

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		15-4054		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2011 TIME 23:20

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:
 HARSHA BEHAVIORAL CENTER 15-4054

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		15,400		0	0
100	TOTAL	0		15,400		0	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.

		DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y	Y		
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTI CAMPUS

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

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).			Y	3/ 4/2011
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MI SCELLANEOUS DATA

64.00	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.			N
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HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-4054 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/30/2011
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		44				1,525	5,048
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND Peds		44				1,525	5,048
12 TOTAL		44				1,525	5,048
13 RPCH VISITS							
25 TOTAL		44					
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 OBSERVATION BEDS ADMITTED 6.01	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			8,259				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND Peds			8,259				
12 TOTAL			8,259				
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					113	584	843
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		48.96			113	584	843
13 RPCH VISITS							
25 TOTAL		48.96					
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: 15-4054
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/30/2011
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		232,993	232,993		232,993
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		15,623	15,623		15,623
5	0500 EMPLOYEE BENEFITS	103,039	412,268	515,307		515,307
6	0600 ADMINISTRATIVE & GENERAL	1,313,871	255,036	1,568,907		1,568,907
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT		58,140	58,140		58,140
9	0900 LAUNDRY & LINEN SERVICE		58,182	58,182		58,182
10	1000 HOUSEKEEPING	60,461	2,392	62,853		62,853
11	1100 DIETARY	18,499	298,781	317,280		317,280
14	1400 NURSING ADMINISTRATION		21,440	21,440		21,440
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE					
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,639,993	274,647	1,914,640	-40,805	1,873,835
41	4100 ANCILLARY SRVC COST CNTRS					
44	4400 RADIOLOGY-DIAGNOSTIC					
53	5300 LABORATORY		11,298	11,298		11,298
55	5500 ELECTROCARDIOLOGY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		21,392	21,392		21,392
56	5600 DRUGS CHARGED TO PATIENTS		102,234	102,234		102,234
59	3551 GROUP THERAPY		549	549	17,017	17,566
59.01	3550 INDIVIDUAL THERAPY				23,788	23,788
88	8800 SPEC PURPOSE COST CENTERS					
95	INTEREST EXPENSE					
95	SUBTOTALS	3,135,863	1,764,975	4,900,838	-0-	4,900,838
101	NONREIMBURS COST CENTERS					
101	TOTAL	3,135,863	1,764,975	4,900,838	-0-	4,900,838

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-4054
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/30/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-22,160	210,833
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		15,623
5	0500 EMPLOYEE BENEFITS		515,307
6	0600 ADMINISTRATIVE & GENERAL	-27,391	1,541,516
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		58,140
9	0900 LAUNDRY & LINEN SERVICE		58,182
10	1000 HOUSEKEEPING		62,853
11	1100 DIETARY	-1,982	315,298
14	1400 NURSING ADMINISTRATION		21,440
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY		
18	1800 SOCIAL SERVICE		
25	2500 INPAT ROUTINE SRVC CNTRS		1,873,835
	ADULTS & PEDIATRICS		
41	4100 ANCILLARY SRVC COST CNTRS		
44	4400 RADIOLOGY-DIAGNOSTIC		11,298
53	5300 LABORATORY		
55	5500 ELECTROCARDIOLOGY		
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		21,392
59	5900 DRUGS CHARGED TO PATIENTS		102,234
59.01	3551 GROUP THERAPY		17,566
	3550 INDIVIDUAL THERAPY		23,788
88	8800 SPEC PURPOSE COST CENTERS		
95	INTEREST EXPENSE		-0-
	SUBTOTALS	-51,533	4,849,305
101	NONREIMBURS COST CENTERS		
	TOTAL	-51,533	4,849,305

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 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	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	GROUP THERAPY	3551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	INDIVIDUAL THERAPY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
154054

