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 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/16/2012 8:49 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/16/2012 Time: 8:49 am
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. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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 07/01/2011 and ending 06/30/2012 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

		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	8,911,152	324,414	389,270	0	1.00
2.00	Subprovider - IPF	0	-43,769	0		0	2.00
3.00	Subprovider - IRF	0	139,239	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	9,006,622	324,414	389,270	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 07/01/2011 To 06/30/2012

Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

	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)	07/01/2011	06/30/2012	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? 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	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	1	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid 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 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	21,969	17,486	412	0	5,805	1,872	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the 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 paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	617	474	0	0	542	0	25.00

		Urban/Rural S 1.00	Date of Geogr 2.00	
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	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

		Beginning:	Ending:	
		1.00	2.00	
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

		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 in column 1. 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	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

		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	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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 that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 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

		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)	19.61	323.97	0.057075	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

		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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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 that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	INTERNAL MEDICINE	1400	8.49	103.44	0.075851	67.00
67.01		MED/PEDS	1450	0.61	14.85	0.039457	67.01
67.02		OB GYNE	1750	3.23	18.93	0.145758	67.02
67.03		PEDIATRICS	2000	0.85	33.67	0.024623	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	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

		V	XIX	
		1.00	2.00	
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
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	3.00	
	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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01

		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.	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.	09/01/1977		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.	11/08/1996		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.	04/30/1991		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.	07/01/1999		130.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-2 Part I Date/Time Prepared: 11/12/2012 9:03 am

		1.00	2.00	
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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		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	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	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	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	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 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II Date/Time Prepared: 11/12/2012 9:04 am

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

		Y/N	Date	
		1.00	2.00	
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

Financial Data and Reports

		Y/N	Type	Date	
		1.00	2.00	3.00	
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

Approved Educational Activities

		Y/N	Legal Oper.	
		1.00	2.00	
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

Bad Debts

		Y/N	
		1.00	
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

PS&R Data

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
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 07/01/2011 To 06/30/2012 | Worksheet S-2 Part II Date/Time Prepared: 11/12/2012 9:04 am

		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.	Y	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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BOBBY	WILLIAMS	41.00
42.00	Enter the employer/company name of the cost report preparer.	RUSH UNIVERSITY MEDICAL CENTER		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-942-8955	BOBBY_G_WILLIAMS@RUSH.EDU	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/12/2012 9:04 am

		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
			3.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		DIRECTOR OF FINANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/12/2012 9:04 am

	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	379	137,403	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)		379	137,403	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	48	17,247	0.00		11.00
12.00	MEDICAL INTENSIVE CARE UNIT	35.00	42	15,606	0.00		12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	35.01	20	7,263	0.00		12.01
12.02	PREMATURE INTENSIVE CARE UNIT	35.02	57	20,862	0.00		12.02
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		546	198,381	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	67	24,522			16.00
17.00	SUBPROVIDER - IRF	41.00	54	19,764			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)		667				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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/12/2012 9:04 am

	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)	1	39,059	19,012	101,124		1.00
2.00	HMO		2,489	8,089			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		0	542			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)	1	39,059	19,012	101,124		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	5,191	2,146	12,277		11.00
12.00	MEDICAL INTENSIVE CARE UNIT	0	6,215	2,186	12,255		12.00
12.01	PEDIATRIC INTENSIVE CARE UNIT	1	16	2,631	4,035		12.01
12.02	PREMATURE INTENSIVE CARE UNIT	0	0	11,045	15,585		12.02
13.00	NURSERY	0		2,435	3,891		13.00
14.00	Total (see instructions)	2	50,481	39,455	149,167		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	6,585	4,475	15,706		16.00
17.00	SUBPROVIDER - IRF	0	7,594	1,091	12,317		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	4,555		28.00
28.01	SUBPROVIDER - IPF				0		28.01
28.02	SUBPROVIDER - IRF				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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/12/2012 9:04 am

	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	9,827	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)	501.20	7,330.38	0.00	2	9,827	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	4.09	85.10	0.00	0	531	16.00
17.00	SUBPROVIDER - IRF	3.94	65.50	0.00	0	632	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)	509.23	7,480.98	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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part I Date/Time Prepared: 11/12/2012 9:04 am

	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)	5,801	28,089		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)	5,801	28,089		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	603	1,732		16.00
17.00	SUBPROVIDER - IRF	80	989		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 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II Date/Time Prepared: 11/12/2012 9:04 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	574,793,473	0	574,793,473	15,584,644.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		15,755,231	0	15,755,231	153,493.00	4.00
4.01	Physicians - Part A - Teaching		3,890,702	0	3,890,702	40,206.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	30,765,849	998,983	31,764,832	1,325,959.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		184,841,939	1,847,634	186,689,573	4,060,580.00	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		839,382	0	839,382	12,009.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		155,395,649	0	155,395,649		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		8,311,491	0	8,311,491		18.00
19.00	Excluded areas		50,278,260	0	50,278,260		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		3,026,670	0	3,026,670		22.00
22.01	Physician Part A - Teaching		762,224	0	762,224		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		12,638,018	0	12,638,018		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	3,912,137	-5,598	3,906,539	92,121.00	26.00
27.00	Administrative & General	5.00	88,715,679	-611,643	88,104,036	2,328,474.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	12,131,677	-19,754	12,111,923	377,586.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	461,127	0	461,127	24,999.00	31.00
32.00	Housekeeping	9.00	12,048,889	0	12,048,889	711,800.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	6,185,034	-6,768	6,178,266	295,444.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	1,771,183	0	1,771,183	101,141.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	5,615,642	-34,195	5,581,447	279,758.00	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	39.00
40.00	Pharmacy	15.00	8,741,257	-842,859	7,898,398	215,907.00	40.00
41.00	Medical Records & Medical Records Library	16.00	9,683,712	-37,764	9,645,948	274,029.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	27,590,163	-2,299,344	25,290,819	501,872.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part II Date/Time Prepared: 11/12/2012 9:04 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	36.88		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A - Administrative	102.64		4.00
4.01	Physicians - Part A - Teaching	96.77		4.01
5.00	Physician-Part B	0.00		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	23.96		7.00
7.01	Contracted interns and residents (in an approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	45.98		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	69.90		11.00
12.00	Contract management and administrative services	0.00		12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00		13.00
14.00	Home office salaries & wage-related costs	0.00		14.00
15.00	Home office: Physician Part A - Administrative	0.00		15.00
16.00	Home office and Contract Physicians Part A - Administrative	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 - Administrative			22.00
22.01	Physician Part A - Teaching			22.01
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	42.41		26.00
27.00	Administrative & General	37.84		27.00
28.00	Administrative & General under contract (see inst.)	0.00		28.00
29.00	Maintenance & Repairs	32.08		29.00
30.00	Operation of Plant	0.00		30.00
31.00	Laundry & Linen Service	18.45		31.00
32.00	Housekeeping	16.93		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	20.91		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	17.51		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	19.95		38.00
39.00	Central Services and Supply	0.00		39.00
40.00	Pharmacy	36.58		40.00
41.00	Medical Records & Medical Records Library	35.20		41.00
42.00	Social Service	0.00		42.00
43.00	Other General Service	50.39		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/12/2012 9:04 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		540,136,922	-998,983	539,137,939	14,218,479.00	1.00
2.00	Excluded area salaries (see instructions)		184,841,939	1,847,634	186,689,573	4,060,580.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		355,294,983	-2,846,617	352,448,366	10,157,899.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		839,382	0	839,382	12,009.00	4.00
5.00	Subtotal wage-related costs (see inst.)		166,733,810	0	166,733,810	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		522,868,175	-2,846,617	520,021,558	10,169,908.00	6.00
7.00	Total overhead cost (see instructions)		176,856,500	-3,857,925	172,998,575	5,203,131.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140119

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
11/12/2012 9:04 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	37.92		1.00
2.00	Excluded area salaries (see instructions)	45.98		2.00
3.00	Subtotal salaries (line 1 minus line 2)	34.70		3.00
4.00	Subtotal other wages & related costs (see inst.)	69.90		4.00
5.00	Subtotal wage-related costs (see inst.)	47.31		5.00
6.00	Total (sum of lines 3 thru 5)	51.13		6.00
7.00	Total overhead cost (see instructions)	33.25		7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/12/2012 9:04 am

		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	10,439,141	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	38,828,617	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)	55,017,051	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,108,288	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	2,137,100	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	4,131,450	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	445,153	16.00
	TAXES		
17.00	FICA-Employers Portion Only	39,133,080	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	1,791,045	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	2,364,724	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	155,395,649	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	8,311,491	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-3 Part V Date/Time Prepared: 11/12/2012 9:04 am

	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		0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet S-5 | Date/Time Prepared: 11/12/2012 9:04 am

		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	11	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	3.33	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	6.69	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	158	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)	42.30	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	4					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.	30,057					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	3,290,000					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 07/01/2011 To 06/30/2012 | Worksheet S-5 | Date/Time Prepared: 11/12/2012 9:04 am

		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 07/01/2011 To 06/30/2012 | Worksheet S-10 | Date/Time Prepared: 11/12/2012 9:04 am

