This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

PART I - COST REPORT STATUS

Provider use only
1. [ ] Electronically filed cost report Date: Time:
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [0] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - 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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE 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 RUSH UNIVERSITY MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and 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 identified in this cost report were provided in compliance with such laws and regulations.

(Signed)_____
Officer or Administrator of Provider(s)

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	3,107,816	501,456	2,252,987	0	1.00
2.00	Subprovider - IPF	0	4,935	0		0	2.00
3.00	Subprovider - IRF	0	142,839	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	3,255,590	501,456	2,252,987	0	200.00

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 and review the information collection is estimated 673 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 the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/11/2012 3:39 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1653 W. CONGRESS PARKWAY	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60612	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	RUSH UNIVERSITY MEDICAL CENTER	140119	16974	1	07/01/1966	N	P	N	3.00
4.00	Subprovider - IPF	R.U.M.C. PSYCHIATRIC UNIT	14S119	16974	4	07/01/1984	N	P	N	4.00
5.00	Subprovider - IRF	R.U.M.C. REHABILITATION UNIT	14T119	16974	5	07/01/1984	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis	RUSH ESRD	142312	16974		01/01/2004				18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2010	06/30/2011	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	37,280	1,757	421	0	2,871	2,987	24.00
25.00	If this provider is an IRF then enter the in-state Mediciad paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,492	0	35	0	168	0	25.00

		1.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

		Beginning: 1.00	Ending: 2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/11/2012 3:39 pm

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	22.85	303.92	0.069927	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	13.54	96.04	0.123563	65.00
65.01		MED/PEDS	1450	0.62	14.75	0.040338	65.01
65.02		OB GYNE	1750	2.94	17.92	0.140940	65.02
65.03		PEDIATRICS	2000	0.50	34.18	0.014418	65.03

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/11/2012 3:39 pm

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	21.75	318.56	0.063912	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	INTERNAL MEDICINE	1400	11.56	95.23	0.108250	67.00
67.01		MED/PEDS	1450	0.81	14.49	0.052941	67.01
67.02		OB GYNE	1750	3.28	19.34	0.145004	67.02
67.03		PEDIATRICS	2000	0.99	34.53	0.027872	67.03

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	Y	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	Y	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00

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		V	XIX	
		1.00	2.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	0	0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	Y		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	09011977		126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	11081996		127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	04301991		128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.	07011999		130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/11/2012 3:39 pm

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	
		1.00	2.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)			
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	Subprovider - Other	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HHA	N	N	160.00
161.00	CMHC		N	161.00

			1.00	
	Multicampus			
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

			1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act			
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)		0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)		1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/11/2012 3:39 pm

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A			
		Description	Y/N	Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/11/2012 3:39 pm

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		Y			21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/11/2012 3:39 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	Y		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	380	138,700	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		380	138,700	0.00		7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	47	17,155	0.00		11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	46	16,790	0.00		12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	20	7,300	0.00		12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	57	20,805	0.00		12.02
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		550	200,750	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,455			16.00
17.00	SUBPROVIDER - IRF	41.00	48	17,520			17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		665				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	35,076	19,211	95,638		1.00
2.00	HMO		1,785	6,867			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	203			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	35,076	19,211	95,638		7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	5,541	2,296	12,312		11.00
12.00	MEDICAL INTENSIVE CARE UNIT	1	5,975	1,828	11,246		12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	4	9	3,107	4,339		12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	0	10,208	15,803		12.02
13.00	NURSERY	0		2,387	4,137		13.00
14.00	Total (see instructions)	5	46,601	39,037	143,475		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	8,009	4,362	15,711		16.00
17.00	SUBPROVIDER - IRF	0	7,880	1,492	13,576		17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		0	3,900		28.00
28.01	SUBPROVIDER - IPF	0	0	0	0		28.01
28.02	SUBPROVIDER - IRF	0	0	0	0		28.02
29.00	Ambulance Trips		0				29.00
30.00	Employee discount days (see instruction)				0		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			0	0		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				2	9,274	1.00
2.00	HMO					0	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	MEDICAL INTENSIVE CARE UNIT						12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT						12.01
12.02	PREMATURE INTENSIVE CARE UNIT						12.02
13.00	NURSERY						13.00
14.00	Total (see instructions)	490.64	7,206.09	0.00	2	9,274	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	5.56	79.60	0.00	0	573	16.00
17.00	SUBPROVIDER - IRF	4.15	69.85	0.00	0	657	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	500.35	7,355.54	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	5,986	27,568		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	MEDICAL INTENSIVE CARE UNIT				12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT				12.01
12.02	PREMATURE INTENSIVE CARE UNIT				12.02
13.00	NURSERY				13.00
14.00	Total (see instructions)	5,986	27,568		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	556	1,601		16.00
17.00	SUBPROVIDER - IRF	113	1,090		17.00
18.00	SUBPROVIDER				18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE				21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/11/2012 3:39 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	555,664,968	0	0	555,664,968	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		14,019,620	0	0	14,019,620	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	29,896,432	0	779,418	30,675,850	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		175,264,651	0	1,724,630	176,989,281	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		4,494	0	0	4,494	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		147,317,000	-55,180,868	0	92,136,132	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		444,884	0	0	444,884	18.00
19.00	Excluded areas		41,761,971	0	0	41,761,971	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		2,206,194	0	0	2,206,194	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		11,212,703	0	0	11,212,703	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	3,201,501	0	-9,789	3,191,712	26.00
27.00	Administrative & General	5.00	87,791,411	0	-682,251	87,109,160	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	11,387,610	0	-9,036	11,378,574	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	429,357	0	0	429,357	31.00
32.00	Housekeeping	9.00	10,842,954	0	0	10,842,954	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	6,246,281	0	-6,611	6,239,670	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	1,669,076	0	0	1,669,076	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	5,621,229	0	-134,436	5,486,793	38.00
39.00	Central Services and Supply	14.00	0	0	0	0	39.00
40.00	Pharmacy	15.00	8,239,890	0	-474,032	7,765,858	40.00
41.00	Medical Records & Medical Records Library	16.00	9,968,957	0	-44,290	9,924,667	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	26,482,863	0	-2,208,172	24,274,691	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/11/2012 3:39 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART II - WAGE DATA				
	SALARIES				
1.00	Total salaries (see instructions)	15,726,987.00	35.33		1.00
2.00	Non-physician anesthetist Part A	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00	0.00		3.00
4.00	Physician-Part A	150,352.00	93.25		4.00
5.00	Physician-Part B	0.00	0.00		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	1,362,962.00	22.51		7.00
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	0.00	0.00		9.00
10.00	Excluded area salaries (see instructions)	4,150,551.00	42.64		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	105.00	42.80		11.00
12.00	Management and administrative services	0.00	0.00		12.00
13.00	Contract labor: physician-Part A	0.00	0.00		13.00
14.00	Home office salaries & wage-related costs	0.00	0.00		14.00
15.00	Home office: physician Part A	0.00	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00		16.00
	WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24				17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25				18.00
19.00	Excluded areas				19.00
20.00	Non-physician anesthetist Part A				20.00
21.00	Non-physician anesthetist Part B				21.00
22.00	Physician Part A				22.00
23.00	Physician Part B				23.00
24.00	Wage-related costs (RHC/FQHC)				24.00
25.00	Interns & residents (in an approved program)				25.00
	OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	96,237.00	33.17		26.00
27.00	Administrative & General	2,410,297.00	36.14		27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00		28.00
29.00	Maintenance & Repairs	373,144.00	30.49		29.00
30.00	Operation of Plant	0.00	0.00		30.00
31.00	Laundry & Linen Service	22,450.00	19.13		31.00
32.00	Housekeeping	624,971.00	17.35		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	311,288.00	20.04		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	86,273.00	19.35		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	286,379.00	19.16		38.00
39.00	Central Services and Supply	0.00	0.00		39.00
40.00	Pharmacy	183,536.00	42.31		40.00
41.00	Medical Records & Medical Records Library	290,399.00	34.18		41.00
42.00	Social Service	0.00	0.00		42.00
43.00	Other General Service	516,269.00	47.02		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/11/2012 3:39 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		511,748,916	0	-779,418	510,969,498	1.00
2.00	Excluded area salaries (see instructions)		175,264,651	0	1,724,630	176,989,281	2.00
3.00	Subtotal salaries (line 1 minus line 2)		336,484,265	0	-2,504,048	333,980,217	3.00
4.00	Subtotal other wages & related costs (see inst.)		4,494	0	0	4,494	4.00
5.00	Subtotal wage-related costs (see inst.)		149,968,078	0	0	149,968,078	5.00
6.00	Total (sum of lines 3 thru 5)		486,456,837	0	-2,504,048	483,952,789	6.00
7.00	Total overhead cost (see instructions)		171,881,129	0	-3,568,617	168,312,512	7.00

HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/11/2012 3:39 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
		5.00	6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	14,213,673.00	35.95		1.00
2.00	Excluded area salaries (see instructions)	4,150,551.00	42.64		2.00
3.00	Subtotal salaries (line 1 minus line 2)	10,063,122.00	33.19		3.00
4.00	Subtotal other wages & related costs (see inst.)	105.00	42.80		4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	44.90		5.00
6.00	Total (sum of lines 3 thru 5)	10,063,227.00	48.09		6.00
7.00	Total overhead cost (see instructions)	5,201,243.00	32.36		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/11/2012 3:39 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	9,172,062	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	35,924,121	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	53,348,913	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,058,772	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,407,270	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	3,689,220	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	444,401	16.00
	TAXES		
17.00	FICA-Employers Portion Only	37,556,102	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,408,831	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,307,308	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	147,317,000	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	444,884	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-5 | Date/Time Prepared: 1/11/2012 3:39 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	10	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	2.87	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	4.02	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	200	0				5.00
6.00	Number of stations	5	0	0	0		6.00
7.00	Treatment capacity per day per station	2	0				7.00
8.00	Utilization (see instructions)	14.40	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
	TRANSPLANT INFORMATION						
11.00	Number of patients on transplant list	6					11.00
12.00	Number of patients transplanted during the cost reporting period	1					12.00
	EPOETIN						
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	29,189					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	3,472,000					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
	ARANESP						
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
					MCP	INITIAL METHOD	
					1.00	2.00	
	PHYSICIAN PAYMENT METHOD						
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-5 Date/Time Prepared: 1/11/2012 3:39 pm

		Home			
		Hemodialysis	CAPD / CCPD		
		5.00	6.00		
1.00	Number of patients in program at end of cost reporting period	0	0		1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00		2.00
3.00	Average patient dialysis time including setup				3.00
4.00	CAPD exchanges per day		0.00		4.00
5.00	Number of days in year dialysis furnished				5.00
6.00	Number of stations				6.00
7.00	Treatment capacity per day per station				7.00
8.00	Utilization (see instructions)				8.00
9.00	Average times dialyzers re-used				9.00
10.00	Percentage of patients re-using dialyzers				10.00
	TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list				11.00
12.00	Number of patients transplanted during the cost reporting period				12.00
	EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.				13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program				14.00
15.00	Number of EPO units furnished relating to the renal dialysis department				15.00
16.00	Number of EPO units furnished relating to the home dialysis department				16.00
	ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.				17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program				18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department				19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department				20.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/11/2012 3:39 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.241278	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	97,331,603	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	25,208,273	5.00
6.00	Medicaid charges	542,989,175	6.00
7.00	Medicaid cost (line 1 times line 6)	131,011,342	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	8,471,466	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	57,294	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	133,014	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	32,093	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	1,204,184	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	8,471,466	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	47,574,575	3,418,835	50,993,410	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	11,478,698	824,890	12,303,588	21.00
22.00	Partial payment by patients approved for charity care	67,064	44,006	111,070	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,411,634	780,884	12,192,518	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	23,138,070	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	2,817,415	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	20,320,655	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	4,902,927	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	17,095,445	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	25,566,911	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL		-22,631,574	-22,631,574	25,227,594	2,596,020	1.01
1.02	DEPRECIATION DIRECT BLDG		0	0	9,330,737	9,330,737	1.02
1.03	DEPRECIATION KELLOGG PAV		0	0	3,044,028	3,044,028	1.03
1.04	DEPRECIATION JELKE SOUTH		0	0	3,137,884	3,137,884	1.04
1.05	DEPRECIATION ATRIUM PAV		0	0	3,580,779	3,580,779	1.05
1.06	DEPRECIATION PRO BLDG NORTH		0	0	1,243,656	1,243,656	1.06
1.07	DEPRECIATION PRO BLDG SOUTH		0	0	1,201,958	1,201,958	1.07
1.08	DEPRECIATION WOOD ST		0	0	315,143	315,143	1.08
1.09	DEPRECIATION ACADEMIC FACILITY		0	0	1,567,048	1,567,048	1.09
1.10	DEPRECIATION PRO BLDG III		0	0	986,066	986,066	1.10
1.11	DEPRECIATION JRB		0	0	740,354	740,354	1.11
1.12	DEPRECIATION TOB		0	0	1,004,116	1,004,116	1.12
1.13	DEPRECIATION EQUIPMENT		0	0	38,637,247	38,637,247	1.13
1.14	DEPRECIATION ORTHOPEDICS		0	0	951,741	951,741	1.14
1.15	DEPRECIATION KIDSTON		0	0	101,502	101,502	1.15
1.16	DEPRECIATION COHN		0	0	1,707,173	1,707,173	1.16
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	INTEREST GENERAL		12,580,747	12,580,747	-12,012,732	568,015	2.01
2.02	INTEREST DIRECT BLDG		0	0	962,481	962,481	2.02
2.03	INTEREST ATRUM PAV		0	0	7,782,652	7,782,652	2.03
2.04	INTEREST PRO BLDG SOUTH		0	0	1,368,115	1,368,115	2.04
2.05	INTEREST TOB		0	0	1,887,758	1,887,758	2.05
2.06	INTEREST PRO BLDG III		0	0	11,726	11,726	2.06
4.00	EMPLOYEE BENEFITS	3,201,501	6,767,208	9,968,709	138,447,916	148,416,625	4.00
5.01	TRANSITION RECRUITMENT	121,597	28,377,081	28,498,678	-32,831	28,465,847	5.01
5.02	PARKING GARAGE	1,430	3,772,841	3,774,271	723,479	4,497,750	5.02
5.03	RESEARCH ADMINISTRATION	4,322,597	8,882,705	13,205,302	-7,243,005	5,962,297	5.03
5.04	ADMIN & GEN INPT SERVICE	2,335,071	1,811,757	4,146,828	-885,175	3,261,653	5.04
5.05	ADMIN & GEN OUTPT SERVICE	2,505,750	1,112,688	3,618,438	-864,066	2,754,372	5.05
5.06	ADMIN & GEN ANIMAL LAB	742,367	467,120	1,209,487	-1,481,321	-271,834	5.06
5.07	ADMIN & GEN PT SERVICE	14,135,534	17,371,846	31,507,380	17,577,273	49,084,653	5.07
5.08	PERSONNEL DEPARTMENT	2,789,151	3,339,343	6,128,494	-1,298,481	4,830,013	5.08
5.09	RESEARCH FACULTY	8,824,437	7,131,330	15,955,767	-4,551,016	11,404,751	5.09
5.10	RESEARCH SPA	4,602,490	4,979,238	9,581,728	-1,739,717	7,842,011	5.10
5.11	CORPORATE ADMINISTRATION	47,410,987	32,621,596	80,032,583	3,902,362	83,934,945	5.11
6.00	MAINTENANCE & REPAIRS	11,387,610	38,779,133	50,166,743	-4,973,541	45,193,202	6.00
6.01	RENTED SPACE COSTS	0	78,620	78,620	0	78,620	6.01
8.00	LAUNDRY & LINEN SERVICE	429,357	3,670,509	4,099,866	-731,677	3,368,189	8.00
9.00	HOUSEKEEPING	10,842,954	6,062,638	16,905,592	-2,636,206	14,269,386	9.00
10.00	DIETARY	669,054	414,439	1,083,493	-399,548	683,945	10.00
10.01	PATIENT FOOD SERVICE	5,577,227	5,039,172	10,616,399	-2,839,713	7,776,686	10.01
11.00	CAFETERIA	1,669,076	3,204,386	4,873,462	-1,886,685	2,986,777	11.00
13.00	NURSING ADMINISTRATION	5,621,229	3,370,285	8,991,514	-2,427,350	6,564,164	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,061,374	1,061,374	-565,526	495,848	14.00
15.00	PHARMACY	8,239,890	54,207,864	62,447,754	-26,597,816	35,849,938	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,848,112	3,485,589	7,333,701	-1,840,958	5,492,743	16.00
16.01	MEDICAL RECORDS & LIBRARY	6,120,845	2,816,454	8,937,299	-2,029,236	6,908,063	16.01
18.00	CLINICAL LAB ADMIN MED	1,315,207	516,724	1,831,931	-495,234	1,336,697	18.00
18.01	CLINICAL LAB ADMIN PED	220,715	360,564	581,279	-217,713	363,566	18.01
18.02	CLINICAL LAB ADMIN OB	1,274,100	540,892	1,814,992	-351,010	1,463,982	18.02
18.03	CLINICAL LAB ADMIN SURG	2,224,470	1,525,416	3,749,886	-536,213	3,213,673	18.03
18.04	CLINICAL LAB ADMIN PSYCH	340,545	329,262	669,807	290,427	960,234	18.04
18.05	CLINICAL LAB ADMIN PATH	71,621	1,439,251	1,510,872	-809,829	701,043	18.05
18.06	CLINICAL LAB ADMIN CARD	249,720	402,135	651,855	-243,777	408,078	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	37,119	37,119	18.07
18.08	CLINICAL LAB ADMIN NEUR	1,149,601	614,090	1,763,691	595,895	2,359,586	18.08
18.09	CLINICAL LAB ADMIN OCLS	909,607	1,256,853	2,166,460	-417,057	1,749,403	18.09
18.12	DISCRETIONARY OPERATIONS	7,255,121	4,578,112	11,833,233	-7,547,116	4,286,117	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	3,518,050	-7,679,570	-4,161,520	9,619,211	5,457,691	18.14
18.16	NURSING SCHOOL SPLIT	7,954,106	8,011,154	15,965,260	-7,019,698	8,945,562	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	2,304,050	2,304,050	19.00
20.00	NURSING SCHOOL	0	0	0	874,966	874,966	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	29,896,432	17,226,460	47,122,892	-14,680,259	32,442,633	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,710,032	3,669,008	9,379,040	-2,491,370	6,887,670	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	1,147,017	4,396,966	5,543,983	-3,812,476	1,731,507	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	226,683	88,899	315,582	-2,190	313,392	23.01
23.02	PARAMED DIETARY	315,856	117,623	433,479	-43,453	390,026	23.02
23.03	PARAMED SPEECH	958,029	497,176	1,455,205	-72,924	1,382,281	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	635,035	423,815	1,058,850	-81,143	977,707	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	138,246	138,246	23.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
23.06	PARAMED PASTORAL CARE	169,615	48,212	217,827	241,290	459,117	23.06
23.07	PARAMED TECHNOLOGY	730,087	303,068	1,033,155	-32,416	1,000,739	23.07
23.08	PARAMED VASCULAR ULTRASOUND	199,586	150,211	349,797	-4,856	344,941	23.08
23.09	PARAMED PHARMACY	0	0	0	331,259	331,259	23.09
23.10	PARAMED RESPIRATORY THERAPY	364,996	282,134	647,130	-51,465	595,665	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	356,836	203,250	560,086	23,715	583,801	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	41,312,872	24,082,318	65,395,190	-21,688,065	43,707,125	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	10,448,660	6,238,157	16,686,817	-4,356,491	12,330,326	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	9,750,849	5,170,506	14,921,355	-4,003,444	10,917,911	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	4,530,092	2,451,680	6,981,772	-1,744,993	5,236,779	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	10,800,211	4,829,945	15,630,156	-3,586,566	12,043,590	35.02
40.00	SUBPROVIDER - IPF	6,543,112	3,855,321	10,398,433	-3,526,580	6,871,853	40.00
41.00	SUBPROVIDER - IRF	5,125,941	3,422,883	8,548,824	-2,814,504	5,734,320	41.00
43.00	NURSERY	0	20	20	1,630,089	1,630,109	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,031,718	76,663,929	90,695,647	-46,157,676	44,537,971	50.00
51.00	RECOVERY ROOM	2,431,406	1,157,348	3,588,754	-994,952	2,593,802	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,108,767	2,418,293	6,527,060	-1,765,925	4,761,135	52.00
53.00	ANESTHESIOLOGY	2,856,021	3,489,371	6,345,392	-3,640,743	2,704,649	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,065,513	12,010,087	23,075,600	-7,368,122	15,707,478	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,791,687	2,674,912	5,466,599	-2,380,148	3,086,451	55.00
56.00	RADIOISOTOPE	717,695	1,950,990	2,668,685	-878,615	1,790,070	56.00
60.00	LABORATORY	20,587,254	31,527,110	52,114,364	-10,270,594	41,843,770	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,284,787	11,493,663	13,778,450	-1,226,174	12,552,276	62.00
64.00	INTRAVENOUS THERAPY	603,147	482,430	1,085,577	-224,207	861,370	64.00
65.00	RESPIRATORY THERAPY	4,184,157	3,884,981	8,069,138	-1,446,269	6,622,869	65.00
66.00	PHYSICAL THERAPY	3,176,325	1,978,479	5,154,804	-1,901,593	3,253,211	66.00
67.00	OCCUPATIONAL THERAPY	2,238,094	1,325,806	3,563,900	-1,233,315	2,330,585	67.00
68.00	SPEECH PATHOLOGY	1,231,822	1,104,351	2,336,173	-920,825	1,415,348	68.00
69.00	ELECTROCARDIOLOGY	2,566,131	9,884,942	12,451,073	-7,462,003	4,989,070	69.00
70.00	ELECTROENCEPHALOGRAPHY	977,679	680,210	1,657,889	-597,166	1,060,723	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	512,614	512,614	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	44,864,660	44,864,660	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	23,005,978	23,005,978	73.00
74.00	RENAL DIALYSIS	305,344	2,394,145	2,699,489	-2,210,951	488,538	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	1,975,812	1,975,812	76.00
76.01	PSYCH DAY HOSPITAL	1,712,693	1,123,111	2,835,804	-499,993	2,335,811	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	11,950,938	24,876,522	36,827,460	-11,114,912	25,712,548	90.00
91.00	EMERGENCY	6,248,862	3,863,444	10,112,306	-2,766,239	7,346,067	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	1,125,414	5,470,172	6,595,586	-423,132	6,172,454	105.00
106.00	HEART ACQUISITION	484,203	238,480	722,683	-163,743	558,940	106.00
107.00	LIVER ACQUISITION	628,258	1,732,642	2,360,900	-207,104	2,153,796	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	51,183	203,892	255,075	-14,102	240,973	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	399,462,168	520,756,234	920,218,402	88,350,174	1,008,568,576	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	697,331	2,800,709	3,498,040	784,427	4,282,467	190.00
190.01	FUND RAISING	3,976,404	2,418,843	6,395,247	-1,396,572	4,998,675	190.01
190.02	RUSH DAY SCHOOL	1,278,295	643,587	1,921,882	-345,140	1,576,742	190.02
191.00	RESEARCH	23,419,772	19,196,177	42,615,949	-54,948	42,561,001	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	8,287,125	4,568,008	12,855,133	-1,601	12,853,532	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	3,015,696	27,816,990	30,832,686	-25,961,457	4,871,229	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	89,946,109	78,575,617	168,521,726	-47,788,014	120,733,712	192.00
194.00	MEDICAL COLLEGE	11,926,042	16,546,446	28,472,488	-10,393,407	18,079,081	194.00
194.01	AFFIL CORP ARC VENTURES	3,964,278	22,734,424	26,698,702	-1,300,892	25,397,810	194.01
194.02	AFFIL CORP ROOM 500	808,593	1,970,060	2,778,653	-1,314,382	1,464,271	194.02
194.03	AFFIL CORP JOINT VENTURES	8,883,155	15,990,112	24,873,267	-578,188	24,295,079	194.03
200.00	TOTAL (SUM OF LINES 118-199)	555,664,968	714,017,207	1,269,682,175	0	1,269,682,175	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	DEPRECIATION OLD HOSPITAL	108,098	2,704,118		1.01
1.02	DEPRECIATION DIRECT BLDG	-33,049	9,297,688		1.02
1.03	DEPRECIATION KELLOGG PAV	0	3,044,028		1.03
1.04	DEPRECIATION JELKE SOUTH	0	3,137,884		1.04
1.05	DEPRECIATION ATRIUM PAV	19,947	3,600,726		1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	1,243,656		1.06
1.07	DEPRECIATION PRO BLDG SOUTH	119,472	1,321,430		1.07
1.08	DEPRECIATION WOOD ST	0	315,143		1.08
1.09	DEPRECIATION ACADEMIC FACILITY	7,660	1,574,708		1.09
1.10	DEPRECIATION PRO BLDG III	0	986,066		1.10
1.11	DEPRECIATION JRB	357,514	1,097,868		1.11
1.12	DEPRECIATION TOB	0	1,004,116		1.12
1.13	DEPRECIATION EQUIPMENT	-1,371,954	37,265,293		1.13
1.14	DEPRECIATION ORTHOPEDICS	0	951,741		1.14
1.15	DEPRECIATION KIDSTON	0	101,502		1.15
1.16	DEPRECIATION COHN	0	1,707,173		1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	INTEREST GENERAL	-53,177	514,838		2.01
2.02	INTEREST DIRECT BLDG	-90,106	872,375		2.02
2.03	INTEREST ATRUM PAV	-728,598	7,054,054		2.03
2.04	INTEREST PRO BLDG SOUTH	-128,081	1,240,034		2.04
2.05	INTEREST TOB	-176,729	1,711,029		2.05
2.06	INTEREST PRO BLDG III	-1,098	10,628		2.06
4.00	EMPLOYEE BENEFITS	-655,937	147,760,688		4.00
5.01	TRANSITION RECRUITMENT	-26,007	28,439,840		5.01
5.02	PARKING GARAGE	-9,199,431	-4,701,681		5.02
5.03	RESEARCH ADMINISTRATION	-26,078	5,936,219		5.03
5.04	ADMIN & GEN INPT SERVICE	-7,979	3,253,674		5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	2,754,372		5.05
5.06	ADMIN & GEN ANIMAL LAB	0	-271,834		5.06
5.07	ADMIN & GEN PT SERVICE	-1,457,621	47,627,032		5.07
5.08	PERSONNEL DEPARTMENT	0	4,830,013		5.08
5.09	RESEARCH FACULTY	-142,216	11,262,535		5.09
5.10	RESEARCH SPA	-426,207	7,415,804		5.10
5.11	CORPORATE ADMINISTRATION	-42,421,200	41,513,745		5.11
6.00	MAINTENANCE & REPAIRS	-686,059	44,507,143		6.00
6.01	RENTED SPACE COSTS	0	78,620		6.01
8.00	LAUNDRY & LINEN SERVICE	-2,214	3,365,975		8.00
9.00	HOUSEKEEPING	-16,560	14,252,826		9.00
10.00	DIETARY	-1,112	682,833		10.00
10.01	PATIENT FOOD SERVICE	-39,631	7,737,055		10.01
11.00	CAFETERIA	-2,709,560	277,217		11.00
13.00	NURSING ADMINISTRATION	-153,791	6,410,373		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	495,848		14.00
15.00	PHARMACY	-687	35,849,251		15.00
16.00	MEDICAL RECORDS & LIBRARY	-36,554	5,456,189		16.00
16.01	MEDICAL RECORDS & LIBRARY	-88,502	6,819,561		16.01
18.00	CLINICAL LAB ADMIN MED	-11,092	1,325,605		18.00
18.01	CLINICAL LAB ADMIN PED	-149,577	213,989		18.01
18.02	CLINICAL LAB ADMIN OB	-200,476	1,263,506		18.02
18.03	CLINICAL LAB ADMIN SURG	-965,578	2,248,095		18.03
18.04	CLINICAL LAB ADMIN PSYCH	-516,680	443,554		18.04
18.05	CLINICAL LAB ADMIN PATH	-92,152	608,891		18.05
18.06	CLINICAL LAB ADMIN CARD	-162,207	245,871		18.06
18.07	CLINICAL LAB ADMIN HEMAT	-46,673	-9,554		18.07
18.08	CLINICAL LAB ADMIN NEUR	-1,389,933	969,653		18.08
18.09	CLINICAL LAB ADMIN OCLS	-22,429	1,726,974		18.09
18.12	DISCRETIONARY OPERATIONS	-6,368,010	-2,081,893		18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	-898,474	4,559,217		18.14
18.16	NURSING SCHOOL SPLIT	0	8,945,562		18.16
19.00	NONPHYSICIAN ANESTHETISTS	-2,304,050	0		19.00
20.00	NURSING SCHOOL	-7,671,779	-6,796,813		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-1,616,799	30,825,834		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-797,303	6,090,367		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	-1,080,872	650,635		23.00
23.01	PARAMED MEDICAL PERFUSION TECH	-775,362	-461,970		23.01
23.02	PARAMED DIETARY	-570,343	-180,317		23.02
23.03	PARAMED SPEECH	-2,014,922	-632,641		23.03
23.04	PARAMED OCCUPATIONAL THERAPY	-1,783,129	-805,422		23.04
23.05	PARAMED MEDICAL PHYSICS	0	138,246		23.05
23.06	PARAMED PASTORAL CARE	-2,500	456,617		23.06
23.07	PARAMED TECHNOLOGY	-1,765,761	-765,022		23.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
23.08	PARAMED VASCULAR ULTRASOUND	-599,988	-255,047		23.08
23.09	PARAMED PHARMACY	-46,000	285,259		23.09
23.10	PARAMED RESPIRATORY THERAPY	-1,225,334	-629,669		23.10
23.11	PARAMED PHYSICIANS ASSISTANT	-739,767	-155,966		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-59,435	43,647,690		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	-1,730	12,328,596		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	-138,457	10,779,454		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	200	5,236,979		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	-290,535	11,753,055		35.02
40.00	SUBPROVIDER - IPF	-88,819	6,783,034		40.00
41.00	SUBPROVIDER - IRF	-364,942	5,369,378		41.00
43.00	NURSERY	0	1,630,109		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-14,258	44,523,713		50.00
51.00	RECOVERY ROOM	0	2,593,802		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,761,135		52.00
53.00	ANESTHESIOLOGY	-169,489	2,535,160		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-136,523	15,570,955		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,086,451		55.00
56.00	RADIOISOTOPE	-25	1,790,045		56.00
60.00	LABORATORY	-3,630,111	38,213,659		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	-37	12,552,239		62.00
64.00	INTRAVENOUS THERAPY	-21	861,349		64.00
65.00	RESPIRATORY THERAPY	-38,869	6,584,000		65.00
66.00	PHYSICAL THERAPY	-9,882	3,243,329		66.00
67.00	OCCUPATIONAL THERAPY	-6,664	2,323,921		67.00
68.00	SPEECH PATHOLOGY	-4,271	1,411,077		68.00
69.00	ELECTROCARDIOLOGY	-455,298	4,533,772		69.00
70.00	ELECTROENCEPHALOGRAPHY	-5,100	1,055,623		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	512,614		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	44,864,660		72.00
73.00	DRUGS CHARGED TO PATIENTS	-71,860	22,934,118		73.00
74.00	RENAL DIALYSIS	0	488,538		74.00
76.00	RENAL DIALYSIS I/P	0	1,975,812		76.00
76.01	PSYCH DAY HOSPITAL	-105,556	2,230,255		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-1,333,237	24,379,311		90.00
91.00	EMERGENCY	-68,048	7,278,019		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	6,172,454		105.00
106.00	HEART ACQUISITION	0	558,940		106.00
107.00	LIVER ACQUISITION	0	2,153,796		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	240,973		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	UTILIZATION REVIEW - SNF	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-100,877,604	907,690,972		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,282,467		190.00
190.01	FUND RAISING	-155,303	4,843,372		190.01
190.02	RUSH DAY SCHOOL	0	1,576,742		190.02
191.00	RESEARCH	0	42,561,001		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	12,853,532		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	4,871,229		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	120,733,712		192.00
194.00	MEDICAL COLLEGE	-61,938	18,017,143		194.00
194.01	AFFIL CORP ARC VENTURES	0	25,397,810		194.01
194.02	AFFIL CORP ROOM 500	0	1,464,271		194.02
194.03	AFFIL CORP JOINT VENTURES	0	24,295,079		194.03
200.00	TOTAL (SUM OF LINES 118-199)	-101,094,845	1,168,587,330		200.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/11/2012 3:39 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - AFFIL CORP FRINGES #45960				
1.00	EMPLOYEE BENEFITS	4.00	0	141,642,703	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/11/2012 3:39 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
82.00		0.00	0	0	82.00
83.00		0.00	0	0	83.00
84.00		0.00	0	0	84.00
85.00		0.00	0	0	85.00
	TOTALS		0	141,642,703	
	B - DIRECT EDUCATION				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,970,752	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		5,970,752	0	
	C - PARKING GARAGE RECH #49490				
1.00	PARKING GARAGE	5.02	0	738,006	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/11/2012 3:39 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
	TOTALS		0	738,006	
	D - REAL ESTATE TAX				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,388,797	1.00
	TOTALS		0	1,388,797	
	E - TRIANGLE BLDG HOUSEKEEPING				
1.00	HOUSEKEEPING	9.00	0	345,606	1.00
	TOTALS		0	345,606	
	F - PROPERTY INSURANCE				
1.00	DEPRECIATION EQUIPMENT	1.13	0	1,989,414	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	1,989,414	
	G - CENTRAL SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	512,614	1.00
	TOTALS		0	512,614	
	H - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,005,978	1.00
	TOTALS		0	23,005,978	
	I - SPACE RECH #49940				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	90,650,664	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
54.00		0.00	0	0	54.00
55.00		0.00	0	0	55.00
56.00		0.00	0	0	56.00
57.00		0.00	0	0	57.00
58.00		0.00	0	0	58.00
59.00		0.00	0	0	59.00
60.00		0.00	0	0	60.00
61.00		0.00	0	0	61.00
62.00		0.00	0	0	62.00
63.00		0.00	0	0	63.00
64.00		0.00	0	0	64.00
65.00		0.00	0	0	65.00
66.00		0.00	0	0	66.00
67.00		0.00	0	0	67.00
68.00		0.00	0	0	68.00
69.00		0.00	0	0	69.00
70.00		0.00	0	0	70.00
71.00		0.00	0	0	71.00
72.00		0.00	0	0	72.00
73.00		0.00	0	0	73.00
74.00		0.00	0	0	74.00
75.00		0.00	0	0	75.00
76.00		0.00	0	0	76.00
77.00		0.00	0	0	77.00
78.00		0.00	0	0	78.00
79.00		0.00	0	0	79.00
80.00		0.00	0	0	80.00
81.00		0.00	0	0	81.00
	TOTALS		0	90,650,664	
	J - AFFIL CORP OH #45969				
1.00	CORPORATE ADMINISTRATION	5.11	0	39,412,394	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	13,140,096	2.00
3.00	AFFIL CORP JOINT VENTURES	194.03	0	1,249,512	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	53,802,002	
	K - NURSE ANESTH				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,304,050	0	1.00
	TOTALS		2,304,050	0	
	L - DATA CENTER				
1.00	ADMIN & GEN PT SERVICE	5.07	12,636,100	16,379,575	1.00
	TOTALS		12,636,100	16,379,575	
	M - PASTORAL CARE				
1.00	PARAMED PASTORAL CARE	23.06	461,364	38,461	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	169,615	48,212	2.00
3.00		0.00	0	0	3.00
	TOTALS		630,979	86,673	
	N - MALPRACTICE				
1.00	CORPORATE ADMINISTRATION	5.11	0	10,568,528	1.00
	TOTALS		0	10,568,528	
	O - DEPRECIATION				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	2,514,130	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	9,322,217	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	2,908,315	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	2,999,912	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	3,480,401	5.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,151,491		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,136,461		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	312,585		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,523,039		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	943,096		10.00
11.00	DEPRECIATION JRB	1.11	0	708,409		11.00
12.00	DEPRECIATION TOB	1.12	0	954,251		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	36,647,833		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	951,741		14.00
15.00	DEPRECIATION KIDSTON	1.15	0	91,123		15.00
16.00	DEPRECIATION COHN	1.16	0	1,706,747		16.00
	TOTALS		0	67,351,751		
	P - INTEREST					
1.00	INTEREST GENERAL	2.01	0	568,015		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	962,481		2.00
3.00	INTEREST ATRUM PAV	2.03	0	7,782,652		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	1,368,115		4.00
5.00	INTEREST TOB	2.05	0	1,887,758		5.00
6.00	INTEREST PRO BLDG III	2.06	0	11,726		6.00
	TOTALS		0	12,580,747		
	Q - NURSING SALARY					
1.00	NURSERY	43.00	1,484,513	910,629		1.00
	TOTALS		1,484,513	910,629		
	R - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	138,246	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		138,246	0		
	S - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS	74.00	34,705	0		1.00
2.00	RENAL DIALYSIS I/P	76.00	1,745	1,974,067		2.00
	TOTALS		36,450	1,974,067		
	T - NON-RESEARCH					
1.00	EMPLOYEE BENEFITS	4.00	900	30,118		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	278,014	70,298		2.00
3.00	CORPORATE ADMINISTRATION	5.11	97,909	518,127		3.00
4.00	PHARMACY	15.00	0	687		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.01	0	71,605		5.00
6.00	CLINICAL LAB ADMIN PED	18.01	95,101	39,893		6.00
7.00	CLINICAL LAB ADMIN OB	18.02	154,525	4,642		7.00
8.00	CLINICAL LAB ADMIN SURG	18.03	325,172	370,673		8.00
9.00	CLINICAL LAB ADMIN PSYCH	18.04	380,215	35,707		9.00
10.00	CLINICAL LAB ADMIN PATH	18.05	57,130	19,883		10.00
11.00	CLINICAL LAB ADMIN CARD	18.06	75,930	61,573		11.00
12.00	CLINICAL LAB ADMIN HEMAT	18.07	36,051	1,068		12.00
13.00	CLINICAL LAB ADMIN NEUR	18.08	795,569	374,624		13.00
14.00	DISCRETIONARY OPERATIONS	18.12	2,878,319	1,783,884		14.00
15.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	333,407	128,527		15.00
16.00	NURSING SCHOOL SPLIT	18.16	39,755	51,493		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	383,324	69,666		17.00
18.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,000	8,184		18.00
19.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	1,019		19.00
20.00	ADULTS & PEDIATRICS	30.00	4,528	44,106		20.00
21.00	PREMATURE INTENSIVE CARE UNIT	35.02	71,232	93,303		21.00
22.00	ANESTHESIOLOGY	53.00	0	156,588		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,416		23.00
24.00	RADIOISOTOPE	56.00	0	25		24.00
25.00	LABORATORY	60.00	970,879	407,282		25.00
26.00	RESPIRATORY THERAPY	65.00	6,404	34,175		26.00
27.00	PHYSICAL THERAPY	66.00	0	5,200		27.00
28.00	ELECTROCARDIOLOGY	69.00	129,144	3,627		28.00
29.00	PSYCH DAY HOSPITAL	76.01	57,209	31,149		29.00
30.00	EMERGENCY	91.00	22,723	42,490		30.00
31.00	FUND RAISING	190.01	60,681	78,542		31.00
32.00	MEDICAL COLLEGE	194.00	0	12,538		32.00
	TOTALS		7,255,121	4,578,112		
	U - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	983,882	0		1.00
2.00		0.00	0	0		2.00