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

PREPARED 5/30/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 THERAPY SALARIES	A	GROUP THERAPY	59	17,017	
2		INDIVIDUAL THERAPY	59.01	23,788	
36 TOTAL RECLASSIFICATIONS				40,805	

(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:
154054

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

PREPARED 5/30/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 THERAPY SALARIES	1	6	7	8	9
2 A ADULTS & PEDIATRICS			25	40,805	
36 TOTAL RECLASSIFICATIONS				40,805	

(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:
154054

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

PREPARED 5/30/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : THERAPY SALARIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	GROUP THERAPY	17,017	59	ADULTS & PEDIATRICS	40,805
2.00	INDIVIDUAL THERAPY	23,788	59.01		0
TOTAL RECLASSIFICATIONS FOR CODE A		40,805			40,805

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		43,660		43,660		43,660	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT		124,302		124,302		124,302	
7 SUBTOTAL		167,962		167,962		167,962	
8 RECONCILING ITEMS							
9 TOTAL		167,962		167,962		167,962	

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	43,660		43,660	.259940				
4	NEW CAP REL COSTS-MV	124,302		124,302	.740060				
5	TOTAL	167,962		167,962	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
3	NEW CAP REL COSTS-BL	3,704	207,129					210,833
4	NEW CAP REL COSTS-MV		10,536		5,087			15,623
5	TOTAL	3,704	217,665		5,087			226,456

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	25,864	207,129					232,993
4	NEW CAP REL COSTS-MV		10,536		5,087			15,623
5	TOTAL	25,864	217,665		5,087			248,616

* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**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						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-22,160	NEW CAP REL COSTS-BLDG &		3	9
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2					
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-14,900				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,982	DIETARY		11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-649	ADMINISTRATIVE & GENERAL		6	
23 INCOME FROM IMPOSITION OF INTEREST						
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 MARKETING	A	-11,842	ADMINISTRATIVE & GENERAL		6	
38 OTHER ADJUSTMENTS (SPECIFY)						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
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)		-51,533				

(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	INTEREST EXPENSE	14,900	-14,900	
2						
3						
4						
5		TOTALS		14,900	-14,900	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	NIRMALA JAIN, MD		0.00	BUSINESS LOAN
2				0.00	
3				0.00	
4				0.00	
5				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.
NON-FINANCIAL

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2011
 I 15-4054 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	99	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	98	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	99	PATIENT	DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	NOT ENTERED
16	PHARMACY	15	COSTED	REQUI S.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	99	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR	210,833	210,833					
004 NEW CAP REL COSTS-BLDG &	15,623		15,623				
005 EMPLOYEE BENEFITS	515,307			515,307			
006 ADMINISTRATIVE & GENERAL	1,541,516	41,380	3,066	223,240	1,809,202	1,809,202	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	58,140				58,140	34,600	
009 LAUNDRY & LINEN SERVICE	58,182				58,182	34,625	
010 HOUSEKEEPING	62,853			10,273	73,126	43,518	
011 DIETARY	315,298	20,816	1,543	3,143	340,800	202,814	
014 NURSING ADMINISTRATION	21,440				21,440	12,759	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS	1,873,835	110,578	8,194	271,718	2,264,325	1,347,526	
ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
053 LABORATORY	11,298				11,298	6,724	
055 ELECTROCARDIOLOGY							
056 MEDICAL SUPPLIES CHARGED	21,392				21,392	12,731	
059 DRUGS CHARGED TO PATIENTS	102,234				102,234	60,841	
059 GROUP THERAPY	17,566	38,059	2,820	2,891	61,336	36,502	
01 INDIVIDUAL THERAPY	23,788			4,042	27,830	16,562	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	4,849,305	210,833	15,623	515,307	4,849,305	1,809,202	
NONREIMBURS COST CENTERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,849,305	210,833	15,623	515,307	4,849,305	1,809,202	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	92,740						
010 LAUNDRY & LINEN SERVICE		92,807					
011 HOUSEKEEPING			116,644				
014 DIETARY	11,393		14,329	569,336			
015 NURSING ADMINISTRATION					34,199		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
025 SOCIAL SERVICE							
041 INPAT ROUTINE SRVC CNTRS	60,518	92,807	76,117	569,336	34,199		
044 ADULTS & PEDIATRICS							
053 ANCILLARY SRVC COST CNTRS							
055 RADIOLOGY-DIAGNOSTIC							
056 LABORATORY							
059 ELECTROCARDIOLOGY							
095 MEDICAL SUPPLIES CHARGED							
101 DRUGS CHARGED TO PATIENTS							
102 GROUP THERAPY	20,829		26,198				
103 INDIVIDUAL THERAPY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	92,740	92,807	116,644	569,336	34,199		
NONREIMBURS COST CENTERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	92,740	92,807	116,644	569,336	34,199		