		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)	0.248405	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	96,287,097	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	556,413,377	6.00
7.00	Medicaid cost (line 1 times line 6)	138,215,865	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)	16,720,495	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)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	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	1,094,114	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)	16,720,495	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	72,813,826	4,091,176	76,905,002	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,087,318	1,016,269	19,103,587	21.00
22.00	Partial payment by patients approved for charity care	28,416	80,361	108,777	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,058,902	935,908	18,994,810	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)	24,106,128	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	2,581,285	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	21,524,843	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	5,346,879	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	24,341,689	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	41,062,184	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01	00101	DEPRECIATION OLD HOSPITAL		-18,613,580	-18,613,580	21,220,530	2,606,950	1.01
1.02	00102	DEPRECIATION DIRECT BLDG		0	0	9,438,118	9,438,118	1.02
1.03	00103	DEPRECIATION KELLOGG PAV		0	0	3,185,076	3,185,076	1.03
1.04	00104	DEPRECIATION JELKE SOUTH		0	0	2,819,247	2,819,247	1.04
1.05	00105	DEPRECIATION ATRIUM PAV		0	0	3,668,618	3,668,618	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH		0	0	1,448,955	1,448,955	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH		0	0	1,318,424	1,318,424	1.07
1.08	00108	DEPRECIATION WOOD ST		0	0	318,509	318,509	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY		0	0	1,554,722	1,554,722	1.09
1.10	00110	DEPRECIATION PRO BLDG III		0	0	1,198,682	1,198,682	1.10
1.11	00111	DEPRECIATION JRB		0	0	807,772	807,772	1.11
1.12	00112	DEPRECIATION TOB		0	0	1,048,743	1,048,743	1.12
1.13	00113	DEPRECIATION EQUIPMENT		0	0	44,173,571	44,173,571	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS		0	0	1,081,825	1,081,825	1.14
1.15	00115	DEPRECIATION KIDSTON		0	0	107,862	107,862	1.15
1.16	00116	DEPRECIATION COHN		0	0	1,582,805	1,582,805	1.16
1.17	00117	DEPRECIATION TOWER		0	0	9,839,278	9,839,278	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
2.01	00201	INTEREST GENERAL		19,616,668	19,616,668	-15,462,516	4,154,152	2.01
2.02	00202	INTEREST DIRECT BLDG		0	0	1,668,631	1,668,631	2.02
2.03	00203	INTEREST ATRUM PAV		0	0	5,803,304	5,803,304	2.03
2.04	00204	INTEREST PRO BLDG SOUTH		0	0	844,656	844,656	2.04
2.05	00205	INTEREST TOB		0	0	1,394,163	1,394,163	2.05
2.06	00206	INTEREST PRO BLDG III		0	0	18,071	18,071	2.06
2.07	00207	INTEREST TOWER		0	0	5,559,171	5,559,171	2.07
2.08	00208	INTEREST PRO BLDG NORTH		0	0	174,520	174,520	2.08
4.00	00400	EMPLOYEE BENEFITS	3,912,137	-5,488,109	-1,575,972	145,536,016	143,960,044	4.00
5.01	00510	TRANSITION RECRUITMENT	73,227	33,821,700	33,894,927	-20,138	33,874,789	5.01
5.02	00511	PARKING GARAGE	0	3,471,575	3,471,575	739,388	4,210,963	5.02
5.03	00512	RESEARCH ADMINISTRATION	2,960,509	11,069,982	14,030,491	-7,600,722	6,429,769	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	2,345,935	1,951,179	4,297,114	-859,312	3,437,802	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	2,634,186	1,380,805	4,014,991	-995,896	3,019,095	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	655,555	531,327	1,186,882	-1,498,236	-311,354	5.06
5.07	00516	ADMIN & GEN PT SERVICE	15,788,286	21,562,067	37,350,353	15,436,580	52,786,933	5.07
5.08	00517	PERSONNEL DEPARTMENT	2,632,504	3,085,090	5,717,594	-1,160,202	4,557,392	5.08
5.09	00518	RESEARCH FACULTY	8,674,857	6,596,562	15,271,419	-4,070,827	11,200,592	5.09
5.10	00519	RESEARCH SPA	5,401,518	5,171,283	10,572,801	-1,953,462	8,619,339	5.10
5.11	00560	CORPORATE ADMINISTRATION	47,549,102	48,362,908	95,912,010	6,375,864	102,287,874	5.11
6.00	00600	MAINTENANCE & REPAIRS	12,131,677	44,695,452	56,827,129	-5,183,870	51,643,259	6.00
6.01	00601	RENTED SPACE COSTS	0	88,126	88,126	0	88,126	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	461,127	4,138,861	4,599,988	-847,812	3,752,176	8.00
9.00	00900	HOUSEKEEPING	12,048,889	6,685,262	18,734,151	-3,077,760	15,656,391	9.00
10.00	01000	DIETARY	500,708	361,580	862,288	-328,698	533,590	10.00
10.01	01001	PATIENT FOOD SERVICE	5,684,326	5,089,599	10,773,925	-3,014,956	7,758,969	10.01
11.00	01100	CAFETERIA	1,771,183	3,413,611	5,184,794	-2,005,341	3,179,453	11.00
13.00	01300	NURSING ADMINISTRATION	5,615,642	3,374,554	8,990,196	-2,295,599	6,694,597	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	3,079,146	3,079,146	-2,729,860	349,286	14.00
15.00	01500	PHARMACY	8,741,257	59,301,981	68,043,238	-27,835,723	40,207,515	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,867,282	3,210,068	7,077,350	-1,639,337	5,438,013	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,816,430	2,588,296	8,404,726	-1,946,379	6,458,347	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,453,294	513,280	1,966,574	-516,922	1,449,652	18.00
18.01	01080	CLINICAL LAB ADMIN PED	150,015	321,471	471,486	-148,183	323,303	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,396,437	595,206	1,991,643	-419,764	1,571,879	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,298,954	1,559,111	3,858,065	-767,792	3,090,273	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	320,556	297,946	618,502	209,400	827,902	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	-1,185	1,412,023	1,410,838	-732,616	678,222	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	120,604	323,813	444,417	-213,354	231,063	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	25,090	25,090	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,095,370	591,540	1,686,910	606,805	2,293,715	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	960,242	1,368,885	2,329,127	-344,603	1,984,524	18.09
18.12	01091	DISCRETIONARY OPERATIONS	7,626,986	4,730,335	12,357,321	-6,606,967	5,750,354	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	3,412,600	-8,055,904	-4,643,304	10,009,241	5,365,937	18.14
18.16	01095	NURSING SCHOOL SPLIT	8,756,290	8,722,295	17,478,585	-7,623,988	9,854,597	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	2,461,502	2,461,502	19.00
20.00	02000	NURSING SCHOOL	0	0	0	2,838,010	2,838,010	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	30,765,849	16,969,047	47,734,896	-14,272,558	33,462,338	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,152,239	3,637,148	9,789,387	-2,506,223	7,283,164	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,268,938	5,129,222	6,398,160	-4,595,878	1,802,282	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	285,343	89,293	374,636	29,502	404,138	23.01
23.02	02302	PARAMED DIETARY	315,793	132,490	448,283	-19,903	428,380	23.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.03	02303	PARAMED SPEECH	1,033,090	473,950	1,507,040	-15,127	1,491,913	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	607,979	378,450	986,429	-29,888	956,541	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	178,162	178,162	23.05
23.06	02306	PARAMED PASTORAL CARE	149,570	38,434	188,004	273,212	461,216	23.06
23.07	02307	PARAMED TECHNOLOGY	642,082	380,723	1,022,805	24,258	1,047,063	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	201,692	136,417	338,109	8,842	346,951	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	490,860	490,860	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	354,669	258,458	613,127	25,711	638,838	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	421,740	213,322	635,062	36,255	671,317	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,536,777	27,705,631	71,242,408	-24,562,881	46,679,527	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,515,663	6,718,838	17,234,501	-5,091,497	12,143,004	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,292,849	6,544,957	17,837,806	-5,351,990	12,485,816	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,279,432	2,333,543	6,612,975	-1,662,579	4,950,396	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,685,943	4,542,013	14,227,956	-3,252,919	10,975,037	35.02
40.00	04000	SUBPROVIDER - IPF	6,569,126	3,715,123	10,284,249	-3,463,507	6,820,742	40.00
41.00	04100	SUBPROVIDER - IRF	4,660,019	2,889,864	7,549,883	-2,674,560	4,875,323	41.00
43.00	04300	NURSERY	0	-2	-2	1,666,080	1,666,078	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,478,533	84,137,420	98,615,953	-59,234,323	39,381,630	50.00
51.00	05100	RECOVERY ROOM	3,323,688	2,810,637	6,134,325	-2,326,828	3,807,497	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,163,361	2,392,219	6,555,580	-1,754,476	4,801,104	52.00
53.00	05300	ANESTHESIOLOGY	2,878,631	4,129,673	7,008,304	-4,124,098	2,884,206	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,690,711	12,349,122	23,039,833	-7,841,365	15,198,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,882,493	3,573,363	6,455,856	-2,432,602	4,023,254	55.00
56.00	05600	RADIOISOTOPE	753,042	2,826,892	3,579,934	-852,098	2,727,836	56.00
60.00	06000	LABORATORY	20,858,900	31,352,249	52,211,149	-10,378,071	41,833,078	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,197,050	11,747,378	13,944,428	-1,183,209	12,761,219	62.00
64.00	06400	INTRAVENOUS THERAPY	404,311	498,836	903,147	-168,294	734,853	64.00
65.00	06500	RESPIRATORY THERAPY	4,267,937	3,989,944	8,257,881	-1,688,386	6,569,495	65.00
66.00	06600	PHYSICAL THERAPY	3,189,263	1,997,503	5,186,766	-1,830,757	3,356,009	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,056,836	1,355,617	3,412,453	-1,155,946	2,256,507	67.00
68.00	06800	SPEECH PATHOLOGY	1,247,073	902,926	2,149,999	-753,597	1,396,402	68.00
69.00	06900	ELECTROCARDIOLOGY	2,599,199	10,328,293	12,927,492	-8,180,315	4,747,177	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	904,101	724,065	1,628,166	-593,868	1,034,298	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,512,664	1,512,664	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	54,068,100	54,068,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,649,556	23,649,556	73.00
74.00	07400	RENAL DIALYSIS	242,450	2,631,235	2,873,685	-2,444,738	428,947	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,218,029	2,218,029	76.00
76.01	03021	PSYCH DAY HOSPITAL	1,891,710	1,205,106	3,096,816	-582,468	2,514,348	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10,472,834	24,240,001	34,712,835	-11,352,688	23,360,147	90.00
91.00	09100	EMERGENCY	7,364,159	6,050,188	13,414,347	-4,448,161	8,966,186	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,157,948	4,880,309	6,038,257	-399,796	5,638,461	105.00
106.00	10600	HEART ACQUISITION	643,707	383,369	1,027,076	-177,019	850,057	106.00
107.00	10700	LIVER ACQUISITION	680,914	1,497,576	2,178,490	-212,847	1,965,643	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	41,054	132,606	173,660	-11,470	162,190	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	408,985,198	579,349,442	988,334,640	95,166,615	1,083,501,255	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	721,303	2,716,123	3,437,426	-951,947	2,485,479	190.00
190.01	19001	FUND RAISING	3,690,366	2,999,110	6,689,476	-1,297,659	5,391,817	190.01
190.02	19002	RUSH DAY SCHOOL	1,439,004	651,374	2,090,378	-395,726	1,694,652	190.02
191.00	19100	RESEARCH	22,774,002	19,603,868	42,377,870	0	42,377,870	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	7,618,447	3,272,876	10,891,323	0	10,891,323	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,143,295	24,478,197	27,621,492	-25,924,167	1,697,325	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	99,151,491	77,115,297	176,266,788	-52,331,619	123,935,169	192.00
194.00	07950	MEDICAL COLLEGE	13,466,143	15,009,825	28,475,968	-10,287,695	18,188,273	194.00
194.01	07951	AFFIL CORP ARC VENTURES	3,895,716	28,163,504	32,059,220	-1,308,970	30,750,250	194.01
194.02	07952	AFFIL CORP ROOM 500	790,500	2,026,251	2,816,751	-1,376,969	1,439,782	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	9,118,008	16,128,849	25,246,857	-1,291,863	23,954,994	194.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/12/2012 9:04 am