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
	TOTALS		983,882	0		
	V - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	874,966		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,177,562		2.00
	TOTALS		0	3,052,528		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	108,217		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	8,520		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	135,713		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	137,972		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	100,378		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	92,165		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	65,497		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	2,558		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	44,009		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	42,970		10.00
11.00	DEPRECIATION JRB	1.11	0	31,945		11.00
12.00	DEPRECIATION TOB	1.12	0	49,865		12.00
13.00	DEPRECIATION KIDSTON	1.15	0	10,379		13.00
14.00	DEPRECIATION COHN	1.16	0	426		14.00
	TOTALS		0	830,614		
	X - IMPLANT DIRECT COST					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	44,864,660		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
	TOTALS		0	44,864,660		
	Y - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	315,986	15,273		1.00
	TOTALS		315,986	15,273		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	106,142		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	73,365		2.00
3.00	PARAMED DIETARY	23.02	0	56,094		3.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/11/2012 3:39 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	PARAMED TECHNOLOGY	23.07	0	178,492	4.00
5.00	PARAMED SPEECH	23.03	0	266,230	5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	148,395	6.00
7.00	MEDICAL COLLEGE	194.00	0	16,127	7.00
8.00	PARAMED VASCULAR ULTRASOUND	23.08	0	55,898	8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	121,468	9.00
10.00	PARAMED RESPIRATORY THERAPY	23.10	0	127,912	10.00
11.00	MEDICAL COLLEGE	194.00	0	32,709	11.00
	TOTALS		0	1,182,832	
500.00	Grand Total: Increases		31,756,079	478,451,773	500.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - AFFIL CORP FRINGES #45960						
1.00	TRANSITION RECRUITMENT	5.01	0	32,831	0		1.00
2.00	PARKING GARAGE	5.02	0	393	0		2.00
3.00	RESEARCH ADMINISTRATION	5.03	0	1,143,368	0		3.00
4.00	ADMIN & GEN INPT SERVICE	5.04	0	642,145	0		4.00
5.00	ADMIN & GEN OUTPT SERVICE	5.05	0	689,081	0		5.00
6.00	ADMIN & GEN ANIMAL LAB	5.06	0	196,727	0		6.00
7.00	ADMIN & GEN PT SERVICE	5.07	0	7,316,688	0		7.00
8.00	PERSONNEL DEPARTMENT	5.08	0	767,017	0		8.00
9.00	RESEARCH FACULTY	5.09	0	2,336,939	0		9.00
10.00	RESEARCH SPA	5.10	0	1,219,660	0		10.00
11.00	CORPORATE ADMINISTRATION	5.11	0	9,459,119	0		11.00
12.00	MAINTENANCE & REPAIRS	6.00	0	3,131,593	0		12.00
13.00	LAUNDRY & LINEN SERVICE	8.00	0	115,926	0		13.00
14.00	HOUSEKEEPING	9.00	0	2,981,812	0		14.00
15.00	DIETARY	10.00	0	182,723	0		15.00
16.00	PATIENT FOOD SERVICE	10.01	0	1,505,851	0		16.00
17.00	CAFETERIA	11.00	0	458,996	0		17.00
18.00	NURSING ADMINISTRATION	13.00	0	1,520,515	0		18.00
19.00	PHARMACY	15.00	0	2,224,770	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,038,990	0		20.00
21.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,652,628	0		21.00
22.00	CLINICAL LAB ADMIN MED	18.00	0	355,106	0		22.00
23.00	CLINICAL LAB ADMIN PED	18.01	0	59,593	0		23.00
24.00	CLINICAL LAB ADMIN OB	18.02	0	344,007	0		24.00
25.00	CLINICAL LAB ADMIN SURG	18.03	0	600,607	0		25.00
26.00	CLINICAL LAB ADMIN PSYCH	18.04	0	91,947	0		26.00
27.00	CLINICAL LAB ADMIN PATH	18.05	0	19,338	0		27.00
28.00	CLINICAL LAB ADMIN CARD	18.06	0	67,425	0		28.00
29.00	CLINICAL LAB ADMIN NEUR	18.08	0	310,392	0		29.00
30.00	CLINICAL LAB ADMIN OCLS	18.09	0	245,594	0		30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	941,847	0		31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	1,918,613	0		32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,084,351	0		33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,547,083	0		34.00
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	275,284	0		35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	54,404	0		36.00
37.00	PARAMED DIETARY	23.02	0	75,805	0		37.00
38.00	PARAMED SPEECH	23.03	0	229,927	0		38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	152,408	0		39.00
40.00	PARAMED PASTORAL CARE	23.06	0	40,708	0		40.00
41.00	PARAMED TECHNOLOGY	23.07	0	175,221	0		41.00
42.00	PARAMED VASCULAR ULTRASOUND	23.08	0	47,901	0		42.00
43.00	PARAMED RESPIRATORY THERAPY	23.10	0	87,599	0		43.00
44.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	85,641	0		44.00
45.00	ADULTS & PEDIATRICS	30.00	0	10,755,149	0		45.00
46.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,821,138	0		46.00
47.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,632,729	0		47.00
48.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,223,125	0		48.00
49.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,914,088	0		49.00
50.00	SUBPROVIDER - IPF	40.00	0	1,766,640	0		50.00
51.00	SUBPROVIDER - IRF	41.00	0	1,384,004	0		51.00
52.00	NURSERY	43.00	0	400,819	0		52.00
53.00	OPERATING ROOM	50.00	0	3,788,564	0		53.00
54.00	RECOVERY ROOM	51.00	0	656,480	0		54.00
55.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,109,367	0		55.00
56.00	ANESTHESIOLOGY	53.00	0	771,126	0		56.00
57.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,987,689	0		57.00
58.00	RADIOLOGY-THERAPEUTIC	55.00	0	754,502	0		58.00
59.00	RADIOISOTOPE	56.00	0	193,778	0		59.00
60.00	LABORATORY	60.00	0	5,560,142	0		60.00
61.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	616,893	0		61.00
62.00	INTRAVENOUS THERAPY	64.00	0	162,850	0		62.00
63.00	RESPIRATORY THERAPY	65.00	0	1,129,722	0		63.00
64.00	PHYSICAL THERAPY	66.00	0	857,608	0		64.00
65.00	OCCUPATIONAL THERAPY	67.00	0	604,286	0		65.00
66.00	SPEECH PATHOLOGY	68.00	0	332,592	0		66.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	ELECTROCARDIOLOGY	69.00	0	692,855	0		67.00
68.00	ELECTROENCEPHALOGRAPHY	70.00	0	263,973	0		68.00
69.00	RENAL DIALYSIS	74.00	0	82,443	0		69.00
70.00	PSYCH DAY HOSPITAL	76.01	0	462,427	0		70.00
71.00	CLINIC	90.00	0	2,522,712	0		71.00
72.00	EMERGENCY	91.00	0	1,687,193	0		72.00
73.00	KIDNEY ACQUISITION	105.00	0	303,862	0		73.00
74.00	HEART ACQUISITION	106.00	0	130,735	0		74.00
75.00	LIVER ACQUISITION	107.00	0	169,630	0		75.00
76.00	PANCREAS ACQUISITION	109.00	0	13,819	0		76.00
77.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	191,246	0		77.00
78.00	FUND RAISING	190.01	0	1,091,818	0		78.00
79.00	RUSH DAY SCHOOL	190.02	0	345,140	0		79.00
80.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	11,124,094	0		80.00
81.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,882,915	0		81.00
82.00	MEDICAL COLLEGE	194.00	0	2,865,923	0		82.00
83.00	AFFIL CORP ARC VENTURES	194.01	0	1,070,355	0		83.00
84.00	AFFIL CORP ROOM 500	194.02	0	219,667	0		84.00
85.00	AFFIL CORP JOINT VENTURES	194.03	0	1,670,032	0		85.00
	TOTALS		0	141,642,703			
	B - DIRECT EDUCATION						
1.00	ADMIN & GEN PT SERVICE	5.07	36,412	0	0		1.00
2.00	CORPORATE ADMINISTRATION	5.11	7,519	0	0		2.00
3.00	PHARMACY	15.00	158,046	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	2,520	0	0		4.00
5.00	CLINICAL LAB ADMIN MED	18.00	7,628	0	0		5.00
6.00	CLINICAL LAB ADMIN PATH	18.05	3,572	0	0		6.00
7.00	CLINICAL LAB ADMIN OCLS	18.09	59,364	0	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,573,798	0	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	70,351	0	0		9.00
10.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,000	0	0		10.00
11.00	PARAMED VASCULAR ULTRASOUND	23.08	1,000	0	0		11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	12,654	0	0		12.00
13.00	LABORATORY	60.00	8	0	0		13.00
14.00	PSYCH DAY HOSPITAL	76.01	1,824	0	0		14.00
15.00	MEDICAL COLLEGE	194.00	35,056	0	0		15.00
	TOTALS		5,970,752	0			
	C - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS	4.00	0	2,858	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	1,733	0		2.00
3.00	ADMIN & GEN ANIMAL LAB	5.06	0	330	0		3.00
4.00	ADMIN & GEN PT SERVICE	5.07	0	4,280	0		4.00
5.00	PERSONNEL DEPARTMENT	5.08	0	21,862	0		5.00
6.00	RESEARCH FACULTY	5.09	0	3,735	0		6.00
7.00	RESEARCH SPA	5.10	0	1,485	0		7.00
8.00	CORPORATE ADMINISTRATION	5.11	0	18,848	0		8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	270	0		9.00
10.00	DIETARY	10.00	0	248	0		10.00
11.00	PATIENT FOOD SERVICE	10.01	0	248	0		11.00
12.00	CAFETERIA	11.00	0	83	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	765	0		13.00
14.00	PHARMACY	15.00	0	1,650	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.01	0	165	0		15.00
16.00	CLINICAL LAB ADMIN MED	18.00	0	5,115	0		16.00
17.00	CLINICAL LAB ADMIN OB	18.02	0	660	0		17.00
18.00	CLINICAL LAB ADMIN SURG	18.03	0	165	0		18.00
19.00	CLINICAL LAB ADMIN PATH	18.05	0	578	0		19.00
20.00	CLINICAL LAB ADMIN NEUR	18.08	0	660	0		20.00
21.00	DISCRETIONARY OPERATIONS	18.12	0	61,374	0		21.00
22.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	1,898	0		22.00
23.00	NURSING SCHOOL SPLIT	18.16	0	1,650	0		23.00
24.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	470,543	0		24.00
25.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	3,518	0		25.00
26.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	578	0		26.00
27.00	PARAMED DIETARY	23.02	0	165	0		27.00
28.00	PARAMED SPEECH	23.03	0	1,980	0		28.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
29.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	5,798	0		29.00
30.00	PARAMED TECHNOLOGY	23.07	0	743	0		30.00
31.00	PARAMED VASCULAR ULTRASOUND	23.08	0	743	0		31.00
32.00	PARAMED RESPIRATORY THERAPY	23.10	0	825	0		32.00
33.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	578	0		33.00
34.00	ADULTS & PEDIATRICS	30.00	0	1,155	0		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	165	0		35.00
36.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	83	0		36.00
37.00	SUBPROVIDER - IPF	40.00	0	1,733	0		37.00
38.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,650	0		38.00
39.00	ANESTHESIOLOGY	53.00	0	1,650	0		39.00
40.00	RADIOLOGY-DIAGNOSTIC	54.00	0	10,613	0		40.00
41.00	LABORATORY	60.00	0	3,810	0		41.00
42.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	21,750	0		42.00
43.00	RESPIRATORY THERAPY	65.00	0	660	0		43.00
44.00	SPEECH PATHOLOGY	68.00	0	2,805	0		44.00
45.00	ELECTROCARDIOLOGY	69.00	0	330	0		45.00
46.00	PSYCH DAY HOSPITAL	76.01	0	15,475	0		46.00
47.00	CLINIC	90.00	0	12,503	0		47.00
48.00	EMERGENCY	91.00	0	165	0		48.00
49.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,190	0		49.00
50.00	FUND RAISING	190.01	0	7,300	0		50.00
51.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	24,848	0		51.00
52.00	MEDICAL COLLEGE	194.00	0	12,990	0		52.00
	TOTALS		0	738,006			
	D - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,388,797	0		1.00
	TOTALS		0	1,388,797			
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	MAINTENANCE & REPAIRS	6.00	0	345,606	0		1.00
	TOTALS		0	345,606			
	F - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS	4.00	0	30,639	9		1.00
2.00	PARKING GARAGE	5.02	0	14,134	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	1,755,033	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	12,406	0		4.00
5.00	CAFETERIA	11.00	0	1,713	0		5.00
6.00	CLINICAL LAB ADMIN PSYCH	18.04	0	2,501	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,320	0		7.00
8.00	AFFIL CORP ARC VENTURES	194.01	0	1,000	0		8.00
9.00	AFFIL CORP JOINT VENTURES	194.03	0	157,668	0		9.00
	TOTALS		0	1,989,414			
	G - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	512,614	0		1.00
	TOTALS		0	512,614			
	H - PHARMACY						
1.00	PHARMACY	15.00	0	23,005,978	0		1.00
	TOTALS		0	23,005,978			
	I - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS	4.00	0	129,091	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	6,082,371	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	243,030	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	174,985	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,284,264	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	3,813,527	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	400,773	0		7.00
8.00	RESEARCH FACULTY	5.09	0	2,210,342	0		8.00
9.00	RESEARCH SPA	5.10	0	517,712	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	6,152,443	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	85,833	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	615,751	0		12.00
13.00	DIETARY	10.00	0	209,966	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,333,614	0		14.00
15.00	CAFETERIA	11.00	0	1,425,893	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	771,634	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	52,912	0		17.00
18.00	PHARMACY	15.00	0	876,800	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	799,448	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	406,278	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	105,818	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	293,114	0		22.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
23.00	CLINICAL LAB ADMIN OB	18.02	0	165,510	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	624,958	0		24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	31,047	0		25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	863,354	0		26.00
27.00	CLINICAL LAB ADMIN CARD	18.06	0	313,855	0		27.00
28.00	CLINICAL LAB ADMIN NEUR	18.08	0	263,246	0		28.00
29.00	CLINICAL LAB ADMIN OCLS	18.09	0	112,099	0		29.00
30.00	DISCRETIONARY OPERATIONS	18.12	0	314,712	0		30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2,888,704	0		31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	561,579	0		32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	926,785	0		33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	857,990	0		34.00
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	152,198	0		35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	22,170	0		36.00
37.00	PARAMED DIETARY	23.02	0	21,373	0		37.00
38.00	PARAMED SPEECH	23.03	0	107,247	0		38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	71,332	0		39.00
40.00	PARAMED TECHNOLOGY	23.07	0	34,764	0		40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	11,110	0		41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	90,953	0		42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	11,534	0		43.00
44.00	ADULTS & PEDIATRICS	30.00	0	8,585,253	0		44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	1,535,353	0		45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	1,364,272	0		46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	521,785	0		47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	837,013	0		48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,758,207	0		49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,430,500	0		50.00
51.00	NURSERY	43.00	0	364,234	0		51.00
52.00	OPERATING ROOM	50.00	0	4,834,099	0		52.00
53.00	RECOVERY ROOM	51.00	0	338,472	0		53.00
54.00	DELIVERY ROOM & LABOR ROOM	52.00	0	654,908	0		54.00
55.00	ANESTHESIOLOGY	53.00	0	720,505	0		55.00
56.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,700,561	0		56.00
57.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,479,160	0		57.00
58.00	RADIOISOTOPE	56.00	0	684,862	0		58.00
59.00	LABORATORY	60.00	0	5,632,524	0		59.00
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	587,531	0		60.00
61.00	INTRAVENOUS THERAPY	64.00	0	61,357	0		61.00
62.00	RESPIRATORY THERAPY	65.00	0	356,466	0		62.00
63.00	PHYSICAL THERAPY	66.00	0	1,049,185	0		63.00
64.00	OCCUPATIONAL THERAPY	67.00	0	629,029	0		64.00
65.00	SPEECH PATHOLOGY	68.00	0	564,996	0		65.00
66.00	ELECTROCARDIOLOGY	69.00	0	749,322	0		66.00
67.00	ELECTROENCEPHALOGRAPHY	70.00	0	333,193	0		67.00
68.00	RENAL DIALYSIS	74.00	0	187,401	0		68.00
69.00	PSYCH DAY HOSPITAL	76.01	0	108,625	0		69.00
70.00	CLINIC	90.00	0	4,227,184	0		70.00
71.00	EMERGENCY	91.00	0	1,141,986	0		71.00
72.00	KIDNEY ACQUISITION	105.00	0	119,270	0		72.00
73.00	HEART ACQUISITION	106.00	0	33,008	0		73.00
74.00	LIVER ACQUISITION	107.00	0	37,474	0		74.00
75.00	PANCREAS ACQUISITION	109.00	0	283	0		75.00
76.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,400,972	0		76.00
77.00	FUND RAISING	190.01	0	436,677	0		77.00
78.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,395,542	0		78.00
79.00	MEDICAL COLLEGE	194.00	0	1,033,084	0		79.00
80.00	AFFIL CORP ARC VENTURES	194.01	0	229,537	0		80.00
81.00	AFFIL CORP ROOM 500	194.02	0	1,094,715	0		81.00
	TOTALS		0	90,650,664			
	J - AFFIL CORP OH #45969						
1.00	NURSING SCHOOL SPLIT	18.16	0	4,616,760	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	6,047,664	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,262,872	0		3.00

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	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
4.00	CLINIC	90.00	0	4,351,739	0		4.00
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	14,836,896	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,217,339	0		6.00
7.00	MEDICAL COLLEGE	194.00	0	6,468,732	0		7.00
	TOTALS		0	53,802,002			
	K - NURSE ANESTH						
1.00	ANESTHESIOLOGY	53.00	2,304,050	0	0		1.00
	TOTALS		2,304,050	0			
	L - DATA CENTER						
1.00	CORPORATE ADMINISTRATION	5.11	12,636,100	16,379,575	0		1.00
	TOTALS		12,636,100	16,379,575			
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	169,615	48,212	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	461,364	12,745	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	25,716	0		3.00
	TOTALS		630,979	86,673			
	N - MALPRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,568,528	0		1.00
	TOTALS		0	10,568,528			
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	67,214,803	9		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	136,948	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
15.00		0.00	0	0	9		15.00
16.00		0.00	0	0	9		16.00
	TOTALS		0	67,351,751			
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	12,580,747	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
	TOTALS		0	12,580,747			
	Q - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,484,513	910,629	0		1.00
	TOTALS		1,484,513	910,629			
	R - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	10,308	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	127,938	0	0		2.00
	TOTALS		138,246	0			
	S - RENAL DIALYSIS SPLIT						
1.00	MEDICAL RECORDS & LIBRARY	16.01	34,705	0	0		1.00
2.00	RENAL DIALYSIS	74.00	1,745	1,974,067	0		2.00
	TOTALS		36,450	1,974,067			
	T - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	7,255,121	4,578,112	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
	TOTALS		7,255,121	4,578,112			
	U - HSM TEACHING						
1.00	EMPLOYEE BENEFITS	4.00	10,689	0	0		1.00
2.00	CORPORATE ADMINISTRATION	5.11	4,750	0	0		2.00
3.00	RESEARCH ADMINISTRATION	5.03	15,533	0	0		3.00
4.00	ADMIN & GEN PT SERVICE	5.07	141,698	0	0		4.00
5.00	PERSONNEL DEPARTMENT	5.08	108,829	0	0		5.00
6.00	RESEARCH SPA	5.10	860	0	0		6.00
7.00	CORPORATE ADMINISTRATION	5.11	270,901	0	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	9,036	0	0		8.00
9.00	DIETARY	10.00	6,611	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	134,436	0	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.01	7,065	0	0		11.00
12.00	CLINICAL LAB ADMIN MED	18.00	21,567	0	0		12.00
13.00	CLINICAL LAB ADMIN SURG	18.03	6,328	0	0		13.00
14.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	13,422	0	0		14.00
15.00	NURSING SCHOOL SPLIT	18.16	12,344	0	0		15.00
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	860	0	0		16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	12,428	0	0		17.00
18.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	11,204	0	0		18.00
19.00	PARAMED DIETARY	23.02	2,204	0	0		19.00
20.00	PARAMED TECHNOLOGY	23.07	180	0	0		20.00
21.00	MEDICAL INTENSIVE CARE UNIT	35.00	6,278	0	0		21.00
22.00	CLINIC	90.00	774	0	0		22.00
23.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	16,554	0	0		23.00
24.00	RESEARCH	191.00	54,948	0	0		24.00
25.00	OTHER SPONSORED PROJECTS/DRUG STUDY	191.01	1,601	0	0		25.00
26.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	467	0	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	73,319	0	0		27.00
28.00	MEDICAL COLLEGE	194.00	38,996	0	0		28.00
	TOTALS		983,882	0			
	V - TUITION ASSISTANCE						
1.00	EMPLOYEE BENEFITS	4.00	0	3,052,528	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	3,052,528			
	W - ACCREATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	830,614	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
9.00		0.00	0	0	9		9.00
10.00		0.00	0	0	9		10.00
11.00		0.00	0	0	9		11.00
12.00		0.00	0	0	9		12.00
13.00		0.00	0	0	9		13.00
14.00		0.00	0	0	9		14.00
	TOTALS		0	830,614			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	X - IMPLANT DIRECT COST						
1.00	EMERGENCY	91.00	0	2,108	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,894	0		2.00
3.00	OPERATING ROOM	50.00	0	36,187,778	0		3.00
4.00	OPERATING ROOM	50.00	0	4,534	0		4.00
5.00	OPERATING ROOM	50.00	0	1,313,983	0		5.00
6.00	OPERATING ROOM	50.00	0	28,718	0		6.00
7.00	SPEECH PATHOLOGY	68.00	0	20,432	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	670,789	0		8.00
9.00	LABORATORY	60.00	0	434,538	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	5,481,478	0		10.00
11.00	LABORATORY	60.00	0	17,733	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	695,853	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	822	0		13.00
	TOTALS		0	44,864,660			
	Y - PHARMACY RESIDENTS						
1.00	PHARMACY	15.00	315,986	15,273	0		1.00
	TOTALS		315,986	15,273			
	Z - DEANS OFFICE						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1,182,832	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		0	1,182,832			
500.00	Grand Total: Decreases		31,756,079	478,451,773			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	17,190,156	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	993,264,788	39,384,986	0	39,384,986	1,191,851	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	298,478,638	184,941,926	0	184,941,926	0	5.00
6.00	Movable Equipment	363,877,284	25,907,691	0	25,907,691	7,630,399	6.00
7.00	HIT designated Assets	57,272,930	4,954,721	0	4,954,721	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,730,083,796	255,189,324	0	255,189,324	8,822,250	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,730,083,796	255,189,324	0	255,189,324	8,822,250	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	-22,631,574	0	0	0	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	12,580,747	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
3.00	Total (sum of lines 1-2)	-22,631,574	0	12,580,747	0	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	68,929,493	0	68,929,493	0.035181	0	1.01
1.02	DEPRECIATION DIRECT BLDG	873,157,596	0	873,157,596	0.445659	0	1.02
1.03	DEPRECIATION KELLOGG PAV	87,025,893	0	87,025,893	0.044418	0	1.03
1.04	DEPRECIATION JELKE SOUTH	94,218,792	0	94,218,792	0.048089	0	1.04
1.05	DEPRECIATION ATRIUM PAV	137,444,404	0	137,444,404	0.070151	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	31,532,779	0	31,532,779	0.016094	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	30,674,789	0	30,674,789	0.015656	0	1.07
1.08	DEPRECIATION WOOD ST	5,856,263	0	5,856,263	0.002989	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	73,286,550	0	73,286,550	0.037405	0	1.09
1.10	DEPRECIATION PRO BLDG III	49,707,088	0	49,707,088	0.025370	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	33,333,262	0	33,333,262	0.017013	0	1.12
1.13	DEPRECIATION EQUIPMENT	368,275,164	0	368,275,164	0.187966	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,729,730	0	35,729,730	0.018236	0	1.14
1.15	DEPRECIATION KIDSTON	4,923,787	0	4,923,787	0.002513	0	1.15
1.16	DEPRECIATION COHN	65,165,124	0	65,165,124	0.033260	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
2.01	INTEREST GENERAL	0	0	0	0.000000	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0.000000	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0.000000	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0.000000	0	2.04
2.05	INTEREST TOB	0	0	0	0.000000	0	2.05

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
3.00	Total (sum of lines 1-2)	1,959,260,714	0	1,959,260,714	0.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	17,190,156	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	1,031,457,923	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	483,420,564	0	5.00
6.00	Movable Equipment	382,154,576	0	6.00
7.00	HIT designated Assets	62,227,651	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,976,450,870	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	1,976,450,870	0	10.00

	Cost Center Description	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	-22,631,574	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	1.10
1.11	DEPRECIATION JRB	0	0	1.11
1.12	DEPRECIATION TOB	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	1.15
1.16	DEPRECIATION COHN	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	12,580,747	2.01
2.02	INTEREST DIRECT BLDG	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	2.04
2.05	INTEREST TOB	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	2.06
3.00	Total (sum of lines 1-2)	0	-10,050,827	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	2,704,118	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	9,297,688	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	3,044,028	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	3,137,884	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	3,600,726	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,243,656	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,321,430	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	315,143	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,574,708	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	986,066	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,097,868	0	1.11
1.12	DEPRECIATION TOB	0	0	0	1,004,116	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	37,265,293	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	951,741	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	101,502	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,707,173	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	0	0	0	2.01
2.02	INTEREST DIRECT BLDG	0	0	0	0	0	2.02
2.03	INTEREST ATRUM PAV	0	0	0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	0	0	0	2.04

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
3.00	Total (sum of lines 1-2)	0	0	0	69,353,140	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	DEPRECIATION OLD HOSPITAL	0	0	0	0	2,704,118	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	9,297,688	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	3,044,028	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	3,137,884	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	3,600,726	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,243,656	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	1,321,430	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	315,143	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,574,708	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	986,066	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,097,868	1.11
1.12	DEPRECIATION TOB	0	0	0	0	1,004,116	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	37,265,293	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	951,741	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	101,502	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,707,173	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	514,838	0	0	0	514,838	2.01
2.02	INTEREST DIRECT BLDG	872,375	0	0	0	872,375	2.02
2.03	INTEREST ATRUM PAV	7,054,054	0	0	0	7,054,054	2.03
2.04	INTEREST PRO BLDG SOUTH	1,240,034	0	0	0	1,240,034	2.04
2.05	INTEREST TOB	1,711,029	0	0	0	1,711,029	2.05
2.06	INTEREST PRO BLDG III	10,628	0	0	0	10,628	2.06
3.00	Total (sum of lines 1-2)	11,402,958	0	0	0	80,756,098	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
1.00	Investment income - buildings and fixtures (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)	A	-71,613	MAINTENANCE & REPAIRS	6.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,530,905			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	242,516			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests		0		0.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients	B	-69,755	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00	Sale of medical records and abstracts		0		0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines		0		0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW - SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist	A	-2,304,050	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	TELEPHONE	A	-57,976	DEPRECIATION EQUIPMENT	1.13	33.00
33.01	TELEPHONE	A	-23,513	CORPORATE ADMINISTRATION	5.11	33.01
33.02	TELEPHONE	A	-559,797	ADMIN & GEN PT SERVICE	5.07	33.02
33.10	EMPLOYEE ALLOWANCE	A	-211,997	EMPLOYEE BENEFITS	4.00	33.10
33.20	UNEMPLOYMENT COMP	A	-1,592,159	EMPLOYEE BENEFITS	4.00	33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	A	-1,362,002	DEPRECIATION EQUIPMENT	1.13	33.30
33.40	COMPONENT DEPRECIATION	A	114,998	DEPRECIATION JRB	1.11	33.40
33.41	COMPONENT DEPRECIATION	A	119,472	DEPRECIATION PRO BLDG SOUTH	1.07	33.41
33.42	COMPONENT DEPRECIATION	A	-39,109	DEPRECIATION DIRECT BLDG	1.02	33.42
33.50	UNALLOWABLE COSTS	A	-8,966,719	CORPORATE ADMINISTRATION	5.11	33.50
33.60	MALPRACTICE TRUST INCOME	B	-6,680,986	CORPORATE ADMINISTRATION	5.11	33.60
33.70	BAD DEBT	A	-364,942	SUBPROVIDER - IRF	41.00	33.70
33.71	BAD DEBT	A	-88,819	SUBPROVIDER - IPF	40.00	33.71
33.72	BAD DEBT	A	-2,359	PHYSICAL THERAPY	66.00	33.72
33.73	BAD DEBT	A	-2,184	OCCUPATIONAL THERAPY	67.00	33.73
33.74	BAD DEBT	A	-1,221,270	CLINIC	90.00	33.74
33.80	DEFFERALS	A	108,098	DEPRECIATION OLD HOSPITAL	1.01	33.80
33.81	DEFFERALS	A	6,060	DEPRECIATION DIRECT BLDG	1.02	33.81
33.82	DEFFERALS	A	19,947	DEPRECIATION ATRIUM PAV	1.05	33.82
33.83	DEFFERALS	A	7,660	DEPRECIATION ACADEMIC FACILITY	1.09	33.83
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	33.84

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.90	INTEREST INCOME	B	-53,177	INTEREST GENERAL	2.01	33.90
33.91	INTEREST INCOME	B	-90,106	INTEREST DIRECT BLDG	2.02	33.91
33.92	INTEREST INCOME	B	-728,598	INTEREST ATRUM PAV	2.03	33.92
33.93	INTEREST INCOME	B	-128,081	INTEREST PRO BLDG SOUTH	2.04	33.93
33.94	INTEREST INCOME	B	-176,729	INTEREST TOB	2.05	33.94
33.95	INTEREST INCOME	B	-1,098	INTEREST PRO BLDG III	2.06	33.95
34.00	LOSS ON SALE OF EQUIPMENT	B	-162,678	DEPRECIATION EQUIPMENT	1.13	34.00
34.05	MEDICAID PROVIDER TAX	A	-24,640,032	CORPORATE ADMINISTRATION	5.11	34.05
34.10	POST RETIREMENT INCOME	A	1,195,572	EMPLOYEE BENEFITS	4.00	34.10
34.11	PENSION	A	1,229,274	EMPLOYEE BENEFITS	4.00	34.11
34.15	PASTORAL CARE RESIDENTS	B	-2,500	PARAMED PASTORAL CARE	23.06	34.15
34.16	PHARMACY RESIDENTS	B	-46,000	PARAMED PHARMACY	23.09	34.16
34.20	SALE OF SCRAP	B	-263,771	ADMIN & GEN PT SERVICE	5.07	34.20
34.21	SALE OF SCRAP	B	-70,116	CORPORATE ADMINISTRATION	5.11	34.21
34.25	BUS REVENUE	B	-176,083	EMPLOYEE BENEFITS	4.00	34.25
35.00	MISC INCOME	B	-971	CORPORATE ADMINISTRATION	5.11	35.00
35.01	MISC INCOME	B	-253,029	CORPORATE ADMINISTRATION	5.11	35.01
35.02	MISC INCOME	B	-2,181	ADMIN & GEN PT SERVICE	5.07	35.02
35.03	MISC INCOME	B	-2,500	ADMIN & GEN PT SERVICE	5.07	35.03
35.04	MISC INCOME	B	-2,400	ADMIN & GEN PT SERVICE	5.07	35.04
35.05	MISC INCOME	B	-7,979	ADMIN & GEN INPT SERVICE	5.04	35.05
35.06	MISC INCOME	B	-93,756	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	35.06
35.07	MISC INCOME	B	-9,189	LABORATORY	60.00	35.07
35.08	MISC INCOME	B	-9,727	LABORATORY	60.00	35.08
35.09	MISC INCOME	B	-321,309	LABORATORY	60.00	35.09
35.10	MISC INCOME	B	-2,278	LABORATORY	60.00	35.10
35.11	MISC INCOME	B	-396,097	LABORATORY	60.00	35.11
35.12	MISC INCOME	B	-248	LABORATORY	60.00	35.12
35.13	MISC INCOME	B	-206,740	LABORATORY	60.00	35.13
35.14	MISC INCOME	B	-10,256	LABORATORY	60.00	35.14
35.15	MISC INCOME	B	-62,256	LABORATORY	60.00	35.15
35.16	MISC INCOME	B	-8,913	LABORATORY	60.00	35.16
35.17	MISC INCOME	B	2,000	ADMIN & GEN PT SERVICE	5.07	35.17
35.18	MISC INCOME	B	-3,080	ADMIN & GEN PT SERVICE	5.07	35.18
35.19	MISC INCOME	B	100	MAINTENANCE & REPAIRS	6.00	35.19
35.20	MISC INCOME	B	-82	MAINTENANCE & REPAIRS	6.00	35.20
35.21	MISC INCOME	B	-421	MAINTENANCE & REPAIRS	6.00	35.21
35.22	MISC INCOME	B	-37	MAINTENANCE & REPAIRS	6.00	35.22
35.23	MISC INCOME	B	-327,576	MAINTENANCE & REPAIRS	6.00	35.23
35.24	MISC INCOME	B	-248,630	MAINTENANCE & REPAIRS	6.00	35.24
35.25	MISC INCOME	B	-16,560	HOUSEKEEPING	9.00	35.25
35.26	MISC INCOME	B	-204,339	CORPORATE ADMINISTRATION	5.11	35.26
35.27	MISC INCOME	B	-111,967	CLINIC	90.00	35.27
35.28	MISC INCOME	B	-1,462	EMERGENCY	91.00	35.28
35.29	MISC INCOME	B	-1,000	EMERGENCY	91.00	35.29
35.30	MISC INCOME	B	-23,827	EMPLOYEE BENEFITS	4.00	35.30
35.31	MISC INCOME	B	200	PEDIATRIC INTENSIVE CARE UNIT	35.01	35.31
35.32	MISC INCOME	B	-23,895	PREMATURE INTENSIVE CARE UNIT	35.02	35.32
35.33	MISC INCOME	B	-37,800	MAINTENANCE & REPAIRS	6.00	35.33
35.34	MISC INCOME	B	-4,694	NURSING ADMINISTRATION	13.00	35.34
35.35	MISC INCOME	B	-26,632	NURSING ADMINISTRATION	13.00	35.35
35.36	MISC INCOME	B	-12,499	NURSING ADMINISTRATION	13.00	35.36
35.37	MISC INCOME	B	-109,966	NURSING ADMINISTRATION	13.00	35.37
35.38	MISC INCOME	B	-724,553	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35.38
35.39	MISC INCOME	B	50,400	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35.39
35.40	MISC INCOME	B	-21,616	LABORATORY	60.00	35.40
35.41	MISC INCOME	B	-6,650	ADMIN & GEN PT SERVICE	5.07	35.41
35.42	MISC INCOME	B	-600	OPERATING ROOM	50.00	35.42
35.43	MISC INCOME	B	617	ANESTHESIOLOGY	53.00	35.43
35.44	MISC INCOME	B	-7,506	LABORATORY	60.00	35.44
35.45	MISC INCOME	B	-4,271	SPEECH PATHOLOGY	68.00	35.45
35.46	MISC INCOME	B	-5,100	ELECTROENCEPHALOGRAPHY	70.00	35.46
35.47	MISC INCOME	B	-2,249	ELECTROCARDIOLOGY	69.00	35.47
35.48	MISC INCOME	B	-1,367	LABORATORY	60.00	35.48

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
35.49	MISC INCOME	B	-20	LABORATORY	60.00	35.49
35.50	MISC INCOME	B	-360	CLINICAL LAB ADMIN OB	18.02	35.50
35.51	MISC INCOME	B	-4,480	OCCUPATIONAL THERAPY	67.00	35.51
35.52	MISC INCOME	B	700	PSYCH DAY HOSPITAL	76.01	35.52
35.53	MISC INCOME	B	-2,737	PSYCH DAY HOSPITAL	76.01	35.53
35.54	MISC INCOME	B	-2,580	ELECTROCARDIOLOGY	69.00	35.54
35.55	MISC INCOME	B	-2,323	PHYSICAL THERAPY	66.00	35.55
35.56	MISC INCOME	B	26	ADMIN & GEN PT SERVICE	5.07	35.56
35.57	MISC INCOME	B	-384,880	LABORATORY	60.00	35.57
35.58	MISC INCOME	B	-177,353	LABORATORY	60.00	35.58
35.59	MISC INCOME	B	6,781	RADIOLOGY-DIAGNOSTIC	54.00	35.59
35.60	MISC INCOME	B	-15	CLINICAL LAB ADMIN MED	18.00	35.60
35.61	MISC INCOME	B	-11,077	CLINICAL LAB ADMIN MED	18.00	35.61
36.00	B-1 REVENUE	B	-1,045,461	EMPLOYEE BENEFITS	4.00	36.00
36.01	B-1 REVENUE	B	-9,199,431	PARKING GARAGE	5.02	36.01
36.02	B-1 REVENUE	B	-2,214	LAUNDRY & LINEN SERVICE	8.00	36.02
36.03	B-1 REVENUE	B	-1,112	DIETARY	10.00	36.03
36.04	B-1 REVENUE	B	-39,631	PATIENT FOOD SERVICE	10.01	36.04
36.05	B-1 REVENUE	B	-2,709,560	CAFETERIA	11.00	36.05
36.06	B-1 REVENUE	B	-36,554	MEDICAL RECORDS & LIBRARY	16.00	36.06
36.07	B-1 REVENUE	B	-430,788	RUSH UNIVERSITY ADMIN SPLIT	18.14	36.07
36.08	B-1 REVENUE	B	-7,820	CORPORATE ADMINISTRATION	5.11	36.08
36.09	B-1 REVENUE	B	-1,080,872	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	36.09
36.10	B-1 REVENUE	B	-775,362	PARAMED MEDICAL PERFUSION TECH	23.01	36.10
36.11	B-1 REVENUE	B	-570,343	PARAMED DIETARY	23.02	36.11
36.12	B-1 REVENUE	B	-2,014,922	PARAMED SPEECH	23.03	36.12
36.13	B-1 REVENUE	B	-1,783,129	PARAMED OCCUPATIONAL THERAPY	23.04	36.13
36.14	B-1 REVENUE	B	-1,765,761	PARAMED TECHNOLOGY	23.07	36.14
36.15	B-1 REVENUE	B	-599,988	PARAMED VASCULAR ULTRASOUND	23.08	36.15
36.16	B-1 REVENUE	B	-1,225,334	PARAMED RESPIRATORY THERAPY	23.10	36.16
36.17	B-1 REVENUE	B	-739,767	PARAMED PHYSICIANS ASSISTANT	23.11	36.17
36.18	B-1 REVENUE	B	-7,671,779	NURSING SCHOOL	20.00	36.18
37.00	NR RECOVERIES	B	-31,256	EMPLOYEE BENEFITS	4.00	37.00
37.01	NR RECOVERIES	B	-431,657	ADMIN & GEN PT SERVICE	5.07	37.01
37.02	NR RECOVERIES	B	-641,982	CORPORATE ADMINISTRATION	5.11	37.02
37.03	NR RECOVERIES	B	-687	PHARMACY	15.00	37.03
37.04	NR RECOVERIES	B	-71,605	MEDICAL RECORDS & LIBRARY	16.01	37.04
37.05	NR RECOVERIES	B	-149,577	CLINICAL LAB ADMIN PED	18.01	37.05
37.06	NR RECOVERIES	B	-200,116	CLINICAL LAB ADMIN OB	18.02	37.06
37.07	NR RECOVERIES	B	-782,016	CLINICAL LAB ADMIN SURG	18.03	37.07
37.08	NR RECOVERIES	B	-516,680	CLINICAL LAB ADMIN PSYCH	18.04	37.08
37.09	NR RECOVERIES	B	-92,152	CLINICAL LAB ADMIN PATH	18.05	37.09
37.10	NR RECOVERIES	B	-162,207	CLINICAL LAB ADMIN CARD	18.06	37.10
37.11	NR RECOVERIES	B	-46,673	CLINICAL LAB ADMIN HEMAT	18.07	37.11
37.12	NR RECOVERIES	B	-1,380,320	CLINICAL LAB ADMIN NEUR	18.08	37.12
37.13	NR RECOVERIES	B	-5,600,778	DISCRETIONARY OPERATIONS	18.12	37.13
37.14	NR RECOVERIES	B	-467,686	RUSH UNIVERSITY ADMIN SPLIT	18.14	37.14
37.15	NR RECOVERIES	B	-554,571	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	37.15
37.16	NR RECOVERIES	B	-49,834	ADULTS & PEDIATRICS	30.00	37.16
37.17	NR RECOVERIES	B	-183,412	PREMATURE INTENSIVE CARE UNIT	35.02	37.17
37.18	NR RECOVERIES	B	-169,164	ANESTHESIOLOGY	53.00	37.18
37.19	NR RECOVERIES	B	-27,416	RADIOLOGY-DIAGNOSTIC	54.00	37.19
37.20	NR RECOVERIES	B	-25	RADIOISOTOPE	56.00	37.20
37.21	NR RECOVERIES	B	-1,956,045	LABORATORY	60.00	37.21
37.22	NR RECOVERIES	B	-37,727	RESPIRATORY THERAPY	65.00	37.22
37.23	NR RECOVERIES	B	-5,200	PHYSICAL THERAPY	66.00	37.23
37.24	NR RECOVERIES	B	-166,994	ELECTROCARDIOLOGY	69.00	37.24
37.25	NR RECOVERIES	B	-103,519	PSYCH DAY HOSPITAL	76.01	37.25
37.26	NR RECOVERIES	B	-44,912	EMERGENCY	91.00	37.26
37.27	NR RECOVERIES	B	-155,303	FUND RAISING	190.01	37.27
37.28	NR RECOVERIES	B	-61,938	MEDICAL COLLEGE	194.00	37.28
38.00	PROCUREMENT COSTS	A	-1,730	SURGICAL INTENSIVE CARE UNIT	34.00	38.00
38.01	PROCUREMENT COSTS	A	-13,658	OPERATING ROOM	50.00	38.01
38.02	PROCUREMENT COSTS	A	-942	ANESTHESIOLOGY	53.00	38.02
38.03	PROCUREMENT COSTS	A	-927	RADIOLOGY-DIAGNOSTIC	54.00	38.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
38.04	PROCUREMENT COSTS	A	-4,920	LABORATORY	60.00	38.04
38.05	PROCUREMENT COSTS	A	-37	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	38.05
38.06	PROCUREMENT COSTS	A	-21	INTRAVENOUS THERAPY	64.00	38.06
38.07	PROCUREMENT COSTS	A	-1,142	RESPIRATORY THERAPY	65.00	38.07
38.08	PROCUREMENT COSTS	A	-49	ELECTROCARDIOLOGY	69.00	38.08
38.09	PROCUREMENT COSTS	A	-2,105	DRUGS CHARGED TO PATIENTS	73.00	38.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-101,094,845			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	0		1.00
2.00	Investment income - movable equipment (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0		7.00
8.00	Television and radio service (chapter 21)	0		8.00
9.00	Parking lot (chapter 21)	0		9.00
10.00	Provider-based physician adjustment	0		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0		11.00
12.00	Related organization transactions (chapter 10)	0		12.00
13.00	Laundry and linen service	0		13.00
14.00	Cafeteria-employees and guests	0		14.00
15.00	Rental of quarters to employee and others	0		15.00
16.00	Sale of medical and surgical supplies to other than patients	0		16.00
17.00	Sale of drugs to other than patients	0		17.00
18.00	Sale of medical records and abstracts	0		18.00
19.00	Nursing school (tuition, fees, books, etc.)	0		19.00
20.00	Vending machines	0		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			25.00
26.00	Depreciation - buildings and fixtures	0		26.00
27.00	Depreciation - movable equipment	0		27.00
28.00	Non-physician Anesthetist			28.00
29.00	Physicians' assistant	0		29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)			30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)			31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0		32.00
33.00	TELEPHONE	9		33.00
33.01	TELEPHONE	0		33.01
33.02	TELEPHONE	0		33.02
33.10	EMPLOYEE ALLOWANCE	0		33.10
33.20	UNEMPLOYMENT COMP	0		33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	9		33.30
33.40	COMPONENT DEPRECIATION	9		33.40
33.41	COMPONENT DEPRECIATION	9		33.41
33.42	COMPONENT DEPRECIATION	9		33.42
33.50	UNALLOWABLE COSTS	0		33.50
33.60	MALPRACTICE TRUST INCOME	0		33.60
33.70	BAD DEBT	0		33.70
33.71	BAD DEBT	0		33.71
33.72	BAD DEBT	0		33.72
33.73	BAD DEBT	0		33.73
33.74	BAD DEBT	0		33.74
33.80	DEFFERALS	9		33.80
33.81	DEFFERALS	9		33.81
33.82	DEFFERALS	9		33.82
33.83	DEFFERALS	9		33.83
33.84	DEFFERALS	9		33.84
33.90	INTEREST INCOME	11		33.90
33.91	INTEREST INCOME	11		33.91
33.92	INTEREST INCOME	11		33.92
33.93	INTEREST INCOME	11		33.93
33.94	INTEREST INCOME	11		33.94
33.95	INTEREST INCOME	11		33.95
34.00	LOSS ON SALE OF EQUIPMENT	9		34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

		Wkst. A-7 Ref. 5.00	
34.05	MEDICAID PROVIDER TAX	0	34.05
34.10	POST RETIREMENT INCOME	0	34.10
34.11	PENSION	0	34.11
34.15	PASTORAL CARE RESIDENTS	0	34.15
34.16	PHARMACY RESIDENTS	0	34.16
34.20	SALE OF SCRAP	0	34.20
34.21	SALE OF SCRAP	0	34.21
34.25	BUS REVENUE	0	34.25
35.00	MISC INCOME	0	35.00
35.01	MISC INCOME	0	35.01
35.02	MISC INCOME	0	35.02
35.03	MISC INCOME	0	35.03
35.04	MISC INCOME	0	35.04
35.05	MISC INCOME	0	35.05
35.06	MISC INCOME	0	35.06
35.07	MISC INCOME	0	35.07
35.08	MISC INCOME	0	35.08
35.09	MISC INCOME	0	35.09
35.10	MISC INCOME	0	35.10
35.11	MISC INCOME	0	35.11
35.12	MISC INCOME	0	35.12
35.13	MISC INCOME	0	35.13
35.14	MISC INCOME	0	35.14
35.15	MISC INCOME	0	35.15
35.16	MISC INCOME	0	35.16
35.17	MISC INCOME	0	35.17
35.18	MISC INCOME	0	35.18
35.19	MISC INCOME	0	35.19
35.20	MISC INCOME	0	35.20
35.21	MISC INCOME	0	35.21
35.22	MISC INCOME	0	35.22
35.23	MISC INCOME	0	35.23
35.24	MISC INCOME	0	35.24
35.25	MISC INCOME	0	35.25
35.26	MISC INCOME	0	35.26
35.27	MISC INCOME	0	35.27
35.28	MISC INCOME	0	35.28
35.29	MISC INCOME	0	35.29
35.30	MISC INCOME	0	35.30
35.31	MISC INCOME	0	35.31
35.32	MISC INCOME	0	35.32
35.33	MISC INCOME	0	35.33
35.34	MISC INCOME	0	35.34
35.35	MISC INCOME	0	35.35
35.36	MISC INCOME	0	35.36
35.37	MISC INCOME	0	35.37
35.38	MISC INCOME	0	35.38
35.39	MISC INCOME	0	35.39
35.40	MISC INCOME	0	35.40
35.41	MISC INCOME	0	35.41
35.42	MISC INCOME	0	35.42
35.43	MISC INCOME	0	35.43
35.44	MISC INCOME	0	35.44
35.45	MISC INCOME	0	35.45
35.46	MISC INCOME	0	35.46
35.47	MISC INCOME	0	35.47
35.48	MISC INCOME	0	35.48
35.49	MISC INCOME	0	35.49
35.50	MISC INCOME	0	35.50
35.51	MISC INCOME	0	35.51
35.52	MISC INCOME	0	35.52
35.53	MISC INCOME	0	35.53
35.54	MISC INCOME	0	35.54
35.55	MISC INCOME	0	35.55
35.56	MISC INCOME	0	35.56
35.57	MISC INCOME	0	35.57
35.58	MISC INCOME	0	35.58
35.59	MISC INCOME	0	35.59
35.60	MISC INCOME	0	35.60
35.61	MISC INCOME	0	35.61
36.00	B-1 REVENUE	0	36.00
36.01	B-1 REVENUE	0	36.01
36.02	B-1 REVENUE	0	36.02
36.03	B-1 REVENUE	0	36.03
36.04	B-1 REVENUE	0	36.04

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/11/2012 3:39 pm

		Wkst. A-7 Ref. 5.00		
36.05	B-1 REVENUE	0		36.05
36.06	B-1 REVENUE	0		36.06
36.07	B-1 REVENUE	0		36.07
36.08	B-1 REVENUE	0		36.08
36.09	B-1 REVENUE	0		36.09
36.10	B-1 REVENUE	0		36.10
36.11	B-1 REVENUE	0		36.11
36.12	B-1 REVENUE	0		36.12
36.13	B-1 REVENUE	0		36.13
36.14	B-1 REVENUE	0		36.14
36.15	B-1 REVENUE	0		36.15
36.16	B-1 REVENUE	0		36.16
36.17	B-1 REVENUE	0		36.17
36.18	B-1 REVENUE	0		36.18
37.00	NR RECOVERIES	0		37.00
37.01	NR RECOVERIES	0		37.01
37.02	NR RECOVERIES	0		37.02
37.03	NR RECOVERIES	0		37.03
37.04	NR RECOVERIES	0		37.04
37.05	NR RECOVERIES	0		37.05
37.06	NR RECOVERIES	0		37.06
37.07	NR RECOVERIES	0		37.07
37.08	NR RECOVERIES	0		37.08
37.09	NR RECOVERIES	0		37.09
37.10	NR RECOVERIES	0		37.10
37.11	NR RECOVERIES	0		37.11
37.12	NR RECOVERIES	0		37.12
37.13	NR RECOVERIES	0		37.13
37.14	NR RECOVERIES	0		37.14
37.15	NR RECOVERIES	0		37.15
37.16	NR RECOVERIES	0		37.16
37.17	NR RECOVERIES	0		37.17
37.18	NR RECOVERIES	0		37.18
37.19	NR RECOVERIES	0		37.19
37.20	NR RECOVERIES	0		37.20
37.21	NR RECOVERIES	0		37.21
37.22	NR RECOVERIES	0		37.22
37.23	NR RECOVERIES	0		37.23
37.24	NR RECOVERIES	0		37.24
37.25	NR RECOVERIES	0		37.25
37.26	NR RECOVERIES	0		37.26
37.27	NR RECOVERIES	0		37.27
37.28	NR RECOVERIES	0		37.28
38.00	PROCUREMENT COSTS	0		38.00
38.01	PROCUREMENT COSTS	0		38.01
38.02	PROCUREMENT COSTS	0		38.02
38.03	PROCUREMENT COSTS	0		38.03
38.04	PROCUREMENT COSTS	0		38.04
38.05	PROCUREMENT COSTS	0		38.05
38.06	PROCUREMENT COSTS	0		38.06
38.07	PROCUREMENT COSTS	0		38.07
38.08	PROCUREMENT COSTS	0		38.08
38.09	PROCUREMENT COSTS	0		38.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/11/2012 3:39 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		1.11	DEPRECIATION JRB	DEPRECIATION JRB	1.00
2.00		0.00			2.00
3.00		0.00			3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Symbol (1)	Name	Percentage of Ownership		
		1.00	2.00	3.00		
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		C	RUMC	100.00		6.00
7.00		C	RUMC	100.00		7.00
8.00				0.00		8.00
9.00				0.00		9.00
10.00				0.00		10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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 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.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/11/2012 3:39 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		242,517	1	242,516	9		1.00
2.00		0	0	0	0		2.00
3.00		0	0	0	0		3.00
4.00		0	0	0	0		4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	242,517	1	242,516			5.00

* 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 organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				
6.00		JRB TRUST	0.00	MANAGING ENTITY	6.00
7.00		ROOM 500	0.00	CONFERENCE CTR	7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

(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 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.