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25		27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
014 DIETARY					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
025 SOCIAL SERVICE					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS			4,444,828		4,444,828
041 ANCILLARY SRVC COST CNTRS					
044 RADIOLOGY-DIAGNOSTIC					
053 LABORATORY			18,022		18,022
055 ELECTROCARDIOLOGY					
056 MEDICAL SUPPLIES CHARGED			34,123		34,123
059 DRUGS CHARGED TO PATIENTS			163,075		163,075
095 GROUP THERAPY			144,865		144,865
059 01 INDIVIDUAL THERAPY			44,392		44,392
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS			4,849,305		4,849,305
101 NONREIMBURS COST CENTERS					
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
TOTAL			4,849,305		4,849,305

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 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	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL		41,380	3,066	44,446		44,446	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT						850	
010 LAUNDRY & LINEN SERVICE						851	
011 HOUSEKEEPING						1,069	
014 DIETARY		20,816	1,543	22,359		4,982	
015 NURSING ADMINISTRATION						313	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
025 SOCIAL SERVICE							
041 INPAT ROUTINE SRVC CNTRS		110,578	8,194	118,772		33,104	
044 ADULTS & PEDIATRICS							
053 ANCILLARY SRVC COST CNTRS							
055 RADIOLOGY-DIAGNOSTIC						165	
056 LABORATORY							
059 ELECTROCARDIOLOGY							
059 01 MEDICAL SUPPLIES CHARGED						313	
095 DRUGS CHARGED TO PATIENTS						1,495	
101 GROUP THERAPY		38,059	2,820	40,879		897	
102 INDIVIDUAL THERAPY						407	
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		210,833	15,623	226,456		44,446	
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		210,833	15,623	226,456		44,446	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	8	9	10	11	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	850						
010 LAUNDRY & LINEN SERVICE		851					
011 HOUSEKEEPING			1,069				
014 DIETARY	104		131	27,576			
015 NURSING ADMINISTRATION					313		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
025 SOCIAL SERVICE							
041 INPAT ROUTINE SRVC CNTRS	555	851	698	27,576	313		
044 ADULTS & PEDIATRICS							
053 ANCILLARY SRVC COST CNTRS							
055 RADIOLOGY-DIAGNOSTIC							
056 LABORATORY							
059 ELECTROCARDIOLOGY							
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
059 GROUP THERAPY	191		240				
095 INDIVIDUAL THERAPY							
095 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	850	851	1,069	27,576	313		
102 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	850	851	1,069	27,576	313		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-4054