	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	
200.00	TOTAL (SUM OF LINES 118-199)	574,793,473	771,514,716	1,346,308,189	0	1,346,308,189	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	108,098	2,715,048		1.01
1.02	00102	DEPRECIATION DIRECT BLDG	-33,049	9,405,069		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	3,185,076		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	2,819,247		1.04
1.05	00105	DEPRECIATION ATRIUM PAV	19,947	3,688,565		1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	1,448,955		1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	119,472	1,437,896		1.07
1.08	00108	DEPRECIATION WOOD ST	0	318,509		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	7,660	1,562,382		1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,198,682		1.10
1.11	00111	DEPRECIATION JRB	357,514	1,165,286		1.11
1.12	00112	DEPRECIATION TOB	0	1,048,743		1.12
1.13	00113	DEPRECIATION EQUIPMENT	454,203	44,627,774		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	1,081,825		1.14
1.15	00115	DEPRECIATION KIDSTON	0	107,862		1.15
1.16	00116	DEPRECIATION COHN	0	1,582,805		1.16
1.17	00117	DEPRECIATION TOWER	0	9,839,278		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
2.01	00201	INTEREST GENERAL	-1,468,322	2,685,830		2.01
2.02	00202	INTEREST DIRECT BLDG	-600,995	1,067,636		2.02
2.03	00203	INTEREST ATRUM PAV	-2,090,190	3,713,114		2.03
2.04	00204	INTEREST PRO BLDG SOUTH	-304,222	540,434		2.04
2.05	00205	INTEREST TOB	-502,139	892,024		2.05
2.06	00206	INTEREST PRO BLDG III	-6,509	11,562		2.06
2.07	00207	INTEREST TOWER	-2,002,260	3,556,911		2.07
2.08	00208	INTEREST PRO BLDG NORTH	-62,857	111,663		2.08
4.00	00400	EMPLOYEE BENEFITS	12,029,145	155,989,189		4.00
5.01	00510	TRANSITION RECRUITMENT	-27,697	33,847,092		5.01
5.02	00511	PARKING GARAGE	-9,083,627	-4,872,664		5.02
5.03	00512	RESEARCH ADMINISTRATION	-13,976	6,415,793		5.03
5.04	00513	ADMIN & GEN INPT SERVICE	-4,809	3,432,993		5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	3,019,095		5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	-311,354		5.06
5.07	00516	ADMIN & GEN PT SERVICE	-1,308,130	51,478,803		5.07
5.08	00517	PERSONNEL DEPARTMENT	0	4,557,392		5.08
5.09	00518	RESEARCH FACULTY	-133,559	11,067,033		5.09
5.10	00519	RESEARCH SPA	-372,196	8,247,143		5.10
5.11	00560	CORPORATE ADMINISTRATION	-40,119,991	62,167,883		5.11
6.00	00600	MAINTENANCE & REPAIRS	-909,069	50,734,190		6.00
6.01	00601	RENTED SPACE COSTS	0	88,126		6.01
8.00	00800	LAUNDRY & LINEN SERVICE	-256	3,751,920		8.00
9.00	00900	HOUSEKEEPING	-16,560	15,639,831		9.00
10.00	01000	DIETARY	0	533,590		10.00
10.01	01001	PATIENT FOOD SERVICE	-38,565	7,720,404		10.01
11.00	01100	CAFETERIA	-2,703,745	475,708		11.00
13.00	01300	NURSING ADMINISTRATION	-141,959	6,552,638		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	349,286		14.00
15.00	01500	PHARMACY	0	40,207,515		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,996	5,418,017		16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	-90,348	6,367,999		16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,449,652		18.00
18.01	01080	CLINICAL LAB ADMIN PED	-188,271	135,032		18.01
18.02	01081	CLINICAL LAB ADMIN OB	-187,924	1,383,955		18.02
18.03	01082	CLINICAL LAB ADMIN SURG	-627,311	2,462,962		18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	-383,496	444,406		18.04
18.05	01084	CLINICAL LAB ADMIN PATH	-62,753	615,469		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	-74,735	156,328		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-31,337	-6,247		18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	-1,330,208	963,507		18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	-24,945	1,959,579		18.09
18.12	01091	DISCRETIONARY OPERATIONS	-7,365,857	-1,615,503		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	-923,256	4,442,681		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	9,854,597		18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	-2,461,502	0		19.00
20.00	02000	NURSING SCHOOL	-16,482,664	-13,644,654		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-1,682,220	31,780,118		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-325,911	6,957,253		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	-1,155,001	647,281		23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-806,918	-402,780		23.01
23.02	02302	PARAMED DIETARY	-651,635	-223,255		23.02
23.03	02303	PARAMED SPEECH	-2,198,802	-706,889		23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-1,919,310	-962,769		23.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
23.05	02305	PARAMED MEDICAL PHYSICS	0	178,162		23.05
23.06	02306	PARAMED PASTORAL CARE	-2,500	458,716		23.06
23.07	02307	PARAMED TECHNOLOGY	-1,905,893	-858,830		23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-647,595	-300,644		23.08
23.09	02309	PARAMED PHARMACY	-46,000	444,860		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-1,519,249	-880,411		23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-1,546,488	-875,171		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-78,264	46,601,263		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	-1,756	12,141,248		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	-164,184	12,321,632		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	4,950,396		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	-247,599	10,727,438		35.02
40.00	04000	SUBPROVIDER - IPF	0	6,820,742		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,875,323		41.00
43.00	04300	NURSERY	0	1,666,078		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-11,442	39,370,188		50.00
51.00	05100	RECOVERY ROOM	0	3,807,497		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,801,104		52.00
53.00	05300	ANESTHESIOLOGY	-97,534	2,786,672		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-43,848	15,154,620		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,023,254		55.00
56.00	05600	RADIOISOTOPE	-1,540	2,726,296		56.00
60.00	06000	LABORATORY	-2,731,973	39,101,105		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-43,914	12,717,305		62.00
64.00	06400	INTRAVENOUS THERAPY	-41	734,812		64.00
65.00	06500	RESPIRATORY THERAPY	-20,372	6,549,123		65.00
66.00	06600	PHYSICAL THERAPY	-3,908	3,352,101		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,256,507		67.00
68.00	06800	SPEECH PATHOLOGY	-3,806	1,392,596		68.00
69.00	06900	ELECTROCARDIOLOGY	-348,579	4,398,598		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-29,100	1,005,198		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,512,664		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	54,068,100		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-59,673	23,589,883		73.00
74.00	07400	RENAL DIALYSIS	0	428,947		74.00
76.00	03020	RENAL DIALYSIS I/P	0	2,218,029		76.00
76.01	03021	PSYCH DAY HOSPITAL	-182,300	2,332,048		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-72,035	23,288,112		90.00
91.00	09100	EMERGENCY	-76,587	8,889,599		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
		SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	5,638,461		105.00
106.00	10600	HEART ACQUISITION	0	850,057		106.00
107.00	10700	LIVER ACQUISITION	0	1,965,643		107.00
108.00	10800	LUNG ACQUISITION	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	162,190		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF	0	0		114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-97,729,223	985,772,032		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,485,479		190.00
190.01	19001	FUND RAISING	-141,821	5,249,996		190.01
190.02	19002	RUSH DAY SCHOOL	0	1,694,652		190.02
191.00	19100	RESEARCH	0	42,377,870		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	10,891,323		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	1,697,325		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	123,935,169		192.00
194.00	07950	MEDICAL COLLEGE	-50,842	18,137,431		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	30,750,250		194.01
194.02	07952	AFFIL CORP ROOM 500	0	1,439,782		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	23,954,994		194.03
200.00		TOTAL (SUM OF LINES 118-199)	-97,921,886	1,248,386,303		200.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	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	148,982,600	1.00
2.00	CLINICAL LAB ADMIN PATH	18.05	0	326	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

	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
	TOTALS		0	148,982,926	
	B - DIRECT EDUCATION				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	6,140,432	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
	TOTALS		6,140,432	0	
	C - PARKING GARAGE RECH #49490				
1.00	PARKING GARAGE	5.02	0	748,775	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

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	748,775	
	D - REAL ESTATE TAX				
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,389,900	1.00
	TOTALS		0	1,389,900	
	E - TRIANGLE BLDG HOUSEKEEPING				
1.00	HOUSEKEEPING	9.00	0	295,929	1.00
	TOTALS		0	295,929	
	F - PROPERTY INSURANCE				
1.00	DEPRECIATION EQUIPMENT	1.13	0	2,206,761	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
	TOTALS		0	2,206,761	
	G - CENTRAL SUPPLY				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,512,664	1.00
	TOTALS		0	1,512,664	
	H - PHARMACY				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,649,556	1.00
	TOTALS		0	23,649,556	
	I - SPACE RECH #49940				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	102,443,928	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

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	102,443,928	
	J - AFFIL CORP OH #45969				
1.00	CORPORATE ADMINISTRATION	5.11	0	40,323,648	1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	13,079,856	2.00
3.00	AFFIL CORP JOINT VENTURES	194.03	0	644,280	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	54,047,784	
	K - NURSE ANESTH				
1.00	NONPHYSICIAN ANESTHETISTS	19.00	2,461,502	0	1.00
	TOTALS		2,461,502	0	
	L - DATA CENTER				
1.00	ADMIN & GEN PT SERVICE	5.07	12,253,232	15,645,882	1.00
	TOTALS		12,253,232	15,645,882	
	M - PASTORAL CARE				
1.00	PARAMED PASTORAL CARE	23.06	463,941	33,920	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	149,570	38,434	2.00
3.00		0.00	0	0	3.00
	TOTALS		613,511	72,354	
	N - MALPRACTICE				
1.00	CORPORATE ADMINISTRATION	5.11	0	11,839,200	1.00
	TOTALS		0	11,839,200	
	O - DEPRECIATION				
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	2,531,287	1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	9,429,615	2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	3,045,045	3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	2,676,886	4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	3,565,047	5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	1,353,858	6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	1,250,844	7.00
8.00	DEPRECIATION WOOD ST	1.08	0	315,870	8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	1,509,313	9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	1,154,345	10.00
11.00	DEPRECIATION JRB	1.11	0	774,810	11.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00	DEPRECIATION TOB	1.12	0	997,292		12.00
13.00	DEPRECIATION EQUIPMENT	1.13	0	41,966,810		13.00
14.00	DEPRECIATION ORTHOPEDICS	1.14	0	1,081,825		14.00
15.00	DEPRECIATION KIDSTON	1.15	0	97,153		15.00
16.00	DEPRECIATION COHN	1.16	0	1,582,366		16.00
17.00	DEPRECIATION TOWER	1.17	0	9,833,488		17.00
	TOTALS		0	83,165,854		
	P - INTEREST					
1.00	INTEREST GENERAL	2.01	0	4,076,717		1.00
2.00	INTEREST DIRECT BLDG	2.02	0	1,668,631		2.00
3.00	INTEREST ATRUM PAV	2.03	0	5,803,304		3.00
4.00	INTEREST PRO BLDG SOUTH	2.04	0	844,656		4.00
5.00	INTEREST TOB	2.05	0	1,394,163		5.00
6.00	INTEREST PRO BLDG III	2.06	0	18,071		6.00
7.00	INTEREST TOWER	2.07	0	5,559,171		7.00
8.00	INTEREST PRO BLDG NORTH	2.08	0	174,520		8.00
	TOTALS		0	19,539,233		
	Q - NURSING SALARY					
1.00	NURSERY	43.00	1,529,985	895,851		1.00
	TOTALS		1,529,985	895,851		
	R - PHYSICS RESIDENTS					
1.00	PARAMED MEDICAL PHYSICS	23.05	178,162	0		1.00
2.00		0.00	0	0		2.00
	TOTALS		178,162	0		
	S - RENAL DIALYSIS SPLIT					
1.00	RENAL DIALYSIS	74.00	35,745	0		1.00
2.00	RENAL DIALYSIS I/P	76.00	4,904	2,213,125		2.00
	TOTALS		40,649	2,213,125		
	T - NON-RESEARCH					
1.00	EMPLOYEE BENEFITS	4.00	0	20,837		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	5,500		2.00
3.00	ADMIN & GEN PT SERVICE	5.07	323,795	55,051		3.00
4.00	CORPORATE ADMINISTRATION	5.11	94,984	33,256		4.00
5.00	MEDICAL RECORDS & LIBRARY	16.01	0	80,054		5.00
6.00	CLINICAL LAB ADMIN PED	18.01	80,715	85,763		6.00
7.00	CLINICAL LAB ADMIN OB	18.02	142,037	7,537		7.00
8.00	CLINICAL LAB ADMIN SURG	18.03	269,638	188,089		8.00
9.00	CLINICAL LAB ADMIN PSYCH	18.04	269,039	41,766		9.00
10.00	CLINICAL LAB ADMIN PATH	18.05	48,955	25,788		10.00
11.00	CLINICAL LAB ADMIN CARD	18.06	22,891	43,653		11.00
12.00	CLINICAL LAB ADMIN HEMAT	18.07	23,136	1,954		12.00
13.00	CLINICAL LAB ADMIN NEUR	18.08	652,210	492,293		13.00
14.00	DISCRETIONARY OPERATIONS	18.12	3,420,354	2,541,532		14.00
15.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	415,829	181,205		15.00
16.00	NURSING SCHOOL SPLIT	18.16	43,909	54,929		16.00
17.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	427,969	86,042		17.00
18.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	1,000	10,486		18.00
19.00	ADULTS & PEDIATRICS	30.00	25,189	46,273		19.00
20.00	PREMATURE INTENSIVE CARE UNIT	35.02	73,665	116,090		20.00
21.00	ANESTHESIOLOGY	53.00	0	96,620		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,639		22.00
23.00	RADIOISOTOPE	56.00	0	1,540		23.00
24.00	LABORATORY	60.00	967,880	297,133		24.00
25.00	RESPIRATORY THERAPY	65.00	72	15,611		25.00
26.00	PHYSICAL THERAPY	66.00	0	2,600		26.00
27.00	ELECTROCARDIOLOGY	69.00	118,091	4,635		27.00
28.00	PSYCH DAY HOSPITAL	76.01	128,484	14,705		28.00
29.00	EMERGENCY	91.00	23,236	39,554		29.00
30.00	FUND RAISING	190.01	53,908	73,357		30.00
31.00	MEDICAL COLLEGE	194.00	0	50,842		31.00
	TOTALS		7,626,986	4,730,334		
	U - HSM TEACHING					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	919,909	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