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		5.01	XD	78,758	0	1.00
2.00		5.03	BIOCHEM	15,903	0	2.00
3.00		5.03	ER	49,363	0	3.00
4.00		5.03	IM	72,589	0	4.00
5.00		5.03	ORTH SURG	146,694	0	5.00
6.00		5.03	PEDS	149,562	0	6.00
7.00		5.03	PSYCH	10,895	0	7.00
8.00		5.06	OPTH	11,361	0	8.00
9.00		5.07	ER	149,404	0	9.00
10.00		5.07	IM	517,142	0	10.00
11.00		5.07	NEURO	55,550	0	11.00
12.00		5.07	OB	8,139	0	12.00
13.00		5.09	BEH	35,297	0	13.00
14.00		5.09	BIOCHEM	75,934	0	14.00
15.00		5.09	DERM	124,090	0	15.00
16.00		5.09	GS	157,181	0	16.00
17.00		5.09	IMM/MICRO	47,946	0	17.00
18.00		5.09	IM	1,493,004	0	18.00
19.00		5.09	NEURO	56,735	0	19.00
20.00		5.09	OPTH	8,344	0	20.00
21.00		5.09	ORTH SURG	93,200	0	21.00
22.00		5.09	PEDS	278,420	0	22.00
23.00		5.09	PM	144,703	0	23.00
24.00		5.09	PSYCH	5,880	0	24.00
25.00		5.09	RAD ONC	120,711	0	25.00
26.00		5.09	URO	68	0	26.00
27.00		5.10	ANES	10,335	0	27.00
28.00		5.10	CARD	56,348	0	28.00
29.00		5.10	DERM	25,292	0	29.00
30.00		5.10	XD	11,253	0	30.00
31.00		5.10	FM	12,387	0	31.00
32.00		5.10	GS	12,666	0	32.00
33.00		5.10	IM	451,128	0	33.00
34.00		5.10	NEURO	76,003	0	34.00
35.00		5.10	NEURO SURG	37,856	0	35.00
36.00		5.10	OPTH	23,974	0	36.00
37.00		5.10	ORTH SURG	63,116	0	37.00
38.00		5.10	OTO	22,409	0	38.00
39.00		5.10	PEDS	17,557	0	39.00
40.00		5.10	PMR	13,236	0	40.00
41.00		5.10	PLAS	2,397	0	41.00
42.00		5.10	PSYCH	931	0	42.00
43.00		5.11	ANES	51,710	0	43.00
44.00		5.11	CARD	27	0	44.00
45.00		5.11	DERM	50,585	0	45.00
46.00		5.11	XD	61,882	0	46.00
47.00		5.11	ER	272,700	0	47.00
48.00		5.11	FM	24,771	0	48.00
49.00		5.11	GS	14,913	0	49.00
50.00		5.11	IM	800,079	0	50.00
51.00		5.11	NEURO	180,276	0	51.00
52.00		5.11	NEURO SURG	151,423	0	52.00
53.00		5.11	OB	129,389	0	53.00
54.00		5.11	OPTH	47,948	0	54.00
55.00		5.11	ORTH SURG	63,116	0	55.00
56.00		5.11	OTO	22,410	0	56.00
57.00		5.11	PEDS	174,664	0	57.00
58.00		5.11	PMR	26,473	0	58.00
59.00		5.11	PLAS	4,359	0	59.00
60.00		5.11	PSYCH	51,883	0	60.00
61.00		5.11	RAD ONC	151,605	0	61.00
62.00		5.11	URO	30,073	0	62.00
63.00		16.01	ER	54,978	0	63.00
64.00		16.01	GS	22,060	0	64.00
65.00		16.01	IM	165,635	0	65.00
66.00		18.00	IMM/MICRO	21,509	0	66.00
67.00		18.00	IM	1,023,912	0	67.00
68.00		18.01	PEDS	96,395	0	68.00
69.00		18.02	OB	201,174	0	69.00
70.00		18.03	GS	227,412	0	70.00
71.00		18.03	NEURO SURG	94,929	0	71.00
72.00		18.03	ORTH SURG	38,606	0	72.00
73.00		18.08	NEURO	146,347	0	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
74.00		18.09	IM	86,838	0	74.00
75.00		18.09	PATH	22,722	0	75.00
76.00		18.12	CARD	544	0	76.00
77.00		18.12	XD	58,092	0	77.00
78.00		18.12	GS	258,681	0	78.00
79.00		18.12	IM	1,200,424	0	79.00
80.00		18.12	NEURO	244,773	0	80.00
81.00		18.12	NEURO SURG	83,278	0	81.00
82.00		18.12	OB	233,301	0	82.00
83.00		18.12	OPTH	11,141	0	83.00
84.00		18.12	ORTH SURG	143,120	0	84.00
85.00		18.12	OTO	2,758	0	85.00
86.00		18.12	PEDS	349,714	0	86.00
87.00		18.12	PSYCH	482,431	0	87.00
88.00		18.12	RAD ONC	36,385	0	88.00
89.00		21.00	ANES	57,605	0	89.00
90.00		21.00	CARD	113,209	0	90.00
91.00		21.00	DERM	25,292	0	91.00
92.00		21.00	XD	11,253	0	92.00
93.00		21.00	FM	86,118	0	93.00
94.00		21.00	GS	94,981	0	94.00
95.00		21.00	IM	81,202	0	95.00
96.00		21.00	NEURO	50,670	0	96.00
97.00		21.00	NEURO SURG	37,856	0	97.00
98.00		21.00	OPTH	23,974	0	98.00
99.00		21.00	ORTH SURG	15,779	0	99.00
100.00		21.00	OTO	22,410	0	100.00
101.00		21.00	PEDS	33,266	0	101.00
102.00		21.00	PMR	13,236	0	102.00
103.00		21.00	PLAS	2,397	0	103.00
104.00		21.00	PSYCH	13,324	0	104.00
105.00		21.00	RAD ONC	90,963	0	105.00
106.00		22.00	ANES	140,976	0	106.00
107.00		22.00	CARD	66,181	0	107.00
108.00		22.00	DERM	117,587	0	108.00
109.00		22.00	ER	56,530	0	109.00
110.00		22.00	FM	31,053	0	110.00
111.00		22.00	GS	291,401	0	111.00
112.00		22.00	IMM/MICRO	23,163	0	112.00
113.00		22.00	IM	2,171,261	0	113.00
114.00		22.00	MED/PEDS	18,946	0	114.00
115.00		22.00	NEURO	611,808	0	115.00
116.00		22.00	NEURO SURG	46,104	0	116.00
117.00		22.00	OB	147,152	0	117.00
118.00		22.00	OPTH	60,461	0	118.00
119.00		22.00	ORTH SURG	169,777	0	119.00
120.00		22.00	OTO	21,808	0	120.00
121.00		22.00	PEDS	394,558	0	121.00
122.00		22.00	PMR	40,260	0	122.00
123.00		22.00	PM	4,368	0	123.00
124.00		22.00	PSYCH	258,474	0	124.00
125.00		22.00	URO	35,421	0	125.00
126.00		23.07	IM	34,563	0	126.00
127.00		30.00	PEDS	91,257	0	127.00
128.00		35.00	IM	144,522	0	128.00
129.00		35.00	NEURO	141,959	0	129.00
130.00		35.02	PEDS	251,272	0	130.00
131.00		53.00	ANES	7,385	0	131.00
132.00		54.00	XD	199,232	0	132.00
133.00		60.00	IM	724,812	0	133.00
134.00		60.00	PATH	153,142	0	134.00
135.00		60.00	PEDS	187,585	0	135.00
136.00		69.00	IM	780,588	0	136.00
137.00		69.00	PEDS	22,217	0	137.00
138.00		70.00	NEURO	55,222	0	138.00
139.00		76.01	IM	61,769	0	139.00
140.00		76.01	PSYCH	585,135	0	140.00
141.00		91.00	ER	98,369	0	141.00
200.00			TOTAL (lines 1.00 through 199.00)	21,381,059	0	200.00

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		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		78,758	225,300	487	52,751	2,638	1.00
2.00		15,903	177,200	317	27,006	1,350	2.00
3.00		49,363	177,200	421	35,866	1,793	3.00
4.00		72,589	165,600	791	62,976	3,149	4.00
5.00		146,694	208,000	1,720	172,000	8,600	5.00
6.00		149,562	140,600	3,299	223,000	11,150	6.00
7.00		10,895	154,100	107	7,927	396	7.00
8.00		11,361	177,200	261	22,235	1,112	8.00
9.00		149,404	177,200	694	59,123	2,956	9.00
10.00		517,142	165,600	5,273	419,812	20,991	10.00
11.00		55,550	177,200	898	76,503	3,825	11.00
12.00		8,139	196,400	88	8,309	415	12.00
13.00		35,297	154,100	521	38,599	1,930	13.00
14.00		75,934	177,200	2,843	242,202	12,110	14.00
15.00		124,090	177,200	1,955	166,551	8,328	15.00
16.00		157,181	200,800	782	75,493	3,775	16.00
17.00		47,946	177,200	2,607	222,096	11,105	17.00
18.00		1,493,004	165,600	18,472	1,470,655	73,533	18.00
19.00		56,735	177,200	550	46,856	2,343	19.00
20.00		8,344	177,200	278	23,683	1,184	20.00
21.00		93,200	208,000	649	64,900	3,245	21.00
22.00		278,420	140,600	4,624	312,565	15,628	22.00
23.00		144,703	177,200	1,979	168,596	8,430	23.00
24.00		5,880	154,100	107	7,927	396	24.00
25.00		120,711	225,300	2,216	240,031	12,002	25.00
26.00		68	177,200	2	170	9	26.00
27.00		10,335	200,300	130	12,519	626	27.00
28.00		56,348	208,000	139	13,900	695	28.00
29.00		25,292	177,200	107	9,116	456	29.00
30.00		11,253	225,300	70	7,582	379	30.00
31.00		12,387	138,700	130	8,669	433	31.00
32.00		12,666	200,800	40	3,862	193	32.00
33.00		451,128	165,600	3,129	249,117	12,456	33.00
34.00		76,003	177,200	192	16,357	818	34.00
35.00		37,856	208,000	130	13,000	650	35.00
36.00		23,974	177,200	261	22,235	1,112	36.00
37.00		63,116	208,000	258	25,800	1,290	37.00
38.00		22,409	177,200	88	7,497	375	38.00
39.00		17,557	140,600	119	8,044	402	39.00
40.00		13,236	177,200	261	22,235	1,112	40.00
41.00		2,397	208,000	10	1,000	50	41.00
42.00		931	154,100	54	4,001	200	42.00
43.00		51,710	200,300	652	62,786	3,139	43.00
44.00		27	208,000	2	200	10	44.00
45.00		50,585	177,200	215	18,316	916	45.00
46.00		61,882	225,300	382	41,377	2,069	46.00
47.00		272,700	177,200	1,215	103,509	5,175	47.00
48.00		24,771	138,700	261	17,404	870	48.00
49.00		14,913	200,800	67	6,468	323	49.00
50.00		800,079	165,600	6,872	547,117	27,356	50.00
51.00		180,276	177,200	1,213	103,338	5,167	51.00
52.00		151,423	208,000	521	52,100	2,605	52.00
53.00		129,389	196,400	1,696	160,142	8,007	53.00
54.00		47,948	177,200	521	44,385	2,219	54.00
55.00		63,116	208,000	258	25,800	1,290	55.00
56.00		22,410	177,200	88	7,497	375	56.00
57.00		174,664	140,600	1,423	96,189	4,809	57.00
58.00		26,473	177,200	521	44,385	2,219	58.00
59.00		4,359	208,000	17	1,700	85	59.00
60.00		51,883	154,100	239	17,707	885	60.00
61.00		151,605	225,300	652	70,623	3,531	61.00
62.00		30,073	177,200	205	17,464	873	62.00
63.00		54,978	177,200	447	38,081	1,904	63.00
64.00		22,060	200,800	521	50,297	2,515	64.00
65.00		165,635	165,600	2,421	192,749	9,637	65.00
66.00		21,509	177,200	454	38,677	1,934	66.00
67.00		1,023,912	165,600	14,416	1,147,735	57,387	67.00
68.00		96,395	140,600	1,717	116,063	5,803	68.00
69.00		201,174	196,400	2,645	249,749	12,487	69.00
70.00		227,412	200,800	1,160	111,985	5,599	70.00
71.00		94,929	208,000	391	39,100	1,955	71.00
72.00		38,606	208,000	263	26,300	1,315	72.00
73.00		146,347	177,200	1,605	136,734	6,837	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
74.00		86,838	165,600	809	64,409	3,220	74.00
75.00		22,722	215,700	1,304	135,227	6,761	75.00
76.00		544	208,000	32	3,200	160	76.00
77.00		58,092	225,300	3,850	417,022	20,851	77.00
78.00		258,681	200,833	1,582	152,749	7,637	78.00
79.00		1,200,424	165,600	10,115	805,310	40,266	79.00
80.00		244,773	177,200	1,818	154,880	7,744	80.00
81.00		83,278	208,000	547	54,700	2,735	81.00
82.00		233,301	196,400	5,176	488,734	24,437	82.00
83.00		11,141	177,200	156	13,290	665	83.00
84.00		143,120	208,000	2,042	204,200	10,210	84.00
85.00		2,758	177,200	17	1,448	72	85.00
86.00		349,714	140,600	3,296	222,797	11,140	86.00
87.00		482,431	154,100	6,945	514,531	25,727	87.00
88.00		36,385	225,300	156	16,897	845	88.00
89.00		57,605	200,300	913	87,920	4,396	89.00
90.00		113,209	208,000	308	30,800	1,540	90.00
91.00		25,292	177,200	107	9,116	456	91.00
92.00		11,253	225,300	70	7,582	379	92.00
93.00		86,118	138,700	1,134	75,618	3,781	93.00
94.00		94,981	200,800	194	18,728	936	94.00
95.00		81,202	165,600	391	31,130	1,557	95.00
96.00		50,670	177,200	128	10,905	545	96.00
97.00		37,856	208,000	130	13,000	650	97.00
98.00		23,974	177,200	261	22,235	1,112	98.00
99.00		15,779	208,000	65	6,500	325	99.00
100.00		22,410	177,200	88	7,497	375	100.00
101.00		33,266	1,430,600	249	171,260	8,563	101.00
102.00		13,236	177,200	261	22,235	1,112	102.00
103.00		2,397	208,000	10	1,000	50	103.00
104.00		13,324	154,100	66	4,890	245	104.00
105.00		90,963	225,300	391	42,352	2,118	105.00
106.00		140,976	200,300	2,607	251,049	12,552	106.00
107.00		66,181	208,000	261	26,100	1,305	107.00
108.00		117,587	177,200	976	83,148	4,157	108.00
109.00		56,530	177,200	652	55,545	2,777	109.00
110.00		31,053	138,700	370	24,673	1,234	110.00
111.00		291,401	200,800	2,119	204,565	10,228	111.00
112.00		23,163	177,200	183	15,590	780	112.00
113.00		2,171,261	165,600	24,136	1,921,597	96,080	113.00
114.00		18,946	140,600	265	17,913	896	114.00
115.00		611,808	177,200	5,856	498,886	24,944	115.00
116.00		46,104	208,000	222	22,200	1,110	116.00
117.00		147,152	196,400	3,429	323,777	16,189	117.00
118.00		60,461	177,200	1,407	119,866	5,993	118.00
119.00		169,777	208,000	1,035	103,500	5,175	119.00
120.00		21,808	177,200	719	61,253	3,063	120.00
121.00		394,558	140,600	4,976	336,359	16,818	121.00
122.00		40,260	177,200	1,304	111,091	5,555	122.00
123.00		4,368	177,200	49	4,174	209	123.00
124.00		258,474	154,100	3,728	276,195	13,810	124.00
125.00		35,421	177,200	239	20,361	1,018	125.00
126.00		34,563	165,600	547	43,550	2,178	126.00
127.00		91,257	140,600	1,208	81,656	4,083	127.00
128.00		144,522	165,600	939	74,759	3,738	128.00
129.00		141,959	177,200	860	73,265	3,663	129.00
130.00		251,272	140,600	2,486	168,044	8,402	130.00
131.00		7,385	200,300	130	12,519	626	131.00
132.00		199,232	225,300	778	84,271	4,214	132.00
133.00		724,812	165,600	8,802	700,775	35,039	133.00
134.00		153,142	215,700	2,607	270,351	13,518	134.00
135.00		187,585	140,600	2,400	162,231	8,112	135.00
136.00		780,588	165,600	6,302	501,736	25,087	136.00
137.00		22,217	140,600	261	17,643	882	137.00
138.00		55,222	177,200	906	77,184	3,859	138.00
139.00		61,769	165,600	1,043	83,039	4,152	139.00
140.00		585,135	154,100	9,248	685,152	34,258	140.00
141.00		98,369	177,200	912	77,695	3,885	141.00
200.00		21,381,059		236,692	19,662,617	983,135	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		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	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	52,751	1.00
2.00		0	0	0	0	27,006	2.00
3.00		0	0	0	0	35,866	3.00
4.00		0	0	0	0	62,976	4.00
5.00		0	0	0	0	172,000	5.00
6.00		0	0	0	0	223,000	6.00
7.00		0	0	0	0	7,927	7.00
8.00		0	0	0	0	22,235	8.00
9.00		0	0	0	0	59,123	9.00
10.00		0	0	0	0	419,812	10.00
11.00		0	0	0	0	76,503	11.00
12.00		0	0	0	0	8,309	12.00
13.00		0	0	0	0	38,599	13.00
14.00		0	0	0	0	242,202	14.00
15.00		0	0	0	0	166,551	15.00
16.00		0	0	0	0	75,493	16.00
17.00		0	0	0	0	222,096	17.00
18.00		0	0	0	0	1,470,655	18.00
19.00		0	0	0	0	46,856	19.00
20.00		0	0	0	0	23,683	20.00
21.00		0	0	0	0	64,900	21.00
22.00		0	0	0	0	312,565	22.00
23.00		0	0	0	0	168,596	23.00
24.00		0	0	0	0	7,927	24.00
25.00		0	0	0	0	240,031	25.00
26.00		0	0	0	0	170	26.00
27.00		0	0	0	0	12,519	27.00
28.00		0	0	0	0	13,900	28.00
29.00		0	0	0	0	9,116	29.00
30.00		0	0	0	0	7,582	30.00
31.00		0	0	0	0	8,669	31.00
32.00		0	0	0	0	3,862	32.00
33.00		0	0	0	0	249,117	33.00
34.00		0	0	0	0	16,357	34.00
35.00		0	0	0	0	13,000	35.00
36.00		0	0	0	0	22,235	36.00
37.00		0	0	0	0	25,800	37.00
38.00		0	0	0	0	7,497	38.00
39.00		0	0	0	0	8,044	39.00
40.00		0	0	0	0	22,235	40.00
41.00		0	0	0	0	1,000	41.00
42.00		0	0	0	0	4,001	42.00
43.00		0	0	0	0	62,786	43.00
44.00		0	0	0	0	200	44.00
45.00		0	0	0	0	18,316	45.00
46.00		0	0	0	0	41,377	46.00
47.00		0	0	0	0	103,509	47.00
48.00		0	0	0	0	17,404	48.00
49.00		0	0	0	0	6,468	49.00
50.00		0	0	0	0	547,117	50.00
51.00		0	0	0	0	103,338	51.00
52.00		0	0	0	0	52,100	52.00
53.00		0	0	0	0	160,142	53.00
54.00		0	0	0	0	44,385	54.00
55.00		0	0	0	0	25,800	55.00
56.00		0	0	0	0	7,497	56.00
57.00		0	0	0	0	96,189	57.00
58.00		0	0	0	0	44,385	58.00
59.00		0	0	0	0	1,700	59.00
60.00		0	0	0	0	17,707	60.00
61.00		0	0	0	0	70,623	61.00
62.00		0	0	0	0	17,464	62.00
63.00		0	0	0	0	38,081	63.00
64.00		0	0	0	0	50,297	64.00
65.00		0	0	0	0	192,749	65.00
66.00		0	0	0	0	38,677	66.00
67.00		0	0	0	0	1,147,735	67.00
68.00		0	0	0	0	116,063	68.00
69.00		0	0	0	0	249,749	69.00
70.00		0	0	0	0	111,985	70.00
71.00		0	0	0	0	39,100	71.00
72.00		0	0	0	0	26,300	72.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		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	
		12.00	13.00	14.00	15.00	16.00	
73.00		0	0	0	0	136,734	73.00
74.00		0	0	0	0	64,409	74.00
75.00		0	0	0	0	135,227	75.00
76.00		0	0	0	0	3,200	76.00
77.00		0	0	0	0	417,022	77.00
78.00		0	0	0	0	152,749	78.00
79.00		0	0	0	0	805,310	79.00
80.00		0	0	0	0	154,880	80.00
81.00		0	0	0	0	54,700	81.00
82.00		0	0	0	0	488,734	82.00
83.00		0	0	0	0	13,290	83.00
84.00		0	0	0	0	204,200	84.00
85.00		0	0	0	0	1,448	85.00
86.00		0	0	0	0	222,797	86.00
87.00		0	0	0	0	514,531	87.00
88.00		0	0	0	0	16,897	88.00
89.00		0	0	0	0	87,920	89.00
90.00		0	0	0	0	30,800	90.00
91.00		0	0	0	0	9,116	91.00
92.00		0	0	0	0	7,582	92.00
93.00		0	0	0	0	75,618	93.00
94.00		0	0	0	0	18,728	94.00
95.00		0	0	0	0	31,130	95.00
96.00		0	0	0	0	10,905	96.00
97.00		0	0	0	0	13,000	97.00
98.00		0	0	0	0	22,235	98.00
99.00		0	0	0	0	6,500	99.00
100.00		0	0	0	0	7,497	100.00
101.00		0	0	0	0	171,260	101.00
102.00		0	0	0	0	22,235	102.00
103.00		0	0	0	0	1,000	103.00
104.00		0	0	0	0	4,890	104.00
105.00		0	0	0	0	42,352	105.00
106.00		0	0	0	0	251,049	106.00
107.00		0	0	0	0	26,100	107.00
108.00		0	0	0	0	83,148	108.00
109.00		0	0	0	0	55,545	109.00
110.00		0	0	0	0	24,673	110.00
111.00		0	0	0	0	204,565	111.00
112.00		0	0	0	0	15,590	112.00
113.00		0	0	0	0	1,921,597	113.00
114.00		0	0	0	0	17,913	114.00
115.00		0	0	0	0	498,886	115.00
116.00		0	0	0	0	22,200	116.00
117.00		0	0	0	0	323,777	117.00
118.00		0	0	0	0	119,866	118.00
119.00		0	0	0	0	103,500	119.00
120.00		0	0	0	0	61,253	120.00
121.00		0	0	0	0	336,359	121.00
122.00		0	0	0	0	111,091	122.00
123.00		0	0	0	0	4,174	123.00
124.00		0	0	0	0	276,195	124.00
125.00		0	0	0	0	20,361	125.00
126.00		0	0	0	0	43,550	126.00
127.00		0	0	0	0	81,656	127.00
128.00		0	0	0	0	74,759	128.00
129.00		0	0	0	0	73,265	129.00
130.00		0	0	0	0	168,044	130.00
131.00		0	0	0	0	12,519	131.00
132.00		0	0	0	0	84,271	132.00
133.00		0	0	0	0	700,775	133.00
134.00		0	0	0	0	270,351	134.00
135.00		0	0	0	0	162,231	135.00
136.00		0	0	0	0	501,736	136.00
137.00		0	0	0	0	17,643	137.00
138.00		0	0	0	0	77,184	138.00
139.00		0	0	0	0	83,039	139.00
140.00		0	0	0	0	685,152	140.00
141.00		0	0	0	0	77,695	141.00
200.00		0	0	0	0	19,662,617	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		26,007	26,007		1.00
2.00		0	0		2.00
3.00		13,497	13,497		3.00
4.00		9,613	9,613		4.00
5.00		0	0		5.00
6.00		0	0		6.00
7.00		2,968	2,968		7.00
8.00		0	0		8.00
9.00		90,281	90,281		9.00
10.00		97,330	97,330		10.00
11.00		0	0		11.00
12.00		0	0		12.00
13.00		0	0		13.00
14.00		0	0		14.00
15.00		0	0		15.00
16.00		81,688	81,688		16.00
17.00		0	0		17.00
18.00		22,349	22,349		18.00
19.00		9,879	9,879		19.00
20.00		0	0		20.00
21.00		28,300	28,300		21.00
22.00		0	0		22.00
23.00		0	0		23.00
24.00		0	0		24.00
25.00		0	0		25.00
26.00		0	0		26.00
27.00		0	0		27.00
28.00		42,448	42,448		28.00
29.00		16,176	16,176		29.00
30.00		3,671	3,671		30.00
31.00		3,718	3,718		31.00
32.00		8,804	8,804		32.00
33.00		202,011	202,011		33.00
34.00		59,646	59,646		34.00
35.00		24,856	24,856		35.00
36.00		1,739	1,739		36.00
37.00		37,316	37,316		37.00
38.00		14,912	14,912		38.00
39.00		9,513	9,513		39.00
40.00		0	0		40.00
41.00		1,397	1,397		41.00
42.00		0	0		42.00
43.00		0	0		43.00
44.00		0	0		44.00
45.00		32,269	32,269		45.00
46.00		20,505	20,505		46.00
47.00		169,191	169,191		47.00
48.00		7,367	7,367		48.00
49.00		8,445	8,445		49.00
50.00		252,962	252,962		50.00
51.00		76,938	76,938		51.00
52.00		99,323	99,323		52.00
53.00		0	0		53.00
54.00		3,563	3,563		54.00
55.00		37,316	37,316		55.00
56.00		14,913	14,913		56.00
57.00		78,475	78,475		57.00
58.00		0	0		58.00
59.00		2,659	2,659		59.00
60.00		34,176	34,176		60.00
61.00		80,982	80,982		61.00
62.00		12,609	12,609		62.00
63.00		16,897	16,897		63.00
64.00		0	0		64.00
65.00		0	0		65.00
66.00		0	0		66.00
67.00		0	0		67.00
68.00		0	0		68.00
69.00		0	0		69.00
70.00		115,427	115,427		70.00
71.00		55,829	55,829		71.00
72.00		12,306	12,306		72.00
73.00		9,613	9,613		73.00
74.00		22,429	22,429		74.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
75.00		0	0		75.00
76.00		0	0		76.00
77.00		0	0		77.00
78.00		105,932	105,932		78.00
79.00		395,114	395,114		79.00
80.00		89,893	89,893		80.00
81.00		28,578	28,578		81.00
82.00		0	0		82.00
83.00		0	0		83.00
84.00		0	0		84.00
85.00		1,310	1,310		85.00
86.00		126,917	126,917		86.00
87.00		0	0		87.00
88.00		19,488	19,488		88.00
89.00		0	0		89.00
90.00		82,409	82,409		90.00
91.00		16,176	16,176		91.00
92.00		3,671	3,671		92.00
93.00		10,500	10,500		93.00
94.00		76,253	76,253		94.00
95.00		50,072	50,072		95.00
96.00		39,765	39,765		96.00
97.00		24,856	24,856		97.00
98.00		1,739	1,739		98.00
99.00		9,279	9,279		99.00
100.00		14,913	14,913		100.00
101.00		0	0		101.00
102.00		0	0		102.00
103.00		1,397	1,397		103.00
104.00		8,434	8,434		104.00
105.00		48,611	48,611		105.00
106.00		0	0		106.00
107.00		40,081	40,081		107.00
108.00		34,439	34,439		108.00
109.00		985	985		109.00
110.00		6,380	6,380		110.00
111.00		86,836	86,836		111.00
112.00		7,573	7,573		112.00
113.00		249,664	249,664		113.00
114.00		1,033	1,033		114.00
115.00		112,922	112,922		115.00
116.00		23,904	23,904		116.00
117.00		0	0		117.00
118.00		0	0		118.00
119.00		66,277	66,277		119.00
120.00		0	0		120.00
121.00		58,199	58,199		121.00
122.00		0	0		122.00
123.00		194	194		123.00
124.00		0	0		124.00
125.00		15,060	15,060		125.00
126.00		0	0		126.00
127.00		9,601	9,601		127.00
128.00		69,763	69,763		128.00
129.00		68,694	68,694		129.00
130.00		83,228	83,228		130.00
131.00		0	0		131.00
132.00		114,961	114,961		132.00
133.00		24,037	24,037		133.00
134.00		0	0		134.00
135.00		25,354	25,354		135.00
136.00		278,852	278,852		136.00
137.00		4,574	4,574		137.00
138.00		0	0		138.00
139.00		0	0		139.00
140.00		0	0		140.00
141.00		20,674	20,674		141.00
200.00		4,530,905	4,530,905		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	DEPRECIATION OLD HOSPITAL	2,704,118	0	2,704,118			1.01
1.02	DEPRECIATION DIRECT BLDG	9,297,688	0	0	9,297,688		1.02
1.03	DEPRECIATION KELLOGG PAV	3,044,028	0	0	0	3,044,028	1.03
1.04	DEPRECIATION JELKE SOUTH	3,137,884	0	0	0	0	1.04
1.05	DEPRECIATION ATRIUM PAV	3,600,726	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	1,243,656	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	1,321,430	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	315,143	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	1,574,708	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	986,066	0	0	0	0	1.10
1.11	DEPRECIATION JRB	1,097,868	0	0	0	0	1.11
1.12	DEPRECIATION TOB	1,004,116	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	37,265,293	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	951,741	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	101,502	0	0	0	0	1.15
1.16	DEPRECIATION COHN	1,707,173	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	INTEREST GENERAL	514,838					2.01
2.02	INTEREST DIRECT BLDG	872,375					2.02
2.03	INTEREST ATRUM PAV	7,054,054					2.03
2.04	INTEREST PRO BLDG SOUTH	1,240,034					2.04
2.05	INTEREST TOB	1,711,029					2.05
2.06	INTEREST PRO BLDG III	10,628					2.06
4.00	EMPLOYEE BENEFITS	147,760,688	0	44,220	0	0	4.00
5.01	TRANSITION RECRUITMENT	28,439,840	0	0	0	0	5.01
5.02	PARKING GARAGE	-4,701,681	0	0	6,320,704	0	5.02
5.03	RESEARCH ADMINISTRATION	5,936,219	0	0	0	0	5.03
5.04	ADMIN & GEN INPT SERVICE	3,253,674	0	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	2,754,372	0	9,643	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	-271,834	0	1,263	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	47,627,032	0	34,720	0	122,589	5.07
5.08	PERSONNEL DEPARTMENT	4,830,013	0	0	0	0	5.08
5.09	RESEARCH FACULTY	11,262,535	0	0	0	0	5.09
5.10	RESEARCH SPA	7,415,804	0	1,326	0	0	5.10
5.11	CORPORATE ADMINISTRATION	41,513,745	0	16,113	582,028	15,071	5.11
6.00	MAINTENANCE & REPAIRS	44,507,143	0	388,135	0	216,389	6.00
6.01	RENTED SPACE COSTS	78,620	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	3,365,975	0	59,781	0	5,393	8.00
9.00	HOUSEKEEPING	14,252,826	0	54,305	0	165,044	9.00
10.00	DIETARY	682,833	0	0	0	6,526	10.00
10.01	PATIENT FOOD SERVICE	7,737,055	0	26,924	0	26,645	10.01
11.00	CAFETERIA	277,217	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	6,410,373	0	79,761	0	3,497	13.00
14.00	CENTRAL SERVICES & SUPPLY	495,848	0	0	0	0	14.00
15.00	PHARMACY	35,849,251	0	14,125	0	13,938	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,456,189	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	6,819,561	0	0	0	7,634	16.01
18.00	CLINICAL LAB ADMIN MED	1,325,605	0	21,510	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	213,989	0	59,813	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	1,263,506	0	30,206	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	2,248,095	0	34,025	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	443,554	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	608,891	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	245,871	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	-9,554	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	969,653	0	48,008	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	1,726,974	0	1,641	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	-2,081,893	0	16,492	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	4,559,217	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	8,945,562	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	-6,796,813	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	30,825,834	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,090,367	0	135,707	0	107,247	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	650,635	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	-461,970	0	0	0	0	23.01
23.02	PARAMED DIETARY	-180,317	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
23.03	PARAMED SPEECH	-632,641	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	-805,422	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	138,246	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	456,617	0	3,598	0	15,564	23.06
23.07	PARAMED TECHNOLOGY	-765,022	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	-255,047	0	0	0	0	23.08
23.09	PARAMED PHARMACY	285,259	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	-629,669	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	-155,966	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	43,647,690	0	213,274	0	848,195	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	12,328,596	0	0	0	161,104	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	10,779,454	0	138,232	0	174,845	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	5,236,979	0	0	0	167,605	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	11,753,055	0	81,181	0	0	35.02
40.00	SUBPROVIDER - IPF	6,783,034	0	0	0	258,303	40.00
41.00	SUBPROVIDER - IRF	5,369,378	0	0	0	0	41.00
43.00	NURSERY	1,630,109	0	41,411	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	44,523,713	0	48,071	0	0	50.00
51.00	RECOVERY ROOM	2,593,802	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,761,135	0	20,627	0	0	52.00
53.00	ANESTHESIOLOGY	2,535,160	0	5,113	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,570,955	0	51,827	0	454,499	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,086,451	0	24,777	0	76,858	55.00
56.00	RADIOISOTOPE	1,790,045	0	140,978	0	0	56.00
60.00	LABORATORY	38,213,659	0	218,340	0	47,381	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,552,239	0	11,158	0	0	62.00
64.00	INTRAVENOUS THERAPY	861,349	0	12,625	0	0	64.00
65.00	RESPIRATORY THERAPY	6,584,000	0	36,330	0	20,341	65.00
66.00	PHYSICAL THERAPY	3,243,329	0	59,418	0	0	66.00
67.00	OCCUPATIONAL THERAPY	2,323,921	0	24,793	0	26,842	67.00
68.00	SPEECH PATHOLOGY	1,411,077	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,533,772	0	17,376	0	46,223	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,055,623	0	68,587	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	512,614	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	44,864,660	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	22,934,118	0	0	0	0	73.00
74.00	RENAL DIALYSIS	488,538	0	0	0	26,793	74.00
76.00	RENAL DIALYSIS I/P	1,975,812	0	0	0	19,430	76.00
76.01	PSYCH DAY HOSPITAL	2,230,255	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	24,379,311	0	2,478	0	4,950	90.00
91.00	EMERGENCY	7,278,019	0	229,703	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	6,172,454	0	0	0	0	105.00
106.00	HEART ACQUISITION	558,940	0	0	0	0	106.00
107.00	LIVER ACQUISITION	2,153,796	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	240,973	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	907,690,972	0	2,527,615	6,902,732	3,038,906	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,282,467	0	0	79,854	0	190.00
190.01	FUND RAISING	4,843,372	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	1,576,742	0	0	0	0	190.02
191.00	RESEARCH	42,561,001	0	3,488	2,315,102	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	12,853,532	0	12,152	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	4,871,229	0	1,010	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	120,733,712	0	107,331	0	5,122	192.00
194.00	MEDICAL COLLEGE	18,017,143	0	52,522	0	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
194.01	AFFIL CORP ARC VENTURES	25,397,810	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	1,464,271	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	24,295,079	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,168,587,330	0	2,704,118	9,297,688	3,044,028	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH	3,137,884					1.04
1.05	DEPRECIATION ATRIUM PAV	0	3,600,726				1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	1,243,656			1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,321,430		1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	315,143	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	14,480	0	7,697	0	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	17,370	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	43,130	1,718	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	10,688	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	29,312	59,757	7,455	39,286	6,311	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	7,056	0	0	0	65,907	5.10
5.11	CORPORATE ADMINISTRATION	14,736	67,662	1,559	7,603	104,785	5.11
6.00	MAINTENANCE & REPAIRS	685,094	605,691	45,133	40,082	28,685	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	2,688	11,312	0	0	0	8.00
9.00	HOUSEKEEPING	9,888	46,204	0	0	571	9.00
10.00	DIETARY	0	0	0	0	0	10.00
10.01	PATIENT FOOD SERVICE	400	215,935	0	0	0	10.01
11.00	CAFETERIA	27,088	63,952	3,319	0	0	11.00
13.00	NURSING ADMINISTRATION	5,872	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	143,639	442	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	1,584	12,645	442	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	6,813	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	83,520	0	5,020	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	180,177	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	63,744	0	0	1,644	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	3,261	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	17,216	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	19,520	0	959	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	8,523	1,733	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,832	25,411	25,877	28,607	2,343	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	2,624	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	4,592	0	0	0	0	23.01
23.02	PARAMED DIETARY	6,656	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	8,253	0	0	0	23.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	864	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	1,408	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	2,453	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	26,560	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	4,640	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	921,897	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	204,184	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	7,664	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	75,648	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,640	712,531	0	0	0	50.00
51.00	RECOVERY ROOM	0	66,860	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	115,760	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	98,912	21,777	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	88,208	57,092	834	16,443	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	222,356	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	500,706	4,846	77,956	183,719	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	111,296	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	22,976	1,302	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	8,344	0	46,270	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	25,000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	59,680	19,429	0	28,766	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	1,184	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	6,376	1,184	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	258,728	187,025	0	90.00
91.00	EMERGENCY	5,424	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,352,153	3,570,408	458,104	606,178	208,602	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,016	30,318	6,029	48,622	0	190.00
190.01	FUND RAISING	0	0	0	21,005	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	442,178	0	3,711	601	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	19,936	0	25,627	53,395	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	119,568	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	156,497	0	581,071	469,049	104,198	192.00
194.00	MEDICAL COLLEGE	39,536	0	2,435	0	2,343	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	26,336	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	140,343	122,580	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,137,884	3,600,726	1,243,656	1,321,430	315,143	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY	1,574,708					1.09
1.10	DEPRECIATION PRO BLDG III	0	986,066				1.10
1.11	DEPRECIATION JRB	0	0	1,097,868			1.11
1.12	DEPRECIATION TOB	0	0	0	1,004,116		1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	37,265,293	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	341,033	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	4,881	0	0	33,138	258,469	5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	0	6,357	109,952	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	1,471	0	0	81,326	5.05
5.06	ADMIN & GEN ANIMAL LAB	2,104	0	0	0	180,331	5.06
5.07	ADMIN & GEN PT SERVICE	19,747	1,885	6,849	295,251	1,474,754	5.07
5.08	PERSONNEL DEPARTMENT	65,088	0	0	1,208	182,428	5.08
5.09	RESEARCH FACULTY	0	0	0	6,747	33,134	5.09
5.10	RESEARCH SPA	3,550	0	0	0	188,132	5.10
5.11	CORPORATE ADMINISTRATION	201,614	32,626	91,933	288,444	2,640,142	5.11
6.00	MAINTENANCE & REPAIRS	128,592	35,278	85,361	90,244	3,768,076	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	181,463	8.00
9.00	HOUSEKEEPING	3,252	338	9,490	0	342,186	9.00
10.00	DIETARY	0	0	0	27,014	95,566	10.00
10.01	PATIENT FOOD SERVICE	0	0	2,725	0	362,759	10.01
11.00	CAFETERIA	175,042	0	0	11,071	649,078	11.00
13.00	NURSING ADMINISTRATION	20,551	0	15,917	0	200,673	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	9,020	0	15,686	14.00
15.00	PHARMACY	0	477	0	0	232,109	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,485	0	0	0	236,848	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	1,411	0	111,420	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	28,584	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	79,481	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	57,272	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	195,996	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	4,254	0	938	102,989	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	236,156	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	85,499	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	71,994	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	24,746	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	49,911	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	465,958	0	0	1,032	1,321,455	18.14
18.16	NURSING SCHOOL SPLIT	83,726	0	0	0	229,487	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,020	0	4,860	9,573	708,112	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	7,949	0	0	10,083	58,824	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	757	0	0	0	8,095	23.01
23.02	PARAMED DIETARY	0	0	0	0	8,724	23.02
23.03	PARAMED SPEECH	12,456	0	0	0	41,712	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	11,041	0	0	0	30,261	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	11,429	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	43,536	23.06
23.07	PARAMED TECHNOLOGY	4,943	0	0	0	14,680	23.07
23.08	PARAMED VASCULAR ULTRASOUND	987	0	0	0	4,551	23.08
23.09	PARAMED PHARMACY	0	0	0	0	3,397	23.09
23.10	PARAMED RESPIRATORY THERAPY	727	0	0	0	36,804	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	727	0	0	0	8,074	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	2,340,989	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	419,947	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	11,148	0	0	0	373,182	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	142,730	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	207,027	35.02
40.00	SUBPROVIDER - IPF	0	0	155,746	0	490,830	40.00
41.00	SUBPROVIDER - IRF	0	0	243,688	0	423,806	41.00
43.00	NURSERY	0	0	0	0	55,028	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	84,797	5,601	0	0	1,306,104	50.00
51.00	RECOVERY ROOM	0	0	0	0	92,588	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	179,136	52.00
53.00	ANESTHESIOLOGY	4,292	6,161	0	0	197,066	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	114,101	0	0	1,062,503	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	406,295	55.00
56.00	RADIOISOTOPE	0	0	0	0	187,335	56.00
60.00	LABORATORY	17,345	12,535	0	5,048	1,635,142	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	160,702	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	16,777	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	97,516	65.00
66.00	PHYSICAL THERAPY	0	0	88,207	0	298,797	66.00
67.00	OCCUPATIONAL THERAPY	780	0	55,469	0	184,064	67.00
68.00	SPEECH PATHOLOGY	2,923	0	4,474	0	160,954	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	201,701	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	91,141	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	25,795	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	28,353	76.00
76.01	PSYCH DAY HOSPITAL	0	0	15,435	1,485	199,331	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	252,306	51,863	1,888	1,982,025	90.00
91.00	EMERGENCY	0	0	0	0	312,344	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	9,027	0	0	32,631	105.00
106.00	HEART ACQUISITION	0	0	0	0	524	106.00
107.00	LIVER ACQUISITION	0	2,825	0	0	10,234	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	28	0	0	84	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,365,482	478,913	842,448	789,521	28,470,015	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	221,247	913	746,237	190.00
190.01	FUND RAISING	0	0	0	51,901	197,842	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	137,130	190.02
191.00	RESEARCH	84,728	5,801	0	30,274	2,700,329	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	7,314	11,465	5,137	3,260	399,605	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	25,134	0	5,462	2,895	631,483	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	19,334	478,664	10,623	123,546	2,961,923	192.00
194.00	MEDICAL COLLEGE	72,716	0	12,951	1,806	419,717	194.00
194.01	AFFIL CORP ARC VENTURES	0	11,223	0	0	102,696	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	498,316	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,574,708	986,066	1,097,868	1,004,116	37,265,293	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	MVBLE EQUIP	INTEREST GENERAL	
		1.14	1.15	1.16	2.00	2.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS	951,741					1.14
1.15	DEPRECIATION KIDSTON	0	101,502				1.15
1.16	DEPRECIATION COHN	0	0	1,707,173			1.16
2.00	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	INTEREST GENERAL				0	514,838	2.01
2.02	INTEREST DIRECT BLDG				0	0	2.02
2.03	INTEREST ATRUM PAV				0	0	2.03
2.04	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	INTEREST TOB				0	0	2.05
2.06	INTEREST PRO BLDG III				0	0	2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	1,380	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	3,294	48,421	0	3,210	5.03
5.04	ADMIN & GEN INPT SERVICE	0	11,234	0	0	1,520	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	0	0	0	402	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	116,642	0	4,236	5.06
5.07	ADMIN & GEN PT SERVICE	0	10,313	10,100	0	8,081	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	4,190	5.08
5.09	RESEARCH FACULTY	0	0	2,002	0	64	5.09
5.10	RESEARCH SPA	0	3,094	40,508	0	4,419	5.10
5.11	CORPORATE ADMINISTRATION	279,291	17,035	57,952	0	30,943	5.11
6.00	MAINTENANCE & REPAIRS	0	6,250	135,441	0	54,620	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	57,482	0	0	0	3,894	8.00
9.00	HOUSEKEEPING	7,195	659	8,576	0	6,123	9.00
10.00	DIETARY	0	0	0	0	131	10.00
10.01	PATIENT FOOD SERVICE	0	0	0	0	1,386	10.01
11.00	CAFETERIA	0	0	0	0	1,030	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	4,063	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	746	15.00
16.00	MEDICAL RECORDS & LIBRARY	156,916	0	0	0	5,563	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	14,193	0	0	2,148	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	671	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	1,867	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	1,345	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	3,930	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	5,547	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	1,962	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	1,691	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	581	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	1,172	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	3,014	0	0	30,909	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	5,390	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	200	0	10,669	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	593	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	190	23.01
23.02	PARAMED DIETARY	0	0	0	0	205	23.02
23.03	PARAMED SPEECH	5,562	0	0	0	980	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	711	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	MVBLE EQUIP	INTEREST GENERAL	
		1.14	1.15	1.16	2.00	2.01	
23.06	PARAMED PASTORAL CARE	0	4,426	0	0	1,023	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	345	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	107	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	864	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	190	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	23,622	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	3,222	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	8,765	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	3,352	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	4,863	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	5,167	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	1,293	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	7,102	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,208	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	3,481	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	13,473	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,311	55.00
56.00	RADIOISOTOPE	0	0	0	0	4,400	56.00
60.00	LABORATORY	10,692	3,465	0	0	29,709	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	3,775	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	394	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	2,248	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	1,855	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	1,361	67.00
68.00	SPEECH PATHOLOGY	106,644	0	0	0	3,598	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	3,304	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,141	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	606	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	459	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	175,912	0	0	0	21,083	90.00
91.00	EMERGENCY	0	0	0	0	7,336	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	906	0	0	123	105.00
106.00	HEART ACQUISITION	0	91	0	0	12	106.00
107.00	LIVER ACQUISITION	0	288	0	0	39	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	799,694	78,262	419,842	0	372,393	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	603	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	1,078	0	1,092,552	0	54,384	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	801	10,695	1,863	0	4,510	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	14,775	1,664	162,493	0	11,227	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	135,393	7,368	0	0	52,667	192.00
194.00	MEDICAL COLLEGE	0	3,098	30,423	0	9,153	194.00
194.01	AFFIL CORP ARC VENTURES	0	415	0	0	1,612	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	8,289	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	951,741	101,502	1,707,173	0	514,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	INTEREST PRO BLDG III	
		2.02	2.03	2.04	2.05	2.06	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG	872,375					2.02
2.03	INTEREST ATRUM PAV	0	7,054,054				2.03
2.04	INTEREST PRO BLDG SOUTH	0	0	1,240,034			2.04
2.05	INTEREST TOB	0	0	0	1,711,029		2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	10,628	2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	642,859	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	0	0	56,468	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	34,029	0	10,832	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	84,494	0	0	16	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	0	117,069	36,866	503,107	20	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	2,059	0	5.08
5.09	RESEARCH FACULTY	0	0	0	11,497	0	5.09
5.10	RESEARCH SPA	0	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	132,555	7,134	491,513	352	5.11
6.00	MAINTENANCE & REPAIRS	0	1,186,588	37,613	153,777	380	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	22,162	0	0	0	8.00
9.00	HOUSEKEEPING	0	90,516	0	0	4	9.00
10.00	DIETARY	0	0	0	46,032	0	10.00
10.01	PATIENT FOOD SERVICE	0	423,031	0	0	0	10.01
11.00	CAFETERIA	229,516	125,287	0	18,866	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	281,398	0	0	5	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	24,773	0	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	1,598	46	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	1,543	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	1,626	1,759	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	49,782	26,845	16,313	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	17,182	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	16,169	0	0	0	23.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	INTEREST PRO BLDG III	
		2.02	2.03	2.04	2.05	2.06	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	4,806	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,806,048	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	400,009	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,395,894	0	0	60	50.00
51.00	RECOVERY ROOM	0	130,983	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	42,662	0	0	66	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	111,847	15,430	0	1,230	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	435,611	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	0	9,494	172,403	8,602	135	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,551	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	16,347	43,420	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	23,460	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	38,064	26,994	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	12,490	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	2,531	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	175,505	3,218	2,719	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	97	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	30	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	872,375	6,994,659	568,839	1,345,354	5,160	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59,395	45,627	1,555	0	190.00
190.01	FUND RAISING	0	0	19,711	88,440	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	564	51,588	63	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	50,106	5,556	124	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	4,934	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	440,158	210,524	5,160	192.00
194.00	MEDICAL COLLEGE	0	0	0	3,078	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	121	194.01
194.02	AFFIL CORP ROOM 500	0	0	115,029	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	872,375	7,054,054	1,240,034	1,711,029	10,628	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	
		4.00	5.01	5.02	5.03	5.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	148,147,321					4.00
5.01	TRANSITION RECRUITMENT	32,607	28,472,447				5.01
5.02	PARKING GARAGE	383	0	2,262,265			5.02
5.03	RESEARCH ADMINISTRATION	1,154,952	0	0	7,521,229		5.03
5.04	ADMIN & GEN INPT SERVICE	626,156	0	0	0	4,071,124	5.04
5.05	ADMIN & GEN OUTPT SERVICE	671,924	0	0	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	199,068	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	7,081,967	0	0	0	0	5.07
5.08	PERSONNEL DEPARTMENT	718,736	0	0	0	0	5.08
5.09	RESEARCH FACULTY	2,366,299	0	0	0	0	5.09
5.10	RESEARCH SPA	1,233,941	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	9,272,548	0	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	3,051,199	0	105,551	0	0	6.00
6.01	RENTED SPACE COSTS	0	0	165	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	115,133	0	8,626	0	0	8.00
9.00	HOUSEKEEPING	2,907,571	0	35,569	0	0	9.00
10.00	DIETARY	177,636	0	2,280	0	0	10.00
10.01	PATIENT FOOD SERVICE	1,495,550	0	22,337	0	0	10.01
11.00	CAFETERIA	447,568	0	10,254	0	0	11.00
13.00	NURSING ADMINISTRATION	1,471,300	0	18,918	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	2,233	0	0	14.00
15.00	PHARMACY	2,082,438	0	131,390	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,031,207	0	15,430	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	1,630,122	0	18,804	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	344,848	0	3,854	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	84,687	0	1,223	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	383,090	0	3,819	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	681,997	0	7,890	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	193,274	0	1,409	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	33,567	0	3,179	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	87,324	0	1,372	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	9,667	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	521,603	0	3,711	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	227,995	0	4,558	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	771,830	0	24,897	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	1,029,181	0	18,603	0	0	18.14
18.16	NURSING SCHOOL SPLIT	2,140,268	0	33,591	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	617,838	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	8,225,821	0	99,147	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,508,965	0	19,734	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	568,403	0	11,665	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	60,786	0	664	0	0	23.01
23.02	PARAMED DIETARY	84,107	0	912	0	0	23.02
23.03	PARAMED SPEECH	256,898	0	3,062	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	170,287	0	2,228	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	37,071	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	123,716	0	458	0	0	23.06
23.07	PARAMED TECHNOLOGY	195,727	0	2,174	0	0	23.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	
		4.00	5.01	5.02	5.03	5.04	
23.08	PARAMED VASCULAR ULTRASOUND	53,251	0	736	0	0	23.08
23.09	PARAMED PHARMACY	84,733	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	97,875	0	1,362	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	95,687	0	1,178	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	10,681,308	0	137,591	0	454,740	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	2,801,840	0	35,109	0	112,448	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	2,613,036	0	31,395	0	80,111	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,214,758	0	14,690	0	41,512	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	2,915,210	0	32,886	0	132,630	35.02
40.00	SUBPROVIDER - IPF	1,754,555	0	21,878	0	73,734	40.00
41.00	SUBPROVIDER - IRF	1,374,536	0	17,987	0	63,758	41.00
43.00	NURSERY	398,077	0	0	0	13,835	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,762,647	0	190,824	0	538,248	50.00
51.00	RECOVERY ROOM	651,989	0	7,551	0	39,237	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,101,778	0	13,733	0	42,580	52.00
53.00	ANESTHESIOLOGY	148,013	0	13,351	0	121,095	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,967,251	0	48,551	0	294,393	54.00
55.00	RADIOLOGY-THERAPEUTIC	710,899	0	11,502	0	17,430	55.00
56.00	RADIOISOTOPE	192,452	0	5,615	0	12,450	56.00
60.00	LABORATORY	5,780,876	0	109,649	0	574,367	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	612,672	0	28,990	0	138,096	62.00
64.00	INTRAVENOUS THERAPY	161,736	0	2,284	0	90,710	64.00
65.00	RESPIRATORY THERAPY	1,123,712	0	16,977	0	74,832	65.00
66.00	PHYSICAL THERAPY	851,741	0	10,846	0	40,895	66.00
67.00	OCCUPATIONAL THERAPY	600,152	0	7,498	0	32,585	67.00
68.00	SPEECH PATHOLOGY	330,317	0	4,915	0	8,275	68.00
69.00	ELECTROCARDIOLOGY	722,746	0	26,197	0	72,079	69.00
70.00	ELECTROENCEPHALOGRAPHY	262,168	0	3,488	0	25,957	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	20,810	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	348,308	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	499,055	73.00
74.00	RENAL DIALYSIS	90,717	0	5,680	0	0	74.00
76.00	RENAL DIALYSIS I/P	468	0	0	0	21,196	76.00
76.01	PSYCH DAY HOSPITAL	474,115	0	5,967	0	12	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	3,204,472	0	511	0	4,911	90.00
91.00	EMERGENCY	1,681,744	0	21,276	0	61,901	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	301,783	0	13,877	0	12,853	105.00
106.00	HEART ACQUISITION	129,840	0	1,521	0	0	106.00
107.00	LIVER ACQUISITION	168,469	0	4,967	0	5,606	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	13,725	0	537	0	475	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	106,258,603	0	1,470,826	0	4,071,124	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	228,035	0	7,360	0	0	190.00
190.01	FUND RAISING	1,082,556	0	13,456	0	0	190.01
190.02	RUSH DAY SCHOOL	342,779	0	4,044	0	0	190.02
191.00	RESEARCH	6,265,348	0	89,664	2,031,843	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	2,221,788	0	27,047	612,907	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	808,543	0	215,193	4,876,479	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	24,099,617	28,472,447	354,445	0	0	192.00
194.00	MEDICAL COLLEGE	3,178,147	0	59,906	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	1,063,033	0	14,478	0	0	194.01
194.02	AFFIL CORP ROOM 500	216,827	0	5,846	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	2,382,045	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	148,147,321	28,472,447	2,262,265	7,521,229	4,071,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	
		5.05	5.06	5.07	5.08	5.09	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE	3,648,496					5.05
5.06	ADMIN & GEN ANIMAL LAB	0	242,498				5.06
5.07	ADMIN & GEN PT SERVICE	0	0	57,492,471			5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	5,803,722		5.08
5.09	RESEARCH FACULTY	0	0	0	0	13,682,278	5.09
5.10	RESEARCH SPA	0	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	0	0	0	163,808	0	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	9,856	0	8.00
9.00	HOUSEKEEPING	0	0	0	274,360	0	9.00
10.00	DIETARY	0	0	0	13,094	0	10.00
10.01	PATIENT FOOD SERVICE	0	0	0	123,560	0	10.01
11.00	CAFETERIA	0	0	0	37,873	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	125,719	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	80,571	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	55,660	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	71,823	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	7,593	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	42	0	2,440	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	9,565	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	22,386	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	11,019	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	1,352	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	3,933	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	310	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	20,190	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	9,161	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	26,638	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	96,650	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	101,381	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	15,403	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	598,335	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	935	0	43,674	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	18,219	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	1,408	0	23.01
23.02	PARAMED DIETARY	0	0	0	2,957	0	23.02
23.03	PARAMED SPEECH	0	0	0	10,466	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	7,950	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	1,492	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	7,547	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	7,941	0	23.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	
		5.05	5.06	5.07	5.08	5.09	
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	1,690	0	23.08
23.09	PARAMED PHARMACY	0	0	0	4,862	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	4,224	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	3,567	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,371	0	4,119,510	493,575	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	48	0	977,981	117,985	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	987	0	702,506	97,880	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	6,515	0	400,381	51,878	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	1,153,157	108,843	0	35.02
40.00	SUBPROVIDER - IPF	0	0	641,087	74,714	0	40.00
41.00	SUBPROVIDER - IRF	0	0	554,348	65,563	0	41.00
43.00	NURSERY	0	0	120,287	15,994	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	339,030	0	6,732,770	175,982	0	50.00
51.00	RECOVERY ROOM	37,165	0	566,199	27,830	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,646	0	434,673	43,787	0	52.00
53.00	ANESTHESIOLOGY	99,151	0	1,653,265	10,137	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	397,012	0	4,963,657	135,734	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	225,283	0	1,515,706	31,406	0	55.00
56.00	RADIOISOTOPE	69,216	0	527,368	7,096	0	56.00
60.00	LABORATORY	789,144	0	9,775,411	306,029	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	50,069	0	1,503,871	30,768	0	62.00
64.00	INTRAVENOUS THERAPY	3,028	0	807,018	5,726	0	64.00
65.00	RESPIRATORY THERAPY	3,409	0	671,277	55,538	0	65.00
66.00	PHYSICAL THERAPY	26,160	0	513,969	48,292	0	66.00
67.00	OCCUPATIONAL THERAPY	7,941	0	331,402	34,401	0	67.00
68.00	SPEECH PATHOLOGY	10,358	0	134,663	15,459	0	68.00
69.00	ELECTROCARDIOLOGY	109,530	0	1,289,933	32,505	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	6,394	0	264,399	15,168	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,054	0	211,537	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	174,783	0	4,086,749	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	651,204	0	8,282,316	0	0	73.00
74.00	RENAL DIALYSIS	6,582	0	39,858	3,426	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	184,291	0	0	76.00
76.01	PSYCH DAY HOSPITAL	24,460	0	148,220	17,411	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	376,063	0	2,319,876	199,307	0	90.00
91.00	EMERGENCY	191,893	0	1,700,170	74,517	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	111,750	14,023	0	105.00
106.00	HEART ACQUISITION	0	0	0	2,412	0	106.00
107.00	LIVER ACQUISITION	0	0	48,740	5,078	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	4,126	770	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,648,496	977	57,492,471	4,317,911	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,185	0	190.00
190.01	FUND RAISING	0	0	0	37,414	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	18,191	0	190.02
191.00	RESEARCH	0	0	0	344,615	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	120,012	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	228,008	0	43,890	13,682,278	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	13,513	0	657,831	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	99,119	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	55,839	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	22,837	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	77,878	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,648,496	242,498	57,492,471	5,803,722	13,682,278	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	RESEARCH SPA	Subtotal	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	
		5.10	5A.10	5.11	6.00	6.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA	8,963,737					5.10
5.11	CORPORATE ADMINISTRATION	0	55,867,384	55,867,384			5.11
6.00	MAINTENANCE & REPAIRS	0	55,519,130	2,761,299	58,280,429		6.00
6.01	RENTED SPACE COSTS	0	78,785	3,918	0	82,703	6.01
8.00	LAUNDRY & LINEN SERVICE	0	3,843,765	191,173	374,423	0	8.00
9.00	HOUSEKEEPING	0	18,214,677	905,925	706,052	0	9.00
10.00	DIETARY	0	1,051,112	52,278	197,186	0	10.00
10.01	PATIENT FOOD SERVICE	0	10,438,307	519,160	748,500	0	10.01
11.00	CAFETERIA	0	2,077,161	103,310	1,339,278	0	11.00
13.00	NURSING ADMINISTRATION	0	8,356,644	415,626	414,059	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	522,787	26,001	32,367	0	14.00
15.00	PHARMACY	0	38,830,529	1,931,275	478,922	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,966,298	346,476	488,702	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	8,716,560	433,527	229,898	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	1,732,665	86,176	58,978	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	443,542	22,060	163,997	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	1,755,616	87,317	118,173	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	3,282,859	163,276	371,870	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	759,081	37,754	6,447	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	1,068,869	53,161	487,274	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	492,892	24,514	176,416	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	423	21	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	1,640,111	81,573	148,549	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	2,012,872	100,112	51,060	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	-1,170,474	0	102,985	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	7,539,660	374,993	2,726,630	0	18.14
18.16	NURSING SCHOOL SPLIT	0	11,539,405	573,924	473,514	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	633,241	31,495	0	0	19.00
20.00	NURSING SCHOOL	0	-6,796,813	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	39,749,137	1,976,963	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,878,073	441,560	1,163,122	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	1,346,177	66,953	121,375	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	-385,478	0	16,703	0	23.01
23.02	PARAMED DIETARY	0	-76,756	0	18,001	0	23.02
23.03	PARAMED SPEECH	0	-301,505	0	86,066	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	-582,944	0	62,440	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	212,660	10,577	23,583	0	23.05
23.06	PARAMED PASTORAL CARE	0	656,485	32,651	89,830	0	23.06
23.07	PARAMED TECHNOLOGY	0	-538,348	0	30,290	0	23.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	RESEARCH SPA	Subtotal	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	
		5.10	5A.10	5.11	6.00	6.01	
23.08	PARAMED VASCULAR ULTRASOUND	0	-192,317	0	9,390	0	23.08
23.09	PARAMED PHARMACY	0	385,510	19,174	7,010	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	-461,253	0	75,940	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	-41,903	0	16,659	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	65,715,810	3,268,442	4,709,304	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	17,562,473	873,487	866,500	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	15,019,205	746,995	770,006	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	7,280,400	362,098	294,502	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	16,464,500	818,878	427,170	0	35.02
40.00	SUBPROVIDER - IPF	0	10,259,048	510,244	1,012,756	0	40.00
41.00	SUBPROVIDER - IRF	0	8,113,064	403,511	874,462	0	41.00
43.00	NURSERY	0	2,276,034	113,201	113,543	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	59,828,014	2,975,606	2,694,956	0	50.00
51.00	RECOVERY ROOM	0	4,214,204	209,598	191,041	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,728,063	334,627	369,620	0	52.00
53.00	ANESTHESIOLOGY	0	4,959,702	246,676	406,617	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,365,040	1,311,292	2,101,841	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	6,766,885	336,558	838,331	0	55.00
56.00	RADIOISOTOPE	0	2,936,955	146,072	386,539	0	56.00
60.00	LABORATORY	0	58,486,653	2,908,892	3,186,557	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,203,636	756,168	331,585	0	62.00
64.00	INTRAVENOUS THERAPY	0	1,961,647	97,564	34,617	0	64.00
65.00	RESPIRATORY THERAPY	0	8,713,009	433,350	201,210	0	65.00
66.00	PHYSICAL THERAPY	0	5,297,890	263,496	616,524	0	66.00
67.00	OCCUPATIONAL THERAPY	0	3,679,669	183,012	379,789	0	67.00
68.00	SPEECH PATHOLOGY	0	2,193,657	109,104	332,104	0	68.00
69.00	ELECTROCARDIOLOGY	0	7,228,299	359,507	416,180	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,795,066	89,279	188,055	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	750,015	37,303	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	49,474,500	2,460,664	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	32,366,693	1,609,790	0	0	73.00
74.00	RENAL DIALYSIS	0	689,179	34,277	53,223	0	74.00
76.00	RENAL DIALYSIS I/P	0	2,250,059	111,909	58,502	0	76.00
76.01	PSYCH DAY HOSPITAL	0	3,119,222	155,138	65,599	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	33,604,151	1,671,336	4,089,621	0	90.00
91.00	EMERGENCY	0	11,564,327	575,163	644,477	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	6,669,524	331,715	67,330	0	105.00
106.00	HEART ACQUISITION	0	693,340	34,484	1,082	0	106.00
107.00	LIVER ACQUISITION	0	2,400,072	119,370	21,116	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	260,718	12,967	173	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	786,955,349	36,885,995	38,360,621	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,774,463	287,199	1,058,796	0	190.00
190.01	FUND RAISING	0	6,355,697	316,107	408,218	0	190.01
190.02	RUSH DAY SCHOOL	0	2,078,886	103,395	0	0	190.02
191.00	RESEARCH	6,886,437	64,965,349	3,231,117	5,023,407	82,703	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	2,077,300	18,524,132	921,316	639,544	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	25,706,265	1,278,527	1,025,737	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	180,200,193	8,962,977	9,661,052	0	192.00
194.00	MEDICAL COLLEGE	0	22,004,093	1,094,396	862,952	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	26,673,563	1,326,636	211,898	0	194.01
194.02	AFFIL CORP ROOM 500	0	2,594,338	129,032	1,028,204	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	26,755,002	1,330,687	0	0	194.03
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,963,737	1,168,587,330	55,867,384	58,280,429	82,703	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE	4,409,361					8.00
9.00	HOUSEKEEPING	0	19,826,654				9.00
10.00	DIETARY	0	68,348	1,368,924			10.00
10.01	PATIENT FOOD SERVICE	0	259,445	932,100	12,897,512		10.01
11.00	CAFETERIA	0	464,221	436,824	0	4,420,794	11.00
13.00	NURSING ADMINISTRATION	0	143,521	0	0	109,565	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	11,219	0	0	0	14.00
15.00	PHARMACY	0	166,004	0	0	70,218	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	169,394	0	0	48,508	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	79,687	0	0	62,594	16.01
18.00	CLINICAL LAB ADMIN MED	0	20,443	0	0	6,618	18.00
18.01	CLINICAL LAB ADMIN PED	0	56,845	0	0	2,127	18.01
18.02	CLINICAL LAB ADMIN OB	0	40,961	0	0	8,336	18.02
18.03	CLINICAL LAB ADMIN SURG	0	128,898	0	0	19,510	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	2,235	0	0	9,603	18.04
18.05	CLINICAL LAB ADMIN PATH	0	168,899	0	0	1,178	18.05
18.06	CLINICAL LAB ADMIN CARD	0	61,149	0	0	3,427	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	270	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	51,490	0	0	17,595	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	17,698	0	0	7,984	18.09
18.12	DISCRETIONARY OPERATIONS	0	35,697	0	0	23,215	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	945,105	0	0	84,231	18.14
18.16	NURSING SCHOOL SPLIT	0	164,129	0	0	88,354	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	13,424	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	521,451	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	403,162	0	0	38,062	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	42,071	0	0	15,878	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	5,789	0	0	1,227	23.01
23.02	PARAMED DIETARY	0	6,239	0	0	2,577	23.02
23.03	PARAMED SPEECH	0	29,832	0	0	9,121	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	21,643	0	0	6,929	23.04
23.05	PARAMED MEDICAL PHYSICS	0	8,174	0	0	1,301	23.05
23.06	PARAMED PASTORAL CARE	0	31,137	0	0	6,577	23.06
23.07	PARAMED TECHNOLOGY	0	10,499	0	0	6,920	23.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
23.08	PARAMED VASCULAR ULTRASOUND	0	3,255	0	0	1,472	23.08
23.09	PARAMED PHARMACY	0	2,430	0	0	4,237	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	26,322	0	0	3,681	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	5,774	0	0	3,108	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,055,008	1,632,339	0	8,594,357	430,153	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	159,381	300,346	0	737,607	102,824	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	276,387	266,900	0	673,743	85,303	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	15,554	102,080	0	259,948	45,212	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	1,683	148,066	0	0	94,857	35.02
40.00	SUBPROVIDER - IPF	149,714	351,042	0	1,411,859	65,114	40.00
41.00	SUBPROVIDER - IRF	353,561	303,106	0	1,219,998	57,138	41.00
43.00	NURSERY	2,279	39,356	0	0	13,939	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	302,961	934,126	0	0	153,369	50.00
51.00	RECOVERY ROOM	32,956	66,219	0	0	24,254	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,886	128,118	0	0	38,160	52.00
53.00	ANESTHESIOLOGY	0	140,942	0	0	8,835	53.00
54.00	RADIOLOGY-DIAGNOSTIC	333,809	728,540	0	0	118,293	54.00
55.00	RADIOLOGY-THERAPEUTIC	40,000	290,582	0	0	27,371	55.00
56.00	RADIOISOTOPE	34,224	133,982	0	0	6,184	56.00
60.00	LABORATORY	182,249	1,104,525	0	0	266,705	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	114,934	0	0	26,815	62.00
64.00	INTRAVENOUS THERAPY	0	11,999	0	0	4,990	64.00
65.00	RESPIRATORY THERAPY	0	69,743	0	0	48,402	65.00
66.00	PHYSICAL THERAPY	23,958	213,700	0	0	42,087	66.00
67.00	OCCUPATIONAL THERAPY	0	131,642	0	0	29,980	67.00
68.00	SPEECH PATHOLOGY	0	115,114	0	0	13,473	68.00
69.00	ELECTROCARDIOLOGY	4,360	144,256	0	0	28,328	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	65,184	0	0	13,219	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	18,448	0	0	2,986	74.00
76.00	RENAL DIALYSIS I/P	0	20,278	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	22,738	0	0	15,174	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	75,841	1,417,545	0	0	173,697	90.00
91.00	EMERGENCY	309,695	223,389	0	0	64,942	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	23,338	0	0	12,221	105.00
106.00	HEART ACQUISITION	0	375	0	0	2,102	106.00
107.00	LIVER ACQUISITION	0	7,319	0	0	4,425	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	60	0	0	671	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,372,506	12,922,046	1,368,924	12,897,512	3,220,521	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,126	367,000	0	0	7,133	190.00
190.01	FUND RAISING	0	141,496	0	0	32,606	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	15,853	190.02
191.00	RESEARCH	0	1,741,214	0	0	300,334	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	221,679	0	0	104,591	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	355,541	0	0	38,250	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	9,729	3,348,718	0	0	573,307	192.00
194.00	MEDICAL COLLEGE	0	299,116	0	0	86,382	194.00
194.01	AFFIL CORP ARC VENTURES	0	73,448	0	0	21,915	194.01
194.02	AFFIL CORP ROOM 500	0	356,396	0	0	19,902	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	4,409,361	19,826,654	1,368,924	12,897,512	4,420,794	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	
		13.00	14.00	15.00	16.00	16.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	9,439,415					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	592,374				14.00
15.00	PHARMACY	0	0	41,476,948			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	8,019,378		16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	4,854,130	14,376,396	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	117	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	121,349	0	72	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	11,173	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	
		13.00	14.00	15.00	16.00	16.01	
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,834,957	0	79	0	1,605,693	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	472,159	0	0	0	397,057	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	736,154	0	0	0	282,871	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	406,493	0	0	0	146,580	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	851,957	0	26	0	468,317	35.02
40.00	SUBPROVIDER - IPF	489,167	0	0	0	260,356	40.00
41.00	SUBPROVIDER - IRF	509,133	0	0	0	225,130	41.00
43.00	NURSERY	126,008	0	0	0	48,851	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,099,832	0	8,888	0	1,900,560	50.00
51.00	RECOVERY ROOM	0	0	55	0	138,548	51.00
52.00	DELIVERY ROOM & LABOR ROOM	344,968	0	0	0	150,349	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	427,589	53.00
54.00	RADIOLOGY-DIAGNOSTIC	152,333	0	724,494	0	1,039,506	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	8,337	0	61,545	55.00
56.00	RADIOISOTOPE	0	0	286	0	43,960	56.00
60.00	LABORATORY	150,854	0	61,008	0	2,029,315	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	349,373	0	487,619	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	320,297	64.00
65.00	RESPIRATORY THERAPY	0	0	1,710	0	264,233	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	144,399	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	115,059	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	29,217	68.00
69.00	ELECTROCARDIOLOGY	0	0	126	0	254,512	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	91,653	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	592,374	0	0	73,480	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,229,878	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	39,611,221	0	1,762,170	73.00
74.00	RENAL DIALYSIS	0	0	64,062	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	74,844	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	44	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	67,480	0	17,339	90.00
91.00	EMERGENCY	739	0	11,848	3,165,248	218,571	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	45,384	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	19,794	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	1,676	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,296,103	592,374	40,920,355	8,019,378	14,376,396	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	143,312	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	163,480	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	204,463	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	513	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	188,137	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,439,415	592,374	41,476,948	8,019,378	14,376,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	
		18.00	18.01	18.02	18.03	18.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED	1,904,880					18.00
18.01	CLINICAL LAB ADMIN PED	0	688,571				18.01
18.02	CLINICAL LAB ADMIN OB	0	0	2,010,403			18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	3,966,413		18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	815,120	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	
		18.00	18.01	18.02	18.03	18.04	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	253,956	265,237	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	369,312	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	4,367	1,197,044	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	810,928	0	50.00
51.00	RECOVERY ROOM	0	0	0	431,670	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	484,278	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	117,199	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,283,364	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	458,021	0	55.00
56.00	RADIOISOTOPE	0	0	0	110,065	0	56.00
60.00	LABORATORY	170,944	37,086	63,844	324,662	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	209,672	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	54,940	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	516,344	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	206,700	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	565,365	67.00
68.00	SPEECH PATHOLOGY	0	0	0	84,878	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	901	23,850	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	44,492	0	0	0	249,755	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	29,992	0	0	0	0	90.00
91.00	EMERGENCY	670,895	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	217,509	0	105.00
106.00	HEART ACQUISITION	0	0	0	37,416	0	106.00
107.00	LIVER ACQUISITION	0	0	0	78,763	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	11,938	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,904,880	688,571	2,010,403	3,966,413	815,120	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,904,880	688,571	2,010,403	3,966,413	815,120	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	
		18.05	18.06	18.07	18.08	18.09	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH	1,779,381					18.05
18.06	CLINICAL LAB ADMIN CARD	0	758,398				18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	714			18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	1,939,318		18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	2,189,726	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	
		18.05	18.06	18.07	18.08	18.09	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	1,779,381	522,350	200	0	1,838,031	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	514	0	351,695	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	236,048	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,939,318	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,779,381	758,398	714	1,939,318	2,189,726	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,779,381	758,398	714	1,939,318	2,189,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		18.12	18.14	18.16	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS	-1,008,577					18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	11,670,619				18.14
18.16	NURSING SCHOOL SPLIT	0	4,672,374	17,511,817			18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	799,581		19.00
20.00	NURSING SCHOOL	0	0	7,864,557	0	1,067,744	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	331,083	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	257,616	0	0	0	23.01
23.02	PARAMED DIETARY	0	175,472	0	0	0	23.02
23.03	PARAMED SPEECH	0	709,022	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	683,955	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		18.12	18.14	18.16	19.00	20.00	
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	668,722	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	230,042	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	411,298	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	236,019	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	887,468	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	24,200	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	13,423	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	16,264	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	784	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	799,581	125,605	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	0	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,375,603	7,864,557	799,581	1,067,744	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	103,162	9,647,260	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	3,191,854	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments				0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		18.12	18.14	18.16	19.00	20.00	
201.00	Negative Cost Centers	-1,008,577	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-1,008,577	11,670,619	17,511,817	799,581	1,067,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42,247,551					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	10,935,152				22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,923,537			23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	-104,143		23.01
23.02	PARAMED DIETARY	0	0	0	0	125,533	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,649,410	1,979,935	312,131	0	83,650	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,173,905	303,848	79,646	0	7,179	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	2,362,834	611,585	71,220	0	6,558	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	577,938	149,591	33,324	0	2,530	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	757,229	195,997	74,603	0	0	35.02
40.00	SUBPROVIDER - IPF	775,258	200,664	49,632	0	13,742	40.00
41.00	SUBPROVIDER - IRF	462,751	119,776	40,804	0	11,874	41.00
43.00	NURSERY	85,138	22,037	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,738,443	708,805	433,066	0	0	50.00
51.00	RECOVERY ROOM	0	0	17,129	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	318,517	82,443	31,154	0	0	52.00
53.00	ANESTHESIOLOGY	2,819,575	729,805	30,287	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,154,118	816,397	110,140	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	601,977	155,813	26,092	0	0	55.00
56.00	RADIOISOTOPE	509,827	131,961	12,738	0	0	56.00
60.00	LABORATORY	1,619,628	419,217	248,742	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	139,226	36,037	65,765	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	5,181	0	0	64.00
65.00	RESPIRATORY THERAPY	116,189	30,074	38,514	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	24,604	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	17,010	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	11,151	0	0	68.00
69.00	ELECTROCARDIOLOGY	398,647	103,184	59,429	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	7,913	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	125,203	32,407	12,885	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	2,151,491	556,882	13,535	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	6,478,512	1,676,867	1,160	0	0	90.00
91.00	EMERGENCY	744,208	192,627	48,266	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	100,163	25,926	31,481	0	0	105.00
106.00	HEART ACQUISITION	0	0	3,449	0	0	106.00
107.00	LIVER ACQUISITION	0	0	11,269	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	1,217	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,860,187	9,281,878	1,923,537	0	125,533	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	2,541,123	657,732	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	3,846,241	995,542	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
201.00	Negative Cost Centers	0	0	0	-104,143	0	201.00
202.00	TOTAL (sum lines 118-201)	42,247,551	10,935,152	1,923,537	-104,143	125,533	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	
		23.03	23.04	23.05	23.06	23.07	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH	532,536					23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	192,023				23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	256,295			23.05
23.06	PARAMED PASTORAL CARE	0	0	0	816,680		23.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	
		23.03	23.04	23.05	23.06	23.07	
23.07	PARAMED TECHNOLOGY	0	0	0	0	178,083	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	132,556	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	33,824	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	30,246	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	14,152	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	31,682	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	21,078	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	17,328	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	183,708	0	50.00
51.00	RECOVERY ROOM	0	0	0	7,274	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	13,230	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	12,862	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	128,147	46,774	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	128,148	11,081	0	55.00
56.00	RADIOISOTOPE	0	0	0	5,409	0	56.00
60.00	LABORATORY	0	0	0	105,636	178,083	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	27,929	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	2,200	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	16,356	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	10,449	0	66.00
67.00	OCCUPATIONAL THERAPY	0	192,023	0	7,224	0	67.00
68.00	SPEECH PATHOLOGY	532,536	0	0	4,735	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	25,238	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	3,361	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	5,472	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	5,748	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	493	0	90.00
91.00	EMERGENCY	0	0	0	20,498	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	13,369	0	105.00
106.00	HEART ACQUISITION	0	0	0	1,465	0	106.00
107.00	LIVER ACQUISITION	0	0	0	4,786	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	517	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	532,536	192,023	256,295	816,680	178,083	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	532,536	192,023	256,295	816,680	178,083	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	
		23.08	23.09	23.10	23.11	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH						23.03
23.04	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	PARAMED MEDICAL PHYSICS						23.05
23.06	PARAMED PASTORAL CARE						23.06