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

PREPARED 5/30/2011
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE MAINTENANCE &	GENERAL MAINTENANCE &
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	REPAIRS
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	25,837					
005 NEW CAP REL COSTS-MVB		25,837				
006 EMPLOYEE BENEFITS			3,032,824			
007 ADMINISTRATIVE & GENE	5,071	5,071	1,313,871	-1,809,202	3,040,103	
008 MAINTENANCE & REPAIRS					58,140	
009 OPERATION OF PLANT					58,182	
010 LAUNDRY & LINEN SERVI			60,461		73,126	
011 HOUSEKEEPING			18,499		340,800	
014 DIETARY	2,551	2,551			21,440	
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SU						
017 PHARMACY						
018 MEDICAL RECORDS & LIB						
019 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	13,551	13,551	1,599,188		2,264,325	
041 ANCILLARY SRVC COST C						
044 RADIOLOGY-DIAGNOSTIC						
LABORATORY					11,298	
053 ELECTROCARDIOLOGY						
055 MEDICAL SUPPLIES CHAR					21,392	
056 DRUGS CHARGED TO PATI					102,234	
059 GROUP THERAPY	4,664	4,664	17,017		61,336	
059 01 INDIVIDUAL THERAPY			23,788		27,830	
095 SPEC PURPOSE COST CEN						
SUBTOTALS	25,837	25,837	3,032,824	-1,809,202	3,040,103	
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED	210,833	15,623	515,307		1,809,202	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	8.160119		.169910		.595112	
(WRKSHT B, PT I)		.604675				
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					44,446	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.014620	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/30/2011

15-4054

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	R
	8	9	10	11	14	15	16	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT	20,766							
009 LAUNDRY & LINEN SERVICE		8,259						
010 HOUSEKEEPING			20,766					
011 DIETARY	2,551		2,551	25,488				
014 NURSING ADMINISTRATION					8,259			
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY								
018 SOCIAL SERVICE								
025 INPATIENT ROUTINE SERVICE ADULTS & PEDIATRICS	13,551	8,259	13,551	25,488	8,259			
041 ANCILLARY SERVICE COST CENTER								
044 RADIOLOGY-DIAGNOSTIC LABORATORY								
053 ELECTROCARDIOLOGY								
055 MEDICAL SUPPLIES CHARGED TO PATIENT GROUP THERAPY	4,664		4,664					
059 INDIVIDUAL THERAPY SPEC PURPOSE COST CENTER								
095 SUBTOTALS	20,766	8,259	20,766	25,488	8,259			
101 NONREIMBURSABLE COST CENTER								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	92,740	92,807	116,644	569,336	34,199			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.465954	11.237075	5.617066	22.337414	4.140816			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	850	851	1,069	27,576	313			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.040932	.103039	.051478	1.081921	.037898			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(PATIENT DAYS)
	17	18
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
014 DIETARY		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY	8,900,388	
025 SOCIAL SERVICE		8,259
041 INPAT ROUTINE SERVICE CENTER		
044 ADULTS & PEDIATRICS	8,252,493	8,259
053 ANCILLARY SERVICE COST CENTER		
055 RADIOLOGY-DIAGNOSTIC		
056 LABORATORY	30,007	
059 ELECTROCARDIOLOGY		
095 MEDICAL SUPPLIES CHARGES	1,183	
101 DRUGS CHARGED TO PATIENT	197,410	
102 GROUP THERAPY	385,560	
103 INDIVIDUAL THERAPY	33,735	
104 SPEC PURPOSE COST CENTER		
105 SUBTOTALS	8,900,388	8,259
106 NONREIMBURS COST CENTER		
107 CROSS FOOT ADJUSTMENT		
108 NEGATIVE COST CENTER		
109 COST TO BE ALLOCATED		
110 (PER WORKSHEET B, PART I)		
111 UNIT COST MULTIPLIER		
112 (WORKSHEET B, PART I)		
113 COST TO BE ALLOCATED		
114 (PER WORKSHEET B, PART I)		
115 UNIT COST MULTIPLIER		
116 (WORKSHEET B, PART I)		
117 COST TO BE ALLOCATED		
118 (PER WORKSHEET B, PART I)		
119 UNIT COST MULTIPLIER		
120 (WORKSHEET B, PART I)		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	4,444,828		4,444,828		4,444,828
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	18,022		18,022		18,022
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED	34,123		34,123		34,123
56	DRUGS CHARGED TO PATIENTS	163,075		163,075		163,075
59	GROUP THERAPY	144,865		144,865		144,865
59 01	INDIVIDUAL THERAPY	44,392		44,392		44,392
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	4,849,305		4,849,305		4,849,305
102	LESS OBSERVATION BEDS					
103	TOTAL	4,849,305		4,849,305		4,849,305