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		919,909	0		
	V - TUITION ASSISTANCE					
1.00	NURSING SCHOOL	20.00	0	2,838,010		1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	501,521		2.00
	TOTALS		0	3,339,531		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	111,564		1.00
2.00	DEPRECIATION DIRECT BLDG	1.02	0	8,503		2.00
3.00	DEPRECIATION KELLOGG PAV	1.03	0	140,031		3.00
4.00	DEPRECIATION JELKE SOUTH	1.04	0	142,361		4.00
5.00	DEPRECIATION ATRIUM PAV	1.05	0	103,571		5.00
6.00	DEPRECIATION PRO BLDG NORTH	1.06	0	95,097		6.00
7.00	DEPRECIATION PRO BLDG SOUTH	1.07	0	67,580		7.00
8.00	DEPRECIATION WOOD ST	1.08	0	2,639		8.00
9.00	DEPRECIATION ACADEMIC FACILITY	1.09	0	45,409		9.00
10.00	DEPRECIATION PRO BLDG III	1.10	0	44,337		10.00
11.00	DEPRECIATION JRB	1.11	0	32,962		11.00
12.00	DEPRECIATION TOB	1.12	0	51,451		12.00
13.00	DEPRECIATION KIDSTON	1.15	0	10,709		13.00
14.00	DEPRECIATION COHN	1.16	0	439		14.00
15.00	DEPRECIATION TOWER	1.17	0	5,790		15.00
	TOTALS		0	862,443		
	X - IMPLANT DIRECT COST					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	54,068,100		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
	TOTALS		0	54,068,100		
	Y - PHARMACY RESIDENTS					
1.00	PARAMED PHARMACY	23.09	471,167	19,693		1.00
	TOTALS		471,167	19,693		
	Z - DEANS OFFICE					
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	157,078		1.00
2.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	109,841		2.00
3.00	PARAMED DIETARY	23.02	0	73,270		3.00
4.00	PARAMED TECHNOLOGY	23.07	0	214,414		4.00
5.00	PARAMED SPEECH	23.03	0	333,459		5.00
6.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	187,749		6.00
7.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	20,663		7.00
8.00	PARAMED VASCULAR ULTRASOUND	23.08	0	67,161		8.00
9.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	149,798		9.00
10.00	PARAMED RESPIRATORY THERAPY	23.10	0	156,721		10.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	MEDICAL COLLEGE	194.00	0	45,678	11.00
	TOTALS		0	1,515,832	
500.00	Grand Total: Increases		32,235,535	533,185,655	500.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	Decreases					
	Cost Center	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	20,138	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	795,251	0	2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	649,056	0	3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	737,572	0	4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	165,837	0	5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	7,801,022	0	6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	737,101	0	7.00
8.00	RESEARCH FACULTY	5.09	0	2,292,005	0	8.00
9.00	RESEARCH SPA	5.10	0	1,458,637	0	9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	9,866,418	0	10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	3,396,870	0	11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	126,810	0	12.00
13.00	HOUSEKEEPING	9.00	0	3,373,689	0	13.00
14.00	DIETARY	10.00	0	139,106	0	14.00
15.00	PATIENT FOOD SERVICE	10.01	0	1,563,190	0	15.00
16.00	CAFETERIA	11.00	0	495,931	0	16.00
17.00	NURSING ADMINISTRATION	13.00	0	1,547,186	0	17.00
18.00	PHARMACY	15.00	0	2,403,846	0	18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,063,503	0	19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	1,599,518	0	20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	399,656	0	21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	41,254	0	22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	384,020	0	23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	632,212	0	24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	88,153	0	25.00
26.00	CLINICAL LAB ADMIN CARD	18.06	0	33,166	0	26.00
27.00	CLINICAL LAB ADMIN NEUR	18.08	0	301,227	0	27.00
28.00	CLINICAL LAB ADMIN OCLS	18.09	0	264,066	0	28.00
29.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	955,528	0	29.00
30.00	NURSING SCHOOL SPLIT	18.16	0	2,153,933	0	30.00
31.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	8,462,288	0	31.00
32.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,691,866	0	32.00
33.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	311,197	0	33.00
34.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	69,909	0	34.00
35.00	PARAMED DIETARY	23.02	0	77,369	0	35.00
36.00	PARAMED SPEECH	23.03	0	253,107	0	36.00
37.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	148,955	0	37.00
38.00	PARAMED PASTORAL CARE	23.06	0	36,645	0	38.00
39.00	PARAMED TECHNOLOGY	23.07	0	157,310	0	39.00
40.00	PARAMED VASCULAR ULTRASOUND	23.08	0	49,415	0	40.00
41.00	PARAMED RESPIRATORY THERAPY	23.10	0	86,894	0	41.00
42.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	103,326	0	42.00
43.00	ADULTS & PEDIATRICS	30.00	0	11,551,868	0	43.00
44.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,891,807	0	44.00
45.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	3,105,533	0	45.00
46.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	1,176,844	0	46.00
47.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	2,663,634	0	47.00
48.00	SUBPROVIDER - IPF	40.00	0	1,806,510	0	48.00
49.00	SUBPROVIDER - IRF	41.00	0	1,281,505	0	49.00
50.00	NURSERY	43.00	0	420,746	0	50.00
51.00	OPERATING ROOM	50.00	0	3,981,597	0	51.00
52.00	RECOVERY ROOM	51.00	0	914,014	0	52.00
53.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,144,924	0	53.00
54.00	ANESTHESIOLOGY	53.00	0	791,624	0	54.00
55.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,939,946	0	55.00
56.00	RADIOLOGY-THERAPEUTIC	55.00	0	793,483	0	56.00
57.00	RADIOISOTOPE	56.00	0	207,087	0	57.00
58.00	LABORATORY	60.00	0	5,738,015	0	58.00
59.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	604,189	0	59.00
60.00	INTRAVENOUS THERAPY	64.00	0	111,186	0	60.00
61.00	RESPIRATORY THERAPY	65.00	0	1,173,683	0	61.00
62.00	PHYSICAL THERAPY	66.00	0	877,047	0	62.00
63.00	OCCUPATIONAL THERAPY	67.00	0	565,630	0	63.00
64.00	SPEECH PATHOLOGY	68.00	0	342,945	0	64.00
65.00	ELECTROCARDIOLOGY	69.00	0	714,780	0	65.00
66.00	ELECTROENCEPHALOGRAPHY	70.00	0	248,628	0	66.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
67.00	RENAL DIALYSIS	74.00	0	66,674	0		67.00
68.00	PSYCH DAY HOSPITAL	76.01	0	520,220	0		68.00
69.00	CLINIC	90.00	0	2,261,131	0		69.00
70.00	EMERGENCY	91.00	0	2,025,144	0		70.00
71.00	KIDNEY ACQUISITION	105.00	0	318,436	0		71.00
72.00	HEART ACQUISITION	106.00	0	177,019	0		72.00
73.00	LIVER ACQUISITION	107.00	0	187,251	0		73.00
74.00	PANCREAS ACQUISITION	109.00	0	11,290	0		74.00
75.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	201,452	0		75.00
76.00	FUND RAISING	190.01	0	1,033,302	0		76.00
77.00	RUSH DAY SCHOOL	190.02	0	395,726	0		77.00
78.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	11,115,547	0		78.00
79.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	21,319,484	0		79.00
80.00	MEDICAL COLLEGE	194.00	0	3,263,230	0		80.00
81.00	AFFIL CORP ARC VENTURES	194.01	0	1,071,322	0		81.00
82.00	AFFIL CORP ROOM 500	194.02	0	220,229	0		82.00
83.00	AFFIL CORP JOINT VENTURES	194.03	0	1,814,062	0		83.00
	TOTALS		0	148,982,926			
	B - DIRECT EDUCATION						
1.00	ADMIN & GEN PT SERVICE	5.07	7,307	0	0		1.00
2.00	CORPORATE ADMINISTRATION	5.11	502	0	0		2.00
3.00	PHARMACY	15.00	371,692	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	890	0	0		4.00
5.00	CLINICAL LAB ADMIN MED	18.00	3,203	0	0		5.00
6.00	CLINICAL LAB ADMIN PATH	18.05	3,714	0	0		6.00
7.00	CLINICAL LAB ADMIN OCLS	18.09	41	0	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	5,568,463	0	0		8.00
9.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	107,567	0	0		9.00
10.00	PARAMED VASCULAR ULTRASOUND	23.08	500	0	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	40,917	0	0		11.00
12.00	EMERGENCY	91.00	1,673	0	0		12.00
13.00	MEDICAL COLLEGE	194.00	33,963	0	0		13.00
	TOTALS		6,140,432	0			
	C - PARKING GARAGE RECH #49490						
1.00	EMPLOYEE BENEFITS	4.00	0	838	0		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	723	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	340	0		3.00
4.00	ADMIN & GEN PT SERVICE	5.07	0	10,156	0		4.00
5.00	PERSONNEL DEPARTMENT	5.08	0	30,635	0		5.00
6.00	RESEARCH FACULTY	5.09	0	1,785	0		6.00
7.00	RESEARCH SPA	5.10	0	670	0		7.00
8.00	CORPORATE ADMINISTRATION	5.11	0	24,565	0		8.00
9.00	MAINTENANCE & REPAIRS	6.00	0	583	0		9.00
10.00	DIETARY	10.00	0	340	0		10.00
11.00	PATIENT FOOD SERVICE	10.01	0	1,440	0		11.00
12.00	CAFETERIA	11.00	0	85	0		12.00
13.00	NURSING ADMINISTRATION	13.00	0	248	0		13.00
14.00	PHARMACY	15.00	0	5,875	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.01	0	83	0		15.00
16.00	CLINICAL LAB ADMIN PED	18.01	0	165	0		16.00
17.00	CLINICAL LAB ADMIN OB	18.02	0	675	0		17.00
18.00	CLINICAL LAB ADMIN SURG	18.03	0	510	0		18.00
19.00	CLINICAL LAB ADMIN PATH	18.05	0	415	0		19.00
20.00	CLINICAL LAB ADMIN NEUR	18.08	0	335	0		20.00
21.00	DISCRETIONARY OPERATIONS	18.12	0	64,305	0		21.00
22.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2,195	0		22.00
23.00	NURSING SCHOOL SPLIT	18.16	0	2,233	0		23.00
24.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	479,398	0		24.00
25.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,393	0		25.00
26.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1,340	0		26.00
27.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	83	0		27.00
28.00	PARAMED SPEECH	23.03	0	1,027	0		28.00
29.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	510	0		29.00
30.00	PARAMED TECHNOLOGY	23.07	0	670	0		30.00
31.00	PARAMED VASCULAR ULTRASOUND	23.08	0	595	0		31.00
32.00	PARAMED RESPIRATORY THERAPY	23.10	0	835	0		32.00