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	
		23.08	23.09	23.10	23.11	24.00	
23.07	PARAMED TECHNOLOGY						23.07
23.08	PARAMED VASCULAR ULTRASOUND	51,842					23.08
23.09	PARAMED PHARMACY	0	418,361				23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	55,988			23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	219,657		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	35,640	103,446,125	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	9,094	23,103,530	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	8,132	21,948,139	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	3,805	10,076,942	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	8,518	21,561,158	35.02
40.00	SUBPROVIDER - IPF	0	0	0	5,667	15,576,125	40.00
41.00	SUBPROVIDER - IRF	0	0	0	4,659	12,716,295	41.00
43.00	NURSERY	0	0	0	0	2,840,386	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	49,472	74,822,734	50.00
51.00	RECOVERY ROOM	0	0	0	1,956	5,334,904	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	3,557	9,045,970	52.00
53.00	ANESTHESIOLOGY	0	0	0	3,458	10,828,733	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,921	0	0	12,576	38,452,585	54.00
55.00	RADIOLOGY-THERAPEUTIC	25,921	0	0	2,979	9,779,641	55.00
56.00	RADIOISOTOPE	0	0	0	1,454	4,459,656	56.00
60.00	LABORATORY	0	0	0	28,402	75,712,964	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,509	18,108,477	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	592	2,494,027	64.00
65.00	RESPIRATORY THERAPY	0	0	55,988	4,398	10,509,520	65.00
66.00	PHYSICAL THERAPY	0	0	0	2,809	6,846,616	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1,942	5,302,715	67.00
68.00	SPEECH PATHOLOGY	0	0	0	1,273	3,427,242	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	6,786	9,264,900	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	904	4,193,952	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,453,172	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	53,165,042	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	418,361	0	0	75,768,235	73.00
74.00	RENAL DIALYSIS	0	0	0	1,471	1,064,364	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	2,515,592	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	1,546	6,401,364	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	132	49,304,166	90.00
91.00	EMERGENCY	0	0	0	5,511	18,460,404	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	3,595	7,541,555	105.00
106.00	HEART ACQUISITION	0	0	0	394	774,107	106.00
107.00	LIVER ACQUISITION	0	0	0	1,287	2,668,201	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	139	290,076	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	51,842	418,361	55,988	219,657	719,259,614	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	17,272,139	190.00
190.01	FUND RAISING	0	0	0	0	7,254,124	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	2,341,446	190.02
191.00	RESEARCH	0	0	0	0	75,344,124	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	20,411,262	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	31,766,655	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	207,802,222	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	27,539,306	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	28,495,597	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	4,127,872	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	28,085,689	194.03
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	-1,112,720	201.00
202.00	TOTAL (sum lines 118-201)	51,842	418,361	55,988	219,657	1,168,587,330	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
1.01	DEPRECIATION OLD HOSPITAL				1.01
1.02	DEPRECIATION DIRECT BLDG				1.02
1.03	DEPRECIATION KELLOGG PAV				1.03
1.04	DEPRECIATION JELKE SOUTH				1.04
1.05	DEPRECIATION ATRIUM PAV				1.05
1.06	DEPRECIATION PRO BLDG NORTH				1.06
1.07	DEPRECIATION PRO BLDG SOUTH				1.07
1.08	DEPRECIATION WOOD ST				1.08
1.09	DEPRECIATION ACADEMIC FACILITY				1.09
1.10	DEPRECIATION PRO BLDG III				1.10
1.11	DEPRECIATION JRB				1.11
1.12	DEPRECIATION TOB				1.12
1.13	DEPRECIATION EQUIPMENT				1.13
1.14	DEPRECIATION ORTHOPEDICS				1.14
1.15	DEPRECIATION KIDSTON				1.15
1.16	DEPRECIATION COHN				1.16
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	INTEREST GENERAL				2.01
2.02	INTEREST DIRECT BLDG				2.02
2.03	INTEREST ATRUM PAV				2.03
2.04	INTEREST PRO BLDG SOUTH				2.04
2.05	INTEREST TOB				2.05
2.06	INTEREST PRO BLDG III				2.06
4.00	EMPLOYEE BENEFITS				4.00
5.01	TRANSITION RECRUITMENT				5.01
5.02	PARKING GARAGE				5.02
5.03	RESEARCH ADMINISTRATION				5.03
5.04	ADMIN & GEN INPT SERVICE				5.04
5.05	ADMIN & GEN OUTPT SERVICE				5.05
5.06	ADMIN & GEN ANIMAL LAB				5.06
5.07	ADMIN & GEN PT SERVICE				5.07
5.08	PERSONNEL DEPARTMENT				5.08
5.09	RESEARCH FACULTY				5.09
5.10	RESEARCH SPA				5.10
5.11	CORPORATE ADMINISTRATION				5.11
6.00	MAINTENANCE & REPAIRS				6.00
6.01	RENTED SPACE COSTS				6.01
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
10.01	PATIENT FOOD SERVICE				10.01
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
16.01	MEDICAL RECORDS & LIBRARY				16.01
18.00	CLINICAL LAB ADMIN MED				18.00
18.01	CLINICAL LAB ADMIN PED				18.01
18.02	CLINICAL LAB ADMIN OB				18.02
18.03	CLINICAL LAB ADMIN SURG				18.03
18.04	CLINICAL LAB ADMIN PSYCH				18.04
18.05	CLINICAL LAB ADMIN PATH				18.05
18.06	CLINICAL LAB ADMIN CARD				18.06
18.07	CLINICAL LAB ADMIN HEMAT				18.07
18.08	CLINICAL LAB ADMIN NEUR				18.08
18.09	CLINICAL LAB ADMIN OCLS				18.09
18.12	DISCRETIONARY OPERATIONS				18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT				18.14
18.16	NURSING SCHOOL SPLIT				18.16
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT				23.00
23.01	PARAMED MEDICAL PERFUSION TECH				23.01
23.02	PARAMED DIETARY				23.02
23.03	PARAMED SPEECH				23.03
23.04	PARAMED OCCUPATIONAL THERAPY				23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
23.05	PARAMED MEDICAL PHYSICS				23.05
23.06	PARAMED PASTORAL CARE				23.06
23.07	PARAMED TECHNOLOGY				23.07
23.08	PARAMED VASCULAR ULTRASOUND				23.08
23.09	PARAMED PHARMACY				23.09
23.10	PARAMED RESPIRATORY THERAPY				23.10
23.11	PARAMED PHYSICIANS ASSISTANT				23.11
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-9,629,345	93,816,780		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	-1,477,753	21,625,777		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	-2,974,419	18,973,720		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	-727,529	9,349,413		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	-953,226	20,607,932		35.02
40.00	SUBPROVIDER - IPF	-975,922	14,600,203		40.00
41.00	SUBPROVIDER - IRF	-582,527	12,133,768		41.00
43.00	NURSERY	-107,175	2,733,211		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-3,447,248	71,375,486		50.00
51.00	RECOVERY ROOM	0	5,334,904		51.00
52.00	DELIVERY ROOM & LABOR ROOM	-400,960	8,645,010		52.00
53.00	ANESTHESIOLOGY	-3,549,380	7,279,353		53.00
54.00	RADIOLOGY-DIAGNOSTIC	-3,970,515	34,482,070		54.00
55.00	RADIOLOGY-THERAPEUTIC	-757,790	9,021,851		55.00
56.00	RADIOISOTOPE	-641,788	3,817,868		56.00
60.00	LABORATORY	-2,038,845	73,674,119		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	-175,263	17,933,214		62.00
64.00	INTRAVENOUS THERAPY	0	2,494,027		64.00
65.00	RESPIRATORY THERAPY	-146,263	10,363,257		65.00
66.00	PHYSICAL THERAPY	0	6,846,616		66.00
67.00	OCCUPATIONAL THERAPY	0	5,302,715		67.00
68.00	SPEECH PATHOLOGY	0	3,427,242		68.00
69.00	ELECTROCARDIOLOGY	-501,831	8,763,069		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,193,952		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,453,172		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	53,165,042		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	75,768,235		73.00
74.00	RENAL DIALYSIS	-186,799	877,565		74.00
76.00	RENAL DIALYSIS I/P	0	2,515,592		76.00
76.01	PSYCH DAY HOSPITAL	-2,708,373	3,692,991		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-8,155,379	41,148,787		90.00
91.00	EMERGENCY	-936,835	17,523,569		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	-126,089	7,415,466		105.00
106.00	HEART ACQUISITION	0	774,107		106.00
107.00	LIVER ACQUISITION	0	2,668,201		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	290,076		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	UTILIZATION REVIEW - SNF	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-45,171,254	674,088,360		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,272,139		190.00
190.01	FUND RAISING	0	7,254,124		190.01
190.02	RUSH DAY SCHOOL	0	2,341,446		190.02
191.00	RESEARCH	0	75,344,124		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	20,411,262		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	-3,198,855	28,567,800		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	-4,841,783	202,960,439		192.00
194.00	MEDICAL COLLEGE	0	27,539,306		194.00
194.01	AFFIL CORP ARC VENTURES	0	28,495,597		194.01
194.02	AFFIL CORP ROOM 500	0	4,127,872		194.02
194.03	AFFIL CORP JOINT VENTURES	0	28,085,689		194.03
200.00	Cross Foot Adjustments	0	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	-1,112,720		201.00
202.00	TOTAL (sum lines 118-201)	-53,211,892	1,115,375,438		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	44,220	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	6,320,704	0	5.02
5.03	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	0	9,643	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	1,263	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	0	0	34,720	0	122,589	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	0	0	1,326	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	0	16,113	582,028	15,071	5.11
6.00	MAINTENANCE & REPAIRS	0	0	388,135	0	216,389	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	59,781	0	5,393	8.00
9.00	HOUSEKEEPING	0	0	54,305	0	165,044	9.00
10.00	DIETARY	0	0	0	0	6,526	10.00
10.01	PATIENT FOOD SERVICE	0	0	26,924	0	26,645	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	79,761	0	3,497	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	14,125	0	13,938	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	0	7,634	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	21,510	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	59,813	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	30,206	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	34,025	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	48,008	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	1,641	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	16,492	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	135,707	0	107,247	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	3,598	0	15,564	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	213,274	0	848,195	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	161,104	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	138,232	0	174,845	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	167,605	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	81,181	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	258,303	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	41,411	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	48,071	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	20,627	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	5,113	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	51,827	0	454,499	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	24,777	0	76,858	55.00
56.00	RADIOISOTOPE	0	0	140,978	0	0	56.00
60.00	LABORATORY	0	0	218,340	0	47,381	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	11,158	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	12,625	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	36,330	0	20,341	65.00
66.00	PHYSICAL THERAPY	0	0	59,418	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	24,793	0	26,842	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	17,376	0	46,223	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	68,587	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	26,793	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	19,430	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	2,478	0	4,950	90.00
91.00	EMERGENCY	0	0	229,703	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	2,527,615	6,902,732	3,038,906	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	79,854	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	3,488	2,315,102	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	12,152	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,010	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	107,331	0	5,122	192.00
194.00	MEDICAL COLLEGE	0	0	52,522	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	DEPRECIATION OLD HOSPITAL	DEPRECIATION DIRECT BLDG	DEPRECIATION KELLOGG PAV	
		0	1.00	1.01	1.02	1.03	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	2,704,118	9,297,688	3,044,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	14,480	0	7,697	0	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	17,370	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	43,130	1,718	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	10,688	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	29,312	59,757	7,455	39,286	6,311	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	7,056	0	0	0	65,907	5.10
5.11	CORPORATE ADMINISTRATION	14,736	67,662	1,559	7,603	104,785	5.11
6.00	MAINTENANCE & REPAIRS	685,094	605,691	45,133	40,082	28,685	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	2,688	11,312	0	0	0	8.00
9.00	HOUSEKEEPING	9,888	46,204	0	0	571	9.00
10.00	DIETARY	0	0	0	0	0	10.00
10.01	PATIENT FOOD SERVICE	400	215,935	0	0	0	10.01
11.00	CAFETERIA	27,088	63,952	3,319	0	0	11.00
13.00	NURSING ADMINISTRATION	5,872	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	143,639	442	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	1,584	12,645	442	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	6,813	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	83,520	0	5,020	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	180,177	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	63,744	0	0	1,644	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	3,261	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	17,216	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	19,520	0	959	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	8,523	1,733	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,832	25,411	25,877	28,607	2,343	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	2,624	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	4,592	0	0	0	0	23.01
23.02	PARAMED DIETARY	6,656	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	8,253	0	0	0	23.05

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION JELKE SOUTH	DEPRECIATION ATRIUM PAV	DEPRECIATION PRO BLDG NORTH	DEPRECIATION PRO BLDG SOUTH	DEPRECIATION WOOD ST	
		1.04	1.05	1.06	1.07	1.08	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	864	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	1,408	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	2,453	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	26,560	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	4,640	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	921,897	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	204,184	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	7,664	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	75,648	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,640	712,531	0	0	0	50.00
51.00	RECOVERY ROOM	0	66,860	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	115,760	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	98,912	21,777	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	88,208	57,092	834	16,443	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	222,356	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	500,706	4,846	77,956	183,719	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	111,296	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	22,976	1,302	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	8,344	0	46,270	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	25,000	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	59,680	19,429	0	28,766	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	1,184	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	6,376	1,184	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	258,728	187,025	0	90.00
91.00	EMERGENCY	5,424	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,352,153	3,570,408	458,104	606,178	208,602	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,016	30,318	6,029	48,622	0	190.00
190.01	FUND RAISING	0	0	0	21,005	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	442,178	0	3,711	601	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	19,936	0	25,627	53,395	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	119,568	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	156,497	0	581,071	469,049	104,198	192.00
194.00	MEDICAL COLLEGE	39,536	0	2,435	0	2,343	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	26,336	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	140,343	122,580	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,137,884	3,600,726	1,243,656	1,321,430	315,143	202.00

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	341,033	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	4,881	0	0	33,138	258,469	5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	0	6,357	109,952	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	1,471	0	0	81,326	5.05
5.06	ADMIN & GEN ANIMAL LAB	2,104	0	0	0	180,331	5.06
5.07	ADMIN & GEN PT SERVICE	19,747	1,885	6,849	295,251	1,474,754	5.07
5.08	PERSONNEL DEPARTMENT	65,088	0	0	1,208	182,428	5.08
5.09	RESEARCH FACULTY	0	0	0	6,747	33,134	5.09
5.10	RESEARCH SPA	3,550	0	0	0	188,132	5.10
5.11	CORPORATE ADMINISTRATION	201,614	32,626	91,933	288,444	2,640,142	5.11
6.00	MAINTENANCE & REPAIRS	128,592	35,278	85,361	90,244	3,768,076	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	181,463	8.00
9.00	HOUSEKEEPING	3,252	338	9,490	0	342,186	9.00
10.00	DIETARY	0	0	0	27,014	95,566	10.00
10.01	PATIENT FOOD SERVICE	0	0	2,725	0	362,759	10.01
11.00	CAFETERIA	175,042	0	0	11,071	649,078	11.00
13.00	NURSING ADMINISTRATION	20,551	0	15,917	0	200,673	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	9,020	0	15,686	14.00
15.00	PHARMACY	0	477	0	0	232,109	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,485	0	0	0	236,848	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	1,411	0	111,420	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	28,584	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	79,481	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	57,272	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	195,996	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	4,254	0	938	102,989	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	236,156	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	85,499	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	71,994	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	24,746	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	49,911	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	465,958	0	0	1,032	1,321,455	18.14
18.16	NURSING SCHOOL SPLIT	83,726	0	0	0	229,487	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,020	0	4,860	9,573	708,112	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	7,949	0	0	10,083	58,824	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	757	0	0	0	8,095	23.01
23.02	PARAMED DIETARY	0	0	0	0	8,724	23.02
23.03	PARAMED SPEECH	12,456	0	0	0	41,712	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	11,041	0	0	0	30,261	23.04