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
25	ANCILLARY SRVC COST CNTRS	8,252,493		8,252,493			
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	30,007		30,007	.600593	.600593	.600593
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	1,183		1,183	28.844463	28.844463	28.844463
56	DRUGS CHARGED TO PATIENTS	197,410		197,410	.826073	.826073	.826073
59	GROUP THERAPY	385,560		385,560	.375726	.375726	.375726
59	01 INDIVIDUAL THERAPY	33,735		33,735	1.315903	1.315903	1.315903
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,900,388		8,900,388			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,900,388		8,900,388			

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						
44	LABORATORY	18,022	165	17,857			18,022
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	34,123	313	33,810			34,123
56	DRUGS CHARGED TO PATIENTS	163,075	1,495	161,580			163,075
59	GROUP THERAPY	144,865	42,207	102,658			144,865
59	01 INDIVIDUAL THERAPY	44,392	407	43,985			44,392
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	404,477	44,587	359,890			404,477
102	LESS OBSERVATION BEDS						
103	TOTAL	404,477	44,587	359,890			404,477

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	30,007	.600593	.600593
55	ELECTROCARDIOLOGY			
56	MEDICAL SUPPLIES CHARGED	1,183	28.844463	28.844463
59	DRUGS CHARGED TO PATIENTS	197,410	.826073	.826073
59	GROUP THERAPY	385,560	.375726	.375726
59	01 INDIVIDUAL THERAPY	33,735	1.315903	1.315903
101	OTHER REIMBURS COST CNTRS			
102	SUBTOTAL	647,895		
103	LESS OBSERVATION BEDS			
	TOTAL	647,895		

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						
44	LABORATORY	18,022	165	17,857	17	1,036	16,969
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED	34,123	313	33,810	31	1,961	32,131
56	DRUGS CHARGED TO PATIENTS	163,075	1,495	161,580	150	9,372	153,553
59	GROUP THERAPY	144,865	42,207	102,658	4,221	5,954	134,690
59	01 INDIVIDUAL THERAPY	44,392	407	43,985	41	2,551	41,800
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	404,477	44,587	359,890	4,460	20,874	379,143
102	LESS OBSERVATION BEDS						
103	TOTAL	404,477	44,587	359,890	4,460	20,874	379,143

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	30,007	.565501	.600027
55	ELECTROCARDIOLOGY			
56	MEDICAL SUPPLIES CHARGED	1,183	27.160609	28.818259
59	DRUGS CHARGED TO PATIENTS	197,410	.777838	.825313
59	GROUP THERAPY	385,560	.349336	.364779
59	01 INDIVIDUAL THERAPY	33,735	1.239069	1.314688
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	647,895		
102	LESS OBSERVATION BEDS			
103	TOTAL	647,895		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-4054 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/30/2011 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				181,869		181,869
101	TOTAL				181,869		181,869

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,259	1,525			22.02	33,581
101	TOTAL	8,259	1,525				33,581

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		165	30,007	22,666		
55	ELECTROCARDIOLOGY		313	1,183	653		
56	MEDICAL SUPPLIES CHARGED		1,495	197,410	145,825		
59	DRUGS CHARGED TO PATIENTS		42,207	385,560	263,130		
59	GROUP THERAPY		407	33,735	24,960		
101	01 INDIVIDUAL THERAPY						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		44,587	647,895	457,234		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-4054	FROM 1/ 1/2010	5/30/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D
15-4054		PART II