RECLASSIFICATIONS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-6 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
33.00	ADULTS & PEDIATRICS	30.00	0	1,345	0		33.00
34.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	440	0		34.00
35.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	83	0		35.00
36.00	SUBPROVIDER - IPF	40.00	0	1,933	0		36.00
37.00	ANESTHESIOLOGY	53.00	0	1,238	0		37.00
38.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,195	0		38.00
39.00	RADIOLOGY-THERAPEUTIC	55.00	0	253	0		39.00
40.00	LABORATORY	60.00	0	2,618	0		40.00
41.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	17,425	0		41.00
42.00	RESPIRATORY THERAPY	65.00	0	1,010	0		42.00
43.00	SPEECH PATHOLOGY	68.00	0	1,615	0		43.00
44.00	ELECTROCARDIOLOGY	69.00	0	785	0		44.00
45.00	PSYCH DAY HOSPITAL	76.01	0	26,385	0		45.00
46.00	CLINIC	90.00	0	6,818	0		46.00
47.00	EMERGENCY	91.00	0	83	0		47.00
48.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	2,870	0		48.00
49.00	FUND RAISING	190.01	0	3,638	0		49.00
50.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	23,983	0		50.00
51.00	MEDICAL COLLEGE	194.00	0	9,008	0		51.00
	TOTALS		0	748,775			
	D - REAL ESTATE TAX						
1.00	MAINTENANCE & REPAIRS	6.00	0	1,389,900	0		1.00
	TOTALS		0	1,389,900			
	E - TRIANGLE BLDG HOUSEKEEPING						
1.00	MAINTENANCE & REPAIRS	6.00	0	295,929	0		1.00
	TOTALS		0	295,929			
	F - PROPERTY INSURANCE						
1.00	EMPLOYEE BENEFITS	4.00	0	39,510	9		1.00
2.00	PARKING GARAGE	5.02	0	9,387	0		2.00
3.00	CORPORATE ADMINISTRATION	5.11	0	1,990,101	0		3.00
4.00	MAINTENANCE & REPAIRS	6.00	0	9,786	0		4.00
5.00	CAFETERIA	11.00	0	1,837	0		5.00
6.00	CLINICAL LAB ADMIN PSYCH	18.04	0	2,644	0		6.00
7.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,415	0		7.00
8.00	AFFIL CORP JOINT VENTURES	194.03	0	122,081	0		8.00
	TOTALS		0	2,206,761			
	G - CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,512,664	0		1.00
	TOTALS		0	1,512,664			
	H - PHARMACY						
1.00	PHARMACY	15.00	0	23,649,556	0		1.00
	TOTALS		0	23,649,556			
	I - SPACE RECH #49940						
1.00	EMPLOYEE BENEFITS	4.00	0	81,944	9		1.00
2.00	RESEARCH ADMINISTRATION	5.03	0	6,794,148	0		2.00
3.00	ADMIN & GEN INPT SERVICE	5.04	0	209,916	0		3.00
4.00	ADMIN & GEN OUTPT SERVICE	5.05	0	258,324	0		4.00
5.00	ADMIN & GEN ANIMAL LAB	5.06	0	1,332,399	0		5.00
6.00	ADMIN & GEN PT SERVICE	5.07	0	4,418,937	0		6.00
7.00	PERSONNEL DEPARTMENT	5.08	0	348,312	0		7.00
8.00	RESEARCH FACULTY	5.09	0	1,751,565	0		8.00
9.00	RESEARCH SPA	5.10	0	493,200	0		9.00
10.00	CORPORATE ADMINISTRATION	5.11	0	5,790,227	0		10.00
11.00	MAINTENANCE & REPAIRS	6.00	0	71,048	0		11.00
12.00	LAUNDRY & LINEN SERVICE	8.00	0	721,002	0		12.00
13.00	DIETARY	10.00	0	182,484	0		13.00
14.00	PATIENT FOOD SERVICE	10.01	0	1,450,326	0		14.00
15.00	CAFETERIA	11.00	0	1,507,488	0		15.00
16.00	NURSING ADMINISTRATION	13.00	0	713,970	0		16.00
17.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,217,196	0		17.00
18.00	PHARMACY	15.00	0	913,894	0		18.00
19.00	MEDICAL RECORDS & LIBRARY	16.00	0	574,944	0		19.00
20.00	MEDICAL RECORDS & LIBRARY	16.01	0	389,958	0		20.00
21.00	CLINICAL LAB ADMIN MED	18.00	0	97,272	0		21.00
22.00	CLINICAL LAB ADMIN PED	18.01	0	273,242	0		22.00
23.00	CLINICAL LAB ADMIN OB	18.02	0	184,643	0		23.00
24.00	CLINICAL LAB ADMIN SURG	18.03	0	582,823	0		24.00
25.00	CLINICAL LAB ADMIN PSYCH	18.04	0	10,608	0		25.00
26.00	CLINICAL LAB ADMIN PATH	18.05	0	803,556	0		26.00
27.00	CLINICAL LAB ADMIN CARD	18.06	0	246,732	0		27.00
28.00	CLINICAL LAB ADMIN NEUR	18.08	0	236,136	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	CLINICAL LAB ADMIN OCLS	18.09	0	80,496	0		29.00
30.00	DISCRETIONARY OPERATIONS	18.12	0	147,228	0		30.00
31.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	2,547,878	0		31.00
32.00	NURSING SCHOOL SPLIT	18.16	0	516,936	0		32.00
33.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	922,944	0		33.00
34.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	695,151	0		34.00
35.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	128,255	0		35.00
36.00	PARAMED MEDICAL PERFUSION TECH	23.01	0	10,347	0		36.00
37.00	PARAMED DIETARY	23.02	0	13,548	0		37.00
38.00	PARAMED SPEECH	23.03	0	94,452	0		38.00
39.00	PARAMED OCCUPATIONAL THERAPY	23.04	0	68,172	0		39.00
40.00	PARAMED TECHNOLOGY	23.07	0	31,576	0		40.00
41.00	PARAMED VASCULAR ULTRASOUND	23.08	0	7,809	0		41.00
42.00	PARAMED RESPIRATORY THERAPY	23.10	0	43,281	0		42.00
43.00	PARAMED PHYSICIANS ASSISTANT	23.11	0	10,217	0		43.00
44.00	ADULTS & PEDIATRICS	30.00	0	10,655,294	0		44.00
45.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	2,199,690	0		45.00
46.00	MEDICAL INTENSIVE CARE UNIT	35.00	0	2,229,975	0		46.00
47.00	PEDIATRIC INTENSIVE CARE UNIT	35.01	0	485,652	0		47.00
48.00	PREMATURE INTENSIVE CARE UNIT	35.02	0	779,040	0		48.00
49.00	SUBPROVIDER - IPF	40.00	0	1,655,064	0		49.00
50.00	SUBPROVIDER - IRF	41.00	0	1,392,600	0		50.00
51.00	NURSERY	43.00	0	339,010	0		51.00
52.00	OPERATING ROOM	50.00	0	8,502,948	0		52.00
53.00	RECOVERY ROOM	51.00	0	1,412,814	0		53.00
54.00	DELIVERY ROOM & LABOR ROOM	52.00	0	609,552	0		54.00
55.00	ANESTHESIOLOGY	53.00	0	966,354	0		55.00
56.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,901,106	0		56.00
57.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,410,192	0		57.00
58.00	RADIOISOTOPE	56.00	0	646,551	0		58.00
59.00	LABORATORY	60.00	0	5,293,102	0		59.00
60.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	561,595	0		60.00
61.00	INTRAVENOUS THERAPY	64.00	0	57,108	0		61.00
62.00	RESPIRATORY THERAPY	65.00	0	529,376	0		62.00
63.00	PHYSICAL THERAPY	66.00	0	956,310	0		63.00
64.00	OCCUPATIONAL THERAPY	67.00	0	590,316	0		64.00
65.00	SPEECH PATHOLOGY	68.00	0	390,684	0		65.00
66.00	ELECTROCARDIOLOGY	69.00	0	925,142	0		66.00
67.00	ELECTROENCEPHALOGRAPHY	70.00	0	345,240	0		67.00
68.00	RENAL DIALYSIS	74.00	0	195,780	0		68.00
69.00	PSYCH DAY HOSPITAL	76.01	0	179,052	0		69.00
70.00	CLINIC	90.00	0	4,738,559	0		70.00
71.00	EMERGENCY	91.00	0	2,465,518	0		71.00
72.00	KIDNEY ACQUISITION	105.00	0	81,360	0		72.00
73.00	LIVER ACQUISITION	107.00	0	25,596	0		73.00
74.00	PANCREAS ACQUISITION	109.00	0	180	0		74.00
75.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,439,826	0		75.00
76.00	FUND RAISING	190.01	0	387,984	0		76.00
77.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,794,759	0		77.00
78.00	MEDICAL COLLEGE	194.00	0	931,627	0		78.00
79.00	AFFIL CORP ARC VENTURES	194.01	0	237,648	0		79.00
80.00	AFFIL CORP ROOM 500	194.02	0	1,156,740	0		80.00
	TOTALS		0	102,443,928			
	J - AFFIL CORP OH #45969						
1.00	NURSING SCHOOL SPLIT	18.16	0	5,022,376	0		1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,492,953	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	3,694,245	0		3.00
4.00	CLINIC	90.00	0	4,343,332	0		4.00
5.00	DEPARTMENTAL PROJECTS/RESEARCH	191.02	0	14,808,620	0		5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,583,690	0		6.00
7.00	MEDICAL COLLEGE	194.00	0	6,102,568	0		7.00
	TOTALS		0	54,047,784			

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	K - NURSE ANESTH						
1.00	ANESTHESIOLOGY	53.00	2,461,502	0	0		1.00
	TOTALS		2,461,502	0			
	L - DATA CENTER						
1.00	CORPORATE ADMINISTRATION	5.11	12,253,232	15,645,882	0		1.00
	TOTALS		12,253,232	15,645,882			
	M - PASTORAL CARE						
1.00	PARAMED PASTORAL CARE	23.06	149,570	38,434	0		1.00
2.00	ADMIN & GEN PT SERVICE	5.07	463,941	12,323	0		2.00
3.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	21,597	0		3.00
	TOTALS		613,511	72,354			
	N - MALPRACTICE						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,839,200	0		1.00
	TOTALS		0	11,839,200			
	O - DEPRECIATION						
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	83,003,806	9		1.00
2.00	RUSH UNIVERSITY ADMIN SPLIT	18.14	0	162,048	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
17.00		0.00	0	0	9		17.00
	TOTALS		0	83,165,854			
	P - INTEREST						
1.00	INTEREST GENERAL	2.01	0	19,539,233	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
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
	TOTALS		0	19,539,233			
	Q - NURSING SALARY						
1.00	ADULTS & PEDIATRICS	30.00	1,529,985	895,851	0		1.00
	TOTALS		1,529,985	895,851			
	R - PHYSICS RESIDENTS						
1.00	CORPORATE ADMINISTRATION	5.11	10,308	0	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	167,854	0	0		2.00
	TOTALS		178,162	0			
	S - RENAL DIALYSIS SPLIT						
1.00	MEDICAL RECORDS & LIBRARY	16.01	35,745	0	0		1.00
2.00	RENAL DIALYSIS	74.00	4,904	2,213,125	0		2.00
	TOTALS		40,649	2,213,125			
	T - NON-RESEARCH						
1.00	DISCRETIONARY OPERATIONS	18.12	7,626,986	4,730,334	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
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