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	11,429	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	43,536	23.06
23.07	PARAMED TECHNOLOGY	4,943	0	0	0	14,680	23.07
23.08	PARAMED VASCULAR ULTRASOUND	987	0	0	0	4,551	23.08
23.09	PARAMED PHARMACY	0	0	0	0	3,397	23.09
23.10	PARAMED RESPIRATORY THERAPY	727	0	0	0	36,804	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	727	0	0	0	8,074	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	2,340,989	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	419,947	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	11,148	0	0	0	373,182	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	142,730	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	207,027	35.02
40.00	SUBPROVIDER - IPF	0	0	155,746	0	490,830	40.00
41.00	SUBPROVIDER - IRF	0	0	243,688	0	423,806	41.00
43.00	NURSERY	0	0	0	0	55,028	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	84,797	5,601	0	0	1,306,104	50.00
51.00	RECOVERY ROOM	0	0	0	0	92,588	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	179,136	52.00
53.00	ANESTHESIOLOGY	4,292	6,161	0	0	197,066	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	114,101	0	0	1,062,503	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	406,295	55.00
56.00	RADIOISOTOPE	0	0	0	0	187,335	56.00
60.00	LABORATORY	17,345	12,535	0	5,048	1,635,142	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	160,702	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	16,777	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	97,516	65.00
66.00	PHYSICAL THERAPY	0	0	88,207	0	298,797	66.00
67.00	OCCUPATIONAL THERAPY	780	0	55,469	0	184,064	67.00
68.00	SPEECH PATHOLOGY	2,923	0	4,474	0	160,954	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	201,701	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	91,141	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	25,795	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	28,353	76.00
76.01	PSYCH DAY HOSPITAL	0	0	15,435	1,485	199,331	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	252,306	51,863	1,888	1,982,025	90.00
91.00	EMERGENCY	0	0	0	0	312,344	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	9,027	0	0	32,631	105.00
106.00	HEART ACQUISITION	0	0	0	0	524	106.00
107.00	LIVER ACQUISITION	0	2,825	0	0	10,234	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	28	0	0	84	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,365,482	478,913	842,448	789,521	28,470,015	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	221,247	913	746,237	190.00
190.01	FUND RAISING	0	0	0	51,901	197,842	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	137,130	190.02
191.00	RESEARCH	84,728	5,801	0	30,274	2,700,329	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	7,314	11,465	5,137	3,260	399,605	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	25,134	0	5,462	2,895	631,483	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	19,334	478,664	10,623	123,546	2,961,923	192.00
194.00	MEDICAL COLLEGE	72,716	0	12,951	1,806	419,717	194.00
194.01	AFFIL CORP ARC VENTURES	0	11,223	0	0	102,696	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	498,316	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ACADEMIC FACILITY	DEPRECIATION PRO BLDG III	DEPRECIATION JRB	DEPRECIATION TOB	DEPRECIATION EQUIPMENT	
		1.09	1.10	1.11	1.12	1.13	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,574,708	986,066	1,097,868	1,004,116	37,265,293	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	MVBLE EQUIP	INTEREST GENERAL	
		1.14	1.15	1.16	2.00	2.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	1,380	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	3,294	48,421	0	3,210	5.03
5.04	ADMIN & GEN INPT SERVICE	0	11,234	0	0	1,520	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	0	0	0	402	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	116,642	0	4,236	5.06
5.07	ADMIN & GEN PT SERVICE	0	10,313	10,100	0	8,081	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	4,190	5.08
5.09	RESEARCH FACULTY	0	0	2,002	0	64	5.09
5.10	RESEARCH SPA	0	3,094	40,508	0	4,419	5.10
5.11	CORPORATE ADMINISTRATION	279,291	17,035	57,952	0	30,943	5.11
6.00	MAINTENANCE & REPAIRS	0	6,250	135,441	0	54,620	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	57,482	0	0	0	3,894	8.00
9.00	HOUSEKEEPING	7,195	659	8,576	0	6,123	9.00
10.00	DIETARY	0	0	0	0	131	10.00
10.01	PATIENT FOOD SERVICE	0	0	0	0	1,386	10.01
11.00	CAFETERIA	0	0	0	0	1,030	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	4,063	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	746	15.00
16.00	MEDICAL RECORDS & LIBRARY	156,916	0	0	0	5,563	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	14,193	0	0	2,148	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	671	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	1,867	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	1,345	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	3,930	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	5,547	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	1,962	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	1,691	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	581	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	1,172	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	3,014	0	0	30,909	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	5,390	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	200	0	10,669	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	593	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	190	23.01
23.02	PARAMED DIETARY	0	0	0	0	205	23.02
23.03	PARAMED SPEECH	5,562	0	0	0	980	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	711	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	MVBLE EQUIP	INTEREST GENERAL	
		1.14	1.15	1.16	2.00	2.01	
23.06	PARAMED PASTORAL CARE	0	4,426	0	0	1,023	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	345	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	107	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	864	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	190	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	23,622	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	3,222	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	8,765	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	3,352	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	4,863	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	5,167	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	1,293	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	7,102	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,208	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	3,481	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	13,473	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	2,311	55.00
56.00	RADIOISOTOPE	0	0	0	0	4,400	56.00
60.00	LABORATORY	10,692	3,465	0	0	29,709	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	3,775	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	394	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	2,248	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	1,855	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	1,361	67.00
68.00	SPEECH PATHOLOGY	106,644	0	0	0	3,598	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	3,304	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,141	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	606	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	459	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	175,912	0	0	0	21,083	90.00
91.00	EMERGENCY	0	0	0	0	7,336	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	906	0	0	123	105.00
106.00	HEART ACQUISITION	0	91	0	0	12	106.00
107.00	LIVER ACQUISITION	0	288	0	0	39	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	799,694	78,262	419,842	0	372,393	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	603	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	1,078	0	1,092,552	0	54,384	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	801	10,695	1,863	0	4,510	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	14,775	1,664	162,493	0	11,227	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	135,393	7,368	0	0	52,667	192.00
194.00	MEDICAL COLLEGE	0	3,098	30,423	0	9,153	194.00
194.01	AFFIL CORP ARC VENTURES	0	415	0	0	1,612	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	8,289	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	951,741	101,502	1,707,173	0	514,838	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	INTEREST PRO BLDG III	
		2.02	2.03	2.04	2.05	2.06	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	642,859	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	0	0	56,468	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	34,029	0	10,832	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	84,494	0	0	16	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	0	117,069	36,866	503,107	20	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	2,059	0	5.08
5.09	RESEARCH FACULTY	0	0	0	11,497	0	5.09
5.10	RESEARCH SPA	0	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	132,555	7,134	491,513	352	5.11
6.00	MAINTENANCE & REPAIRS	0	1,186,588	37,613	153,777	380	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	22,162	0	0	0	8.00
9.00	HOUSEKEEPING	0	90,516	0	0	4	9.00
10.00	DIETARY	0	0	0	46,032	0	10.00
10.01	PATIENT FOOD SERVICE	0	423,031	0	0	0	10.01
11.00	CAFETERIA	229,516	125,287	0	18,866	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	281,398	0	0	5	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	24,773	0	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	1,598	46	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	1,543	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	1,626	1,759	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	49,782	26,845	16,313	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	17,182	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	16,169	0	0	0	23.05

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	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	INTEREST PRO BLDG III	
		2.02	2.03	2.04	2.05	2.06	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	4,806	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,806,048	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	400,009	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,395,894	0	0	60	50.00
51.00	RECOVERY ROOM	0	130,983	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	42,662	0	0	66	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	111,847	15,430	0	1,230	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	435,611	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	0	9,494	172,403	8,602	135	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,551	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	16,347	43,420	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	23,460	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	38,064	26,994	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	12,490	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	2,531	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	175,505	3,218	2,719	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	97	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	30	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	872,375	6,994,659	568,839	1,345,354	5,160	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	59,395	45,627	1,555	0	190.00
190.01	FUND RAISING	0	0	19,711	88,440	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	564	51,588	63	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	50,106	5,556	124	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	4,934	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	440,158	210,524	5,160	192.00
194.00	MEDICAL COLLEGE	0	0	0	3,078	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	121	194.01
194.02	AFFIL CORP ROOM 500	0	0	115,029	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	872,375	7,054,054	1,240,034	1,711,029	10,628	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Subtotal	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	386,633	386,633				4.00
5.01	TRANSITION RECRUITMENT	0	85	85			5.01
5.02	PARKING GARAGE	6,963,563	1	0	2,262,141		5.02
5.03	RESEARCH ADMINISTRATION	430,058	3,015	0	0	433,073	5.03
5.04	ADMIN & GEN INPT SERVICE	191,294	1,635	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	222,200	1,754	0	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	315,264	520	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	2,783,472	18,487	0	0	0	5.07
5.08	PERSONNEL DEPARTMENT	254,973	1,876	0	0	0	5.08
5.09	RESEARCH FACULTY	53,444	6,177	0	0	0	5.09
5.10	RESEARCH SPA	313,992	3,221	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	5,081,091	24,206	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	7,691,429	7,965	0	105,551	0	6.00
6.01	RENTED SPACE COSTS	0	0	0	165	0	6.01
8.00	LAUNDRY & LINEN SERVICE	344,175	301	0	8,626	0	8.00
9.00	HOUSEKEEPING	744,351	7,590	0	35,569	0	9.00
10.00	DIETARY	175,269	464	0	2,280	0	10.00
10.01	PATIENT FOOD SERVICE	1,059,805	3,904	0	22,337	0	10.01
11.00	CAFETERIA	1,304,249	1,168	0	10,254	0	11.00
13.00	NURSING ADMINISTRATION	330,334	3,841	0	18,918	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	24,706	0	0	2,233	0	14.00
15.00	PHARMACY	686,879	5,436	0	131,390	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	407,812	2,692	0	15,430	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	176,250	4,255	0	18,804	0	16.01
18.00	CLINICAL LAB ADMIN MED	50,765	900	0	3,854	0	18.00
18.01	CLINICAL LAB ADMIN PED	141,161	221	0	1,223	0	18.01
18.02	CLINICAL LAB ADMIN OB	95,636	1,000	0	3,819	0	18.02
18.03	CLINICAL LAB ADMIN SURG	322,491	1,780	0	7,890	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	109,825	505	0	1,409	0	18.04
18.05	CLINICAL LAB ADMIN PATH	421,880	88	0	3,179	0	18.05
18.06	CLINICAL LAB ADMIN CARD	154,392	228	0	1,372	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	25	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	124,954	1,362	0	3,711	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	44,184	595	0	4,558	0	18.09
18.12	DISCRETIONARY OPERATIONS	88,054	2,015	0	24,897	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	1,836,009	2,687	0	18,603	0	18.14
18.16	NURSING SCHOOL SPLIT	318,603	5,587	0	33,591	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	1,613	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	21,473	0	99,147	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,214,398	3,939	0	19,734	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	97,255	1,484	0	11,665	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	13,634	159	0	664	0	23.01
23.02	PARAMED DIETARY	15,585	220	0	912	0	23.02
23.03	PARAMED SPEECH	60,710	671	0	3,062	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	42,013	445	0	2,228	0	23.04
23.05	PARAMED MEDICAL PHYSICS	35,851	97	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	68,147	323	0	458	0	23.06
23.07	PARAMED TECHNOLOGY	20,832	511	0	2,174	0	23.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Subtotal	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	
		2A	4.00	5.01	5.02	5.03	
23.08	PARAMED VASCULAR ULTRASOUND	7,053	139	0	736	0	23.08
23.09	PARAMED PHARMACY	10,656	221	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	64,955	255	0	1,362	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	13,631	250	0	1,178	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,154,025	27,883	0	137,591	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,188,466	7,314	0	35,109	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	713,836	6,821	0	31,395	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	313,687	3,171	0	14,690	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	368,719	7,610	0	32,886	0	35.02
40.00	SUBPROVIDER - IPF	910,046	4,580	0	21,878	0	40.00
41.00	SUBPROVIDER - IRF	667,494	3,588	0	17,987	0	41.00
43.00	NURSERY	97,732	1,039	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,564,800	9,822	0	190,824	0	50.00
51.00	RECOVERY ROOM	290,431	1,702	0	7,551	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	319,731	2,876	0	13,733	0	52.00
53.00	ANESTHESIOLOGY	379,530	386	0	13,351	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,987,487	7,746	0	48,551	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,168,208	1,856	0	11,502	0	55.00
56.00	RADIOISOTOPE	332,713	502	0	5,615	0	56.00
60.00	LABORATORY	2,937,518	15,091	0	109,649	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	286,931	1,599	0	28,990	0	62.00
64.00	INTRAVENOUS THERAPY	29,796	422	0	2,284	0	64.00
65.00	RESPIRATORY THERAPY	183,264	2,933	0	16,977	0	65.00
66.00	PHYSICAL THERAPY	562,658	2,223	0	10,846	0	66.00
67.00	OCCUPATIONAL THERAPY	341,769	1,567	0	7,498	0	67.00
68.00	SPEECH PATHOLOGY	278,593	862	0	4,915	0	68.00
69.00	ELECTROCARDIOLOGY	441,537	1,887	0	26,197	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	161,869	684	0	3,488	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	54,378	237	0	5,680	0	74.00
76.00	RENAL DIALYSIS I/P	68,292	1	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	218,782	1,238	0	5,967	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	3,119,700	8,365	0	511	0	90.00
91.00	EMERGENCY	554,807	4,390	0	21,276	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	42,784	788	0	13,877	0	105.00
106.00	HEART ACQUISITION	627	339	0	1,521	0	106.00
107.00	LIVER ACQUISITION	13,416	440	0	4,967	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	112	36	0	537	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	63,067,655	277,384	0	1,470,826	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,248,416	595	0	7,360	0	190.00
190.01	FUND RAISING	378,899	2,826	0	13,456	0	190.01
190.02	RUSH DAY SCHOOL	137,130	895	0	4,044	0	190.02
191.00	RESEARCH	6,786,441	16,355	0	89,664	116,981	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	611,546	5,800	0	27,047	35,287	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	980,645	2,111	0	215,193	280,805	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	5,868,628	62,812	85	354,321	0	192.00
194.00	MEDICAL COLLEGE	649,778	8,296	0	59,906	0	194.00
194.01	AFFIL CORP ARC VENTURES	142,403	2,775	0	14,478	0	194.01
194.02	AFFIL CORP ROOM 500	884,557	566	0	5,846	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	6,218	0	0	0	194.03
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	4,701,423	0	201.00
202.00	TOTAL (sum lines 118-201)	80,756,098	386,633	85	6,963,564	433,073	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	
		5.04	5.05	5.06	5.07	5.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE	192,929					5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	223,954				5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	148,886			5.06
5.07	ADMIN & GEN PT SERVICE	0	0	0	2,801,959		5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	256,849	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	0	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	0	0	0	0	7,249	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	436	8.00
9.00	HOUSEKEEPING	0	0	0	0	12,142	9.00
10.00	DIETARY	0	0	0	0	579	10.00
10.01	PATIENT FOOD SERVICE	0	0	0	0	5,468	10.01
11.00	CAFETERIA	0	0	0	0	1,676	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	5,564	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	3,566	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	2,463	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,179	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	336	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	26	0	108	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	423	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	991	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	488	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	60	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	174	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	14	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	894	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	405	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	1,179	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	4,277	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	4,487	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	682	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	26,480	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	574	0	1,933	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	806	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	62	23.01
23.02	PARAMED DIETARY	0	0	0	0	131	23.02
23.03	PARAMED SPEECH	0	0	0	0	463	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	352	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	66	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	334	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	351	23.07

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	
		5.04	5.05	5.06	5.07	5.08	
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	75	23.08
23.09	PARAMED PHARMACY	0	0	0	0	215	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	187	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	158	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	21,636	1,676	0	200,672	21,844	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,350	3	0	47,640	5,222	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	3,812	60	0	34,221	4,332	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,975	399	0	19,504	2,296	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	6,310	0	0	56,173	4,817	35.02
40.00	SUBPROVIDER - IPF	3,508	0	0	31,229	3,307	40.00
41.00	SUBPROVIDER - IRF	3,034	0	0	27,004	2,902	41.00
43.00	NURSERY	658	0	0	5,859	708	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	25,609	20,763	0	327,970	7,788	50.00
51.00	RECOVERY ROOM	1,867	2,276	0	27,581	1,232	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,026	652	0	21,174	1,938	52.00
53.00	ANESTHESIOLOGY	5,762	6,072	0	80,535	449	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,007	24,314	0	241,792	6,007	54.00
55.00	RADIOLOGY-THERAPEUTIC	829	13,797	0	73,834	1,390	55.00
56.00	RADIOISOTOPE	592	4,239	0	25,689	314	56.00
60.00	LABORATORY	26,558	48,842	0	477,538	13,544	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,570	3,066	0	73,257	1,362	62.00
64.00	INTRAVENOUS THERAPY	4,316	185	0	39,312	253	64.00
65.00	RESPIRATORY THERAPY	3,560	209	0	32,700	2,458	65.00
66.00	PHYSICAL THERAPY	1,946	1,602	0	25,037	2,137	66.00
67.00	OCCUPATIONAL THERAPY	1,550	486	0	16,143	1,522	67.00
68.00	SPEECH PATHOLOGY	394	634	0	6,560	684	68.00
69.00	ELECTROCARDIOLOGY	3,429	6,708	0	62,836	1,439	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,235	392	0	12,880	671	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	990	310	0	10,305	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	16,572	10,704	0	199,076	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	23,744	39,881	0	403,453	0	73.00
74.00	RENAL DIALYSIS	0	403	0	1,942	152	74.00
76.00	RENAL DIALYSIS I/P	1,008	0	0	8,977	0	76.00
76.01	PSYCH DAY HOSPITAL	1	1,498	0	7,220	771	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	234	23,031	0	113,007	8,821	90.00
91.00	EMERGENCY	2,945	11,752	0	82,820	3,298	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	612	0	0	5,444	621	105.00
106.00	HEART ACQUISITION	0	0	0	0	107	106.00
107.00	LIVER ACQUISITION	267	0	0	2,374	225	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	23	0	0	201	34	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	192,929	223,954	600	2,801,959	191,098	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	362	190.00
190.01	FUND RAISING	0	0	0	0	1,656	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	805	190.02
191.00	RESEARCH	0	0	0	0	15,251	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	5,311	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	139,990	0	1,942	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	8,296	0	29,108	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	4,387	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	2,471	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	1,011	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	3,447	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	166,898	0	0	201.00
202.00	TOTAL (sum lines 118-201)	192,929	223,954	315,784	2,801,959	256,849	202.00

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	Cost Center Description	RESEARCH FACULTY	RESEARCH SPA	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	
		5.09	5.10	5.11	6.00	6.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY	59,621					5.09
5.10	RESEARCH SPA	0	317,213				5.10
5.11	CORPORATE ADMINISTRATION	0	0	5,105,297			5.11
6.00	MAINTENANCE & REPAIRS	0	0	252,334	8,064,528		6.00
6.01	RENTED SPACE COSTS	0	0	358	0	523	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	17,470	51,811	0	8.00
9.00	HOUSEKEEPING	0	0	82,786	97,700	0	9.00
10.00	DIETARY	0	0	4,777	27,285	0	10.00
10.01	PATIENT FOOD SERVICE	0	0	47,442	103,573	0	10.01
11.00	CAFETERIA	0	0	9,441	185,322	0	11.00
13.00	NURSING ADMINISTRATION	0	0	37,981	57,295	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	2,376	4,479	0	14.00
15.00	PHARMACY	0	0	176,485	66,271	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	31,662	67,624	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	39,617	31,812	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	7,875	8,161	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	2,016	22,693	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	7,979	16,352	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	14,921	51,457	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	3,450	892	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	4,858	67,426	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	2,240	24,411	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	2	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	7,454	20,555	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	9,149	7,065	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	14,250	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	34,268	377,296	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	52,447	65,522	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	2,878	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	180,660	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	40,351	160,946	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	6,118	16,795	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	2,311	0	23.01
23.02	PARAMED DIETARY	0	0	0	2,491	0	23.02
23.03	PARAMED SPEECH	0	0	0	11,909	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	8,640	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	967	3,263	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	2,984	12,430	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	4,191	0	23.07

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	Cost Center Description	RESEARCH FACULTY	RESEARCH SPA	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	
		5.09	5.10	5.11	6.00	6.01	
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	1,299	0	23.08
23.09	PARAMED PHARMACY	0	0	1,752	970	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	10,508	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	2,305	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	298,678	651,648	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	79,821	119,902	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	68,262	106,549	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	33,089	40,752	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	74,831	59,110	0	35.02
40.00	SUBPROVIDER - IPF	0	0	46,627	140,140	0	40.00
41.00	SUBPROVIDER - IRF	0	0	36,874	121,003	0	41.00
43.00	NURSERY	0	0	10,345	15,711	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	271,918	372,913	0	50.00
51.00	RECOVERY ROOM	0	0	19,154	26,435	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	30,579	51,146	0	52.00
53.00	ANESTHESIOLOGY	0	0	22,542	56,265	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	119,829	290,841	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	30,755	116,004	0	55.00
56.00	RADIOISOTOPE	0	0	13,348	53,487	0	56.00
60.00	LABORATORY	0	0	265,822	440,938	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	69,101	45,883	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	8,916	4,790	0	64.00
65.00	RESPIRATORY THERAPY	0	0	39,601	27,842	0	65.00
66.00	PHYSICAL THERAPY	0	0	24,079	85,311	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	16,724	52,553	0	67.00
68.00	SPEECH PATHOLOGY	0	0	9,970	45,955	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	32,853	57,589	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	8,159	26,022	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,409	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	224,862	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	147,107	0	0	73.00
74.00	RENAL DIALYSIS	0	0	3,132	7,365	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	10,227	8,095	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	14,177	9,077	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	152,731	565,899	0	90.00
91.00	EMERGENCY	0	0	52,560	89,179	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	30,313	9,317	0	105.00
106.00	HEART ACQUISITION	0	0	3,151	150	0	106.00
107.00	LIVER ACQUISITION	0	0	10,908	2,922	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	1,185	24	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	3,370,737	5,308,127	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	26,245	146,510	0	190.00
190.01	FUND RAISING	0	0	28,887	56,487	0	190.01
190.02	RUSH DAY SCHOOL	0	0	9,449	0	0	190.02
191.00	RESEARCH	0	243,694	295,268	695,112	523	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	73,519	84,192	88,497	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	59,621	0	116,835	141,936	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	819,052	1,336,850	0	192.00
194.00	MEDICAL COLLEGE	0	0	100,009	119,411	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	121,231	29,321	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	11,791	142,277	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	121,601	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	59,621	317,213	5,105,297	8,064,528	523	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE	422,819					8.00
9.00	HOUSEKEEPING	0	980,138				9.00
10.00	DIETARY	0	3,379	214,033			10.00
10.01	PATIENT FOOD SERVICE	0	12,826	145,735	1,401,090		10.01
11.00	CAFETERIA	0	22,949	68,298	0	1,603,357	11.00
13.00	NURSING ADMINISTRATION	0	7,095	0	0	39,738	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	555	0	0	0	14.00
15.00	PHARMACY	0	8,206	0	0	25,467	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	8,374	0	0	17,593	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	3,939	0	0	22,702	16.01
18.00	CLINICAL LAB ADMIN MED	0	1,011	0	0	2,400	18.00
18.01	CLINICAL LAB ADMIN PED	0	2,810	0	0	771	18.01
18.02	CLINICAL LAB ADMIN OB	0	2,025	0	0	3,023	18.02
18.03	CLINICAL LAB ADMIN SURG	0	6,372	0	0	7,076	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	110	0	0	3,483	18.04
18.05	CLINICAL LAB ADMIN PATH	0	8,350	0	0	427	18.05
18.06	CLINICAL LAB ADMIN CARD	0	3,023	0	0	1,243	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	98	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	2,545	0	0	6,382	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	875	0	0	2,896	18.09
18.12	DISCRETIONARY OPERATIONS	0	1,765	0	0	8,420	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	46,722	0	0	30,549	18.14
18.16	NURSING SCHOOL SPLIT	0	8,114	0	0	32,045	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	4,869	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	189,123	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	19,930	0	0	13,805	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	2,080	0	0	5,759	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	286	0	0	445	23.01
23.02	PARAMED DIETARY	0	308	0	0	935	23.02
23.03	PARAMED SPEECH	0	1,475	0	0	3,308	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	1,070	0	0	2,513	23.04
23.05	PARAMED MEDICAL PHYSICS	0	404	0	0	472	23.05
23.06	PARAMED PASTORAL CARE	0	1,539	0	0	2,385	23.06
23.07	PARAMED TECHNOLOGY	0	519	0	0	2,510	23.07

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	Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
23.08	PARAMED VASCULAR ULTRASOUND	0	161	0	0	534	23.08
23.09	PARAMED PHARMACY	0	120	0	0	1,537	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	1,301	0	0	1,335	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	285	0	0	1,127	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	197,059	80,695	0	933,627	156,010	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	15,283	14,848	0	80,128	37,293	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	26,503	13,194	0	73,190	30,938	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	1,491	5,046	0	28,239	16,398	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	161	7,320	0	0	34,403	35.02
40.00	SUBPROVIDER - IPF	14,356	17,354	0	153,374	23,616	40.00
41.00	SUBPROVIDER - IRF	33,903	14,984	0	132,532	20,723	41.00
43.00	NURSERY	219	1,946	0	0	5,055	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	29,051	46,179	0	0	55,625	50.00
51.00	RECOVERY ROOM	3,160	3,274	0	0	8,797	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,811	6,334	0	0	13,840	52.00
53.00	ANESTHESIOLOGY	0	6,967	0	0	3,204	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,009	36,016	0	0	42,903	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,836	14,365	0	0	9,927	55.00
56.00	RADIOISOTOPE	3,282	6,623	0	0	2,243	56.00
60.00	LABORATORY	17,476	54,603	0	0	96,730	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,682	0	0	9,725	62.00
64.00	INTRAVENOUS THERAPY	0	593	0	0	1,810	64.00
65.00	RESPIRATORY THERAPY	0	3,448	0	0	17,555	65.00
66.00	PHYSICAL THERAPY	2,297	10,564	0	0	15,264	66.00
67.00	OCCUPATIONAL THERAPY	0	6,508	0	0	10,873	67.00
68.00	SPEECH PATHOLOGY	0	5,691	0	0	4,886	68.00
69.00	ELECTROCARDIOLOGY	418	7,131	0	0	10,274	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	3,222	0	0	4,794	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	912	0	0	1,083	74.00
76.00	RENAL DIALYSIS I/P	0	1,002	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	1,124	0	0	5,503	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	7,273	70,077	0	0	62,997	90.00
91.00	EMERGENCY	29,697	11,043	0	0	23,554	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	1,154	0	0	4,432	105.00
106.00	HEART ACQUISITION	0	19	0	0	762	106.00
107.00	LIVER ACQUISITION	0	362	0	0	1,605	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	3	0	0	243	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	419,285	638,806	214,033	1,401,090	1,168,035	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,601	18,143	0	0	2,587	190.00
190.01	FUND RAISING	0	6,995	0	0	11,826	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	5,750	190.02
191.00	RESEARCH	0	86,078	0	0	108,927	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	10,959	0	0	37,934	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	17,576	0	0	13,873	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	933	165,544	0	0	207,929	192.00
194.00	MEDICAL COLLEGE	0	14,787	0	0	31,330	194.00
194.01	AFFIL CORP ARC VENTURES	0	3,631	0	0	7,948	194.01
194.02	AFFIL CORP ROOM 500	0	17,619	0	0	7,218	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	422,819	980,138	214,033	1,401,090	1,603,357	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	
		13.00	14.00	15.00	16.00	16.01	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION	500,766					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	34,349				14.00
15.00	PHARMACY	0	0	1,103,700			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	553,650		16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	335,124	635,682	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	3	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	6,438	0	2	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	297	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	
		13.00	14.00	15.00	16.00	16.01	
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	203,445	0	2	0	71,089	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	25,048	0	0	0	17,579	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	39,053	0	0	0	12,524	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	21,565	0	0	0	6,490	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	45,197	0	1	0	20,734	35.02
40.00	SUBPROVIDER - IPF	25,951	0	0	0	11,527	40.00
41.00	SUBPROVIDER - IRF	27,010	0	0	0	9,967	41.00
43.00	NURSERY	6,685	0	0	0	2,163	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	58,347	0	237	0	84,144	50.00
51.00	RECOVERY ROOM	0	0	1	0	6,134	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,301	0	0	0	6,656	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	18,931	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,081	0	19,279	0	46,022	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	222	0	2,725	55.00
56.00	RADIOISOTOPE	0	0	8	0	1,946	56.00
60.00	LABORATORY	8,003	0	1,623	0	89,035	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	9,297	0	21,589	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	14,181	64.00
65.00	RESPIRATORY THERAPY	0	0	45	0	11,698	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	6,393	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	5,094	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	1,294	68.00
69.00	ELECTROCARDIOLOGY	0	0	3	0	11,268	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	4,058	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,349	0	0	3,253	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	54,451	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1,054,053	0	78,017	73.00
74.00	RENAL DIALYSIS	0	0	1,705	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	3,314	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	2	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	1,796	0	768	90.00
91.00	EMERGENCY	39	0	315	218,526	9,677	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	2,009	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	876	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	74	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	493,163	34,349	1,088,889	553,650	635,682	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	7,603	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	4,350	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	5,441	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	14	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	5,006	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	500,766	34,349	1,103,700	553,650	635,682	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	
		18.00	18.01	18.02	18.03	18.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED	75,302					18.00
18.01	CLINICAL LAB ADMIN PED	0	171,029				18.01
18.02	CLINICAL LAB ADMIN OB	0	0	130,257			18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	412,978		18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	120,162	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	
		18.00	18.01	18.02	18.03	18.04	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	63,078	17,185	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	91,731	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	1,085	77,558	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	84,433	0	50.00
51.00	RECOVERY ROOM	0	0	0	44,945	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	31,377	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	12,203	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	133,621	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	47,689	0	55.00
56.00	RADIOISOTOPE	0	0	0	11,460	0	56.00
60.00	LABORATORY	6,758	9,211	4,137	33,803	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	8,289	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	2,172	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	20,412	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	8,171	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	83,344	67.00
68.00	SPEECH PATHOLOGY	0	0	0	8,837	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	36	5,924	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	1,759	0	0	0	36,818	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,186	0	0	0	0	90.00
91.00	EMERGENCY	26,519	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	22,647	0	105.00
106.00	HEART ACQUISITION	0	0	0	3,896	0	106.00
107.00	LIVER ACQUISITION	0	0	0	8,201	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	1,243	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	75,302	171,029	130,257	412,978	120,162	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	75,302	171,029	130,257	412,978	120,162	202.00

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	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	
		18.05	18.06	18.07	18.08	18.09	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH	506,268					18.05
18.06	CLINICAL LAB ADMIN CARD	0	187,083				18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	10			18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	167,857		18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	69,727	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05

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	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	
		18.05	18.06	18.07	18.08	18.09	
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	506,268	128,854	3	0	58,528	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	7	0	11,199	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	58,229	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	167,857	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	506,268	187,083	10	167,857	69,727	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	129	0	0	201.00
202.00	TOTAL (sum lines 118-201)	506,268	187,083	139	167,857	69,727	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		18.12	18.14	18.16	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS	140,580					18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	2,350,411				18.14
18.16	NURSING SCHOOL SPLIT	0	940,996	1,461,395			18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	16,482		19.00
20.00	NURSING SCHOOL	0	0	656,312		89,105	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	66,679	0			23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	51,883	0			23.01
23.02	PARAMED DIETARY	0	35,339	0			23.02
23.03	PARAMED SPEECH	0	142,794	0			23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	137,745	0			23.04

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	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		18.12	18.14	18.16	19.00	20.00	
23.05	PARAMED MEDICAL PHYSICS	0	0	0			23.05
23.06	PARAMED PASTORAL CARE	0	0	0			23.06
23.07	PARAMED TECHNOLOGY	0	134,678	0			23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	46,329	0			23.08
23.09	PARAMED PHARMACY	0	0	0			23.09
23.10	PARAMED RESPIRATORY THERAPY	0	82,834	0			23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	47,533	0			23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0			30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0			34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0			35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0			35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0			35.02
40.00	SUBPROVIDER - IPF	0	0	0			40.00
41.00	SUBPROVIDER - IRF	0	0	0			41.00
43.00	NURSERY	0	0	0			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0			50.00
51.00	RECOVERY ROOM	0	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0			52.00
53.00	ANESTHESIOLOGY	0	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
60.00	LABORATORY	0	0	0			60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0			62.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0	0			65.00
66.00	PHYSICAL THERAPY	0	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
76.00	RENAL DIALYSIS I/P	0	0	0			76.00
76.01	PSYCH DAY HOSPITAL	0	0	0			76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0			90.00
91.00	EMERGENCY	0	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0			93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0			94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0			114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,686,810	656,312	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,776	805,083			190.00
190.01	FUND RAISING	0	0	0			190.01
190.02	RUSH DAY SCHOOL	0	0	0			190.02
191.00	RESEARCH	0	0	0			191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0			191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0			191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	MEDICAL COLLEGE	0	642,825	0			194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0			194.01
194.02	AFFIL CORP ROOM 500	0	0	0			194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0			194.03
200.00	Cross Foot Adjustments				16,482	89,105	200.00

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	Cost Center Description	OTHER GENERAL SERVICE			NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	NURSING SCHOOL SPLIT			
		18.12	18.14	18.16	19.00	20.00	
201.00	Negative Cost Centers	140,580	0	0	0	567,207	201.00
202.00	TOTAL (sum lines 118-201)	140,580	2,350,411	1,461,395	16,482	656,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	516,883					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		1,475,907				22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT			208,641			23.00
23.01	PARAMED MEDICAL PERFUSION TECH				69,444		23.01
23.02	PARAMED DIETARY					22,952	23.02
23.03	PARAMED SPEECH						23.03
23.04	PARAMED OCCUPATIONAL THERAPY						23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
23.05	PARAMED MEDICAL PHYSICS						23.05
23.06	PARAMED PASTORAL CARE						23.06
23.07	PARAMED TECHNOLOGY						23.07
23.08	PARAMED VASCULAR ULTRASOUND						23.08
23.09	PARAMED PHARMACY						23.09
23.10	PARAMED RESPIRATORY THERAPY						23.10
23.11	PARAMED PHYSICIANS ASSISTANT						23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS						30.00
34.00	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	SUBPROVIDER - IPF						40.00
41.00	SUBPROVIDER - IRF						41.00
43.00	NURSERY						43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM						50.00
51.00	RECOVERY ROOM						51.00
52.00	DELIVERY ROOM & LABOR ROOM						52.00
53.00	ANESTHESIOLOGY						53.00
54.00	RADIOLOGY-DIAGNOSTIC						54.00
55.00	RADIOLOGY-THERAPEUTIC						55.00
56.00	RADIOISOTOPE						56.00
60.00	LABORATORY						60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	INTRAVENOUS THERAPY						64.00
65.00	RESPIRATORY THERAPY						65.00
66.00	PHYSICAL THERAPY						66.00
67.00	OCCUPATIONAL THERAPY						67.00
68.00	SPEECH PATHOLOGY						68.00
69.00	ELECTROCARDIOLOGY						69.00
70.00	ELECTROENCEPHALOGRAPHY						70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	DRUGS CHARGED TO PATIENTS						73.00
74.00	RENAL DIALYSIS						74.00
76.00	RENAL DIALYSIS I/P						76.00
76.01	PSYCH DAY HOSPITAL						76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC						90.00
91.00	EMERGENCY						91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH						93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS						94.00
98.00	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	I&R SERVICES-NOT APPRVD PRGM						100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION						105.00
106.00	HEART ACQUISITION						106.00
107.00	LIVER ACQUISITION						107.00
108.00	LUNG ACQUISITION						108.00
109.00	PANCREAS ACQUISITION						109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	FUND RAISING						190.01
190.02	RUSH DAY SCHOOL						190.02
191.00	RESEARCH						191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	MEDICAL COLLEGE						194.00
194.01	AFFIL CORP ARC VENTURES						194.01
194.02	AFFIL CORP ROOM 500						194.02
194.03	AFFIL CORP JOINT VENTURES						194.03
200.00	Cross Foot Adjustments	516,883	1,475,907	208,641	0	22,952	200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	
		21.00	22.00	23.00	23.01	23.02	
201.00	Negative Cost Centers	0	0	0	69,444	32,969	201.00
202.00	TOTAL (sum lines 118-201)	516,883	1,475,907	208,641	69,444	55,921	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	
		23.03	23.04	23.05	23.06	23.07	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH	102,557					23.03
23.04	PARAMED OCCUPATIONAL THERAPY		37,542				23.04
23.05	PARAMED MEDICAL PHYSICS			41,120			23.05
23.06	PARAMED PASTORAL CARE				88,600		23.06

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	Cost Center Description	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	
		23.03	23.04	23.05	23.06	23.07	
23.07	PARAMED TECHNOLOGY					31,301	23.07
23.08	PARAMED VASCULAR ULTRASOUND						23.08
23.09	PARAMED PHARMACY						23.09
23.10	PARAMED RESPIRATORY THERAPY						23.10
23.11	PARAMED PHYSICIANS ASSISTANT						23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS						30.00
34.00	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	SUBPROVIDER - IPF						40.00
41.00	SUBPROVIDER - IRF						41.00
43.00	NURSERY						43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM						50.00
51.00	RECOVERY ROOM						51.00
52.00	DELIVERY ROOM & LABOR ROOM						52.00
53.00	ANESTHESIOLOGY						53.00
54.00	RADIOLOGY-DIAGNOSTIC						54.00
55.00	RADIOLOGY-THERAPEUTIC						55.00
56.00	RADIOISOTOPE						56.00
60.00	LABORATORY						60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	INTRAVENOUS THERAPY						64.00
65.00	RESPIRATORY THERAPY						65.00
66.00	PHYSICAL THERAPY						66.00
67.00	OCCUPATIONAL THERAPY						67.00
68.00	SPEECH PATHOLOGY						68.00
69.00	ELECTROCARDIOLOGY						69.00
70.00	ELECTROENCEPHALOGRAPHY						70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	DRUGS CHARGED TO PATIENTS						73.00
74.00	RENAL DIALYSIS						74.00
76.00	RENAL DIALYSIS I/P						76.00
76.01	PSYCH DAY HOSPITAL						76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC						90.00
91.00	EMERGENCY						91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH						93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS						94.00
98.00	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	I&R SERVICES-NOT APPRVD PRGM						100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION						105.00
106.00	HEART ACQUISITION						106.00
107.00	LIVER ACQUISITION						107.00
108.00	LUNG ACQUISITION						108.00
109.00	PANCREAS ACQUISITION						109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	FUND RAISING						190.01
190.02	RUSH DAY SCHOOL						190.02
191.00	RESEARCH						191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	MEDICAL COLLEGE						194.00
194.01	AFFIL CORP ARC VENTURES						194.01
194.02	AFFIL CORP ROOM 500						194.02
194.03	AFFIL CORP JOINT VENTURES						194.03
200.00	Cross Foot Adjustments	102,557	37,542	41,120	88,600	31,301	200.00
201.00	Negative Cost Centers	121,835	157,464	0	0	134,465	201.00
202.00	TOTAL (sum lines 118-201)	224,392	195,006	41,120	88,600	165,766	202.00

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	Cost Center Description	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	
		23.08	23.09	23.10	23.11	24.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH						23.03
23.04	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	PARAMED MEDICAL PHYSICS						23.05
23.06	PARAMED PASTORAL CARE						23.06

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	
		23.08	23.09	23.10	23.11	24.00	
23.07	PARAMED TECHNOLOGY						23.07
23.08	PARAMED VASCULAR ULTRASOUND	9,515					23.08
23.09	PARAMED PHARMACY		15,471				23.09
23.10	PARAMED RESPIRATORY THERAPY			13,288			23.10
23.11	PARAMED PHYSICIANS ASSISTANT				38,869		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS					9,237,843	30.00
34.00	SURGICAL INTENSIVE CARE UNIT					1,679,006	34.00
35.00	MEDICAL INTENSIVE CARE UNIT					1,164,690	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT					600,523	35.01
35.02	PREMATURE INTENSIVE CARE UNIT					796,915	35.02
40.00	SUBPROVIDER - IPF					1,407,493	40.00
41.00	SUBPROVIDER - IRF					1,119,005	41.00
43.00	NURSERY					148,120	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM					5,150,423	50.00
51.00	RECOVERY ROOM					444,540	51.00
52.00	DELIVERY ROOM & LABOR ROOM					522,174	52.00
53.00	ANESTHESIOLOGY					606,197	53.00
54.00	RADIOLOGY-DIAGNOSTIC					3,058,505	54.00
55.00	RADIOLOGY-THERAPEUTIC					1,496,939	55.00
56.00	RADIOISOTOPE					462,061	56.00
60.00	LABORATORY					5,350,532	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS					582,547	62.00
64.00	INTRAVENOUS THERAPY					109,030	64.00
65.00	RESPIRATORY THERAPY					362,702	65.00
66.00	PHYSICAL THERAPY					758,528	66.00
67.00	OCCUPATIONAL THERAPY					545,631	67.00
68.00	SPEECH PATHOLOGY					369,275	68.00
69.00	ELECTROCARDIOLOGY					721,798	69.00
70.00	ELECTROENCEPHALOGRAPHY					395,331	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS					52,616	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS					505,665	72.00
73.00	DRUGS CHARGED TO PATIENTS					1,746,255	73.00
74.00	RENAL DIALYSIS					82,949	74.00
76.00	RENAL DIALYSIS I/P					100,916	76.00
76.01	PSYCH DAY HOSPITAL					303,937	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC					4,136,396	90.00
91.00	EMERGENCY					1,142,397	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH					0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS					0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS					0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM					0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION					133,998	105.00
106.00	HEART ACQUISITION					10,572	106.00
107.00	LIVER ACQUISITION					46,563	107.00
108.00	LUNG ACQUISITION					0	108.00
109.00	PANCREAS ACQUISITION					3,715	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)					0	112.00
114.00	UTILIZATION REVIEW - SNF					0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	45,355,787	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN					2,278,678	190.00
190.01	FUND RAISING					501,032	190.01
190.02	RUSH DAY SCHOOL					165,676	190.02
191.00	RESEARCH					8,454,294	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY					980,092	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH					1,974,877	191.02
192.00	PHYSICIANS' PRIVATE OFFICES					8,858,999	192.00
194.00	MEDICAL COLLEGE					1,630,743	194.00
194.01	AFFIL CORP ARC VENTURES					329,264	194.01
194.02	AFFIL CORP ROOM 500					1,070,885	194.02
194.03	AFFIL CORP JOINT VENTURES					131,266	194.03
200.00	Cross Foot Adjustments	9,515	15,471	13,288	38,869	2,708,233	200.00
201.00	Negative Cost Centers	46,811	0	149,449	27,598	6,316,272	201.00
202.00	TOTAL (sum lines 118-201)	56,326	15,471	162,737	66,467	80,756,098	202.00

