENTS	1,229,480		1,229,480		1,229,480
63	OUTPAT SERVICE COST CNTRS					
	PARTIAL HOSPITAL	1,284,768		1,284,768	11,885	1,296,653
101	OTHER REIMBURS COST CNTRS					
102	SUBTOTAL	17,071,669		17,071,669	50,655	17,122,324
103	LESS OBSERVATION BEDS					
	TOTAL	17,071,669		17,071,669	50,655	17,122,324







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						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	247,564	3,717	243,847			247,564
55	ELECTROCARDIOLOGY						
56	30 IMPL. DEV. CHARGED TO PAT DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,229,480	29,612	1,199,868			1,229,480
63	PARTIAL HOSPITAL	1,284,768	161,884	1,122,884			1,284,768
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	2,761,812	195,213	2,566,599			2,761,812
103	LESS OBSERVATION BEDS						
	TOTAL	2,761,812	195,213	2,566,599			2,761,812

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			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	1,232,106	.200928	.200928
55	ELECTROCARDIOLOGY			
56	30 IMPL. DEV. CHARGED TO PAT			
	DRUGS CHARGED TO PATIENTS	1,680,589	.731577	.731577
	OUTPAT SERVICE COST CNTRS			
63	PARTIAL HOSPITAL	3,462,522	.371050	.371050
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	6,375,217		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,375,217		

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						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	247,564	3,717	243,847	372	14,143	233,049
55	ELECTROCARDIOLOGY						
56	30 IMPL. DEV. CHARGED TO PAT DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,229,480	29,612	1,199,868	2,961	69,592	1,156,927
63	PARTIAL HOSPITAL OTHER REIMBURS COST CNTRS	1,284,768	161,884	1,122,884	16,188	65,127	1,203,453
101	SUBTOTAL	2,761,812	195,213	2,566,599	19,521	148,862	2,593,429
102	LESS OBSERVATION BEDS						
103	TOTAL	2,761,812	195,213	2,566,599	19,521	148,862	2,593,429

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			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	1,232,106	.189147	.200626
55	ELECTROCARDIOLOGY			
56	30 IMPL. DEV. CHARGED TO PAT			
	DRUGS CHARGED TO PATIENTS	1,680,589	.688406	.729815
	OUTPAT SERVICE COST CNTRS			
63	PARTIAL HOSPITAL	3,462,522	.347565	.366375
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	6,375,217		
102	LESS OBSERVATION BEDS			
103	TOTAL	6,375,217		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-4005      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/11/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,506,435		1,506,435
101	TOTAL				1,506,435		1,506,435



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-4005  
 COMPONENT NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY		3,717	1,232,106	279,932		
55	ELECTROCARDIOLOGY						
56	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		29,612	1,680,589	645,024		
63	OUTPAT SERVICE COST CNTRS						
63	PARTIAL HOSPITAL		161,884	3,462,522			
101	OTHER REIMBURS COST CNTRS						
101	TOTAL		195,213	6,375,217	924,956		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-4005	FROM 1/ 1/2010	5/11/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
14-4005		PART II

PPS

TITLE XVIII, PART A      HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY	.003017	845
53	ELECTROCARDIOLOGY		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS	.017620	11,365
	OUTPAT SERVICE COST CNTRS		
63	PARTIAL HOSPITAL	.046753	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		12,210

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

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					28,703	
101	TOTAL					28,703	

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

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,479	
101	TOTAL	7,479	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY						
55	ELECTROCARDIOLOGY						
56	30 IMPL. DEV. CHARGED TO PAT						
	DRUGS CHARGED TO PATIENTS						
63	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

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							
44	RADIOLOGY-DIAGNOSTIC			1,232,106			279,932	
53	LABORATORY							
55	ELECTROCARDIOLOGY							
56	30 IMPL. DEV. CHARGED TO PAT			1,680,589			645,024	
63	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
	PARTIAL HOSPITAL			3,462,522				
101	OTHER REIMBURS COST CNTRS							
	TOTAL			6,375,217			924,956	

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
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY						
55	ELECTROCARDIOLOGY						
56	30 IMPL. DEV. CHARGED TO PAT						
	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
63	PARTIAL HOSPITAL	482,065					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	482,065					

























COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-4005	FROM 1/ 1/2010	5/11/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-4005		PART III

TITLE XIX - I/P HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,909,847	
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC	.200928	279,932	56,246
53	LABORATORY			
55	ELECTROCARDIOLOGY			
56	30 IMPL. DEV. CHARGED TO PATIENT	.731577	645,024	471,885
63	DRUGS CHARGED TO PATIENTS			
	OUTPAT SERVICE COST CNTRS			
	PARTIAL HOSPITAL	.374482		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		924,956	528,131
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		924,956	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		11,807,128	
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.200928	259,879	52,217
53	ELECTROCARDIOLOGY			
55	30 IMPL. DEV. CHARGED TO PATIENT			
56	DRUGS CHARGED TO PATIENTS	.731577	413,414	302,444
	OUTPAT SERVICE COST CNTRS			
63	PARTIAL HOSPITAL	.371050		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		673,293	354,661
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		673,293	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	178,870
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	261,924
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	261,924

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	56,785
19	SUBTOTAL (SEE INSTRUCTIONS)	205,139
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	205,139
24	PRIMARY PAYER PAYMENTS	223
25	SUBTOTAL	204,916

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	38,132
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,692
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	16,844
28	SUBTOTAL	231,608
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	231,608
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	244,016
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-12,408
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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,688,350		219,416
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	9/2/2010	212,700	9/2/2010	24,600
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	12/20/2010	61,700		
ADJUSTMENTS TO PROGRAM .51	12/20/2010	34,300		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		116,700		24,600
4 TOTAL INTERIM PAYMENTS		4,805,050		244,016
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		155,366		12,408
7 TOTAL MEDICARE PROGRAM LIABILITY		4,960,416		231,608

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-4005	FROM 1/ 1/2010	5/11/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
14-4005		PART I

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,960,416
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,805,050
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	155,366
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		354,661	
2	MEDICAL AND OTHER SERVICES		183,449	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		538,110	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		538,110	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		11,807,128	
11	ANCILLARY SERVICE CHARGES		1,202,675	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		13,009,803	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		13,009,803	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		12,471,693	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		538,110	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		538,110	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		538,110	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		538,110	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		538,110	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		538,110	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		538,110	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		538,110	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)		
PROVIDER NO:	PERIOD:	PREPARED 5/11/2011
14-4005	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART III
-		

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,274,335			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	3,337,790			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-447,187			
7	INVENTORY	122,698			
8	PREPAID EXPENSES	678,435			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	5,966,071			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	1,799,606			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	1,799,606			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	7,765,677			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	382,282			
29 SALARIES, WAGES & FEES PAYABLE	462,515			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	3,151			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	847,948			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	847,948			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,917,729			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	6,917,729			
52 TOTAL LIABILITIES AND FUND BALANCES	7,765,677			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		4,988,317		
2 NET INCOME (LOSS)		1,929,412		
3 TOTAL		6,917,729		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		6,917,729		
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		6,917,729		

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



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-4005  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/11/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	45,477,750
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	26,204,527
3	NET PATIENT REVENUES	19,273,223
4	LESS: TOTAL OPERATING EXPENSES	19,080,330
5	NET INCOME FROM SERVICE TO PATIENTS	192,893
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	5,587
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER NON OPERATING REVENUE	1,730,932
25	TOTAL OTHER INCOME	1,736,519
26	TOTAL	1,929,412
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,929,412