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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
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
	TOTALS		7,626,986	4,730,334		
	U - HSM TEACHING					
1.00	EMPLOYEE BENEFITS	4.00	5,598	0	0	1.00
2.00	RESEARCH ADMINISTRATION	5.03	16,100	0	0	2.00
3.00	ADMIN & GEN PT SERVICE	5.07	127,694	0	0	3.00
4.00	PERSONNEL DEPARTMENT	5.08	44,154	0	0	4.00
5.00	RESEARCH FACULTY	5.09	25,472	0	0	5.00
6.00	RESEARCH SPA	5.10	955	0	0	6.00
7.00	CORPORATE ADMINISTRATION	5.11	333,989	0	0	7.00
8.00	MAINTENANCE & REPAIRS	6.00	19,754	0	0	8.00
9.00	DIETARY	10.00	6,768	0	0	9.00
10.00	NURSING ADMINISTRATION	13.00	34,195	0	0	10.00
11.00	MEDICAL RECORDS & LIBRARY	16.01	1,129	0	0	11.00
12.00	CLINICAL LAB ADMIN MED	18.00	16,791	0	0	12.00
13.00	CLINICAL LAB ADMIN SURG	18.03	9,974	0	0	13.00
14.00	NURSING SCHOOL SPLIT	18.16	27,348	0	0	14.00
15.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	955	0	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	6,246	0	0	16.00
17.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	11,885	0	0	17.00
18.00	PARAMED DIETARY	23.02	2,256	0	0	18.00
19.00	PARAMED TECHNOLOGY	23.07	600	0	0	19.00
20.00	MEDICAL INTENSIVE CARE UNIT	35.00	16,042	0	0	20.00
21.00	SUBPROVIDER - IRF	41.00	455	0	0	21.00
22.00	CLINIC	90.00	2,848	0	0	22.00
23.00	EMERGENCY	91.00	17,907	0	0	23.00
24.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	17,987	0	0	24.00
25.00	PHYSICIANS' PRIVATE OFFICES	192.00	128,988	0	0	25.00
26.00	MEDICAL COLLEGE	194.00	43,819	0	0	26.00
	TOTALS		919,909	0		
	V - TUITION ASSISTANCE					
1.00	EMPLOYEE BENEFITS	4.00	0	3,339,531	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	3,339,531		
	W - ACCREATION					
1.00	DEPRECIATION OLD HOSPITAL	1.01	0	862,443	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
15.00		0.00	0	0	9	15.00
	TOTALS		0	862,443		
	X - IMPLANT DIRECT COST					
1.00	EMERGENCY	91.00	0	626	0	1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	19,903	0	2.00
3.00	OPERATING ROOM	50.00	0	43,672,790	0	3.00
4.00	OPERATING ROOM	50.00	0	596,382	0	4.00
5.00	OPERATING ROOM	50.00	0	2,480,606	0	5.00
6.00	SPEECH PATHOLOGY	68.00	0	18,353	0	6.00

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	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
7.00	ELECTROCARDIOLOGY	69.00	0	603,553	0		7.00
8.00	LABORATORY	60.00	0	475,916	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	6,058,781	0		9.00
10.00	LABORATORY	60.00	0	133,433	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,517	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	240	0		12.00
	TOTALS		0	54,068,100			
	Y - PHARMACY RESIDENTS						
1.00	PHARMACY	15.00	471,167	19,693	0		1.00
	TOTALS		471,167	19,693			
	Z - DEANS OFFICE						
1.00	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	0	1,515,832	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	1,515,832			
500.00	Grand Total: Decreases		32,235,535	533,185,655			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/12/2012 9:04 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: 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	1,031,457,923	594,579,838	0	594,579,838	917,869	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	545,648,215	-524,390,669	0	-524,390,669	0	5.00
6.00	Movable Equipment	318,732,496	86,864,581	0	86,864,581	18,109,413	6.00
7.00	HIT designated Assets	63,422,080	3,476,503	0	3,476,503	0	7.00
8.00	Subtotal (sum of lines 1-7)	1,976,450,870	160,530,253	0	160,530,253	19,027,282	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,976,450,870	160,530,253	0	160,530,253	19,027,282	10.00

	Cost Center Description	SUMMARY OF CAPITAL: 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	-18,613,580	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
1.17	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	0	0	19,616,668	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
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	-18,613,580	0	19,616,668	0	0	3.00

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: 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	55,856,383	0	55,856,383	0.026589	0	1.01
1.02	DEPRECIATION DIRECT BLDG	368,755,281	0	368,755,281	0.175534	0	1.02
1.03	DEPRECIATION KELLOGG PAV	91,789,064	0	91,789,064	0.043693	0	1.03
1.04	DEPRECIATION JELKE SOUTH	102,229,075	0	102,229,075	0.048663	0	1.04
1.05	DEPRECIATION ATRIUM PAV	148,585,363	0	148,585,363	0.070729	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	33,627,095	0	33,627,095	0.016007	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	31,268,669	0	31,268,669	0.014884	0	1.07
1.08	DEPRECIATION WOOD ST	5,856,263	0	5,856,263	0.002788	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	73,931,616	0	73,931,616	0.035193	0	1.09
1.10	DEPRECIATION PRO BLDG III	48,879,525	0	48,879,525	0.023268	0	1.10
1.11	DEPRECIATION JRB	0	0	0	0.000000	0	1.11
1.12	DEPRECIATION TOB	33,180,409	0	33,180,409	0.015794	0	1.12
1.13	DEPRECIATION EQUIPMENT	440,687,761	0	440,687,761	0.209775	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	35,712,370	0	35,712,370	0.017000	0	1.14
1.15	DEPRECIATION KIDSTON	4,923,277	0	4,923,277	0.002344	0	1.15
1.16	DEPRECIATION COHN	65,165,124	0	65,165,124	0.031020	0	1.16
1.17	DEPRECIATION TOWER	560,316,410	0	560,316,410	0.266719	0	1.17
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

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/12/2012 9:04 am

	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	
2.02	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
2.06	INTEREST PRO BLDG III	0	0	0	0.000000	0	2.06
2.07	INTEREST TOWER	0	0	0	0.000000	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0.000000	0	2.08
3.00	Total (sum of lines 1-2)	2,100,763,685	0	2,100,763,685	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/12/2012 9:04 am

		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	1,625,119,892	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	21,257,546	0	5.00
6.00	Movable Equipment	387,487,664	0	6.00
7.00	HIT designated Assets	66,898,583	0	7.00
8.00	Subtotal (sum of lines 1-7)	2,117,953,841	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	2,117,953,841	0	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	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	-18,613,580	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
1.17	DEPRECIATION TOWER	0	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
2.01	INTEREST GENERAL	0	19,616,668	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
2.07	INTEREST TOWER	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	2.08
3.00	Total (sum of lines 1-2)	0	1,003,088	3.00

	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	
	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	2,715,048	0	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	9,405,069	0	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	3,185,076	0	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	2,819,247	0	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	3,688,565	0	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	1,448,955	0	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,437,896	0	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	318,509	0	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	1,562,382	0	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	1,198,682	0	1.10
1.11	DEPRECIATION JRB	0	0	0	1,165,286	0	1.11
1.12	DEPRECIATION TOB	0	0	0	1,048,743	0	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	44,627,774	0	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	1,081,825	0	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	107,862	0	1.15
1.16	DEPRECIATION COHN	0	0	0	1,582,805	0	1.16
1.17	DEPRECIATION TOWER	0	0	0	9,839,278	0	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/12/2012 9:04 am

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	
2.01	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
2.05	INTEREST TOB	0	0	0	0	0	2.05
2.06	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	INTEREST TOWER	0	0	0	0	0	2.07
2.08	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
3.00	Total (sum of lines 1-2)	0	0	0	87,233,002	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-7 Parts I-III Date/Time Prepared: 11/12/2012 9:04 am