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	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT				1.00
1.01	DEPRECIATION OLD HOSPITAL				1.01
1.02	DEPRECIATION DIRECT BLDG				1.02
1.03	DEPRECIATION KELLOGG PAV				1.03
1.04	DEPRECIATION JELKE SOUTH				1.04
1.05	DEPRECIATION ATRIUM PAV				1.05
1.06	DEPRECIATION PRO BLDG NORTH				1.06
1.07	DEPRECIATION PRO BLDG SOUTH				1.07
1.08	DEPRECIATION WOOD ST				1.08
1.09	DEPRECIATION ACADEMIC FACILITY				1.09
1.10	DEPRECIATION PRO BLDG III				1.10
1.11	DEPRECIATION JRB				1.11
1.12	DEPRECIATION TOB				1.12
1.13	DEPRECIATION EQUIPMENT				1.13
1.14	DEPRECIATION ORTHOPEDICS				1.14
1.15	DEPRECIATION KIDSTON				1.15
1.16	DEPRECIATION COHN				1.16
2.00	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	INTEREST GENERAL				2.01
2.02	INTEREST DIRECT BLDG				2.02
2.03	INTEREST ATRUM PAV				2.03
2.04	INTEREST PRO BLDG SOUTH				2.04
2.05	INTEREST TOB				2.05
2.06	INTEREST PRO BLDG III				2.06
4.00	EMPLOYEE BENEFITS				4.00
5.01	TRANSITION RECRUITMENT				5.01
5.02	PARKING GARAGE				5.02
5.03	RESEARCH ADMINISTRATION				5.03
5.04	ADMIN & GEN INPT SERVICE				5.04
5.05	ADMIN & GEN OUTPT SERVICE				5.05
5.06	ADMIN & GEN ANIMAL LAB				5.06
5.07	ADMIN & GEN PT SERVICE				5.07
5.08	PERSONNEL DEPARTMENT				5.08
5.09	RESEARCH FACULTY				5.09
5.10	RESEARCH SPA				5.10
5.11	CORPORATE ADMINISTRATION				5.11
6.00	MAINTENANCE & REPAIRS				6.00
6.01	RENTED SPACE COSTS				6.01
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
10.01	PATIENT FOOD SERVICE				10.01
11.00	CAFETERIA				11.00
13.00	NURSING ADMINISTRATION				13.00
14.00	CENTRAL SERVICES & SUPPLY				14.00
15.00	PHARMACY				15.00
16.00	MEDICAL RECORDS & LIBRARY				16.00
16.01	MEDICAL RECORDS & LIBRARY				16.01
18.00	CLINICAL LAB ADMIN MED				18.00
18.01	CLINICAL LAB ADMIN PED				18.01
18.02	CLINICAL LAB ADMIN OB				18.02
18.03	CLINICAL LAB ADMIN SURG				18.03
18.04	CLINICAL LAB ADMIN PSYCH				18.04
18.05	CLINICAL LAB ADMIN PATH				18.05
18.06	CLINICAL LAB ADMIN CARD				18.06
18.07	CLINICAL LAB ADMIN HEMAT				18.07
18.08	CLINICAL LAB ADMIN NEUR				18.08
18.09	CLINICAL LAB ADMIN OCLS				18.09
18.12	DISCRETIONARY OPERATIONS				18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT				18.14
18.16	NURSING SCHOOL SPLIT				18.16
19.00	NONPHYSICIAN ANESTHETISTS				19.00
20.00	NURSING SCHOOL				20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT				23.00
23.01	PARAMED MEDICAL PERFUSION TECH				23.01
23.02	PARAMED DIETARY				23.02
23.03	PARAMED SPEECH				23.03
23.04	PARAMED OCCUPATIONAL THERAPY				23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
23.05	PARAMED MEDICAL PHYSICS				23.05
23.06	PARAMED PASTORAL CARE				23.06
23.07	PARAMED TECHNOLOGY				23.07
23.08	PARAMED VASCULAR ULTRASOUND				23.08
23.09	PARAMED PHARMACY				23.09
23.10	PARAMED RESPIRATORY THERAPY				23.10
23.11	PARAMED PHYSICIANS ASSISTANT				23.11
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	9,237,843		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	1,679,006		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	1,164,690		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	600,523		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	796,915		35.02
40.00	SUBPROVIDER - IPF	0	1,407,493		40.00
41.00	SUBPROVIDER - IRF	0	1,119,005		41.00
43.00	NURSERY	0	148,120		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	5,150,423		50.00
51.00	RECOVERY ROOM	0	444,540		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	522,174		52.00
53.00	ANESTHESIOLOGY	0	606,197		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,058,505		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,496,939		55.00
56.00	RADIOISOTOPE	0	462,061		56.00
60.00	LABORATORY	0	5,350,532		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	582,547		62.00
64.00	INTRAVENOUS THERAPY	0	109,030		64.00
65.00	RESPIRATORY THERAPY	0	362,702		65.00
66.00	PHYSICAL THERAPY	0	758,528		66.00
67.00	OCCUPATIONAL THERAPY	0	545,631		67.00
68.00	SPEECH PATHOLOGY	0	369,275		68.00
69.00	ELECTROCARDIOLOGY	0	721,798		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	395,331		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,616		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	505,665		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,746,255		73.00
74.00	RENAL DIALYSIS	0	82,949		74.00
76.00	RENAL DIALYSIS I/P	0	100,916		76.00
76.01	PSYCH DAY HOSPITAL	0	303,937		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	4,136,396		90.00
91.00	EMERGENCY	0	1,142,397		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	133,998		105.00
106.00	HEART ACQUISITION	0	10,572		106.00
107.00	LIVER ACQUISITION	0	46,563		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	3,715		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	UTILIZATION REVIEW - SNF	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	45,355,787		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,278,678		190.00
190.01	FUND RAISING	0	501,032		190.01
190.02	RUSH DAY SCHOOL	0	165,676		190.02
191.00	RESEARCH	0	8,454,294		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	980,092		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	1,974,877		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	8,858,999		192.00
194.00	MEDICAL COLLEGE	0	1,630,743		194.00
194.01	AFFIL CORP ARC VENTURES	0	329,264		194.01
194.02	AFFIL CORP ROOM 500	0	1,070,885		194.02
194.03	AFFIL CORP JOINT VENTURES	0	131,266		194.03
200.00	Cross Foot Adjustments	0	2,708,233		200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	6,316,272		201.00
202.00	TOTAL (sum lines 118-201)	0	80,756,098		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
		1.00	1.01	1.02	1.03	1.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	DEPRECIATION OLD HOSPITAL	0	171,345				1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	9,297,688			1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	123,610		1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	196,117	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	2,802	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	6,320,704	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	0	0	0	905	5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	611	0	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	80	0	0	668	5.06
5.07	ADMIN & GEN PT SERVICE	0	2,200	0	4,978	1,832	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	0	84	0	0	441	5.10
5.11	CORPORATE ADMINISTRATION	0	1,021	582,028	612	921	5.11
6.00	MAINTENANCE & REPAIRS	0	24,594	0	8,787	42,818	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	3,788	0	219	168	8.00
9.00	HOUSEKEEPING	0	3,441	0	6,702	618	9.00
10.00	DIETARY	0	0	0	265	0	10.00
10.01	PATIENT FOOD SERVICE	0	1,706	0	1,082	25	10.01
11.00	CAFETERIA	0	0	0	0	1,693	11.00
13.00	NURSING ADMINISTRATION	0	5,054	0	142	367	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	895	0	566	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	0	310	99	16.01
18.00	CLINICAL LAB ADMIN MED	0	1,363	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	3,790	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	1,914	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	2,156	0	0	5,220	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	3,984	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	3,042	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	104	0	0	1,076	18.09
18.12	DISCRETIONARY OPERATIONS	0	1,045	0	0	1,220	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,599	0	4,355	2,552	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	164	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	287	23.01
23.02	PARAMED DIETARY	0	0	0	0	416	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
		1.00	1.01	1.02	1.03	1.04	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	228	0	632	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	54	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	88	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	1,660	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	290	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	13,514	0	34,443	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	6,542	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	8,759	0	7,100	479	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	5,144	0	0	4,728	35.02
40.00	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	2,624	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	3,046	0	0	290	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,307	0	0	7,235	52.00
53.00	ANESTHESIOLOGY	0	324	0	0	6,182	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,284	0	18,456	5,513	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,570	0	3,121	0	55.00
56.00	RADIOISOTOPE	0	8,933	0	0	0	56.00
60.00	LABORATORY	0	13,835	0	1,924	31,294	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	707	0	0	6,956	62.00
64.00	INTRAVENOUS THERAPY	0	800	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	2,302	0	826	1,436	65.00
66.00	PHYSICAL THERAPY	0	3,765	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,571	0	1,090	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,101	0	1,877	3,730	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,346	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	1,088	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	157	0	201	0	90.00
91.00	EMERGENCY	0	14,555	0	0	339	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	160,161	6,902,732	123,402	147,009	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	79,854	0	501	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	221	2,315,102	0	27,636	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	770	0	0	1,246	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	64	0	0	7,473	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	6,801	0	208	9,781	192.00
194.00	MEDICAL COLLEGE	0	3,328	0	0	2,471	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	DEPRECIATION OLD HOSPITAL (SQUARE FEET OLD HOSPITAL)	DEPRECIATION DIRECT BLDG (PERCENT DEPR DIRECT BLDG)	DEPRECIATION KELLOGG PAV (SQUARE FEET KELLOGG PAV)	DEPRECIATION JELKE SOUTH (SQUARE FEET JELKE SOUTH)	
		1.00	1.01	1.02	1.03	1.04	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	2,704,118	9,297,688	3,044,028	3,137,884	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	15.781715	1.000000	24.626066	16.000061	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
		1.05	1.06	1.07	1.08	1.09	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV	237,769					1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	149,131				1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	74,739			1.07
1.08	DEPRECIATION WOOD ST	0	0	0	21,522		1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	205,815	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	923	0	0	638	5.03
5.04	ADMIN & GEN INPT SERVICE	1,147	0	0	0	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	2,848	206	0	0	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	0	275	5.06
5.07	ADMIN & GEN PT SERVICE	3,946	894	2,222	431	2,581	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	0	0	0	4,501	464	5.10
5.11	CORPORATE ADMINISTRATION	4,468	187	430	7,156	26,351	5.11
6.00	MAINTENANCE & REPAIRS	39,996	5,412	2,267	1,959	16,807	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	747	0	0	0	0	8.00
9.00	HOUSEKEEPING	3,051	0	0	39	425	9.00
10.00	DIETARY	0	0	0	0	0	10.00
10.01	PATIENT FOOD SERVICE	14,259	0	0	0	0	10.01
11.00	CAFETERIA	4,223	398	0	0	22,878	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	2,686	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	9,485	53	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,109	16.00
16.01	MEDICAL RECORDS & LIBRARY	835	53	0	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	817	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	602	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	93	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	391	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	115	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	98	0	60,901	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	10,943	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,678	3,103	1,618	160	2,878	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	1,039	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	99	23.01

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
		1.05	1.06	1.07	1.08	1.09	
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	1,628	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,443	23.04
23.05	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	129	23.08
23.09	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	95	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	95	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	60,876	0	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	13,483	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,457	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	47,051	0	0	0	11,083	50.00
51.00	RECOVERY ROOM	4,415	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,438	0	0	0	561	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,770	100	930	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	320	9,348	10,391	0	2,267	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	86	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	551	0	2,617	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,414	0	102	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	382	68.00
69.00	ELECTROCARDIOLOGY	1,283	0	1,627	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	142	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	421	142	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	31,025	10,578	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	235,767	54,933	34,285	14,246	178,469	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,002	723	2,750	0	0	190.00
190.01	FUND RAISING	0	0	1,188	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	445	34	0	11,074	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,073	3,020	0	956	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	3,285	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ATRIUM PAV (SQUARE FEET ATRIUM PAV)	DEPRECIATION PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	DEPRECIATION PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	DEPRECIATION WOOD ST (SQUARE FEET WOOD ST)	DEPRECIATION ACADEMIC FACILITY (SQUARE FEET ACADEMIC FACILITY)	
		1.05	1.06	1.07	1.08	1.09	
192.00	PHYSICIANS' PRIVATE OFFICES	0	69,678	26,529	7,116	2,527	192.00
194.00	MEDICAL COLLEGE	0	292	0	160	9,504	194.00
194.01	AFFIL CORP ARC VENTURES	0	3,158	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	16,829	6,933	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,600,726	1,243,656	1,321,430	315,143	1,574,708	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	15.143799	8.339353	17.680595	14.642831	7.651085	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
		1.10	1.11	1.12	1.13	1.14	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III	142,775					1.10
1.11	DEPRECIATION JRB	0	91,046				1.11
1.12	DEPRECIATION TOB	0	0	159,534			1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	1,776,979		1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	61,775	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	DEPRECIATION COHN	0	0	0	0	0	1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS	0	0	0	16,262	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	0	5.02
5.03	RESEARCH ADMINISTRATION	0	0	5,265	12,325	0	5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	1,010	5,243	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	213	0	0	3,878	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	8,599	0	5.06
5.07	ADMIN & GEN PT SERVICE	273	568	46,909	70,323	0	5.07
5.08	PERSONNEL DEPARTMENT	0	0	192	8,699	0	5.08
5.09	RESEARCH FACULTY	0	0	1,072	1,580	0	5.09
5.10	RESEARCH SPA	0	0	0	8,971	0	5.10
5.11	CORPORATE ADMINISTRATION	4,724	7,624	45,828	125,894	18,128	5.11
6.00	MAINTENANCE & REPAIRS	5,108	7,079	14,338	179,679	0	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	8,653	3,731	8.00
9.00	HOUSEKEEPING	49	787	0	16,317	467	9.00
10.00	DIETARY	0	0	4,292	4,557	0	10.00
10.01	PATIENT FOOD SERVICE	0	226	0	17,298	0	10.01
11.00	CAFETERIA	0	0	1,759	30,951	0	11.00
13.00	NURSING ADMINISTRATION	0	1,320	0	9,569	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	748	0	748	0	14.00
15.00	PHARMACY	69	0	0	11,068	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	10,185	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	117	0	5,313	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	3,790	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	2,731	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	9,346	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	616	0	149	4,911	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	4,077	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	3,433	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	1,180	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	2,380	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	164	63,013	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	10,943	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	403	1,521	33,766	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,602	2,805	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	386	0	23.01
23.02	PARAMED DIETARY	0	0	0	416	0	23.02
23.03	PARAMED SPEECH	0	0	0	1,989	361	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
		1.10	1.11	1.12	1.13	1.14	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,443	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	2,076	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	700	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	217	0	23.08
23.09	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	1,755	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	385	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	111,629	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	20,025	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	17,795	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	9,872	0	35.02
40.00	SUBPROVIDER - IPF	0	12,916	0	23,405	0	40.00
41.00	SUBPROVIDER - IRF	0	20,209	0	20,209	0	41.00
43.00	NURSERY	0	0	0	2,624	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	811	0	0	62,281	0	50.00
51.00	RECOVERY ROOM	0	0	0	4,415	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	8,542	0	52.00
53.00	ANESTHESIOLOGY	892	0	0	9,397	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	16,521	0	0	50,665	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	19,374	0	55.00
56.00	RADIOISOTOPE	0	0	0	8,933	0	56.00
60.00	LABORATORY	1,815	0	802	77,971	694	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,663	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	800	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	4,650	0	65.00
66.00	PHYSICAL THERAPY	0	7,315	0	14,248	0	66.00
67.00	OCCUPATIONAL THERAPY	0	4,600	0	8,777	0	67.00
68.00	SPEECH PATHOLOGY	0	371	0	7,675	6,922	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	9,618	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,346	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	1,230	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	1,352	0	76.00
76.01	PSYCH DAY HOSPITAL	0	1,280	236	9,505	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	36,532	4,301	300	94,512	11,418	90.00
91.00	EMERGENCY	0	0	0	14,894	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	1,307	0	0	1,556	0	105.00
106.00	HEART ACQUISITION	0	0	0	25	0	106.00
107.00	LIVER ACQUISITION	409	0	0	488	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	69,343	69,864	125,439	1,357,580	51,906	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,348	145	35,584	0	190.00
190.01	FUND RAISING	0	0	8,246	9,434	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	RESEARCH	840	0	4,810	128,764	70	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	1,660	426	518	19,055	52	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	453	460	30,112	959	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	69,307	881	19,629	141,238	8,788	192.00
194.00	MEDICAL COLLEGE	0	1,074	287	20,014	0	194.00
194.01	AFFIL CORP ARC VENTURES	1,625	0	0	4,897	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	23,762	0	194.02

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION PRO BLDG III (SQUARE FEET PRO BLDG III)	DEPRECIATION JRB (SQUARE FEET JRB)	DEPRECIATION TOB (SQUARE FEET TOB)	DEPRECIATION EQUIPMENT (SQUARE FEET TOTAL)	DEPRECIATION ORTHOPEDICS (SQUARE FEET ORTHOPEDICS)	
		1.10	1.11	1.12	1.13	1.14	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	986,066	1,097,868	1,004,116	37,265,293	951,741	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	6.906433	12.058388	6.294056	20.971150	15.406572	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	
		1.15	1.16	2.00	2.01	2.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON	27,884					1.15
1.16	DEPRECIATION COHN	0	110,882				1.16
2.00	CAP REL COSTS-MVBLE EQUIP			0			2.00
2.01	INTEREST GENERAL			0	1,045,203		2.01
2.02	INTEREST DIRECT BLDG			0	0	872,375	2.02
2.03	INTEREST ATRUM PAV			0	0	0	2.03
2.04	INTEREST PRO BLDG SOUTH			0	0	0	2.04
2.05	INTEREST TOB			0	0	0	2.05
2.06	INTEREST PRO BLDG III			0	0	0	2.06
4.00	EMPLOYEE BENEFITS	0	0	0	2,802	0	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	PARKING GARAGE	0	0	0	0	642,859	5.02
5.03	RESEARCH ADMINISTRATION	905	3,145	0	6,516	0	5.03
5.04	ADMIN & GEN INPT SERVICE	3,086	0	0	3,086	0	5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	0	0	817	0	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	7,576	0	8,599	0	5.06
5.07	ADMIN & GEN PT SERVICE	2,833	656	0	16,405	0	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	8,507	0	5.08
5.09	RESEARCH FACULTY	0	130	0	130	0	5.09
5.10	RESEARCH SPA	850	2,631	0	8,971	0	5.10
5.11	CORPORATE ADMINISTRATION	4,680	3,764	0	62,820	0	5.11
6.00	MAINTENANCE & REPAIRS	1,717	8,797	0	110,891	0	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	0	7,906	0	8.00
9.00	HOUSEKEEPING	181	557	0	12,430	0	9.00
10.00	DIETARY	0	0	0	265	0	10.00
10.01	PATIENT FOOD SERVICE	0	0	0	2,813	0	10.01
11.00	CAFETERIA	0	0	0	2,091	229,516	11.00
13.00	NURSING ADMINISTRATION	0	0	0	8,249	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	1,514	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	3,899	0	0	4,361	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	3,790	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	2,731	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	7,978	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	3,984	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	3,433	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	1,180	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	2,380	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	828	0	0	62,751	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	10,943	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13	0	21,660	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,203	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	386	0	23.01
23.02	PARAMED DIETARY	0	0	0	416	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	
		1.15	1.16	2.00	2.01	2.02	
23.03	PARAMED SPEECH	0	0	0	1,989	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,443	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	1,216	0	0	2,076	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	700	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	217	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	1,755	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	385	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	47,957	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	6,542	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	17,795	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	9,872	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	2,624	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	14,419	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	8,542	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	7,067	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	27,353	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	4,691	0	55.00
56.00	RADIOISOTOPE	0	0	0	8,933	0	56.00
60.00	LABORATORY	952	0	0	60,314	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,663	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	800	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	4,564	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	3,765	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	2,763	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	7,304	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	6,708	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	4,346	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	1,230	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	931	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	42,801	0	90.00
91.00	EMERGENCY	0	0	0	14,894	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	249	0	0	249	0	105.00
106.00	HEART ACQUISITION	25	0	0	25	0	106.00
107.00	LIVER ACQUISITION	79	0	0	79	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,500	27,269	0	756,017	872,375	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,224	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	70,962	0	110,408	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	2,938	121	0	9,156	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	457	10,554	0	22,792	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	2,024	0	0	106,923	0	192.00
194.00	MEDICAL COLLEGE	851	1,976	0	18,582	0	194.00

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	
		1.15	1.16	2.00	2.01	2.02	
194.01	AFFIL CORP ARC VENTURES	114	0	0	3,272	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	16,829	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	101,502	1,707,173	0	514,838	872,375	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.640152	15.396304	0.000000	0.492572	1.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	EMPLOYEE BENEFITS (GROSS SALARIES)	
		2.03	2.04	2.05	2.06	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV	237,769					2.03
2.04	INTEREST PRO BLDG SOUTH	0	74,739				2.04
2.05	INTEREST TOB	0	0	159,534			2.05
2.06	INTEREST PRO BLDG III	0	0	0	142,775		2.06
4.00	EMPLOYEE BENEFITS	0	0	0	0	552,473,256	4.00
5.01	TRANSITION RECRUITMENT	0	0	0	0	121,597	5.01
5.02	PARKING GARAGE	0	0	0	0	1,430	5.02
5.03	RESEARCH ADMINISTRATION	0	0	5,265	0	4,307,064	5.03
5.04	ADMIN & GEN INPT SERVICE	1,147	0	1,010	0	2,335,071	5.04
5.05	ADMIN & GEN OUTPT SERVICE	2,848	0	0	213	2,505,750	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	0	742,367	5.06
5.07	ADMIN & GEN PT SERVICE	3,946	2,222	46,909	273	26,410,174	5.07
5.08	PERSONNEL DEPARTMENT	0	0	192	0	2,680,322	5.08
5.09	RESEARCH FACULTY	0	0	1,072	0	8,824,437	5.09
5.10	RESEARCH SPA	0	0	0	0	4,601,630	5.10
5.11	CORPORATE ADMINISTRATION	4,468	430	45,828	4,724	34,579,318	5.11
6.00	MAINTENANCE & REPAIRS	39,996	2,267	14,338	5,108	11,378,574	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	747	0	0	0	429,357	8.00
9.00	HOUSEKEEPING	3,051	0	0	49	10,842,954	9.00
10.00	DIETARY	0	0	4,292	0	662,443	10.00
10.01	PATIENT FOOD SERVICE	14,259	0	0	0	5,577,227	10.01
11.00	CAFETERIA	4,223	0	1,759	0	1,669,076	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	5,486,793	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	9,485	0	0	69	7,765,858	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,845,592	16.00
16.01	MEDICAL RECORDS & LIBRARY	835	0	0	0	6,079,075	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0	1,286,012	18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0	315,816	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0	1,428,625	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0	2,543,314	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	149	616	720,760	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	125,179	18.05
18.06	CLINICAL LAB ADMIN CARD	0	93	0	0	325,650	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	36,051	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	1,945,170	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	850,243	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	2,878,319	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	98	164	0	3,838,035	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	7,981,517	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	2,304,050	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	30,675,850	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,678	1,618	1,521	0	5,627,253	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,602	0	2,119,695	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	226,683	23.01
23.02	PARAMED DIETARY	0	0	0	0	313,652	23.02
23.03	PARAMED SPEECH	0	0	0	0	958,029	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	EMPLOYEE BENEFITS (GROSS SALARIES)	
		2.03	2.04	2.05	2.06	4.00	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	635,035	23.04
23.05	PARAMED MEDICAL PHYSICS	545	0	0	0	138,246	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	461,364	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	729,907	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	198,586	23.08
23.09	PARAMED PHARMACY	162	0	0	0	315,986	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	364,996	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	356,836	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	60,876	0	0	0	39,832,887	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	13,483	0	0	0	10,448,660	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	9,744,571	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	4,530,092	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	10,871,443	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	6,543,112	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	5,125,941	41.00
43.00	NURSERY	0	0	0	0	1,484,513	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	47,051	0	0	811	14,031,718	50.00
51.00	RECOVERY ROOM	4,415	0	0	0	2,431,406	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	4,108,767	52.00
53.00	ANESTHESIOLOGY	1,438	0	0	892	551,971	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,770	930	0	16,521	11,065,513	54.00
55.00	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	2,651,095	55.00
56.00	RADIOISOTOPE	0	0	0	0	717,695	56.00
60.00	LABORATORY	320	10,391	802	1,815	21,558,125	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,284,787	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	603,147	64.00
65.00	RESPIRATORY THERAPY	86	0	0	0	4,190,561	65.00
66.00	PHYSICAL THERAPY	551	2,617	0	0	3,176,325	66.00
67.00	OCCUPATIONAL THERAPY	0	1,414	0	0	2,238,094	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	1,231,822	68.00
69.00	ELECTROCARDIOLOGY	1,283	1,627	0	0	2,695,275	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	977,679	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	338,304	74.00
76.00	RENAL DIALYSIS I/P	421	0	0	0	1,745	76.00
76.01	PSYCH DAY HOSPITAL	0	0	236	0	1,768,078	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	10,578	300	36,532	11,950,164	90.00
91.00	EMERGENCY	0	0	0	0	6,271,585	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	1,307	1,125,414	105.00
106.00	HEART ACQUISITION	0	0	0	0	484,203	106.00
107.00	LIVER ACQUISITION	0	0	0	409	628,258	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	4	51,183	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	235,767	34,285	125,439	69,343	396,261,101	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,002	2,750	145	0	850,392	190.00
190.01	FUND RAISING	0	1,188	8,246	0	4,037,085	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	1,278,295	190.02
191.00	RESEARCH	0	34	4,810	840	23,364,824	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,020	518	1,660	8,285,524	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	460	0	3,015,229	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	26,529	19,629	69,307	89,872,790	192.00
194.00	MEDICAL COLLEGE	0	0	287	0	11,851,990	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	1,625	3,964,278	194.01
194.02	AFFIL CORP ROOM 500	0	6,933	0	0	808,593	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST ATRUM PAV (SQUARE FEET ATRIUM PAV)	INTEREST PRO BLDG SOUTH (SQUARE FEET PRO BLDG SO)	INTEREST TOB (SQUARE FEET TOB)	INTEREST PRO BLDG III (SQUARE FEET PRO BLDG III)	EMPLOYEE BENEFITS (GROSS SALARIES)	
		2.03	2.04	2.05	2.06	4.00	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	8,883,155	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,054,054	1,240,034	1,711,029	10,628	148,147,321	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.667677	16.591525	10.725168	0.074439	0.268153	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)					386,633	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)					0.000700	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	
		5.01	5.02	5.03	5.04	5.05	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT	10,000					5.01
5.02	PARKING GARAGE	0	1,075,278,891				5.02
5.03	RESEARCH ADMINISTRATION	0	0	157,749,145			5.03
5.04	ADMIN & GEN INPT SERVICE	0	0	0	1,729,520,672		5.04
5.05	ADMIN & GEN OUTPT SERVICE	0	0	0	0	1,079,539,539	5.05
5.06	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	RESEARCH SPA	0	0	0	0	0	5.10
5.11	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	0	50,166,744	0	0	0	6.00
6.01	RENTED SPACE COSTS	0	78,620	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	4,099,866	0	0	0	8.00
9.00	HOUSEKEEPING	0	16,905,592	0	0	0	9.00
10.00	DIETARY	0	1,083,492	0	0	0	10.00
10.01	PATIENT FOOD SERVICE	0	10,616,399	0	0	0	10.01
11.00	CAFETERIA	0	4,873,461	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	8,991,514	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,061,375	0	0	0	14.00
15.00	PHARMACY	0	62,447,753	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	7,333,702	0	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	8,937,298	0	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	1,831,932	0	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	581,279	0	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	1,814,992	0	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	3,749,887	0	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	669,807	0	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	1,510,872	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	651,855	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	1,763,691	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	2,166,461	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	11,833,232	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	8,841,628	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	15,965,261	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	47,122,891	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,379,040	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	5,543,983	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	315,582	0	0	0	23.01
23.02	PARAMED DIETARY	0	433,479	0	0	0	23.02
23.03	PARAMED SPEECH	0	1,455,205	0	0	0	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	
		5.01	5.02	5.03	5.04	5.05	
23.04	PARAMED OCCUPATIONAL THERAPY	0	1,058,850	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	217,827	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	1,033,155	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	349,797	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	647,130	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	560,086	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	65,395,190	0	193,177,748	8,097,985	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	16,686,817	0	47,769,090	14,230	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	14,921,355	0	34,031,687	292,137	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	6,981,772	0	17,634,692	1,927,560	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	15,630,156	0	56,342,258	0	35.02
40.00	SUBPROVIDER - IPF	0	10,398,433	0	31,322,957	0	40.00
41.00	SUBPROVIDER - IRF	0	8,548,824	0	27,084,946	0	41.00
43.00	NURSERY	0	20	0	5,877,131	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	90,695,648	0	228,652,596	100,304,768	50.00
51.00	RECOVERY ROOM	0	3,588,754	0	16,668,410	10,995,586	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,527,059	0	18,088,163	3,149,581	52.00
53.00	ANESTHESIOLOGY	0	6,345,392	0	51,442,417	29,334,677	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	23,075,599	0	125,060,906	117,459,088	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	5,466,597	0	7,404,368	66,651,733	55.00
56.00	RADIOISOTOPE	0	2,668,685	0	5,288,775	20,477,982	56.00
60.00	LABORATORY	0	52,114,365	0	244,067,955	233,577,765	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	13,778,449	0	58,664,485	14,813,374	62.00
64.00	INTRAVENOUS THERAPY	0	1,085,577	0	38,534,265	895,940	64.00
65.00	RESPIRATORY THERAPY	0	8,069,138	0	31,789,389	1,008,610	65.00
66.00	PHYSICAL THERAPY	0	5,154,804	0	17,372,369	7,739,713	66.00
67.00	OCCUPATIONAL THERAPY	0	3,563,900	0	13,842,549	2,349,443	67.00
68.00	SPEECH PATHOLOGY	0	2,336,173	0	3,515,098	3,064,438	68.00
69.00	ELECTROCARDIOLOGY	0	12,451,072	0	30,619,828	32,405,188	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,657,889	0	11,026,573	1,891,733	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,840,185	1,495,325	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,964,207	51,710,831	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	212,003,076	192,663,770	73.00
74.00	RENAL DIALYSIS	0	2,699,489	0	0	1,947,429	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	9,004,320	0	76.00
76.01	PSYCH DAY HOSPITAL	0	2,835,803	0	5,282	7,236,599	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	243,106	0	2,086,056	111,261,105	90.00
91.00	EMERGENCY	0	10,112,307	0	26,295,891	56,772,949	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	6,595,585	0	5,460,000	0	105.00
106.00	HEART ACQUISITION	0	722,683	0	0	0	106.00
107.00	LIVER ACQUISITION	0	2,360,900	0	2,381,400	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	255,075	0	201,600	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	699,060,354	0	1,729,520,672	1,079,539,539	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,498,041	0	0	0	190.00
190.01	FUND RAISING	0	6,395,247	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	1,921,882	0	0	0	190.02
191.00	RESEARCH	0	42,615,948	42,615,948	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	12,855,133	12,855,133	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	102,278,064	102,278,064	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	10,000	168,521,725	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	28,472,489	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	6,881,354	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	2,778,654	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	
		5.01	5.02	5.03	5.04	5.05	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	28,472,447	2,262,265	7,521,229	4,071,124	3,648,496	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,847.244700	0.002104	0.047678	0.002354	0.003380	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	85	6,963,564	433,073	192,929	223,954	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.008500	0.002104	0.002745	0.000112	0.000207	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	
		5.06	5.07	5.08	5.09	5.10	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB	1,203,937					5.06
5.07	ADMIN & GEN PT SERVICE	0	2,809,060,211				5.07
5.08	PERSONNEL DEPARTMENT	0	0	618,323			5.08
5.09	RESEARCH FACULTY	0	0	0	10,000		5.09
5.10	RESEARCH SPA	0	0	0	0	55,471,081	5.10
5.11	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	MAINTENANCE & REPAIRS	0	0	17,452	0	0	6.00
6.01	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	LAUNDRY & LINEN SERVICE	0	0	1,050	0	0	8.00
9.00	HOUSEKEEPING	0	0	29,230	0	0	9.00
10.00	DIETARY	0	0	1,395	0	0	10.00
10.01	PATIENT FOOD SERVICE	0	0	13,164	0	0	10.01
11.00	CAFETERIA	0	0	4,035	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	13,394	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	8,584	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	5,930	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	7,652	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	0	809	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	207	0	260	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	0	1,019	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	2,385	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	1,174	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	144	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	419	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	33	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	2,151	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	976	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	2,838	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	10,297	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	10,801	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	1,641	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	63,746	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,640	0	4,653	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,941	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	150	0	0	23.01
23.02	PARAMED DIETARY	0	0	315	0	0	23.02
23.03	PARAMED SPEECH	0	0	1,115	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	847	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	159	0	0	23.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	
		5.06	5.07	5.08	5.09	5.10	
23.06	PARAMED PASTORAL CARE	0	0	804	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	846	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	180	0	0	23.08
23.09	PARAMED PHARMACY	0	0	518	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	450	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	380	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	201,275,733	52,585	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	47,783,320	12,570	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	34,323,824	10,428	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	19,562,252	5,527	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	56,342,258	11,596	0	0	35.02
40.00	SUBPROVIDER - IPF	0	31,322,957	7,960	0	0	40.00
41.00	SUBPROVIDER - IRF	0	27,084,946	6,985	0	0	41.00
43.00	NURSERY	0	5,877,131	1,704	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	328,957,364	18,749	0	0	50.00
51.00	RECOVERY ROOM	0	27,663,996	2,965	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	21,237,744	4,665	0	0	52.00
53.00	ANESTHESIOLOGY	0	80,777,094	1,080	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	242,519,994	14,461	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	74,056,101	3,346	0	0	55.00
56.00	RADIOISOTOPE	0	25,766,757	756	0	0	56.00
60.00	LABORATORY	0	477,645,720	32,604	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	73,477,859	3,278	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	39,430,205	610	0	0	64.00
65.00	RESPIRATORY THERAPY	0	32,797,999	5,917	0	0	65.00
66.00	PHYSICAL THERAPY	0	25,112,082	5,145	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	16,191,992	3,665	0	0	67.00
68.00	SPEECH PATHOLOGY	0	6,579,536	1,647	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	63,025,016	3,463	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,918,306	1,616	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,335,510	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	199,675,038	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	404,666,846	0	0	0	73.00
74.00	RENAL DIALYSIS	0	1,947,429	365	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	9,004,320	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	7,241,881	1,855	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	113,347,161	21,234	0	0	90.00
91.00	EMERGENCY	0	83,068,840	7,939	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	5,460,000	1,494	0	0	105.00
106.00	HEART ACQUISITION	0	0	257	0	0	106.00
107.00	LIVER ACQUISITION	0	2,381,400	541	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	201,600	82	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,847	2,809,060,211	460,026	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	872	0	0	190.00
190.01	FUND RAISING	0	0	3,986	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	1,938	0	0	190.02
191.00	RESEARCH	0	0	36,715	0	42,615,948	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	12,786	0	12,855,133	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	1,132,003	0	4,676	10,000	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	67,087	0	70,085	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	10,560	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	5,949	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	2,433	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	8,297	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	242,498	57,492,471	5,803,722	13,682,278	8,963,737	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	
		5.06	5.07	5.08	5.09	5.10	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.201421	0.020467	9.386230	1,368.227800	0.161593	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	315,784	2,801,959	256,849	59,621	317,213	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.123666	0.000997	0.415396	5.962100	0.005719	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	
		5A.11	5.11	6.00	6.01	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION	-55,867,384	1,123,267,737				5.11
6.00	MAINTENANCE & REPAIRS	0	55,519,130	1,346,873			6.00
6.01	RENTED SPACE COSTS	0	78,785	0	10,000		6.01
8.00	LAUNDRY & LINEN SERVICE	0	3,843,765	8,653	0	3,538,761	8.00
9.00	HOUSEKEEPING	0	18,214,677	16,317	0	0	9.00
10.00	DIETARY	0	1,051,112	4,557	0	0	10.00
10.01	PATIENT FOOD SERVICE	0	10,438,307	17,298	0	0	10.01
11.00	CAFETERIA	0	2,077,161	30,951	0	0	11.00
13.00	NURSING ADMINISTRATION	0	8,356,644	9,569	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	522,787	748	0	0	14.00
15.00	PHARMACY	0	38,830,529	11,068	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,966,298	11,294	0	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	0	8,716,560	5,313	0	0	16.01
18.00	CLINICAL LAB ADMIN MED	0	1,732,665	1,363	0	0	18.00
18.01	CLINICAL LAB ADMIN PED	0	443,542	3,790	0	0	18.01
18.02	CLINICAL LAB ADMIN OB	0	1,755,616	2,731	0	0	18.02
18.03	CLINICAL LAB ADMIN SURG	0	3,282,859	8,594	0	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	759,081	149	0	0	18.04
18.05	CLINICAL LAB ADMIN PATH	0	1,068,869	11,261	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	492,892	4,077	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	423	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	1,640,111	3,433	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	2,012,872	1,180	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	1,170,474	0	2,380	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	7,539,660	63,013	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	11,539,405	10,943	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	633,241	0	0	0	19.00
20.00	NURSING SCHOOL	6,796,813	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	39,749,137	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,878,073	26,880	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	1,346,177	2,805	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	385,478	0	386	0	0	23.01
23.02	PARAMED DIETARY	76,756	0	416	0	0	23.02
23.03	PARAMED SPEECH	301,505	0	1,989	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	582,944	0	1,443	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	212,660	545	0	0	23.05

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	
		5A.11	5.11	6.00	6.01	8.00	
23.06	PARAMED PASTORAL CARE	0	656,485	2,076	0	0	23.06
23.07	PARAMED TECHNOLOGY	538,348	0	700	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	192,317	0	217	0	0	23.08
23.09	PARAMED PHARMACY	0	385,510	162	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	461,253	0	1,755	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	41,903	0	385	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	65,715,810	108,833	0	1,649,259	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	17,562,473	20,025	0	127,912	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	15,019,205	17,795	0	221,816	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	7,280,400	6,806	0	12,483	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	16,464,500	9,872	0	1,351	35.02
40.00	SUBPROVIDER - IPF	0	10,259,048	23,405	0	120,154	40.00
41.00	SUBPROVIDER - IRF	0	8,113,064	20,209	0	283,753	41.00
43.00	NURSERY	0	2,276,034	2,624	0	1,829	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	59,828,014	62,281	0	243,143	50.00
51.00	RECOVERY ROOM	0	4,214,204	4,415	0	26,449	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,728,063	8,542	0	15,157	52.00
53.00	ANESTHESIOLOGY	0	4,959,702	9,397	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,365,040	48,574	0	267,901	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	6,766,885	19,374	0	32,102	55.00
56.00	RADIOISOTOPE	0	2,936,955	8,933	0	27,467	56.00
60.00	LABORATORY	0	58,486,653	73,642	0	146,265	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	15,203,636	7,663	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	1,961,647	800	0	0	64.00
65.00	RESPIRATORY THERAPY	0	8,713,009	4,650	0	0	65.00
66.00	PHYSICAL THERAPY	0	5,297,890	14,248	0	19,228	66.00
67.00	OCCUPATIONAL THERAPY	0	3,679,669	8,777	0	0	67.00
68.00	SPEECH PATHOLOGY	0	2,193,657	7,675	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	7,228,299	9,618	0	3,499	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,795,066	4,346	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	750,015	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	49,474,500	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	32,366,693	0	0	0	73.00
74.00	RENAL DIALYSIS	0	689,179	1,230	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	2,250,059	1,352	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	3,119,222	1,516	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	33,604,151	94,512	0	60,867	90.00
91.00	EMERGENCY	0	11,564,327	14,894	0	248,548	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	6,669,524	1,556	0	0	105.00
106.00	HEART ACQUISITION	0	693,340	25	0	0	106.00
107.00	LIVER ACQUISITION	0	2,400,072	488	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	260,718	4	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-45,319,593	741,635,756	886,522	0	3,509,183	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,774,463	24,469	0	21,770	190.00
190.01	FUND RAISING	0	6,355,697	9,434	0	0	190.01
190.02	RUSH DAY SCHOOL	0	2,078,886	0	0	0	190.02
191.00	RESEARCH	0	64,965,349	116,092	10,000	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	18,524,132	14,780	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	25,706,265	23,705	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	180,200,193	223,269	0	7,808	192.00
194.00	MEDICAL COLLEGE	0	22,004,093	19,943	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	26,673,563	4,897	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	2,594,338	23,762	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	26,755,002	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		55,867,384	58,280,429	82,703	4,409,361	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	
		5A.11	5.11	6.00	6.01	8.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		0.049736	43.270916	8.270300	1.246018	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		5,105,297	8,064,528	523	422,819	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.004545	5.987593	0.052300	0.119482	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	
		9.00	10.00	10.01	11.00	13.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	1,321,903					9.00
10.00	DIETARY	4,557	10,000				10.00
10.01	PATIENT FOOD SERVICE	17,298	6,809	430,566			10.01
11.00	CAFETERIA	30,951	3,191	0	540,430		11.00
13.00	NURSING ADMINISTRATION	9,569	0	0	13,394	127,649	13.00
14.00	CENTRAL SERVICES & SUPPLY	748	0	0	0	0	14.00
15.00	PHARMACY	11,068	0	0	8,584	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	11,294	0	0	5,930	0	16.00
16.01	MEDICAL RECORDS & LIBRARY	5,313	0	0	7,652	0	16.01
18.00	CLINICAL LAB ADMIN MED	1,363	0	0	809	0	18.00
18.01	CLINICAL LAB ADMIN PED	3,790	0	0	260	0	18.01
18.02	CLINICAL LAB ADMIN OB	2,731	0	0	1,019	0	18.02
18.03	CLINICAL LAB ADMIN SURG	8,594	0	0	2,385	0	18.03
18.04	CLINICAL LAB ADMIN PSYCH	149	0	0	1,174	0	18.04
18.05	CLINICAL LAB ADMIN PATH	11,261	0	0	144	0	18.05
18.06	CLINICAL LAB ADMIN CARD	4,077	0	0	419	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	33	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	3,433	0	0	2,151	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	1,180	0	0	976	0	18.09
18.12	DISCRETIONARY OPERATIONS	2,380	0	0	2,838	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	63,013	0	0	10,297	0	18.14
18.16	NURSING SCHOOL SPLIT	10,943	0	0	10,801	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	1,641	1,641	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	63,746	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	26,880	0	0	4,653	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	2,805	0	0	1,941	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	386	0	0	150	0	23.01
23.02	PARAMED DIETARY	416	0	0	315	0	23.02
23.03	PARAMED SPEECH	1,989	0	0	1,115	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY	1,443	0	0	847	0	23.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	
		9.00	10.00	10.01	11.00	13.00	
23.05	PARAMED MEDICAL PHYSICS	545	0	0	159	0	23.05
23.06	PARAMED PASTORAL CARE	2,076	0	0	804	0	23.06
23.07	PARAMED TECHNOLOGY	700	0	0	846	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	217	0	0	180	0	23.08
23.09	PARAMED PHARMACY	162	0	0	518	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	1,755	0	0	450	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	385	0	0	380	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	108,833	0	286,911	52,585	51,860	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	20,025	0	24,624	12,570	6,385	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	17,795	0	22,492	10,428	9,955	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	6,806	0	8,678	5,527	5,497	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	9,872	0	0	11,596	11,521	35.02
40.00	SUBPROVIDER - IPF	23,405	0	47,133	7,960	6,615	40.00
41.00	SUBPROVIDER - IRF	20,209	0	40,728	6,985	6,885	41.00
43.00	NURSERY	2,624	0	0	1,704	1,704	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	62,281	0	0	18,749	14,873	50.00
51.00	RECOVERY ROOM	4,415	0	0	2,965	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,542	0	0	4,665	4,665	52.00
53.00	ANESTHESIOLOGY	9,397	0	0	1,080	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,574	0	0	14,461	2,060	54.00
55.00	RADIOLOGY-THERAPEUTIC	19,374	0	0	3,346	0	55.00
56.00	RADIOISOTOPE	8,933	0	0	756	0	56.00
60.00	LABORATORY	73,642	0	0	32,604	2,040	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,663	0	0	3,278	0	62.00
64.00	INTRAVENOUS THERAPY	800	0	0	610	0	64.00
65.00	RESPIRATORY THERAPY	4,650	0	0	5,917	0	65.00
66.00	PHYSICAL THERAPY	14,248	0	0	5,145	0	66.00
67.00	OCCUPATIONAL THERAPY	8,777	0	0	3,665	0	67.00
68.00	SPEECH PATHOLOGY	7,675	0	0	1,647	0	68.00
69.00	ELECTROCARDIOLOGY	9,618	0	0	3,463	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,346	0	0	1,616	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	1,230	0	0	365	0	74.00
76.00	RENAL DIALYSIS I/P	1,352	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	1,516	0	0	1,855	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	94,512	0	0	21,234	0	90.00
91.00	EMERGENCY	14,894	0	0	7,939	10	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	1,556	0	0	1,494	0	105.00
106.00	HEART ACQUISITION	25	0	0	257	0	106.00
107.00	LIVER ACQUISITION	488	0	0	541	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	4	0	0	82	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	861,552	10,000	430,566	393,700	125,711	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,469	0	0	872	0	190.00
190.01	FUND RAISING	9,434	0	0	3,986	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	1,938	1,938	190.02
191.00	RESEARCH	116,092	0	0	36,715	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	14,780	0	0	12,786	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	23,705	0	0	4,676	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	223,269	0	0	70,085	0	192.00
194.00	MEDICAL COLLEGE	19,943	0	0	10,560	0	194.00
194.01	AFFIL CORP ARC VENTURES	4,897	0	0	2,679	0	194.01
194.02	AFFIL CORP ROOM 500	23,762	0	0	2,433	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	
		9.00	10.00	10.01	11.00	13.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	19,826,654	1,368,924	12,897,512	4,420,794	9,439,415	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	14.998569	136.892400	29.954785	8.180142	73.948210	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	980,138	214,033	1,401,090	1,603,357	500,766	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.741460	21.403300	3.254066	2.966817	3.922992	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)		
		14.00	15.00	16.00	16.01		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY	484,131					14.00
15.00	PHARMACY	0	24,089,581				15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	10,000			16.00
16.01	MEDICAL RECORDS & LIBRARY	0	0	6,053	1,729,520,672		16.01
18.00	CLINICAL LAB ADMIN MED	0	0	0	0		18.00
18.01	CLINICAL LAB ADMIN PED	0	0	0	0		18.01
18.02	CLINICAL LAB ADMIN OB	0	0	0	0		18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	0		18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0		18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0		18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0		18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0		18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0		18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0		18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0		18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0		18.14
18.16	NURSING SCHOOL SPLIT	0	68	0	0		18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	42	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,489	0	0		22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0		23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0		23.01
23.02	PARAMED DIETARY	0	0	0	0		23.02
23.03	PARAMED SPEECH	0	0	0	0		23.03
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0		23.04

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)		
		14.00	15.00	16.00	16.01		
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0		23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0		23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0		23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0		23.08
23.09	PARAMED PHARMACY	0	0	0	0		23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0		23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	46	0	193,177,748		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	47,769,090		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	34,031,687		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	17,634,692		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	15	0	56,342,258		35.02
40.00	SUBPROVIDER - IPF	0	0	0	31,322,957		40.00
41.00	SUBPROVIDER - IRF	0	0	0	27,084,946		41.00
43.00	NURSERY	0	0	0	5,877,131		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	5,162	0	228,652,596		50.00
51.00	RECOVERY ROOM	0	32	0	16,668,410		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	18,088,163		52.00
53.00	ANESTHESIOLOGY	0	0	0	51,442,417		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	420,782	0	125,060,906		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	4,842	0	7,404,368		55.00
56.00	RADIOISOTOPE	0	166	0	5,288,775		56.00
60.00	LABORATORY	0	35,433	0	244,067,955		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	202,914	0	58,664,485		62.00
64.00	INTRAVENOUS THERAPY	0	0	0	38,534,265		64.00
65.00	RESPIRATORY THERAPY	0	993	0	31,789,389		65.00
66.00	PHYSICAL THERAPY	0	0	0	17,372,369		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	13,842,549		67.00
68.00	SPEECH PATHOLOGY	0	0	0	3,515,098		68.00
69.00	ELECTROCARDIOLOGY	0	73	0	30,619,828		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	11,026,573		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	484,131	0	0	8,840,185		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	147,964,207		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	23,005,978	0	212,003,076		73.00
74.00	RENAL DIALYSIS	0	37,207	0	0		74.00
76.00	RENAL DIALYSIS I/P	0	0	0	9,004,320		76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	5,282		76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	39,192	0	2,086,056		90.00
91.00	EMERGENCY	0	6,881	3,947	26,295,891		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	5,460,000		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	2,381,400		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	201,600		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0		112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	484,131	23,766,315	10,000	1,729,520,672		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	FUND RAISING	0	0	0	0		190.01
190.02	RUSH DAY SCHOOL	0	0	0	0		190.02
191.00	RESEARCH	0	0	0	0		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	94,948	0	0		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	118,751	0	0		192.00
194.00	MEDICAL COLLEGE	0	298	0	0		194.00
194.01	AFFIL CORP ARC VENTURES	0	109,269	0	0		194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0		194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0		194.03
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)		
		14.00	15.00	16.00	16.01		
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	592,374	41,476,948	8,019,378	14,376,396		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.223582	1.721780	801.937800	0.008312		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	34,349	1,103,700	553,650	635,682		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.070950	0.045816	55.365000	0.000368		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	
		18.00	18.01	18.02	18.03	18.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED	21,150					18.00
18.01	CLINICAL LAB ADMIN PED	0	10,249				18.01
18.02	CLINICAL LAB ADMIN OB	0	0	19,366			18.02
18.03	CLINICAL LAB ADMIN SURG	0	0	0	27,244		18.03
18.04	CLINICAL LAB ADMIN PSYCH	0	0	0	0	2,624	18.04
18.05	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	
		18.00	18.01	18.02	18.03	18.04	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	3,780	2,555	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	5,497	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	65	11,531	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	5,570	0	50.00
51.00	RECOVERY ROOM	0	0	0	2,965	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	4,665	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	805	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,815	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,146	0	55.00
56.00	RADIOISOTOPE	0	0	0	756	0	56.00
60.00	LABORATORY	1,898	552	615	2,230	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,328	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	610	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,733	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,295	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	1,820	67.00
68.00	SPEECH PATHOLOGY	0	0	0	583	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	10	355	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	494	0	0	0	804	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	333	0	0	0	0	90.00
91.00	EMERGENCY	7,449	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	1,494	0	105.00
106.00	HEART ACQUISITION	0	0	0	257	0	106.00
107.00	LIVER ACQUISITION	0	0	0	541	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	82	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,150	10,249	19,366	27,244	2,624	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN MED (FTES CLA MED)	CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	
		18.00	18.01	18.02	18.03	18.04	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,904,880	688,571	2,010,403	3,966,413	815,120	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	90.065248	67.184213	103.810957	145.588497	310.640244	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	75,302	171,029	130,257	412,978	120,162	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.560378	16.687384	6.726066	15.158494	45.793445	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	
		18.05	18.06	18.07	18.08	18.09	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH	2,341					18.05
18.06	CLINICAL LAB ADMIN CARD	0	2,988				18.06
18.07	CLINICAL LAB ADMIN HEMAT	0	0	3,998			18.07
18.08	CLINICAL LAB ADMIN NEUR	0	0	0	1,616		18.08
18.09	CLINICAL LAB ADMIN OCLS	0	0	0	0	17,919	18.09
18.12	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	PARAMED SPEECH	0	0	0	0	0	23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	
		18.05	18.06	18.07	18.08	18.09	
23.04	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	LABORATORY	2,341	2,058	1,120	0	15,041	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,878	0	2,878	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	930	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,616	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,341	2,988	3,998	1,616	17,919	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