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	.005499	125
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED	.264582	173
56	DRUGS CHARGED TO PATIENTS	.007573	1,104
59	GROUP THERAPY	.109469	28,805
59	01 INDIVIDUAL THERAPY	.012065	301
	OTHER REIMBURS COST CNTRS		
101	TOTAL		30,508

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

PROVIDER NO: 15-4054
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/30/2011
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					8,259	
101	TOTAL					8,259	

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

PROVIDER NO: 15-4054 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011 WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	1,525	
101	TOTAL	1,525	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS		1.01				
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY						
55	ELECTROCARDIOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	GROUP THERAPY						
01	INDIVIDUAL THERAPY						
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							
	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY			30,007			22,666	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			1,183			653	
56	DRUGS CHARGED TO PATIENTS			197,410			145,825	
59	GROUP THERAPY			385,560			263,130	
59	01 INDIVIDUAL THERAPY			33,735			24,960	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			647,895			457,234	

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	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	GROUP THERAPY						
01	INDIVIDUAL THERAPY						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

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		1,535,675	
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.600593	22,666	13,613
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	28.844463	653	18,835
56	DRUGS CHARGED TO PATIENTS	.826073	145,825	120,462
59	GROUP THERAPY	.375726	263,130	98,865
59 01	INDIVIDUAL THERAPY OTHER REIMBURS COST CNTRS	1.315903	24,960	32,845
101	TOTAL		457,234	284,620
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		457,234	

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		4,631,977	
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	.600593		
53	ELECTROCARDIOLOGY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	28.844463		
56	DRUGS CHARGED TO PATIENTS	.826073		
59	GROUP THERAPY	.375726		
59 01	INDIVIDUAL THERAPY OTHER REIMBURS COST CNTRS	1.315903		
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,074,703		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		1,074,703		
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			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		15,400		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,090,103		

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		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
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)		1,144,278
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)		22.627397
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
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)		1,144,278
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)		1,144,278
	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.)		
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.)		
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)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,144,278
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,144,278
7	DEDUCTIBLES		62,700
8	SUBTOTAL		1,081,578
9	COINSURANCE		6,875
10	SUBTOTAL		1,074,703
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		22,000
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		15,400
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		22,000
12	SUBTOTAL		1,090,103
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,090,103
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,074,703
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	15,400
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	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR 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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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			
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			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-4054	FROM 1/ 1/2010	5/30/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS				
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	807,115			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY				
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	807,115			
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	43,660			
15.01	LESS ACCUMULATED DEPRECIATION	-18,152			
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	124,302			
18.01	LESS ACCUMULATED DEPRECIATION	-42,546			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	107,264			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-7,356			
26	TOTAL OTHER ASSETS	-7,356			
27	TOTAL ASSETS	907,023			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	75,005			
29 SALARIES, WAGES & FEES PAYABLE	111,831			
30 PAYROLL TAXES PAYABLE	23,277			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	367,941			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	578,054			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	311			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	209,440			
42 TOTAL LONG-TERM LIABILITIES	209,751			
43 TOTAL LIABILITIES	787,805			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	119,218			
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	119,218			
52 TOTAL LIABILITIES AND FUND BALANCES	907,023			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-458,811		
2 NET INCOME (LOSS)		578,029		
3 TOTAL		119,218		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		119,218		
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		119,218		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	8,252,493		8,252,493
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	8,252,493		8,252,493
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,252,493		8,252,493
17 00 ANCILLARY SERVICES	647,895		647,895
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	8,900,388		8,900,388

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		4,900,838	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		4,900,838	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-4054
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/30/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	8,900,388
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	3,446,312
3	NET PATIENT REVENUES	5,454,076
4	LESS: TOTAL OPERATING EXPENSES	4,900,838
5	NET INCOME FROM SERVICE TO PATIENTS	553,238
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,982
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	649
22	RENTAL OF HOSPITAL SPACE	22,160
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	24,791
26	TOTAL	578,029
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	578,029