	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	2,715,048	1.01
1.02	DEPRECIATION DIRECT BLDG	0	0	0	0	9,405,069	1.02
1.03	DEPRECIATION KELLOGG PAV	0	0	0	0	3,185,076	1.03
1.04	DEPRECIATION JELKE SOUTH	0	0	0	0	2,819,247	1.04
1.05	DEPRECIATION ATRIUM PAV	0	0	0	0	3,688,565	1.05
1.06	DEPRECIATION PRO BLDG NORTH	0	0	0	0	1,448,955	1.06
1.07	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	1,437,896	1.07
1.08	DEPRECIATION WOOD ST	0	0	0	0	318,509	1.08
1.09	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	1,562,382	1.09
1.10	DEPRECIATION PRO BLDG III	0	0	0	0	1,198,682	1.10
1.11	DEPRECIATION JRB	0	0	0	0	1,165,286	1.11
1.12	DEPRECIATION TOB	0	0	0	0	1,048,743	1.12
1.13	DEPRECIATION EQUIPMENT	0	0	0	0	44,627,774	1.13
1.14	DEPRECIATION ORTHOPEDICS	0	0	0	0	1,081,825	1.14
1.15	DEPRECIATION KIDSTON	0	0	0	0	107,862	1.15
1.16	DEPRECIATION COHN	0	0	0	0	1,582,805	1.16
1.17	DEPRECIATION TOWER	0	0	0	0	9,839,278	1.17
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
2.01	INTEREST GENERAL	2,685,830	0	0	0	2,685,830	2.01
2.02	INTEREST DIRECT BLDG	1,067,636	0	0	0	1,067,636	2.02
2.03	INTEREST ATRUM PAV	3,713,114	0	0	0	3,713,114	2.03
2.04	INTEREST PRO BLDG SOUTH	540,434	0	0	0	540,434	2.04
2.05	INTEREST TOB	892,024	0	0	0	892,024	2.05
2.06	INTEREST PRO BLDG III	11,562	0	0	0	11,562	2.06
2.07	INTEREST TOWER	3,556,911	0	0	0	3,556,911	2.07
2.08	INTEREST PRO BLDG NORTH	111,663	0	0	0	111,663	2.08
3.00	Total (sum of lines 1-2)	12,579,174	0	0	0	99,812,176	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	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 - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)		0	DEPRECIATION OLD HOSPITAL	1.01	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)		0	DEPRECIATION DIRECT BLDG	1.02	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)		0	DEPRECIATION KELLOGG PAV	1.03	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)		0	DEPRECIATION JELKE SOUTH	1.04	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)		0	DEPRECIATION ATRIUM PAV	1.05	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)		0	DEPRECIATION PRO BLDG NORTH	1.06	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)		0	DEPRECIATION PRO BLDG SOUTH	1.07	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)		0	DEPRECIATION WOOD ST	1.08	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)		0	DEPRECIATION ACADEMIC FACILITY	1.09	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)		0	DEPRECIATION PRO BLDG III	1.10	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)		0	DEPRECIATION JRB	1.11	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)		0	DEPRECIATION TOB	1.12	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)		0	DEPRECIATION EQUIPMENT	1.13	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)		0	DEPRECIATION ORTHOPEDICS	1.14	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)		0	DEPRECIATION KIDSTON	1.15	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)		0	DEPRECIATION COHN	1.16	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)		0	DEPRECIATION TOWER	1.17	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)		0	INTEREST GENERAL	2.01	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)		0	INTEREST DIRECT BLDG	2.02	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)		0	INTEREST ATRUM PAV	2.03	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)		0	INTEREST PRO BLDG SOUTH	2.04	2.04
2.05	Investment income - INTEREST TOB (chapter 2)		0	INTEREST TOB	2.05	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)		0	INTEREST PRO BLDG III	2.06	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)		0	INTEREST TOWER	2.07	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)		0	INTEREST PRO BLDG NORTH	2.08	2.08
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	-74,477	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	-2,742,724			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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	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	
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	-57,390	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL		0	DEPRECIATION OLD HOSPITAL	1.01	26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG		0	DEPRECIATION DIRECT BLDG	1.02	26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV		0	DEPRECIATION KELLOGG PAV	1.03	26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH		0	DEPRECIATION JELKE SOUTH	1.04	26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV		0	DEPRECIATION ATRIUM PAV	1.05	26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH		0	DEPRECIATION PRO BLDG NORTH	1.06	26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH		0	DEPRECIATION PRO BLDG SOUTH	1.07	26.07
26.08	Depreciation - DEPRECIATION WOOD ST		0	DEPRECIATION WOOD ST	1.08	26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY		0	DEPRECIATION ACADEMIC FACILITY	1.09	26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III		0	DEPRECIATION PRO BLDG III	1.10	26.10
26.11	Depreciation - DEPRECIATION JRB		0	DEPRECIATION JRB	1.11	26.11
26.12	Depreciation - DEPRECIATION TOB		0	DEPRECIATION TOB	1.12	26.12
26.13	Depreciation - DEPRECIATION EQUIPMENT		0	DEPRECIATION EQUIPMENT	1.13	26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS		0	DEPRECIATION ORTHOPEDICS	1.14	26.14
26.15	Depreciation - DEPRECIATION KIDSTON		0	DEPRECIATION KIDSTON	1.15	26.15
26.16	Depreciation - DEPRECIATION COHN		0	DEPRECIATION COHN	1.16	26.16
26.17	Depreciation - DEPRECIATION TOWER		0	DEPRECIATION TOWER	1.17	26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
27.01	Depreciation - INTEREST GENERAL		0	INTEREST GENERAL	2.01	27.01
27.02	Depreciation - INTEREST DIRECT BLDG		0	INTEREST DIRECT BLDG	2.02	27.02
27.03	Depreciation - INTEREST ATRUM PAV		0	INTEREST ATRUM PAV	2.03	27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH		0	INTEREST PRO BLDG SOUTH	2.04	27.04
27.05	Depreciation - INTEREST TOB		0	INTEREST TOB	2.05	27.05
27.06	Depreciation - INTEREST PRO BLDG III		0	INTEREST PRO BLDG III	2.06	27.06
27.07	Depreciation - INTEREST TOWER		0	INTEREST TOWER	2.07	27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH		0	INTEREST PRO BLDG NORTH	2.08	27.08
28.00	Non-physician Anesthetist	A	-2,461,502	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	-22,170	CORPORATE ADMINISTRATION	5.11	33.01
33.02	TELEPHONE	A	-418,368	ADMIN & GEN PT SERVICE	5.07	33.02
33.10	EMPLOYEE ALLOWANCE	A	-139,645	EMPLOYEE BENEFITS	4.00	33.10
33.20	UNEMPLOYMENT COMP	A	1,051,065	EMPLOYEE BENEFITS	4.00	33.20
33.30	1/2 YEAR EQUIPMENT AFTER 10	A	-1,242,852	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	-7,882,143	CORPORATE ADMINISTRATION	5.11	33.50
33.60	MALPRACTICE TRUST INCOME	B	-6,074,099	CORPORATE ADMINISTRATION	5.11	33.60
33.70	BAD DEBT	A	-16,117	MAINTENANCE & REPAIRS	6.00	33.70
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	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	
33.84	DEFFERALS	A	210,702	DEPRECIATION EQUIPMENT	1.13	33.84
33.90	INTEREST INCOME	B	-1,468,322	INTEREST GENERAL	2.01	33.90
33.91	INTEREST INCOME	B	-600,995	INTEREST DIRECT BLDG	2.02	33.91
33.92	INTEREST INCOME	B	-2,090,190	INTEREST ATRUM PAV	2.03	33.92
33.93	INTEREST INCOME	B	-304,222	INTEREST PRO BLDG SOUTH	2.04	33.93
33.94	INTEREST INCOME	B	-502,139	INTEREST TOB	2.05	33.94
33.95	INTEREST INCOME	B	-6,509	INTEREST PRO BLDG III	2.06	33.95
33.96	INTEREST INCOME	B	-2,002,260	INTEREST TOWER	2.07	33.96
33.97	INTEREST INCOME	B	-62,857	INTEREST PRO BLDG NORTH	2.08	33.97
34.00	LOSS ON SALE OF EQUIPMENT	B	1,544,329	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	833,483	EMPLOYEE BENEFITS	4.00	34.10
34.11	PENSION	A	11,726,589	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	-328,748	ADMIN & GEN PT SERVICE	5.07	34.20
34.21	SALE OF SCRAP	B	-87,389	CORPORATE ADMINISTRATION	5.11	34.21
34.25	BUS REVENUE	B	-160,854	EMPLOYEE BENEFITS	4.00	34.25
35.00	MISC INCOME	B	-372,849	CORPORATE ADMINISTRATION	5.11	35.00
35.01	MISC INCOME	B	-41	CORPORATE ADMINISTRATION	5.11	35.01
35.02	MISC INCOME	B	-943	ADMIN & GEN PT SERVICE	5.07	35.02
35.03	MISC INCOME	B	-1,375	ADMIN & GEN PT SERVICE	5.07	35.03
35.04	MISC INCOME	B	-8	ADMIN & GEN PT SERVICE	5.07	35.04
35.05	MISC INCOME	B	-4,809	ADMIN & GEN INPT SERVICE	5.04	35.05
35.06	MISC INCOME	B	-100	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	35.06
35.07	MISC INCOME	B	-77,600	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	35.07
35.08	MISC INCOME	B	-6,927	LABORATORY	60.00	35.08
35.09	MISC INCOME	B	-10,081	LABORATORY	60.00	35.09
35.10	MISC INCOME	B	-246,159	LABORATORY	60.00	35.10
35.11	MISC INCOME	B	-199	LABORATORY	60.00	35.11
35.12	MISC INCOME	B	-385,171	LABORATORY	60.00	35.12
35.13	MISC INCOME	B	-197	LABORATORY	60.00	35.13
35.14	MISC INCOME	B	-70,072	LABORATORY	60.00	35.14
35.15	MISC INCOME	B	-22,546	LABORATORY	60.00	35.15
35.16	MISC INCOME	B	-74,500	LABORATORY	60.00	35.16
35.17	MISC INCOME	B	-155	LABORATORY	60.00	35.17
35.18	MISC INCOME	B	-43,745	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	35.18
35.19	MISC INCOME	B	62	MAINTENANCE & REPAIRS	6.00	35.19
35.20	MISC INCOME	B	-608,866	MAINTENANCE & REPAIRS	6.00	35.20
35.21	MISC INCOME	B	-171,871	MAINTENANCE & REPAIRS	6.00	35.21
35.22	MISC INCOME	B	-16,560	HOUSEKEEPING	9.00	35.22
35.23	MISC INCOME	B	-152,727	CORPORATE ADMINISTRATION	5.11	35.23
35.24	MISC INCOME	B	-72,035	CLINIC	90.00	35.24
35.25	MISC INCOME	B	1,495	EMERGENCY	91.00	35.25
35.26	MISC INCOME	B	-17,762	EMPLOYEE BENEFITS	4.00	35.26
35.27	MISC INCOME	B	-8,775	MEDICAL INTENSIVE CARE UNIT	35.00	35.27
35.28	MISC INCOME	B	-15,526	PREMATURE INTENSIVE CARE UNIT	35.02	35.28
35.29	MISC INCOME	B	-37,800	MAINTENANCE & REPAIRS	6.00	35.29
35.30	MISC INCOME	B	-14,206	NURSING ADMINISTRATION	13.00	35.30
35.31	MISC INCOME	B	-100	NURSING ADMINISTRATION	13.00	35.31
35.32	MISC INCOME	B	-9,142	NURSING ADMINISTRATION	13.00	35.32
35.33	MISC INCOME	B	-118,511	NURSING ADMINISTRATION	13.00	35.33
35.34	MISC INCOME	B	-696,511	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35.34
35.35	MISC INCOME	B	-110,526	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	35.35
35.36	MISC INCOME	B	-75	CLINICAL LAB ADMIN SURG	18.03	35.36
35.37	MISC INCOME	B	-27,555	LABORATORY	60.00	35.37
35.38	MISC INCOME	B	-3,738	ADMIN & GEN PT SERVICE	5.07	35.38
35.39	MISC INCOME	B	-300	OPERATING ROOM	50.00	35.39
35.40	MISC INCOME	B	-7,035	LABORATORY	60.00	35.40
35.41	MISC INCOME	B	-3,806	SPEECH PATHOLOGY	68.00	35.41
35.42	MISC INCOME	B	-29,100	ELECTROENCEPHALOGRAPHY	70.00	35.42
35.43	MISC INCOME	B	-2,784	LABORATORY	60.00	35.43
35.44	MISC INCOME	B	-2,750	RESPIRATORY THERAPY	65.00	35.44