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	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	
		18.05	18.06	18.07	18.08	18.09	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,779,381	758,398	714	1,939,318	2,189,726	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	760.094404	253.814592	0.178589	1,200.073020	122.201351	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	506,268	187,083	139	167,857	69,727	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	216.261427	62.611446	0.002501	103.871906	3.891233	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	
		18.12	18.14	18.16	19.00	20.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS	492,662					18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT	10,297	60,524				18.14
18.16	NURSING SCHOOL SPLIT	10,801	24,231	10,000			18.16
19.00	NONPHYSICIAN ANESTHETISTS	1,641	0	0	10,000		19.00
20.00	NURSING SCHOOL	0	0	4,491		10,898	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	63,746	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,653	0	0			22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT	1,941	1,717	0			23.00
23.01	PARAMED MEDICAL PERFUSION TECH	150	1,336	0			23.01
23.02	PARAMED DIETARY	315	910	0			23.02

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	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	
		18.12	18.14	18.16	19.00	20.00	
23.03	PARAMED SPEECH	1,115	3,677	0			23.03
23.04	PARAMED OCCUPATIONAL THERAPY	847	3,547	0			23.04
23.05	PARAMED MEDICAL PHYSICS	159	0	0			23.05
23.06	PARAMED PASTORAL CARE	804	0	0			23.06
23.07	PARAMED TECHNOLOGY	846	3,468	0			23.07
23.08	PARAMED VASCULAR ULTRASOUND	180	1,193	0			23.08
23.09	PARAMED PHARMACY	518	0	0			23.09
23.10	PARAMED RESPIRATORY THERAPY	450	2,133	0			23.10
23.11	PARAMED PHYSICIANS ASSISTANT	380	1,224	0			23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	52,585	0	0		9,058	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	12,570	0	0		247	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	10,428	0	0		0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	5,527	0	0		137	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	11,596	0	0		166	35.02
40.00	SUBPROVIDER - IPF	7,960	0	0		8	40.00
41.00	SUBPROVIDER - IRF	6,985	0	0		0	41.00
43.00	NURSERY	1,704	0	0		0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	18,749	0	0	0	0	50.00
51.00	RECOVERY ROOM	2,965	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,665	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,080	0	0	10,000	1,282	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,461	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,346	0	0	0	0	55.00
56.00	RADIOISOTOPE	756	0	0	0	0	56.00
60.00	LABORATORY	32,604	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,278	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	610	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,917	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	5,145	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	3,665	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	1,647	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,463	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,616	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	365	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	1,855	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	21,234	0	0	0	0	90.00
91.00	EMERGENCY	7,939	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	1,494	0	0	0	0	105.00
106.00	HEART ACQUISITION	257	0	0	0	0	106.00
107.00	LIVER ACQUISITION	541	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	82	0	0	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	345,932	43,436	4,491	10,000	10,898	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	872	535	5,509	0	0	190.00
190.01	FUND RAISING	3,986	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	1,938	0	0	0	0	190.02
191.00	RESEARCH	36,715	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	12,786	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	4,676	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	70,085	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	10,560	16,553	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	OTHER GENERAL SERVICE					
		DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	
		18.12	18.14	18.16	19.00	20.00	
194.01	AFFIL CORP ARC VENTURES	2,679	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	2,433	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	-1,008,577	11,670,619	17,511,817	799,581	1,067,744	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	192.826300	1,751.181700	79.958100	97.976142	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	140,580	2,350,411	1,461,395	16,482	656,312	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.285348	38.834363	146.139500	1.648200	8.176271	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	
		21.00	22.00	23.00	23.01	23.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42,179					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		42,179				22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT			402,966,616			23.00
23.01	PARAMED MEDICAL PERFUSION TECH			0	10,000		23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	
		21.00	22.00	23.00	23.01	23.02	
23.02	PARAMED DIETARY			0	0	430,566	23.02
23.03	PARAMED SPEECH			0	0	0	23.03
23.04	PARAMED OCCUPATIONAL THERAPY			0	0	0	23.04
23.05	PARAMED MEDICAL PHYSICS			0	0	0	23.05
23.06	PARAMED PASTORAL CARE			0	0	0	23.06
23.07	PARAMED TECHNOLOGY			0	0	0	23.07
23.08	PARAMED VASCULAR ULTRASOUND			0	0	0	23.08
23.09	PARAMED PHARMACY			0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY			0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT			0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,637	7,637	65,395,190	0	286,911	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,172	1,172	16,686,817	0	24,624	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	2,359	2,359	14,921,355	0	22,492	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	577	577	6,981,772	0	8,678	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	756	756	15,630,156	0	0	35.02
40.00	SUBPROVIDER - IPF	774	774	10,398,433	0	47,133	40.00
41.00	SUBPROVIDER - IRF	462	462	8,548,824	0	40,728	41.00
43.00	NURSERY	85	85	20	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,734	2,734	90,695,648	0	0	50.00
51.00	RECOVERY ROOM	0	0	3,588,754	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	318	318	6,527,059	0	0	52.00
53.00	ANESTHESIOLOGY	2,815	2,815	6,345,392	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,149	3,149	23,075,599	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	601	601	5,466,597	0	0	55.00
56.00	RADIOISOTOPE	509	509	2,668,685	0	0	56.00
60.00	LABORATORY	1,617	1,617	52,114,365	10,000	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	139	139	13,778,449	0	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	1,085,577	0	0	64.00
65.00	RESPIRATORY THERAPY	116	116	8,069,138	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	5,154,804	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	3,563,900	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	2,336,173	0	0	68.00
69.00	ELECTROCARDIOLOGY	398	398	12,451,072	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,657,889	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	125	125	2,699,489	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	2,148	2,148	2,835,803	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	6,468	6,468	243,106	0	0	90.00
91.00	EMERGENCY	743	743	10,112,307	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	100	100	6,595,585	0	0	105.00
106.00	HEART ACQUISITION	0	0	722,683	0	0	106.00
107.00	LIVER ACQUISITION	0	0	2,360,900	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	255,075	0	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,802	35,802	402,966,616	10,000	430,566	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	2,537	2,537	0	0	0	191.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	
		21.00	22.00	23.00	23.01	23.02	
192.00	PHYSICIANS' PRIVATE OFFICES	3,840	3,840	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	42,247,551	10,935,152	1,923,537	-104,143	125,533	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,001.625240	259.255838	0.004773	0.000000	0.291553	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	516,883	1,475,907	208,641	69,444	55,921	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	12.254511	34.991512	0.000518	6.944400	0.053307	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	
		23.03	23.04	23.05	23.06	23.07	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH	10,000					23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	
		23.03	23.04	23.05	23.06	23.07	
23.04	PARAMED OCCUPATIONAL THERAPY	0	10,000				23.04
23.05	PARAMED MEDICAL PHYSICS	0	0	10,000			23.05
23.06	PARAMED PASTORAL CARE	0	0	0	402,966,616		23.06
23.07	PARAMED TECHNOLOGY	0	0	0	0	10,000	23.07
23.08	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	65,395,190	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	16,686,817	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	14,921,355	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,981,772	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	15,630,156	0	35.02
40.00	SUBPROVIDER - IPF	0	0	0	10,398,433	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	8,548,824	0	41.00
43.00	NURSERY	0	0	0	20	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	90,695,648	0	50.00
51.00	RECOVERY ROOM	0	0	0	3,588,754	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	6,527,059	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	6,345,392	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	5,000	23,075,599	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	5,000	5,466,597	0	55.00
56.00	RADIOISOTOPE	0	0	0	2,668,685	0	56.00
60.00	LABORATORY	0	0	0	52,114,365	10,000	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	13,778,449	0	62.00
64.00	INTRAVENOUS THERAPY	0	0	0	1,085,577	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	8,069,138	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	5,154,804	0	66.00
67.00	OCCUPATIONAL THERAPY	0	10,000	0	3,563,900	0	67.00
68.00	SPEECH PATHOLOGY	10,000	0	0	2,336,173	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	12,451,072	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,657,889	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	2,699,489	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	2,835,803	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	243,106	0	90.00
91.00	EMERGENCY	0	0	0	10,112,307	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	6,595,585	0	105.00
106.00	HEART ACQUISITION	0	0	0	722,683	0	106.00
107.00	LIVER ACQUISITION	0	0	0	2,360,900	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	255,075	0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	10,000	402,966,616	10,000	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	FUND RAISING	0	0	0	0	0	190.01
190.02	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	
		23.03	23.04	23.05	23.06	23.07	
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	532,536	192,023	256,295	816,680	178,083	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	53.253600	19.202300	25.629500	0.002027	17.808300	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	224,392	195,006	41,120	88,600	165,766	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.255700	3.754200	4.112000	0.000220	3.130100	205.00

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	Cost Center Description	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
		23.08	23.09	23.10	23.11		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	DEPRECIATION OLD HOSPITAL						1.01
1.02	DEPRECIATION DIRECT BLDG						1.02
1.03	DEPRECIATION KELLOGG PAV						1.03
1.04	DEPRECIATION JELKE SOUTH						1.04
1.05	DEPRECIATION ATRIUM PAV						1.05
1.06	DEPRECIATION PRO BLDG NORTH						1.06
1.07	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	DEPRECIATION WOOD ST						1.08
1.09	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	DEPRECIATION PRO BLDG III						1.10
1.11	DEPRECIATION JRB						1.11
1.12	DEPRECIATION TOB						1.12
1.13	DEPRECIATION EQUIPMENT						1.13
1.14	DEPRECIATION ORTHOPEDICS						1.14
1.15	DEPRECIATION KIDSTON						1.15
1.16	DEPRECIATION COHN						1.16
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	INTEREST GENERAL						2.01
2.02	INTEREST DIRECT BLDG						2.02
2.03	INTEREST ATRUM PAV						2.03
2.04	INTEREST PRO BLDG SOUTH						2.04
2.05	INTEREST TOB						2.05
2.06	INTEREST PRO BLDG III						2.06
4.00	EMPLOYEE BENEFITS						4.00
5.01	TRANSITION RECRUITMENT						5.01
5.02	PARKING GARAGE						5.02
5.03	RESEARCH ADMINISTRATION						5.03
5.04	ADMIN & GEN INPT SERVICE						5.04
5.05	ADMIN & GEN OUTPT SERVICE						5.05
5.06	ADMIN & GEN ANIMAL LAB						5.06
5.07	ADMIN & GEN PT SERVICE						5.07
5.08	PERSONNEL DEPARTMENT						5.08
5.09	RESEARCH FACULTY						5.09
5.10	RESEARCH SPA						5.10
5.11	CORPORATE ADMINISTRATION						5.11
6.00	MAINTENANCE & REPAIRS						6.00
6.01	RENTED SPACE COSTS						6.01
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
10.01	PATIENT FOOD SERVICE						10.01
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
16.01	MEDICAL RECORDS & LIBRARY						16.01
18.00	CLINICAL LAB ADMIN MED						18.00
18.01	CLINICAL LAB ADMIN PED						18.01
18.02	CLINICAL LAB ADMIN OB						18.02
18.03	CLINICAL LAB ADMIN SURG						18.03
18.04	CLINICAL LAB ADMIN PSYCH						18.04
18.05	CLINICAL LAB ADMIN PATH						18.05
18.06	CLINICAL LAB ADMIN CARD						18.06
18.07	CLINICAL LAB ADMIN HEMAT						18.07
18.08	CLINICAL LAB ADMIN NEUR						18.08
18.09	CLINICAL LAB ADMIN OCLS						18.09
18.12	DISCRETIONARY OPERATIONS						18.12
18.14	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	NURSING SCHOOL SPLIT						18.16
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	PARAMED DIETARY						23.02
23.03	PARAMED SPEECH						23.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
		23.08	23.09	23.10	23.11		
23.04	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	PARAMED MEDICAL PHYSICS						23.05
23.06	PARAMED PASTORAL CARE						23.06
23.07	PARAMED TECHNOLOGY						23.07
23.08	PARAMED VASCULAR ULTRASOUND	10,000					23.08
23.09	PARAMED PHARMACY	0	10,000				23.09
23.10	PARAMED RESPIRATORY THERAPY	0	0	10,000			23.10
23.11	PARAMED PHYSICIANS ASSISTANT	0	0	0	402,966,616		23.11
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	65,395,190		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	16,686,817		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0	0	14,921,355		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,981,772		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0	0	15,630,156		35.02
40.00	SUBPROVIDER - IPF	0	0	0	10,398,433		40.00
41.00	SUBPROVIDER - IRF	0	0	0	8,548,824		41.00
43.00	NURSERY	0	0	0	20		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	90,695,648		50.00
51.00	RECOVERY ROOM	0	0	0	3,588,754		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	6,527,059		52.00
53.00	ANESTHESIOLOGY	0	0	0	6,345,392		53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,000	0	0	23,075,599		54.00
55.00	RADIOLOGY-THERAPEUTIC	5,000	0	0	5,466,597		55.00
56.00	RADIOISOTOPE	0	0	0	2,668,685		56.00
60.00	LABORATORY	0	0	0	52,114,365		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	13,778,449		62.00
64.00	INTRAVENOUS THERAPY	0	0	0	1,085,577		64.00
65.00	RESPIRATORY THERAPY	0	0	10,000	8,069,138		65.00
66.00	PHYSICAL THERAPY	0	0	0	5,154,804		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	3,563,900		67.00
68.00	SPEECH PATHOLOGY	0	0	0	2,336,173		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	12,451,072		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,657,889		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	10,000	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	2,699,489		74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0		76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	2,835,803		76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	243,106		90.00
91.00	EMERGENCY	0	0	0	10,112,307		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	6,595,585		105.00
106.00	HEART ACQUISITION	0	0	0	722,683		106.00
107.00	LIVER ACQUISITION	0	0	0	2,360,900		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	255,075		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0		112.00
114.00	UTILIZATION REVIEW - SNF	0	0	0	0		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,000	10,000	10,000	402,966,616		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01	FUND RAISING	0	0	0	0		190.01
190.02	RUSH DAY SCHOOL	0	0	0	0		190.02
191.00	RESEARCH	0	0	0	0		191.00
191.01	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0		191.01
191.02	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0		191.02
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	MEDICAL COLLEGE	0	0	0	0		194.00
194.01	AFFIL CORP ARC VENTURES	0	0	0	0		194.01
194.02	AFFIL CORP ROOM 500	0	0	0	0		194.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
		23.08	23.09	23.10	23.11		
194.03	AFFIL CORP JOINT VENTURES	0	0	0	0		194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	51,842	418,361	55,988	219,657		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.184200	41.836100	5.598800	0.000545		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	56,326	15,471	162,737	66,467		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.951500	1.547100	1.328800	0.000096		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-2 | Date/Time Prepared: 1/11/2012 3:39 pm

	Description	Worksheet Part	Worksheet Line No.	Amount	
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	-29,189	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	93,816,780		93,816,780	9,601	93,826,381	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	21,625,777		21,625,777	0	21,625,777	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	18,973,720		18,973,720	138,457	19,112,177	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	9,349,413		9,349,413	0	9,349,413	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	20,607,932		20,607,932	83,228	20,691,160	35.02
40.00	SUBPROVIDER - IPF	14,600,203		14,600,203	0	14,600,203	40.00
41.00	SUBPROVIDER - IRF	12,133,768		12,133,768	0	12,133,768	41.00
43.00	NURSERY	2,733,211		2,733,211	0	2,733,211	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	71,375,486		71,375,486	0	71,375,486	50.00
51.00	RECOVERY ROOM	5,334,904		5,334,904	0	5,334,904	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,645,010		8,645,010	0	8,645,010	52.00
53.00	ANESTHESIOLOGY	7,279,353		7,279,353	0	7,279,353	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,482,070		34,482,070	114,961	34,597,031	54.00
55.00	RADIOLOGY-THERAPEUTIC	9,021,851		9,021,851	0	9,021,851	55.00
56.00	RADIOISOTOPE	3,817,868		3,817,868	0	3,817,868	56.00
60.00	LABORATORY	73,674,119		73,674,119	49,391	73,723,510	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,933,214		17,933,214	0	17,933,214	62.00
64.00	INTRAVENOUS THERAPY	2,494,027		2,494,027	0	2,494,027	64.00
65.00	RESPIRATORY THERAPY	10,363,257	0	10,363,257	0	10,363,257	65.00
66.00	PHYSICAL THERAPY	6,846,616	0	6,846,616	0	6,846,616	66.00
67.00	OCCUPATIONAL THERAPY	5,302,715	0	5,302,715	0	5,302,715	67.00
68.00	SPEECH PATHOLOGY	3,427,242	0	3,427,242	0	3,427,242	68.00
69.00	ELECTROCARDIOLOGY	8,763,069		8,763,069	283,426	9,046,495	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,193,952		4,193,952	0	4,193,952	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,453,172		1,453,172	0	1,453,172	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	53,165,042		53,165,042	0	53,165,042	72.00
73.00	DRUGS CHARGED TO PATIENTS	75,768,235		75,768,235	0	75,768,235	73.00
74.00	RENAL DIALYSIS	877,565		877,565	0	877,565	74.00
76.00	RENAL DIALYSIS I/P	2,515,592		2,515,592	0	2,515,592	76.00
76.01	PSYCH DAY HOSPITAL	3,692,991		3,692,991	0	3,692,991	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	41,148,787		41,148,787	0	41,148,787	90.00
91.00	EMERGENCY	17,523,569		17,523,569	20,674	17,544,243	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,676,218		3,676,218		3,676,218	92.00
93.00	BEHAVIORAL HEALTH	0		0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	7,415,466		7,415,466		7,415,466	105.00
106.00	HEART ACQUISITION	774,107		774,107		774,107	106.00
107.00	LIVER ACQUISITION	2,668,201		2,668,201		2,668,201	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	290,076		290,076		290,076	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	677,764,578	0	677,764,578	699,738	678,464,316	200.00
201.00	Less Observation Beds	3,676,218		3,676,218		3,676,218	201.00
202.00	Total (see instructions)	674,088,360	0	674,088,360	699,738	674,788,098	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm

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	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	193,177,748		193,177,748			30.00
34.00	SURGICAL INTENSIVE CARE UNIT	47,769,090		47,769,090			34.00
35.00	MEDICAL INTENSIVE CARE UNIT	34,031,687		34,031,687			35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	17,634,692		17,634,692			35.01
35.02	PREMATURE INTENSIVE CARE UNIT	56,342,258		56,342,258			35.02
40.00	SUBPROVIDER - IPF	31,322,957		31,322,957			40.00
41.00	SUBPROVIDER - IRF	27,084,946		27,084,946			41.00
43.00	NURSERY	5,877,131		5,877,131			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	228,652,596	100,304,768	328,957,364	0.216975	0.000000	50.00
51.00	RECOVERY ROOM	16,668,410	10,995,586	27,663,996	0.192846	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,088,163	3,149,581	21,237,744	0.407059	0.000000	52.00
53.00	ANESTHESIOLOGY	51,442,417	29,334,677	80,777,094	0.090117	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	125,060,906	117,459,088	242,519,994	0.142182	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,404,368	66,651,733	74,056,101	0.121825	0.000000	55.00
56.00	RADIOISOTOPE	5,288,775	20,477,982	25,766,757	0.148170	0.000000	56.00
60.00	LABORATORY	244,067,955	233,577,765	477,645,720	0.154244	0.000000	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	58,664,485	14,813,374	73,477,859	0.244063	0.000000	62.00
64.00	INTRAVENOUS THERAPY	38,534,265	895,940	39,430,205	0.063252	0.000000	64.00
65.00	RESPIRATORY THERAPY	31,789,389	1,008,610	32,797,999	0.315972	0.000000	65.00
66.00	PHYSICAL THERAPY	17,372,369	7,739,713	25,112,082	0.272642	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	13,842,549	2,349,443	16,191,992	0.327490	0.000000	67.00
68.00	SPEECH PATHOLOGY	3,515,098	3,064,438	6,579,536	0.520894	0.000000	68.00
69.00	ELECTROCARDIOLOGY	30,619,828	32,405,188	63,025,016	0.139041	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	11,026,573	1,891,733	12,918,306	0.324652	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,840,185	1,495,325	10,335,510	0.140600	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	147,964,207	51,710,831	199,675,038	0.266258	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	212,003,076	192,663,770	404,666,846	0.187236	0.000000	73.00
74.00	RENAL DIALYSIS	0	1,947,429	1,947,429	0.450627	0.000000	74.00
76.00	RENAL DIALYSIS I/P	9,004,320	0	9,004,320	0.279376	0.000000	76.00
76.01	PSYCH DAY HOSPITAL	5,282	7,236,599	7,241,881	0.509949	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,086,056	111,261,105	113,347,161	0.363033	0.000000	90.00
91.00	EMERGENCY	26,295,891	56,772,949	83,068,840	0.210952	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,331,912	10,331,912	0.355812	0.000000	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	5,460,000	0	5,460,000			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	2,381,400	0	2,381,400			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	201,600	0	201,600			109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	1,729,520,672	1,079,539,539	2,809,060,211			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,729,520,672	1,079,539,539	2,809,060,211			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio 11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	ADULTS & PEDIATRICS		30.00
34.00	SURGICAL INTENSIVE CARE UNIT		34.00
35.00	MEDICAL INTENSIVE CARE UNIT		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT		35.01
35.02	PREMATURE INTENSIVE CARE UNIT		35.02
40.00	SUBPROVIDER - IPF		40.00
41.00	SUBPROVIDER - IRF		41.00
43.00	NURSERY		43.00
	ANCILLARY SERVICE COST CENTERS		
50.00	OPERATING ROOM	0.216975	50.00
51.00	RECOVERY ROOM	0.192846	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.407059	52.00
53.00	ANESTHESIOLOGY	0.090117	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.142656	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.121825	55.00
56.00	RADIOISOTOPE	0.148170	56.00
60.00	LABORATORY	0.154348	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244063	62.00
64.00	INTRAVENOUS THERAPY	0.063252	64.00
65.00	RESPIRATORY THERAPY	0.315972	65.00
66.00	PHYSICAL THERAPY	0.272642	66.00
67.00	OCCUPATIONAL THERAPY	0.327490	67.00
68.00	SPEECH PATHOLOGY	0.520894	68.00
69.00	ELECTROCARDIOLOGY	0.143538	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.324652	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140600	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.266258	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.187236	73.00
74.00	RENAL DIALYSIS	0.450627	74.00
76.00	RENAL DIALYSIS I/P	0.279376	76.00
76.01	PSYCH DAY HOSPITAL	0.509949	76.01
	OUTPATIENT SERVICE COST CENTERS		
90.00	CLINIC	0.363033	90.00
91.00	EMERGENCY	0.211201	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.355812	92.00
93.00	BEHAVIORAL HEALTH	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS		
94.00	HOME PROGRAM DIALYSIS	0.000000	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM		100.00
	SPECIAL PURPOSE COST CENTERS		
105.00	KIDNEY ACQUISITION		105.00
106.00	HEART ACQUISITION		106.00
107.00	LIVER ACQUISITION		107.00
108.00	LUNG ACQUISITION		108.00
109.00	PANCREAS ACQUISITION		109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)		112.00
114.00	UTILIZATION REVIEW - SNF		114.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm

Title XIX | Hospital

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	93,816,780		93,816,780	0	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	21,625,777		21,625,777	0	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	18,973,720		18,973,720	0	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	9,349,413		9,349,413	0	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	20,607,932		20,607,932	0	0	35.02
40.00	SUBPROVIDER - IPF	14,600,203		14,600,203	0	0	40.00
41.00	SUBPROVIDER - IRF	12,133,768		12,133,768	0	0	41.00
43.00	NURSERY	2,733,211		2,733,211	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	71,375,486		71,375,486	0	0	50.00
51.00	RECOVERY ROOM	5,334,904		5,334,904	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,645,010		8,645,010	0	0	52.00
53.00	ANESTHESIOLOGY	7,279,353		7,279,353	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,482,070		34,482,070	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	9,021,851		9,021,851	0	0	55.00
56.00	RADIOISOTOPE	3,817,868		3,817,868	0	0	56.00
60.00	LABORATORY	73,674,119		73,674,119	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	17,933,214		17,933,214	0	0	62.00
64.00	INTRAVENOUS THERAPY	2,494,027		2,494,027	0	0	64.00
65.00	RESPIRATORY THERAPY	10,363,257	0	10,363,257	0	0	65.00
66.00	PHYSICAL THERAPY	6,846,616	0	6,846,616	0	0	66.00
67.00	OCCUPATIONAL THERAPY	5,302,715	0	5,302,715	0	0	67.00
68.00	SPEECH PATHOLOGY	3,427,242	0	3,427,242	0	0	68.00
69.00	ELECTROCARDIOLOGY	8,763,069		8,763,069	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,193,952		4,193,952	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,453,172		1,453,172	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	53,165,042		53,165,042	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	75,768,235		75,768,235	0	0	73.00
74.00	RENAL DIALYSIS	877,565		877,565	0	0	74.00
76.00	RENAL DIALYSIS I/P	2,515,592		2,515,592	0	0	76.00
76.01	PSYCH DAY HOSPITAL	3,692,991		3,692,991	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	41,148,787		41,148,787	0	0	90.00
91.00	EMERGENCY	17,523,569		17,523,569	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		0	92.00
93.00	BEHAVIORAL HEALTH	0		0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	7,415,466		7,415,466		0	105.00
106.00	HEART ACQUISITION	774,107		774,107		0	106.00
107.00	LIVER ACQUISITION	2,668,201		2,668,201		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	290,076		290,076		0	109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	674,088,360	0	674,088,360	0	0	200.00
201.00	Less Observation Beds	0		0		0	201.00
202.00	Total (see instructions)	674,088,360	0	674,088,360	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm

Title XIX | Hospital

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	193,177,748		193,177,748			30.00
34.00	SURGICAL INTENSIVE CARE UNIT	47,769,090		47,769,090			34.00
35.00	MEDICAL INTENSIVE CARE UNIT	34,031,687		34,031,687			35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	17,634,692		17,634,692			35.01
35.02	PREMATURE INTENSIVE CARE UNIT	56,342,258		56,342,258			35.02
40.00	SUBPROVIDER - IPF	31,322,957		31,322,957			40.00
41.00	SUBPROVIDER - IRF	27,084,946		27,084,946			41.00
43.00	NURSERY	5,877,131		5,877,131			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	228,652,596	100,304,768	328,957,364	0.216975	0.000000	50.00
51.00	RECOVERY ROOM	16,668,410	10,995,586	27,663,996	0.192846	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,088,163	3,149,581	21,237,744	0.407059	0.000000	52.00
53.00	ANESTHESIOLOGY	51,442,417	29,334,677	80,777,094	0.090117	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	125,060,906	117,459,088	242,519,994	0.142182	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,404,368	66,651,733	74,056,101	0.121825	0.000000	55.00
56.00	RADIOISOTOPE	5,288,775	20,477,982	25,766,757	0.148170	0.000000	56.00
60.00	LABORATORY	244,067,955	233,577,765	477,645,720	0.154244	0.000000	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	58,664,485	14,813,374	73,477,859	0.244063	0.000000	62.00
64.00	INTRAVENOUS THERAPY	38,534,265	895,940	39,430,205	0.063252	0.000000	64.00
65.00	RESPIRATORY THERAPY	31,789,389	1,008,610	32,797,999	0.315972	0.000000	65.00
66.00	PHYSICAL THERAPY	17,372,369	7,739,713	25,112,082	0.272642	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	13,842,549	2,349,443	16,191,992	0.327490	0.000000	67.00
68.00	SPEECH PATHOLOGY	3,515,098	3,064,438	6,579,536	0.520894	0.000000	68.00
69.00	ELECTROCARDIOLOGY	30,619,828	32,405,188	63,025,016	0.139041	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	11,026,573	1,891,733	12,918,306	0.324652	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,840,185	1,495,325	10,335,510	0.140600	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	147,964,207	51,710,831	199,675,038	0.266258	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	212,003,076	192,663,770	404,666,846	0.187236	0.000000	73.00
74.00	RENAL DIALYSIS	0	1,947,429	1,947,429	0.450627	0.000000	74.00
76.00	RENAL DIALYSIS I/P	9,004,320	0	9,004,320	0.279376	0.000000	76.00
76.01	PSYCH DAY HOSPITAL	5,282	7,236,599	7,241,881	0.509949	0.000000	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	2,086,056	111,261,105	113,347,161	0.363033	0.000000	90.00
91.00	EMERGENCY	26,295,891	56,772,949	83,068,840	0.210952	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,331,912	10,331,912	0.000000	0.000000	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	5,460,000	0	5,460,000			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	2,381,400	0	2,381,400			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	201,600	0	201,600			109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	UTILIZATION REVIEW - SNF						114.00
200.00	Subtotal (see instructions)	1,729,520,672	1,079,539,539	2,809,060,211			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,729,520,672	1,079,539,539	2,809,060,211			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XIX	Hospital	

	Cost Center Description	PPS Inpatient Ratio 11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
60.00	LABORATORY	0.000000		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
76.00	RENAL DIALYSIS I/P	0.000000		76.00
76.01	PSYCH DAY HOSPITAL	0.000000		76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	BEHAVIORAL HEALTH	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
112.00	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	UTILIZATION REVIEW - SNF			114.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part I Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	9,237,843	0	9,237,843	99,538	92.81	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	1,679,006		1,679,006	12,312	136.37	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	1,164,690		1,164,690	11,246	103.56	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	600,523		600,523	4,339	138.40	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	796,915		796,915	15,803	50.43	35.02
40.00	SUBPROVIDER - IPF	1,407,493	0	1,407,493	15,711	89.59	40.00
41.00	SUBPROVIDER - IRF	1,119,005	0	1,119,005	13,576	82.43	41.00
43.00	NURSERY	148,120		148,120	4,137	35.80	43.00
200.00	Total (lines 30-199)	16,153,595		16,153,595	176,662		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	35,076	3,255,404		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	5,541	755,626		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	5,975	618,771		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	9	1,246		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	8,009	717,526		40.00
41.00	SUBPROVIDER - IRF	7,880	649,548		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	62,490	5,998,121		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,150,423	328,957,364	0.015657	75,715,533	1,185,478	50.00
51.00	RECOVERY ROOM	444,540	27,663,996	0.016069	5,237,249	84,157	51.00
52.00	DELIVERY ROOM & LABOR ROOM	522,174	21,237,744	0.024587	126,037	3,099	52.00
53.00	ANESTHESIOLOGY	606,197	80,777,094	0.007505	18,129,908	136,065	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,058,505	242,519,994	0.012611	50,615,683	638,314	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,496,939	74,056,101	0.020214	2,872,331	58,061	55.00
56.00	RADIOISOTOPE	462,061	25,766,757	0.017932	2,441,701	43,785	56.00
60.00	LABORATORY	5,350,532	477,645,720	0.011202	91,520,696	1,025,215	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	582,547	73,477,859	0.007928	19,591,533	155,322	62.00
64.00	INTRAVENOUS THERAPY	109,030	39,430,205	0.002765	15,199,915	42,028	64.00
65.00	RESPIRATORY THERAPY	362,702	32,797,999	0.011059	8,440,104	93,339	65.00
66.00	PHYSICAL THERAPY	758,528	25,112,082	0.030206	4,778,550	144,341	66.00
67.00	OCCUPATIONAL THERAPY	545,631	16,191,992	0.033698	2,732,760	92,089	67.00
68.00	SPEECH PATHOLOGY	369,275	6,579,536	0.056125	917,904	51,517	68.00
69.00	ELECTROCARDIOLOGY	721,798	63,025,016	0.011453	11,601,699	132,874	69.00
70.00	ELECTROENCEPHALOGRAPHY	395,331	12,918,306	0.030602	2,927,281	89,581	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,616	10,335,510	0.005091	2,926,236	14,897	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	505,665	199,675,038	0.002532	58,717,203	148,672	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,746,255	404,666,846	0.004315	68,526,641	295,692	73.00
74.00	RENAL DIALYSIS	82,949	1,947,429	0.042594	0	0	74.00
76.00	RENAL DIALYSIS I/P	100,916	9,004,320	0.011208	5,268,719	59,052	76.00
76.01	PSYCH DAY HOSPITAL	303,937	7,241,881	0.041969	1,491	63	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	4,136,396	113,347,161	0.036493	600,693	21,921	90.00
91.00	EMERGENCY	1,142,397	83,068,840	0.013752	10,040,291	138,074	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	361,949	10,331,912	0.035032	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	29,369,293	2,387,776,702		458,930,158	4,653,636	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part III Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII Hospital PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	887,468	563,977	0	0	1,451,445	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	24,200	129,743	0		153,943	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	116,156	0		116,156	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	13,423	53,811	0		67,234	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	16,264	114,803	0		131,067	35.02
40.00	SUBPROVIDER - IPF	784	90,119	0	0	90,903	40.00
41.00	SUBPROVIDER - IRF	0	74,665	0	0	74,665	41.00
43.00	NURSERY	0	0	0		0	43.00
200.00	Total (lines 30-199)	942,139	1,143,274	0		2,085,413	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part III
Date/Time Prepared:
1/11/2012 3:39 pm

Title XVIII Hospital PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	99,538	14.58	35,076	511,408	0	30.00
34.00	SURGICAL INTENSIVE CARE UNIT	12,312	12.50	5,541	69,263	0	34.00
35.00	MEDICAL INTENSIVE CARE UNIT	11,246	10.33	5,975	61,722	0	35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	4,339	15.50	9	140	0	35.01
35.02	PREMATURE INTENSIVE CARE UNIT	15,803	8.29	0	0	0	35.02
40.00	SUBPROVIDER - IPF	15,711	5.79	8,009	46,372	0	40.00
41.00	SUBPROVIDER - IRF	13,576	5.50	7,880	43,340	0	41.00
43.00	NURSERY	4,137	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	176,662		62,490	732,245	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	MEDICAL INTENSIVE CARE UNIT	0	0		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT	0	0		35.01
35.02	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	666,246	0	666,246	50.00
51.00	RECOVERY ROOM	0	0	26,359	0	26,359	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	47,941	0	47,941	52.00
53.00	ANESTHESIOLOGY	799,581	125,605	46,607	0	971,793	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	323,558	0	323,558	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	194,221	0	194,221	55.00
56.00	RADIOISOTOPE	0	0	19,601	0	19,601	56.00
60.00	LABORATORY	0	0	560,863	0	560,863	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	101,203	0	101,203	62.00
64.00	INTRAVENOUS THERAPY	0	0	7,973	0	7,973	64.00
65.00	RESPIRATORY THERAPY	0	0	115,256	0	115,256	65.00
66.00	PHYSICAL THERAPY	0	0	37,862	0	37,862	66.00
67.00	OCCUPATIONAL THERAPY	0	0	218,199	0	218,199	67.00
68.00	SPEECH PATHOLOGY	0	0	549,695	0	549,695	68.00
69.00	ELECTROCARDIOLOGY	0	0	91,453	0	91,453	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	12,178	0	12,178	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	418,361	0	418,361	73.00
74.00	RENAL DIALYSIS	0	0	19,828	0	19,828	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	20,829	0	20,829	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	1,785	0	1,785	90.00
91.00	EMERGENCY	0	0	74,275	0	74,275	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	34,773	22,098	0	56,871	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	799,581	160,378	3,576,391	0	4,536,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	666,246	328,957,364	0.002025	0.002025	75,715,533	50.00
51.00	RECOVERY ROOM	26,359	27,663,996	0.000953	0.000953	5,237,249	51.00
52.00	DELIVERY ROOM & LABOR ROOM	47,941	21,237,744	0.002257	0.002257	126,037	52.00
53.00	ANESTHESIOLOGY	172,212	80,777,094	0.012031	0.002132	18,129,908	53.00
54.00	RADIOLOGY-DIAGNOSTIC	323,558	242,519,994	0.001334	0.001334	50,615,683	54.00
55.00	RADIOLOGY-THERAPEUTIC	194,221	74,056,101	0.002623	0.002623	2,872,331	55.00
56.00	RADIOISOTOPE	19,601	25,766,757	0.000761	0.000761	2,441,701	56.00
60.00	LABORATORY	560,863	477,645,720	0.001174	0.001174	91,520,696	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	101,203	73,477,859	0.001377	0.001377	19,591,533	62.00
64.00	INTRAVENOUS THERAPY	7,973	39,430,205	0.000202	0.000202	15,199,915	64.00
65.00	RESPIRATORY THERAPY	115,256	32,797,999	0.003514	0.003514	8,440,104	65.00
66.00	PHYSICAL THERAPY	37,862	25,112,082	0.001508	0.001508	4,778,550	66.00
67.00	OCCUPATIONAL THERAPY	218,199	16,191,992	0.013476	0.013476	2,732,760	67.00
68.00	SPEECH PATHOLOGY	549,695	6,579,536	0.083546	0.083546	917,904	68.00
69.00	ELECTROCARDIOLOGY	91,453	63,025,016	0.001451	0.001451	11,601,699	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,178	12,918,306	0.000943	0.000943	2,927,281	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,335,510	0.000000	0.000000	2,926,236	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	199,675,038	0.000000	0.000000	58,717,203	72.00
73.00	DRUGS CHARGED TO PATIENTS	418,361	404,666,846	0.001034	0.001034	68,526,641	73.00
74.00	RENAL DIALYSIS	19,828	1,947,429	0.010182	0.010182	0	74.00
76.00	RENAL DIALYSIS I/P	0	9,004,320	0.000000	0.000000	5,268,719	76.00
76.01	PSYCH DAY HOSPITAL	20,829	7,241,881	0.002876	0.002876	1,491	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,785	113,347,161	1.6E-5	1.6E-5	600,693	90.00
91.00	EMERGENCY	74,275	83,068,840	0.000894	0.000894	10,040,291	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	56,871	10,331,912	0.005504	0.005504	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,736,769	2,387,776,702			458,930,158	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	153,324	19,187,818	38,855	0	0	50.00
51.00	RECOVERY ROOM	4,991	1,690,118	1,611	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	284	20,982	47	0	0	52.00
53.00	ANESTHESIOLOGY	218,121	5,665,625	12,079	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	67,521	34,120,272	45,516	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,534	21,039,908	55,188	0	0	55.00
56.00	RADIOISOTOPE	1,858	6,867,722	5,226	0	0	56.00
60.00	LABORATORY	107,445	65,820,012	77,273	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,978	3,678,937	5,066	0	0	62.00
64.00	INTRAVENOUS THERAPY	3,070	231,811	47	0	0	64.00
65.00	RESPIRATORY THERAPY	29,659	199,909	702	0	0	65.00
66.00	PHYSICAL THERAPY	7,206	1,532,399	2,311	0	0	66.00
67.00	OCCUPATIONAL THERAPY	36,827	460,450	6,205	0	0	67.00
68.00	SPEECH PATHOLOGY	76,687	676,354	56,507	0	0	68.00
69.00	ELECTROCARDIOLOGY	16,834	6,808,250	9,879	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,760	254,629	240	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	346,480	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	14,487,811	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	70,857	65,210,896	67,428	0	0	73.00
74.00	RENAL DIALYSIS	0	358,705	3,652	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	4	440,898	1,268	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	10	30,767,225	492	0	0	90.00
91.00	EMERGENCY	8,976	7,228,657	6,462	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,028,558	5,661	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	840,946	288,124,426	401,715	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
60.00	LABORATORY	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	RENAL DIALYSIS I/P	0	0		76.00
76.01	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.216975	19,187,818	0	0		50.00
51.00	RECOVERY ROOM	0.192846	1,690,118	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.407059	20,982	0	0		52.00
53.00	ANESTHESIOLOGY	0.090117	5,665,625	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.142182	34,120,272	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.121825	21,039,908	0	0		55.00
56.00	RADIOISOTOPE	0.148170	6,867,722	0	0		56.00
60.00	LABORATORY	0.154244	65,820,012	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244063	3,678,937	0	0		62.00
64.00	INTRAVENOUS THERAPY	0.063252	231,811	0	0		64.00
65.00	RESPIRATORY THERAPY	0.315972	199,909	0	0		65.00
66.00	PHYSICAL THERAPY	0.272642	1,532,399	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.327490	460,450	0	0		67.00
68.00	SPEECH PATHOLOGY	0.520894	676,354	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.139041	6,808,250	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.324652	254,629	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140600	346,480	192,889	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.266258	14,487,811	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.187236	65,210,896	481,792	0		73.00
74.00	RENAL DIALYSIS	0.450627	358,705	0	0		74.00
76.00	RENAL DIALYSIS I/P	0.279376	0	0	0		76.00
76.01	PSYCH DAY HOSPITAL	0.509949	440,898	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.363033	30,767,225	0	0		90.00
91.00	EMERGENCY	0.210952	7,228,657	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.355812	1,028,558	0	0		92.00
93.00	BEHAVIORAL HEALTH	0.000000	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		288,124,426	674,681	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		288,124,426	674,681	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	4,163,277	0	0		50.00
51.00	RECOVERY ROOM	325,932	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,541	0	0		52.00
53.00	ANESTHESIOLOGY	510,569	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,851,289	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	2,563,187	0	0		55.00
56.00	RADIOISOTOPE	1,017,590	0	0		56.00
60.00	LABORATORY	10,152,342	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	897,892	0	0		62.00
64.00	INTRAVENOUS THERAPY	14,663	0	0		64.00
65.00	RESPIRATORY THERAPY	63,166	0	0		65.00
66.00	PHYSICAL THERAPY	417,796	0	0		66.00
67.00	OCCUPATIONAL THERAPY	150,793	0	0		67.00
68.00	SPEECH PATHOLOGY	352,309	0	0		68.00
69.00	ELECTROCARDIOLOGY	946,626	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	82,666	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,715	27,120	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,857,496	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	12,209,827	90,209	0		73.00
74.00	RENAL DIALYSIS	161,642	0	0		74.00
76.00	RENAL DIALYSIS I/P	0	0	0		76.00
76.01	PSYCH DAY HOSPITAL	224,835	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	11,169,518	0	0		90.00
91.00	EMERGENCY	1,524,900	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	365,973	0	0		92.00
93.00	BEHAVIORAL HEALTH	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	56,081,544	117,329	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	56,081,544	117,329	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2010 To 06/30/2011

Worksheet D Part II
Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,150,423	328,957,364	0.015657	0	0	50.00
51.00	RECOVERY ROOM	444,540	27,663,996	0.016069	762,981	12,260	51.00
52.00	DELIVERY ROOM & LABOR ROOM	522,174	21,237,744	0.024587	0	0	52.00
53.00	ANESTHESIOLOGY	606,197	80,777,094	0.007505	15,704	118	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,058,505	242,519,994	0.012611	499,213	6,296	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,496,939	74,056,101	0.020214	0	0	55.00
56.00	RADIOISOTOPE	462,061	25,766,757	0.017932	24,789	445	56.00
60.00	LABORATORY	5,350,532	477,645,720	0.011202	1,974,310	22,116	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	582,547	73,477,859	0.007928	15,605	124	62.00
64.00	INTRAVENOUS THERAPY	109,030	39,430,205	0.002765	240,803	666	64.00
65.00	RESPIRATORY THERAPY	362,702	32,797,999	0.011059	74,630	825	65.00
66.00	PHYSICAL THERAPY	758,528	25,112,082	0.030206	37,859	1,144	66.00
67.00	OCCUPATIONAL THERAPY	545,631	16,191,992	0.033698	823,492	27,750	67.00
68.00	SPEECH PATHOLOGY	369,275	6,579,536	0.056125	28,801	1,616	68.00
69.00	ELECTROCARDIOLOGY	721,798	63,025,016	0.011453	170,290	1,950	69.00
70.00	ELECTROENCEPHALOGRAPHY	395,331	12,918,306	0.030602	16,787	514	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,616	10,335,510	0.005091	40,552	206	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	505,665	199,675,038	0.002532	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,746,255	404,666,846	0.004315	2,077,352	8,964	73.00
74.00	RENAL DIALYSIS	82,949	1,947,429	0.042594	0	0	74.00
76.00	RENAL DIALYSIS I/P	100,916	9,004,320	0.011208	77,442	868	76.00
76.01	PSYCH DAY HOSPITAL	303,937	7,241,881	0.041969	1,446	61	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	4,136,396	113,347,161	0.036493	37,915	1,384	90.00
91.00	EMERGENCY	1,142,397	83,068,840	0.013752	341,401	4,695	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	361,949	10,331,912	0.035032	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	29,369,293	2,387,776,702		7,261,372	92,002	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	666,246	0	666,246	50.00
51.00	RECOVERY ROOM	0	0	26,359	0	26,359	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	47,941	0	47,941	52.00
53.00	ANESTHESIOLOGY	799,581	125,605	46,607	0	971,793	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	323,558	0	323,558	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	194,221	0	194,221	55.00
56.00	RADIOISOTOPE	0	0	19,601	0	19,601	56.00
60.00	LABORATORY	0	0	560,863	0	560,863	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	101,203	0	101,203	62.00
64.00	INTRAVENOUS THERAPY	0	0	7,973	0	7,973	64.00
65.00	RESPIRATORY THERAPY	0	0	115,256	0	115,256	65.00
66.00	PHYSICAL THERAPY	0	0	37,862	0	37,862	66.00
67.00	OCCUPATIONAL THERAPY	0	0	218,199	0	218,199	67.00
68.00	SPEECH PATHOLOGY	0	0	549,695	0	549,695	68.00
69.00	ELECTROCARDIOLOGY	0	0	91,453	0	91,453	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	12,178	0	12,178	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	418,361	0	418,361	73.00
74.00	RENAL DIALYSIS	0	0	19,828	0	19,828	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	20,829	0	20,829	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	1,785	0	1,785	90.00
91.00	EMERGENCY	0	0	74,275	0	74,275	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	34,773	22,098	0	56,871	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	799,581	160,378	3,576,391	0	4,536,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	666,246	328,957,364	0.002025	0.002025	0	50.00
51.00	RECOVERY ROOM	26,359	27,663,996	0.000953	0.000953	762,981	51.00
52.00	DELIVERY ROOM & LABOR ROOM	47,941	21,237,744	0.002257	0.002257	0	52.00
53.00	ANESTHESIOLOGY	172,212	80,777,094	0.012031	0.002132	15,704	53.00
54.00	RADIOLOGY-DIAGNOSTIC	323,558	242,519,994	0.001334	0.001334	499,213	54.00
55.00	RADIOLOGY-THERAPEUTIC	194,221	74,056,101	0.002623	0.002623	0	55.00
56.00	RADIOISOTOPE	19,601	25,766,757	0.000761	0.000761	24,789	56.00
60.00	LABORATORY	560,863	477,645,720	0.001174	0.001174	1,974,310	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	101,203	73,477,859	0.001377	0.001377	15,605	62.00
64.00	INTRAVENOUS THERAPY	7,973	39,430,205	0.000202	0.000202	240,803	64.00
65.00	RESPIRATORY THERAPY	115,256	32,797,999	0.003514	0.003514	74,630	65.00
66.00	PHYSICAL THERAPY	37,862	25,112,082	0.001508	0.001508	37,859	66.00
67.00	OCCUPATIONAL THERAPY	218,199	16,191,992	0.013476	0.013476	823,492	67.00
68.00	SPEECH PATHOLOGY	549,695	6,579,536	0.083546	0.083546	28,801	68.00
69.00	ELECTROCARDIOLOGY	91,453	63,025,016	0.001451	0.001451	170,290	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,178	12,918,306	0.000943	0.000943	16,787	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,335,510	0.000000	0.000000	40,552	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	199,675,038	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	418,361	404,666,846	0.001034	0.001034	2,077,352	73.00
74.00	RENAL DIALYSIS	19,828	1,947,429	0.010182	0.010182	0	74.00
76.00	RENAL DIALYSIS I/P	0	9,004,320	0.000000	0.000000	77,442	76.00
76.01	PSYCH DAY HOSPITAL	20,829	7,241,881	0.002876	0.002876	1,446	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,785	113,347,161	1.6E-5	1.6E-5	37,915	90.00
91.00	EMERGENCY	74,275	83,068,840	0.000894	0.000894	341,401	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	56,871	10,331,912	0.005504	0.005504	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,736,769	2,387,776,702			7,261,372	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	727	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	189	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	666	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	19	0	0	0	0	56.00
60.00	LABORATORY	2,318	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	21	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	49	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	262	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	57	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	11,097	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	2,406	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	247	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	16	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,148	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	4	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1	0	0	0	0	90.00
91.00	EMERGENCY	305	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	20,532	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
60.00	LABORATORY	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	RENAL DIALYSIS I/P	0	0		76.00
76.01	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14T119

Period:
From 07/01/2010
To 06/30/2011

Worksheet D
Part II
Date/Time Prepared:
1/11/2012 3:39 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,150,423	328,957,364	0.015657	665,540	10,420	50.00
51.00	RECOVERY ROOM	444,540	27,663,996	0.016069	34,902	561	51.00
52.00	DELIVERY ROOM & LABOR ROOM	522,174	21,237,744	0.024587	0	0	52.00
53.00	ANESTHESIOLOGY	606,197	80,777,094	0.007505	96,806	727	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,058,505	242,519,994	0.012611	1,016,162	12,815	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,496,939	74,056,101	0.020214	262,208	5,300	55.00
56.00	RADIOISOTOPE	462,061	25,766,757	0.017932	17,522	314	56.00
60.00	LABORATORY	5,350,532	477,645,720	0.011202	3,294,266	36,902	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	582,547	73,477,859	0.007928	236,938	1,878	62.00
64.00	INTRAVENOUS THERAPY	109,030	39,430,205	0.002765	575,539	1,591	64.00
65.00	RESPIRATORY THERAPY	362,702	32,797,999	0.011059	246,976	2,731	65.00
66.00	PHYSICAL THERAPY	758,528	25,112,082	0.030206	3,920,773	118,431	66.00
67.00	OCCUPATIONAL THERAPY	545,631	16,191,992	0.033698	3,630,472	122,340	67.00
68.00	SPEECH PATHOLOGY	369,275	6,579,536	0.056125	776,263	43,568	68.00
69.00	ELECTROCARDIOLOGY	721,798	63,025,016	0.011453	70,486	807	69.00
70.00	ELECTROENCEPHALOGRAPHY	395,331	12,918,306	0.030602	32,934	1,008	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,616	10,335,510	0.005091	357,320	1,819	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	505,665	199,675,038	0.002532	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,746,255	404,666,846	0.004315	2,912,522	12,568	73.00
74.00	RENAL DIALYSIS	82,949	1,947,429	0.042594	0	0	74.00
76.00	RENAL DIALYSIS I/P	100,916	9,004,320	0.011208	294,334	3,299	76.00
76.01	PSYCH DAY HOSPITAL	303,937	7,241,881	0.041969	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	4,136,396	113,347,161	0.036493	333,943	12,187	90.00
91.00	EMERGENCY	1,142,397	83,068,840	0.013752	2,727	38	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	361,949	10,331,912	0.035032	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	29,369,293	2,387,776,702		18,778,633	389,304	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	666,246	0	666,246	50.00
51.00	RECOVERY ROOM	0	0	26,359	0	26,359	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	47,941	0	47,941	52.00
53.00	ANESTHESIOLOGY	799,581	125,605	46,607	0	971,793	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	323,558	0	323,558	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	194,221	0	194,221	55.00
56.00	RADIOISOTOPE	0	0	19,601	0	19,601	56.00
60.00	LABORATORY	0	0	560,863	0	560,863	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	101,203	0	101,203	62.00
64.00	INTRAVENOUS THERAPY	0	0	7,973	0	7,973	64.00
65.00	RESPIRATORY THERAPY	0	0	115,256	0	115,256	65.00
66.00	PHYSICAL THERAPY	0	0	37,862	0	37,862	66.00
67.00	OCCUPATIONAL THERAPY	0	0	218,199	0	218,199	67.00
68.00	SPEECH PATHOLOGY	0	0	549,695	0	549,695	68.00
69.00	ELECTROCARDIOLOGY	0	0	91,453	0	91,453	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	12,178	0	12,178	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	418,361	0	418,361	73.00
74.00	RENAL DIALYSIS	0	0	19,828	0	19,828	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	20,829	0	20,829	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	1,785	0	1,785	90.00
91.00	EMERGENCY	0	0	74,275	0	74,275	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	34,773	22,098	0	56,871	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	799,581	160,378	3,576,391	0	4,536,350	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	666,246	328,957,364	0.002025	0.002025	665,540	50.00
51.00	RECOVERY ROOM	26,359	27,663,996	0.000953	0.000953	34,902	51.00
52.00	DELIVERY ROOM & LABOR ROOM	47,941	21,237,744	0.002257	0.002257	0	52.00
53.00	ANESTHESIOLOGY	172,212	80,777,094	0.012031	0.002132	96,806	53.00
54.00	RADIOLOGY-DIAGNOSTIC	323,558	242,519,994	0.001334	0.001334	1,016,162	54.00
55.00	RADIOLOGY-THERAPEUTIC	194,221	74,056,101	0.002623	0.002623	262,208	55.00
56.00	RADIOISOTOPE	19,601	25,766,757	0.000761	0.000761	17,522	56.00
60.00	LABORATORY	560,863	477,645,720	0.001174	0.001174	3,294,266	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	101,203	73,477,859	0.001377	0.001377	236,938	62.00
64.00	INTRAVENOUS THERAPY	7,973	39,430,205	0.000202	0.000202	575,539	64.00
65.00	RESPIRATORY THERAPY	115,256	32,797,999	0.003514	0.003514	246,976	65.00
66.00	PHYSICAL THERAPY	37,862	25,112,082	0.001508	0.001508	3,920,773	66.00
67.00	OCCUPATIONAL THERAPY	218,199	16,191,992	0.013476	0.013476	3,630,472	67.00
68.00	SPEECH PATHOLOGY	549,695	6,579,536	0.083546	0.083546	776,263	68.00
69.00	ELECTROCARDIOLOGY	91,453	63,025,016	0.001451	0.001451	70,486	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,178	12,918,306	0.000943	0.000943	32,934	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,335,510	0.000000	0.000000	357,320	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	199,675,038	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	418,361	404,666,846	0.001034	0.001034	2,912,522	73.00
74.00	RENAL DIALYSIS	19,828	1,947,429	0.010182	0.010182	0	74.00
76.00	RENAL DIALYSIS I/P	0	9,004,320	0.000000	0.000000	294,334	76.00
76.01	PSYCH DAY HOSPITAL	20,829	7,241,881	0.002876	0.002876	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	1,785	113,347,161	1.6E-5	1.6E-5	333,943	90.00
91.00	EMERGENCY	74,275	83,068,840	0.000894	0.000894	2,727	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	56,871	10,331,912	0.005504	0.005504	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	3,736,769	2,387,776,702			18,778,633	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,348	0	0	0	0	50.00
51.00	RECOVERY ROOM	33	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,165	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,356	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	688	0	0	0	0	55.00
56.00	RADIOISOTOPE	13	0	0	0	0	56.00
60.00	LABORATORY	3,867	0	0	0	0	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	326	0	0	0	0	62.00
64.00	INTRAVENOUS THERAPY	116	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	868	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	5,913	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	48,924	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	64,854	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	102	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	31	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,012	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	5	0	0	0	0	90.00
91.00	EMERGENCY	2	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	132,623	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
60.00	LABORATORY	0	0		60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
76.00	RENAL DIALYSIS I/P	0	0		76.00
76.01	PSYCH DAY HOSPITAL	0	0		76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	BEHAVIORAL HEALTH	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	99,538	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	99,538	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	80,760	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	18,778	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	35,076	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	34,879	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	93,826,381	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	93,826,381	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	199,054,879	28.00
29.00	Private room charges (excluding swing-bed charges)	160,431,804	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	38,623,075	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.471359	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,986.53	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,056.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	93,826,381	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	942.62	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	33,063,339	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	33,063,339	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-1 | Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	21,625,777	12,312	1,756.48	5,541	9,732,656	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	19,112,177	11,246	1,699.46	5,975	10,154,274	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	9,349,413	4,339	2,154.74	9	19,393	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	20,691,160	15,803	1,309.32	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	87,570,545	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	140,520,814	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	5,273,580	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,494,582	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	10,768,162	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	129,752,652	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	3,900	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	942.62	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	3,676,218	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	9,237,843	93,826,381	0.098457	3,676,218	361,949	90.00
91.00	Nursing School cost	887,468	93,826,381	0.009459	3,676,218	34,773	91.00
92.00	Allied health cost	563,977	93,826,381	0.006011	3,676,218	22,098	92.00
93.00	All other Medical Education	0	93,826,381	0.000000	3,676,218	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	15,711	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,711	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	15,710	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	1	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,009	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	7,940	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	14,600,203	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	14,600,203	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	31,322,957	28.00
29.00	Private room charges (excluding swing-bed charges)	31,320,964	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,993	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.466118	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,993.70	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,993.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.70	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.33	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	5,184	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	14,595,019	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	929.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,442,764	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	7,442,764	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,398,593	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	8,841,357	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	763,898	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	112,534	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	876,432	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	7,964,925	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,407,493	14,600,203	0.096402	0	0	90.00
91.00	Nursing School cost	784	14,600,203	5.4E-5	0	0	91.00
92.00	Allied health cost	90,119	14,600,203	0.006172	0	0	92.00
93.00	All other Medical Education	0	14,600,203	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	13,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	13,576	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	7,382	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	6,194	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,880	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	4,191	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,133,768	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,133,768	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	27,084,946	28.00
29.00	Private room charges (excluding swing-bed charges)	14,707,990	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	12,376,956	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.447989	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	1,992.41	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,998.22	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,133,768	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	893.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,042,908	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	7,042,908	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	0	0	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	0	0	0.00	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	4,502,771	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,545,679	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	692,888	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	521,927	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,214,815	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,330,864	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,119,005	12,133,768	0.092222	0	0	90.00
91.00	Nursing School cost	0	12,133,768	0.000000	0	0	91.00
92.00	Allied health cost	74,665	12,133,768	0.006153	0	0	92.00
93.00	All other Medical Education	0	12,133,768	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet D-3

Date/Time Prepared: 1/11/2012 3:39 pm

Title XVIII Hospital PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		70,089,171		30.00
34.00	SURGICAL INTENSIVE CARE UNIT		21,326,360		34.00
35.00	MEDICAL INTENSIVE CARE UNIT		17,680,190		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT		37,292		35.01
35.02	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.216975	75,715,533	16,428,378	50.00
51.00	RECOVERY ROOM	0.192846	5,237,249	1,009,983	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.407059	126,037	51,304	52.00
53.00	ANESTHESIOLOGY	0.090117	18,129,908	1,633,813	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.142656	50,615,683	7,220,631	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.121825	2,872,331	349,922	55.00
56.00	RADIOISOTOPE	0.148170	2,441,701	361,787	56.00
60.00	LABORATORY	0.154348	91,520,696	14,126,036	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244063	19,591,533	4,781,568	62.00
64.00	INTRAVENOUS THERAPY	0.063252	15,199,915	961,425	64.00
65.00	RESPIRATORY THERAPY	0.315972	8,440,104	2,666,837	65.00
66.00	PHYSICAL THERAPY	0.272642	4,778,550	1,302,833	66.00
67.00	OCCUPATIONAL THERAPY	0.327490	2,732,760	894,952	67.00
68.00	SPEECH PATHOLOGY	0.520894	917,904	478,131	68.00
69.00	ELECTROCARDIOLOGY	0.143538	11,601,699	1,665,285	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.324652	2,927,281	950,348	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140600	2,926,236	411,429	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.266258	58,717,203	15,633,925	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.187236	68,526,641	12,830,654	73.00
74.00	RENAL DIALYSIS	0.450627	0	0	74.00
76.00	RENAL DIALYSIS I/P	0.279376	5,268,719	1,471,954	76.00
76.01	PSYCH DAY HOSPITAL	0.509949	1,491	760	76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.363033	600,693	218,071	90.00
91.00	EMERGENCY	0.211201	10,040,291	2,120,519	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.355812	0	0	92.00
93.00	BEHAVIORAL HEALTH	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		458,930,158	87,570,545	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		458,930,158		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/11/2012 3:39 pm
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	SUBPROVIDER - IPF		15,915,181		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.216975	0	0	50.00
51.00	RECOVERY ROOM	0.192846	762,981	147,138	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.407059	0	0	52.00
53.00	ANESTHESIOLOGY	0.090117	15,704	1,415	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.142656	499,213	71,216	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.121825	0	0	55.00
56.00	RADIOISOTOPE	0.148170	24,789	3,673	56.00
60.00	LABORATORY	0.154348	1,974,310	304,731	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244063	15,605	3,809	62.00
64.00	INTRAVENOUS THERAPY	0.063252	240,803	15,231	64.00
65.00	RESPIRATORY THERAPY	0.315972	74,630	23,581	65.00
66.00	PHYSICAL THERAPY	0.272642	37,859	10,322	66.00
67.00	OCCUPATIONAL THERAPY	0.327490	823,492	269,685	67.00
68.00	SPEECH PATHOLOGY	0.520894	28,801	15,002	68.00
69.00	ELECTROCARDIOLOGY	0.143538	170,290	24,443	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.324652	16,787	5,450	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140600	40,552	5,702	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.266258	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.187236	2,077,352	388,955	73.00
74.00	RENAL DIALYSIS	0.450627	0	0	74.00
76.00	RENAL DIALYSIS I/P	0.279376	77,442	21,635	76.00
76.01	PSYCH DAY HOSPITAL	0.509949	1,446	737	76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.363033	37,915	13,764	90.00
91.00	EMERGENCY	0.211201	341,401	72,104	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.355812	0	0	92.00
93.00	BEHAVIORAL HEALTH	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		7,261,372	1,398,593	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		7,261,372		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/11/2012 3:39 pm
Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		15,727,780		41.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.216975	665,540	144,406	50.00
51.00	RECOVERY ROOM	0.192846	34,902	6,731	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.407059	0	0	52.00
53.00	ANESTHESIOLOGY	0.090117	96,806	8,724	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.142656	1,016,162	144,962	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.121825	262,208	31,943	55.00
56.00	RADIOISOTOPE	0.148170	17,522	2,596	56.00
60.00	LABORATORY	0.154348	3,294,266	508,463	60.00
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.244063	236,938	57,828	62.00
64.00	INTRAVENOUS THERAPY	0.063252	575,539	36,404	64.00
65.00	RESPIRATORY THERAPY	0.315972	246,976	78,038	65.00
66.00	PHYSICAL THERAPY	0.272642	3,920,773	1,068,967	66.00
67.00	OCCUPATIONAL THERAPY	0.327490	3,630,472	1,188,943	67.00
68.00	SPEECH PATHOLOGY	0.520894	776,263	404,351	68.00
69.00	ELECTROCARDIOLOGY	0.143538	70,486	10,117	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.324652	32,934	10,692	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.140600	357,320	50,239	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.266258	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.187236	2,912,522	545,329	73.00
74.00	RENAL DIALYSIS	0.450627	0	0	74.00
76.00	RENAL DIALYSIS I/P	0.279376	294,334	82,230	76.00
76.01	PSYCH DAY HOSPITAL	0.509949	0	0	76.01
	OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.363033	333,943	121,232	90.00
91.00	EMERGENCY	0.211201	2,727	576	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.355812	0	0	92.00
93.00	BEHAVIORAL HEALTH	0.000000	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		18,778,633	4,502,771	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		18,778,633		202.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Kidney		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	59,850	942.62	30	28,279	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,699.46	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,154.74	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,309.32	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		59,850		30	28,279	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.216975	662,272	143,696	8.00
9.00	RECOVERY ROOM	51.00	0.192846	23,746	4,579	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.407059	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.090117	92,980	8,379	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142182	9,830	1,398	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121825	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.148170	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.154244	67,279	10,377	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244063	8,557	2,088	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.063252	2,379	150	22.00
23.00	RESPIRATORY THERAPY	65.00	0.315972	3,997	1,263	23.00
24.00	PHYSICAL THERAPY	66.00	0.272642	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.327490	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.520894	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.139041	788	110	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.324652	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.140600	6,001	844	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.266258	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.187236	81,280	15,219	31.00
32.00	RENAL DIALYSIS	74.00	0.450627	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.279376	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.509949	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.363033	0	0	37.00
38.00	EMERGENCY	91.00	0.210952	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.355812	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			959,109	188,103	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Kidney D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	30	0	42.00
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			30	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC					49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER					50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	216,382		1,018,959		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	7,415,466		5,460,000		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	7,631,848		6,478,959		61.00
62.00	Total Usable Organs (see instructions)		97			62.00
63.00	Medicare Usable Organs (see instructions)		69			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.711340			64.00
65.00	Medicare Cost/Charges (see instructions)	5,428,839		4,608,743		65.00
66.00	Revenue for Organs Sold	72,862		72,862		66.00
67.00	Subtotal (line 65 minus line 66)	5,355,977		4,535,881		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,355,977	0	4,535,881	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	13	14		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	70		73.00
74.00	Total (sum of lines 70 thru 73)	13	84		74.00
75.00	Organs Transplanted	13	70	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	14	72,862	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	13	84		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

Liver | Hospital | PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	942.62	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,699.46	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,154.74	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,309.32	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.216975	32,555	7,064	8.00
9.00	RECOVERY ROOM	51.00	0.192846	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.407059	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.090117	6,693	603	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142182	1,130	161	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121825	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.148170	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.154244	16,325	2,518	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244063	97	24	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.063252	228	14	22.00
23.00	RESPIRATORY THERAPY	65.00	0.315972	1,713	541	23.00
24.00	PHYSICAL THERAPY	66.00	0.272642	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.327490	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.520894	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.139041	184	26	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.324652	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.140600	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.266258	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.187236	5,597	1,048	31.00
32.00	RENAL DIALYSIS	74.00	0.450627	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.279376	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.509949	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.363033	0	0	37.00
38.00	EMERGENCY	91.00	0.210952	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.355812	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			64,522	11,999	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Liver D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC					49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER					50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	11,999		64,522		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	2,668,201		2,381,400		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	2,680,200		2,445,922		61.00
62.00	Total Usable Organs (see instructions)		42			62.00
63.00	Medicare Usable Organs (see instructions)		19			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.452381			64.00
65.00	Medicare Cost/Charges (see instructions)	1,212,472		1,106,489		65.00
66.00	Revenue for Organs Sold	31,227		31,227		66.00
67.00	Subtotal (line 65 minus line 66)	1,181,245		1,075,262		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	1,181,245	0	1,075,262	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	6		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	36		73.00
74.00	Total (sum of lines 70 thru 73)	0	42		74.00
75.00	Organs Transplanted	0	36	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	6	31,227	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	42		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
			Heart		Hospital	PPS	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	942.62	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,699.46	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,154.74	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,309.32	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.216975	16,277	3,532	8.00
9.00	RECOVERY ROOM	51.00	0.192846	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.407059	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.090117	3,346	302	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142182	565	80	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121825	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.148170	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.154244	8,163	1,259	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244063	49	12	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.063252	114	7	22.00
23.00	RESPIRATORY THERAPY	65.00	0.315972	856	270	23.00
24.00	PHYSICAL THERAPY	66.00	0.272642	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.327490	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.520894	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.139041	92	13	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.324652	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.140600	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.266258	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.187236	2,799	524	31.00
32.00	RENAL DIALYSIS	74.00	0.450627	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.279376	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.509949	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.363033	0	0	37.00
38.00	EMERGENCY	91.00	0.210952	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.355812	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			32,261	5,999	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Heart D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC					49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER					50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	5,999		32,261		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	774,107		774,107		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	780,106		806,368		61.00
62.00	Total Usable Organs (see instructions)		3			62.00
63.00	Medicare Usable Organs (see instructions)		3			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		1.000000			64.00
65.00	Medicare Cost/Charges (see instructions)	780,106		806,368		65.00
66.00	Revenue for Organs Sold	15,613		15,613		66.00
67.00	Subtotal (line 65 minus line 66)	764,493		790,755		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	764,493	0	790,755	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	0		73.00
74.00	Total (sum of lines 70 thru 73)	0	3		74.00
75.00	Organs Transplanted	0	0	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	15,613	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	3		84.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

Pancreas | Hospital | PPS

	Cost Center Description	D	Inpatient Routine Organ Charges	Per Diem Costs (from Wkst. D-1, Part II)	Organ Acquisition	Cost (col. 2 x col. 3)	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)						
	Computation of Inpatient Routine Service Costs Applicable to Organ Acquisition						
1.00	ADULTS & PEDIATRICS	38.00	0	942.62	0	0	1.00
2.00	INTENSIVE CARE UNIT						2.00
3.00	CORONARY CARE UNIT						3.00
4.00	BURN INTENSIVE CARE UNIT						4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	0	0.00	0	0	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,699.46	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,154.74	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,309.32	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		0		0	0	7.00

	Cost Center Description	C	Ratio of Cost/Charges (from Wkst. C)	Organ Acquisition Ancillary Charges	Organ Acquisition Ancillary Costs	
		0	1.00	2.00	3.00	
	Computation of Ancillary Service Cost Applicable to Organ Acquisition					
8.00	OPERATING ROOM	50.00	0.216975	16,277	3,532	8.00
9.00	RECOVERY ROOM	51.00	0.192846	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.407059	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.090117	3,346	302	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.142182	565	80	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.121825	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.148170	0	0	14.00
15.00	CT SCAN					15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)					16.00
17.00	CARDIAC CATHETERIZATION					17.00
18.00	LABORATORY	60.00	0.154244	8,163	1,259	18.00
19.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00	0.000000	0	0	19.00
20.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0.244063	49	12	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.					21.00
22.00	INTRAVENOUS THERAPY	64.00	0.063252	114	7	22.00
23.00	RESPIRATORY THERAPY	65.00	0.315972	856	270	23.00
24.00	PHYSICAL THERAPY	66.00	0.272642	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.327490	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.520894	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.139041	92	13	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.324652	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.140600	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.266258	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.187236	2,799	524	31.00
32.00	RENAL DIALYSIS	74.00	0.450627	0	0	32.00
33.00	ASC (NON-DISTINCT PART)					33.00
34.00	RENAL DIALYSIS I/P	76.00	0.279376	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.509949	0	0	34.01
35.00	RURAL HEALTH CLINIC					35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER					36.00
37.00	CLINIC	90.00	0.363033	0	0	37.00
38.00	EMERGENCY	91.00	0.210952	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.355812	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			32,261	5,999	41.00

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES FOR HOSPITALS WHICH ARE CERTIFIED TRANSPLANT CENTERS

Provider CCN: 140119
Component CCN:

Period: From 07/01/2010 To 06/30/2011

Worksheet D-4
Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Pancreas D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Hospital Organ Acquisition	PPS Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICES COSTS)					
	Computation of the Cost of Inpatient Services of Interns and Residents Not In Approved Teaching Program					
42.00	ADULTS & PEDIATRICS	2.00	0.00	0	0	42.00
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	0	0	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	7.00	0.00	0	0	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	7.01	0.00	0	0	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	7.02	0.00	0	0	47.02
48.00	TOTAL (sum of lines 42 through 47)			0	0	48.00

	Cost Center Description	D	Organ Charges (see instructions)	Ratio of Cost To Charges from Wkst. D-2, Part I, col. 4	Organ Acquisition Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	Computation of the Cost of Outpatient Services of Interns and Residents Not In Approved Teaching Program					
49.00	RURAL HEALTH CLINIC					49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER					50.00
51.00	CLINIC	23.00	0	0.000000	0	51.00
52.00	EMERGENCY	24.00	0	0.000000	0	52.00
53.00	OBSERVATION BEDS (NON-DISTINCT PART)	25.00	0	0.000000	0	53.00
54.00	BEHAVIORAL HEALTH	26.00	0	0.000000	0	54.00
55.00	TOTAL (sum of lines 49 through 52)		0		0	55.00

	Cost Center Description	Cost Part A	Cost Part B	Charges Part A	Charges Part B	
		1.00	2.00	3.00	4.00	
	PART III - SUMMARY OF COSTS AND CHARGES					
56.00	Routine and Ancillary from Part I	5,999		32,261		56.00
57.00	Interns and Residents (inpatient)	0		0		57.00
58.00	Interns and Residents (outpatient)	0		0		58.00
59.00	Direct Organ Acquisition (see instructions)	290,076		201,600		59.00
60.00	Cost of Services of Teaching Physicians (Wkst. D-5, Part II)	0		0		60.00
61.00	Total (sum of lines 56 thru 60)	296,075		233,861		61.00
62.00	Total Usable Organs (see instructions)		7			62.00
63.00	Medicare Usable Organs (see instructions)		5			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.714286			64.00
65.00	Medicare Cost/Charges (see instructions)	211,482		167,044		65.00
66.00	Revenue for Organs Sold	15,613		15,613		66.00
67.00	Subtotal (line 65 minus line 66)	195,869		151,431		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	195,869	0	151,431	0	69.00

	Cost Center Description	Living Related	Cadaveric	Revenue	
		1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	0	3		70.00
71.00	Organs Purchased from Other Transplant Hospitals (2)	0	0		71.00
72.00	Organs Purchased from Non-Transplant Hospitals	0	0		72.00
73.00	Organs Purchased from OPOs	0	4		73.00
74.00	Total (sum of lines 70 thru 73)	0	7		74.00
75.00	Organs Transplanted	0	4	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	15,613	77.00
78.00	Organs Sold to Transplant Hospitals	0	0	0	78.00
79.00	Organs Sold to Military or VA Hospitals	0	0	0	79.00
80.00	Organs Sold Outside the U.S.	0	0	0	80.00
81.00	Organs Sent Outside the U.S. (no revenue received)	0	0		81.00
82.00	Organs Used for Research	0	0		82.00
83.00	Unusable/Discarded Organs	0	0		83.00
84.00	Total (sum of lines 75 thru 83 should equal line 74)	0	7		84.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	91,400,665		1.00
2.00	Outlier payments for discharges. (see instructions)	5,557,649		2.00
3.00	Managed Care Simulated Payments	3,559,848		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	539.32		4.00
	Indirect Medical Education Adjustment			
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	391.99		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	17.61		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	85.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	459.38		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	490.64		10.00
11.00	FTE count for residents in dental and podiatric programs.	2.01		11.00
12.00	Current year allowable FTE (see instructions)	461.39		12.00
13.00	Total allowable FTE count for the prior year.	461.47		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	436.53		14.00
15.00	Sum of lines 12 through 14 divided by 3.	453.13		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure	1.00		17.00
18.00	Adjusted rolling average FTE count	454.13		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.842042		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.842723		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.842042		21.00
22.00	IME payment adjustment (see instructions)	35,984,432		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA			
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	31.26		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	35,984,432		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.07		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	31.58		31.00
32.00	Sum of lines 30 and 31	38.65		32.00
33.00	Allowable disproportionate share percentage (see instructions)	21.11		33.00
34.00	Disproportionate share adjustment (see instructions)	19,294,680		34.00
	Additional payment for high percentage of ESRD beneficiary discharges			
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	9,004		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	737	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	8.19		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	6,583		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.276022		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	405.45	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0		46.00
47.00	Subtotal (see instructions)	152,237,426		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	152,237,426		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	11,289,662		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	10,996,659		52.00
53.00	Nursing and Allied Health Managed Care payment	139,409		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	7,497,584		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	642,533		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	840,946		58.00
59.00	Total (sum of amounts on lines 49 through 58)	183,644,219		59.00
60.00	Primary payer payments	131,587		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	183,512,632		61.00
62.00	Deductibles billed to program beneficiaries	6,520,247		62.00
63.00	Coinsurance billed to program beneficiaries	662,971		63.00
64.00	Allowable bad debts (see instructions)	1,951,797		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,366,258		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,414,894		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	177,695,672		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	177,695,672		71.00
72.00	Interim payments	174,587,856		72.00
73.00	Tentative settlement (for contractor use only)	0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)	3,107,816		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	2,746,975		75.00
	TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	117,329	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	55,679,829	2.00
3.00	PPS payments	52,325,516	3.00
4.00	Outlier payment (see instructions)	345,659	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.818	5.00
6.00	Line 2 times line 5	45,546,100	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	401,715	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	117,329	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	674,681	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	674,681	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	674,681	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	557,352	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	117,329	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	53,072,890	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	55,992	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	10,767,682	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	42,366,545	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	3,673,122	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	46,039,667	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	46,039,667	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	6,379	33.00
34.00	Allowable bad debts (see instructions)	2,063,969	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,444,778	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,650,327	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	47,490,824	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	47,490,824	40.00
41.00	Interim payments	46,989,368	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	501,456	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		172,529,654		46,916,084	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/28/2011	835,243	01/28/2011	275,410	3.01
3.02		06/24/2011	1,222,959		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0	06/24/2011	202,126	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,058,202		73,284	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		174,587,856		46,989,368	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,107,816		501,456	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		177,695,672		47,490,824	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,804,955		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	01/28/2011	14,301		0	3.01
3.02		06/24/2011	12,263		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		26,564		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		6,831,519		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		4,935		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,836,454		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		11,836,252		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	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)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	06/24/2011	30,502		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		30,502		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,866,754		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		142,839		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		12,009,593		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		1.00	
	DATA COLLECTION NEEDED FOR THE HIT CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	27,568	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	46,601	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	1,785	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	139,338	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	2,809,060,211	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	50,993,410	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	2,252,987	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment(s)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)	2,252,987	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	6,512,053	1.00
2.00	Net IPF PPS Outlier Payments	96,370	2.00
3.00	Net IPF PPS ECT Payments	194,391	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	11.57	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	5.56	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	5.56	8.00
9.00	Average Daily Census (see instructions)	43.043836	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.064563	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	420,438	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	7,223,252	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	7,223,252	16.00
17.00	Primary payer payments	24,666	17.00
18.00	Subtotal (line 16 less line 17).	7,198,586	18.00
19.00	Deductibles	295,180	19.00
20.00	Subtotal (line 18 minus line 19)	6,903,406	20.00
21.00	Coinsurance	133,856	21.00
22.00	Subtotal (line 20 minus line 21)	6,769,550	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	6,769,550	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	66,904	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	6,836,454	31.00
32.00	Interim payments	6,831,519	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	4,935	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	10,179,981	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0512	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	790,730	3.00
4.00	Outlier Payments	206,218	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	5.11	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	4.15	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	4.15	9.00
10.00	Average Daily Census (see instructions)	37.194521	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.075444	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	768,018	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	11,944,947	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	11,944,947	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	11,944,947	19.00
20.00	Deductibles	55,768	20.00
21.00	Subtotal (line 19 minus line 20)	11,889,179	21.00
22.00	Coinsurance	55,549	22.00
23.00	Subtotal (line 21 minus line 22)	11,833,630	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	11,833,630	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	175,963	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	12,009,593	32.00
33.00	Interim payments	11,866,754	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	142,839	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

				1.00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT				
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			440.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			4.86	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			60.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts			495.55	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			518.53	6.00
7.00	Enter the lesser of line 5 or line 6			495.55	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	185.64	277.67	463.31	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	177.42	265.37	442.79	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.01		10.00
11.00	Total weighted FTE count	177.42	267.38		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	177.26	268.37		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	166.55	254.18		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	173.74	263.31		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	1.00	0.00		16.00
17.00	Adjusted rolling average FTE count	174.74	263.31		17.00
18.00	Per resident amount	88,203.65	88,203.65		18.00
19.00	Approved amount for resident costs	15,412,706	23,224,903	38,637,609	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			22.98	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			38,637,609	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	62,490	1,785		26.00
27.00	Total Inpatient Days	168,625	168,625		27.00
28.00	Ratio of inpatient days to total inpatient days	0.370586	0.010586		28.00
29.00	Program direct GME amount	14,318,557	409,018		29.00
30.00	Reduction for nursing/allied health		57,794		30.00
31.00	Net Program direct GME amount			14,669,781	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet E-4 Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		1.00	
	DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	19,828	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	1,947,429	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.010182	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	358,705	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	160,907,850	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	7,497,584	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	156,253	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	168,249,181	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	56,198,873	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	56,198,873	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	224,448,054	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.749613	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.250387	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	14,669,781	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	10,996,659	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	3,673,122	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet G

Date/Time Prepared: 1/11/2012 3:39 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	243,410,190	0	0	0	1.00
2.00	Temporary investments	263,659,391	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	174,510,222	0	0	0	4.00
5.00	Other receivable	55,850,126	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-37,999,262	0	0	0	6.00
7.00	Inventory	15,343,575	0	0	0	7.00
8.00	Prepaid expenses	11,691,016	0	0	0	8.00
9.00	Other current assets	24,466,948	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	750,932,206	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	17,190,156	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	1,031,457,923	0	0	0	15.00
16.00	Accumulated depreciation	-789,273,082	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	545,648,215	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	382,154,576	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	1,187,177,788	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	101,122,928	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	25,636,182	448,539,598	70,138,355	34.00
35.00	Total other assets (sum of lines 31-34)	101,122,928	25,636,182	448,539,598	70,138,355	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,039,232,922	25,636,182	448,539,598	70,138,355	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	122,268,868	0	0	0	37.00
38.00	Salaries, wages, and fees payable	121,448,558	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,550,000	0	0	0	40.00
41.00	Deferred income	21,209,535	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	135,848,959	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	405,325,920	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	143,673,800	0	0	0	46.00
47.00	Notes payable	517,778,612	0	0	0	47.00
48.00	Unsecured loans	138,904,082	0	0	0	48.00
49.00	Other long term liabilities	96,239,602	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	896,596,096	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,301,922,016	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	737,310,906				52.00
53.00	Specific purpose fund		25,636,182			53.00
54.00	Donor created - endowment fund balance - restricted			448,539,598		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				70,138,355	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	737,310,906	25,636,182	448,539,598	70,138,355	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,039,232,922	25,636,182	448,539,598	70,138,355	60.00

STATEMENT OF CHANGES IN FUND BALANCES	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet G-1 Date/Time Prepared: 1/11/2012 3:39 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		387,676,606		52,606,167		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		104,637,066				2.00
3.00	Total (sum of line 1 and line 2)		492,313,672		52,606,167		3.00
4.00	Additions (credit adjustments) (specify)	244,997,234		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		244,997,234		0		10.00
11.00	Subtotal (line 3 plus line 10)		737,310,906		52,606,167		11.00
12.00	Deductions (debit adjustments) (specify)	0		26,969,985			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		26,969,985		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		737,310,906		25,636,182		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-1 | Date/Time Prepared: 1/11/2012 3:39 pm

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		350,700,497		200,155,739		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)		350,700,497		200,155,739		3.00
4.00	Additions (credit adjustments) (specify)	97,839,101		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		97,839,101		0		10.00
11.00	Subtotal (line 3 plus line 10)		448,539,598		200,155,739		11.00
12.00	Deductions (debit adjustments) (specify)	0		130,017,384			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		130,017,384		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		448,539,598		70,138,355		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/11/2012 3:39 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	199,054,879		199,054,879	1.00
2.00	SUBPROVIDER - IPF	31,322,957		31,322,957	2.00
3.00	SUBPROVIDER - IRF	27,084,946		27,084,946	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	257,462,782		257,462,782	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT	47,769,090		47,769,090	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	34,031,687		34,031,687	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	17,634,692		17,634,692	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	56,342,258		56,342,258	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	155,777,727		155,777,727	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	413,240,509		413,240,509	17.00
18.00	Ancillary services	1,316,280,163	10,331,912	1,326,612,075	18.00
19.00	Outpatient services	0	1,069,207,627	1,069,207,627	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	143,831,766	615,945,623	759,777,389	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,873,352,438	1,695,485,162	3,568,837,600	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,269,682,175		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	114,130,577			31.00
32.00	BAD DEBTS	21,916,800			32.00
33.00	UNLOCATED	26			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		136,047,403		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	38,374,979			38.00
39.00	PHILANTHROPHY	6,395,247			39.00
40.00	ROOM 500	2,778,653			40.00
41.00	JRB BAD DEBT	458,304			41.00
42.00	Total deductions (sum of lines 37-41)		48,007,183		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,357,722,395		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/11/2012 3:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,568,837,600	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,390,254,338	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,178,583,262	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,357,722,395	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-179,139,133	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,246,075	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	52,171,284	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	3,070,393	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	RESEARCH AND OTHER	106,753,908	24.00
24.01	OTHER REVENUES	60,841,258	24.01
24.02	MEDICAID TAX REVENUE	42,870,996	24.02
24.03	PHILANTHROPHY AND SPECIAL ITEMS	9,822,285	24.03
25.00	Total other income (sum of lines 6-24)	283,776,199	25.00
26.00	Total (line 5 plus line 25)	104,637,066	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	104,637,066	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet I-1

Date/Time Prepared: 1/11/2012 3:39 pm

		Renal Dialysis		PPS		
		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	114,197	Hours of Service	3,518.00	1.69	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	60,395	Hours of Service	2,234.00	1.07	4.00
5.00	Social Workers	62,108	Hours of Service	2,080.00	1.00	5.00
6.00	Dieticians	10,813	Hours of Service	417.00	0.20	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	90,791	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	338,304				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	3,687	Percentage of Time			13.00
14.00	Supplies	90,267	Requisitions			14.00
15.00	Drugs	38,469	Requisitions			15.00
16.00	Other	17,811	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	488,538				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	53,772	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	606	Percentage of Time			19.00
20.00	Employee Benefits	90,717	Salary			20.00
21.00	Administrative & General	89,823	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	71,671	Square Feet			22.00
23.00	Medical Education Program Costs	19,828				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	34,873	Requisitions			25.00
26.00	Other Allocated Costs	27,737	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	877,565				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	877,565				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet I-2

Date/Time Prepared: 1/11/2012 3:39 pm

Renal Dialysis PPS

		Capital Related Costs		Direct Patient Care Salary			
		Building	Equipment	RNs	Other	Employee Benefits	
		1.00	2.00	3.00	4.00	5.00	
1.00	Total Renal Department Costs	125,443	4,293	114,197	133,316	90,717	1.00
	MAINTENANCE						
2.00	Hemodialysis	125,443	4,164	68,850	57,132	54,584	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	0	43	24,832	41,714	19,787	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	86	20,515	34,470	16,346	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)						14.00
15.00	ARANESP (include in Renal Department)						15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	125,443	4,293	114,197	133,316	90,717	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES | Provider CCN: 140119 | Period: From 07/01/2010 To 06/30/2011 | Worksheet I-2 | Date/Time Prepared: 1/11/2012 3:39 pm

		Renal Dialysis				PPS	
		Drugs	Medical Supplies	Routine Ancillary Services	Subtotal (sum of cols. 1-8)	Overhead	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	73,342	90,267	0	631,575	226,162	1.00
	MAINTENANCE						
2.00	Hemodialysis	44,131	54,314	0	408,618	146,323	2.00
3.00	Intermittent Peritoneal	0	0	0	0	0	3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0	0	4.00
5.00	Intermittent Peritoneal	0	0	0	0	0	5.00
6.00	CAPD	0	0	0	0	0	6.00
7.00	CCDP	0	0	0	0	0	7.00
	HOME						
8.00	Hemodialysis	0	0	0	0	0	8.00
9.00	Intermittent Peritoneal	0	0	0	0	0	9.00
10.00	CAPD	0	0	0	0	0	10.00
11.00	CCDP	15,997	19,689	0	122,062	43,709	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	13,214	16,264	0	100,895	36,130	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	29,189					14.00
15.00	ARANESP (include in Renal Department)	0					15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Total (sum of lines 2-16)	73,342	90,267	0	631,575	226,162	17.00
18.00	Medical Educational Program Costs						18.00
19.00	Total Renal Costs (line 17 + line 18)						19.00

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet I-2 Date/Time Prepared: 1/11/2012 3:39 pm

			Renal Dialysis	PPS	
		Total (col. 9 + col. 10)			
		11.00			
1.00	Total Renal Department Costs	857,737			1.00
	MAINTENANCE				
2.00	Hemodialysis	554,941			2.00
3.00	Intermittent Peritoneal	0			3.00
	TRAINING				
4.00	Hemodialysis	0			4.00
5.00	Intermittent Peritoneal	0			5.00
6.00	CAPD	0			6.00
7.00	CCDP	0			7.00
	HOME				
8.00	Hemodialysis	0			8.00
9.00	Intermittent Peritoneal	0			9.00
10.00	CAPD	0			10.00
11.00	CCDP	165,771			11.00
	OTHER BILLABLE SERVICES				
12.00	Inpatient Dialysis	137,025			12.00
13.00	Method II Home Patient	0			13.00
14.00	EPO (include in Renal Department)				14.00
15.00	ARANESP (include in Renal Department)				15.00
16.00	Other	0			16.00
17.00	Total (sum of lines 2-16)	857,737			17.00
18.00	Medical Educational Program Costs	19,828			18.00
19.00	Total Renal Costs (line 17 + line 18)	877,565			19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet I-3

Date/Time Prepared: 1/11/2012 3:39 pm

			Capital Related Costs		Direct Patient Care Salary		
			Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	
		0	1.00	2.00	3.00	4.00	
1.00	Total Renal Department Costs		125,443	4,293	114,197	133,316	1.00
	MAINTENANCE						
2.00	Hemodialysis		1,230	97.00	2,121.00	2,027.00	2.00
3.00	Intermittent Peritoneal		0	0.00	0.00	0.00	3.00
	TRAINING						
4.00	Hemodialysis		0	0.00	0.00	0.00	4.00
5.00	Intermittent Peritoneal		0	0.00	0.00	0.00	5.00
6.00	CAPD		0	0.00	0.00	0.00	6.00
7.00	CCDP		0	0.00	0.00	0.00	7.00
	HOME						
8.00	Hemodialysis		0	0.00	0.00	0.00	8.00
9.00	Intermittent Peritoneal		0	0.00	0.00	0.00	9.00
10.00	CAPD		0	0.00	0.00	0.00	10.00
11.00	CCDP		0	1.00	765.00	1,480.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	221	0	2.00	632.00	1,223.00	12.00
13.00	Method II Home Patient		0	0.00	0.00	0.00	13.00
14.00	EPO						14.00
15.00	ARANESP						15.00
16.00	Other		0	0.00	0.00	0.00	16.00
17.00	Total Statistical Basis		1,230	100.00	3,518.00	4,730.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		101.986179	42.930000	32.460773	28.185201	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119

Period: From 07/01/2010 To 06/30/2011

Worksheet I-3

Date/Time Prepared: 1/11/2012 3:39 pm

		Renal Dialysis				PPS	
		Employee Benefits (Salary)	Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	
		5.00	6.00	7.00	8.00	9.00	
1.00	Total Renal Department Costs	90,717	73,342	90,267	0	631,575	1.00
	MAINTENANCE						
2.00	Hemodialysis	49,173	23,077	54,149	0		2.00
3.00	Intermittent Peritoneal	0	0	0	0		3.00
	TRAINING						
4.00	Hemodialysis	0	0	0	0		4.00
5.00	Intermittent Peritoneal	0	0	0	0		5.00
6.00	CAPD	0	0	0	0		6.00
7.00	CCDP	0	0	0	0		7.00
	HOME						
8.00	Hemodialysis	0	0	0	0		8.00
9.00	Intermittent Peritoneal	0	0	0	0		9.00
10.00	CAPD	0	0	0	0		10.00
11.00	CCDP	17,825	8,365	19,629	0		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	14,725	6,910	16,215	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		29,189				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	81,723	38,352	89,993	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	1.110055	1.912338	1.003045	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet I-3 Date/Time Prepared: 1/11/2012 3:39 pm
		Renal Dialysis	PPS

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	226,162		1.00
	MAINTENANCE			
2.00	Hemodialysis			2.00
3.00	Intermittent Peritoneal			3.00
	TRAINING			
4.00	Hemodialysis			4.00
5.00	Intermittent Peritoneal			5.00
6.00	CAPD			6.00
7.00	CCDP			7.00
	HOME			
8.00	Hemodialysis			8.00
9.00	Intermittent Peritoneal			9.00
10.00	CAPD			10.00
11.00	CCDP			11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis Treatments			12.00
13.00	Method II Home Patient			13.00
14.00	EPO			14.00
15.00	ARANESP			15.00
16.00	Other			16.00
17.00	Total Statistical Basis	631,575		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.358092		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/11/2012 3:39 pm
	Rate 0	Renal Dialysis	PPS

		Number of Total Treatments	Total Cost (from Wkst. I-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Total Program Expenses (col. 4 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Maintenance - Hemodialysis	1,232	554,941	450.44	273	122,970	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	24	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	181	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks		
		1.00	2.00	3.00	4.00	5.00	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	165,771	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,437	720,712		273	122,970	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet I-4 Date/Time Prepared: 1/11/2012 3:39 pm
	Rate 0	Renal Dialysis	PPS

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	69,457	254.42		1.00
2.00	Maintenance - Peritoneal Dialysis	0	0.00		2.00
3.00	Training - Hemodialysis	0	0.00		3.00
4.00	Training - Peritoneal Dialysis	0	0.00		4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0.00		5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0.00		6.00
7.00	Home Program - Hemodialysis	0	0.00		7.00
8.00	Home Program - Peritoneal Dialysis	0	0.00		8.00
		6.00	7.00		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	69,457			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet I-5 Date/Time Prepared: 1/11/2012 3:39 pm

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	122,970	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	69,457	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	6,379	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	6,379	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	-6,379	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	55,566	9.00
10.00	Unrecovered from Medicare (Part B) patients (Lesser of line 1 or line 2 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	73,783	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	6,379	11.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140119	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/11/2012 3:39 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,455,254	1.00
2.00	Capital DRG outlier payments	253,649	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	381.75	3.00
4.00	Number of interns & residents (see instructions)	454.13	4.00
5.00	Indirect medical education percentage (see instructions)	39.89	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	2,973,901	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	7.07	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	31.58	8.00
9.00	Sum of lines 7 and 8	38.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	606,858	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	11,289,662	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00