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	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	
35.45	MISC INCOME	B	-1,100	PSYCH DAY HOSPITAL	76.01	35.45
35.46	MISC INCOME	B	-50	CLINICAL LAB ADMIN PSYCH	18.04	35.46
35.47	MISC INCOME	B	-3,320	PSYCH DAY HOSPITAL	76.01	35.47
35.48	MISC INCOME	B	-660	ELECTROCARDIOLOGY	69.00	35.48
35.49	MISC INCOME	B	24,456	ELECTROCARDIOLOGY	69.00	35.49
35.50	MISC INCOME	B	-1,308	PHYSICAL THERAPY	66.00	35.50
35.51	MISC INCOME	B	-97,469	LABORATORY	60.00	35.51
35.52	MISC INCOME	B	-53,261	LABORATORY	60.00	35.52
36.00	B-1 REVENUE	B	-1,242,894	EMPLOYEE BENEFITS	4.00	36.00
36.01	B-1 REVENUE	B	-9,083,627	PARKING GARAGE	5.02	36.01
36.02	B-1 REVENUE	B	-256	LAUNDRY & LINEN SERVICE	8.00	36.02
36.03	B-1 REVENUE	B	-38,565	PATIENT FOOD SERVICE	10.01	36.03
36.04	B-1 REVENUE	B	-2,703,745	CAFETERIA	11.00	36.04
36.05	B-1 REVENUE	B	-19,996	MEDICAL RECORDS & LIBRARY	16.00	36.05
36.06	B-1 REVENUE	B	-318,278	RUSH UNIVERSITY ADMIN SPLIT	18.14	36.06
36.07	B-1 REVENUE	B	-13,985	CORPORATE ADMINISTRATION	5.11	36.07
36.08	B-1 REVENUE	B	-1,155,001	PARAMED HEALTH SYSTEM MANAGEMENT	23.00	36.08
36.09	B-1 REVENUE	B	-806,918	PARAMED MEDICAL PERFUSION TECH	23.01	36.09
36.10	B-1 REVENUE	B	-651,635	PARAMED DIETARY	23.02	36.10
36.11	B-1 REVENUE	B	-2,198,802	PARAMED SPEECH	23.03	36.11
36.12	B-1 REVENUE	B	-1,919,310	PARAMED OCCUPATIONAL THERAPY	23.04	36.12
36.13	B-1 REVENUE	B	-1,905,893	PARAMED TECHNOLOGY	23.07	36.13
36.14	B-1 REVENUE	B	-647,595	PARAMED VASCULAR ULTRASOUND	23.08	36.14
36.15	B-1 REVENUE	B	-1,519,249	PARAMED RESPIRATORY THERAPY	23.10	36.15
36.16	B-1 REVENUE	B	-1,546,472	PARAMED PHYSICIANS ASSISTANT	23.11	36.16
36.17	B-1 REVENUE	B	-16,482,664	NURSING SCHOOL	20.00	36.17
37.00	NR RECOVERIES	B	-20,837	EMPLOYEE BENEFITS	4.00	37.00
37.01	NR RECOVERIES	B	-5,500	RESEARCH ADMINISTRATION	5.03	37.01
37.02	NR RECOVERIES	B	-466,176	ADMIN & GEN PT SERVICE	5.07	37.02
37.03	NR RECOVERIES	B	-153,886	CORPORATE ADMINISTRATION	5.11	37.03
37.04	NR RECOVERIES	B	-80,054	MEDICAL RECORDS & LIBRARY	16.01	37.04
37.05	NR RECOVERIES	B	-188,271	CLINICAL LAB ADMIN PED	18.01	37.05
37.06	NR RECOVERIES	B	-187,924	CLINICAL LAB ADMIN OB	18.02	37.06
37.07	NR RECOVERIES	B	-530,529	CLINICAL LAB ADMIN SURG	18.03	37.07
37.08	NR RECOVERIES	B	-383,446	CLINICAL LAB ADMIN PSYCH	18.04	37.08
37.09	NR RECOVERIES	B	-62,753	CLINICAL LAB ADMIN PATH	18.05	37.09
37.10	NR RECOVERIES	B	-74,735	CLINICAL LAB ADMIN CARD	18.06	37.10
37.11	NR RECOVERIES	B	-31,337	CLINICAL LAB ADMIN HEMAT	18.07	37.11
37.12	NR RECOVERIES	B	-1,320,600	CLINICAL LAB ADMIN NEUR	18.08	37.12
37.13	NR RECOVERIES	B	-7,073,756	DISCRETIONARY OPERATIONS	18.12	37.13
37.14	NR RECOVERIES	B	-604,978	RUSH UNIVERSITY ADMIN SPLIT	18.14	37.14
37.15	NR RECOVERIES	B	-629,571	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	37.15
37.16	NR RECOVERIES	B	-78,264	ADULTS & PEDIATRICS	30.00	37.16
37.17	NR RECOVERIES	B	-209,644	PREMATURE INTENSIVE CARE UNIT	35.02	37.17
37.18	NR RECOVERIES	B	-96,620	ANESTHESIOLOGY	53.00	37.18
37.19	NR RECOVERIES	B	-15,639	RADIOLOGY-DIAGNOSTIC	54.00	37.19
37.20	NR RECOVERIES	B	-1,540	RADIOISOTOPE	56.00	37.20
37.21	NR RECOVERIES	B	-1,686,407	LABORATORY	60.00	37.21
37.22	NR RECOVERIES	B	-15,551	RESPIRATORY THERAPY	65.00	37.22
37.23	NR RECOVERIES	B	-2,600	PHYSICAL THERAPY	66.00	37.23
37.24	NR RECOVERIES	B	-154,611	ELECTROCARDIOLOGY	69.00	37.24
37.25	NR RECOVERIES	B	-177,880	PSYCH DAY HOSPITAL	76.01	37.25
37.26	NR RECOVERIES	B	-68,583	EMERGENCY	91.00	37.26
37.27	NR RECOVERIES	B	-141,821	FUND RAISING	190.01	37.27
37.28	NR RECOVERIES	B	-50,842	MEDICAL COLLEGE	194.00	37.28
38.00	PROCUREMENT COSTS	A	-1,756	SURGICAL INTENSIVE CARE UNIT	34.00	38.00
38.01	PROCUREMENT COSTS	A	-11,142	OPERATING ROOM	50.00	38.01
38.02	PROCUREMENT COSTS	A	-914	ANESTHESIOLOGY	53.00	38.02
38.03	PROCUREMENT COSTS	A	-1,627	RADIOLOGY-DIAGNOSTIC	54.00	38.03
38.04	PROCUREMENT COSTS	A	-9,231	LABORATORY	60.00	38.04
38.05	PROCUREMENT COSTS	A	-169	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	38.05
38.06	PROCUREMENT COSTS	A	-41	INTRAVENOUS THERAPY	64.00	38.06
38.07	PROCUREMENT COSTS	A	-2,071	RESPIRATORY THERAPY	65.00	38.07
38.08	PROCUREMENT COSTS	A	-49	ELECTROCARDIOLOGY	69.00	38.08

ADJUSTMENTS TO EXPENSES

Provider CCN: 140119

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/12/2012 9:04 am

	Cost Center Description	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	
38.09	PROCUREMENT COSTS	A	-2,283	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.)		-97,921,886			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Wkst. A-7 Ref. 5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - DEPRECIATION OLD HOSPITAL (chapter 2)	0	1.01
1.02	Investment income - DEPRECIATION DIRECT BLDG (chapter 2)	0	1.02
1.03	Investment income - DEPRECIATION KELLOGG PAV (chapter 2)	0	1.03
1.04	Investment income - DEPRECIATION JELKE SOUTH (chapter 2)	0	1.04
1.05	Investment income - DEPRECIATION ATRIUM PAV (chapter 2)	0	1.05
1.06	Investment income - DEPRECIATION PRO BLDG NORTH (chapter 2)	0	1.06
1.07	Investment income - DEPRECIATION PRO BLDG SOUTH (chapter 2)	0	1.07
1.08	Investment income - DEPRECIATION WOOD ST (chapter 2)	0	1.08
1.09	Investment income - DEPRECIATION ACADEMIC FACILITY (chapter 2)	0	1.09
1.10	Investment income - DEPRECIATION PRO BLDG III (chapter 2)	0	1.10
1.11	Investment income - DEPRECIATION JRB (chapter 2)	0	1.11
1.12	Investment income - DEPRECIATION TOB (chapter 2)	0	1.12
1.13	Investment income - DEPRECIATION EQUIPMENT (chapter 2)	0	1.13
1.14	Investment income - DEPRECIATION ORTHOPEDICS (chapter 2)	0	1.14
1.15	Investment income - DEPRECIATION KIDSTON (chapter 2)	0	1.15
1.16	Investment income - DEPRECIATION COHN (chapter 2)	0	1.16
1.17	Investment income - DEPRECIATION TOWER (chapter 2)	0	1.17
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
2.01	Investment income - INTEREST GENERAL (chapter 2)	0	2.01
2.02	Investment income - INTEREST DIRECT BLDG (chapter 2)	0	2.02
2.03	Investment income - INTEREST ATRUM PAV (chapter 2)	0	2.03
2.04	Investment income - INTEREST PRO BLDG SOUTH (chapter 2)	0	2.04
2.05	Investment income - INTEREST TOB (chapter 2)	0	2.05
2.06	Investment income - INTEREST PRO BLDG III (chapter 2)	0	2.06
2.07	Investment income - INTEREST TOWER (chapter 2)	0	2.07
2.08	Investment income - INTEREST PRO BLDG NORTH (chapter 2)	0	2.08
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Wkst. A-7 Ref. 5.00		
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 - CAP REL COSTS-BLDG & FIXT	0		26.00
26.01	Depreciation - DEPRECIATION OLD HOSPITAL	0		26.01
26.02	Depreciation - DEPRECIATION DIRECT BLDG	0		26.02
26.03	Depreciation - DEPRECIATION KELLOGG PAV	0		26.03
26.04	Depreciation - DEPRECIATION JELKE SOUTH	0		26.04
26.05	Depreciation - DEPRECIATION ATRIUM PAV	0		26.05
26.06	Depreciation - DEPRECIATION PRO BLDG NORTH	0		26.06
26.07	Depreciation - DEPRECIATION PRO BLDG SOUTH	0		26.07
26.08	Depreciation - DEPRECIATION WOOD ST	0		26.08
26.09	Depreciation - DEPRECIATION ACADEMIC FACILITY	0		26.09
26.10	Depreciation - DEPRECIATION PRO BLDG III	0		26.10
26.11	Depreciation - DEPRECIATION JRB	0		26.11
26.12	Depreciation - DEPRECIATION TOB	0		26.12
26.13	Depreciation - DEPRECIATION EQUIPMENT	0		26.13
26.14	Depreciation - DEPRECIATION ORTHOPEDICS	0		26.14
26.15	Depreciation - DEPRECIATION KIDSTON	0		26.15
26.16	Depreciation - DEPRECIATION COHN	0		26.16
26.17	Depreciation - DEPRECIATION TOWER	0		26.17
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0		27.00
27.01	Depreciation - INTEREST GENERAL	0		27.01
27.02	Depreciation - INTEREST DIRECT BLDG	0		27.02
27.03	Depreciation - INTEREST ATRUM PAV	0		27.03
27.04	Depreciation - INTEREST PRO BLDG SOUTH	0		27.04
27.05	Depreciation - INTEREST TOB	0		27.05
27.06	Depreciation - INTEREST PRO BLDG III	0		27.06
27.07	Depreciation - INTEREST TOWER	0		27.07
27.08	Depreciation - INTEREST PRO BLDG NORTH	0		27.08
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
33.80	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
33.96	INTEREST INCOME	11		33.96
33.97	INTEREST INCOME	11		33.97
34.00	LOSS ON SALE OF EQUIPMENT	9		34.00
34.05	MEDICAID PROVIDER TAX	0		34.05
34.10	POST RETIREMENT INCOME	0		34.10

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Wkst. A-7 Ref. 5.00	
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
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
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

ADJUSTMENTS TO EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Wkst. A-7 Ref. 5.00	
36.16	B-1 REVENUE	0	36.16
36.17	B-1 REVENUE	0	36.17
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 07/01/2011 To 06/30/2012	Worksheet A-8-1 Date/Time Prepared: 11/12/2012 9:04 am

		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 07/01/2011 To 06/30/2012	Worksheet A-8-1 Date/Time Prepared: 11/12/2012 9:04 am

		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:				

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		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

(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 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/12/2012 9:04 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		5.01	TRANSITION RECRUITMENT	80,556	0	1.00
2.00		5.01	TRANSITION RECRUITMENT	42,815	0	2.00
3.00		5.01	TRANSITION RECRUITMENT	10,135	0	3.00
4.00		5.01	TRANSITION RECRUITMENT	4,167	0	4.00
5.00		5.03	RESEARCH ADMINISTRATION	42,114	0	5.00
6.00		5.03	RESEARCH ADMINISTRATION	13,319	0	6.00
7.00		5.03	RESEARCH ADMINISTRATION	68,955	0	7.00
8.00		5.03	RESEARCH ADMINISTRATION	11,968	0	8.00
9.00		5.07	ADMIN & GEN PT SERVICE	159,454	0	9.00
10.00		5.07	ADMIN & GEN PT SERVICE	239,420	0	10.00
11.00		5.07	ADMIN & GEN PT SERVICE	15,677	0	11.00
12.00		5.09	RESEARCH FACULTY	225,997	0	12.00
13.00		5.09	RESEARCH FACULTY	7,079	0	13.00
14.00		5.09	RESEARCH FACULTY	10,158	0	14.00
15.00		5.09	RESEARCH FACULTY	110,880	0	15.00
16.00		5.09	RESEARCH FACULTY	317,344	0	16.00
17.00		5.09	RESEARCH FACULTY	4,286	0	17.00
18.00		5.09	RESEARCH FACULTY	15,927	0	18.00
19.00		5.09	RESEARCH FACULTY	8,367	0	19.00
20.00		5.09	RESEARCH FACULTY	107,822	0	20.00
21.00		5.09	RESEARCH FACULTY	19,200	0	21.00
22.00		5.09	RESEARCH FACULTY	128,034	0	22.00
23.00		5.09	RESEARCH FACULTY	76,138	0	23.00
24.00		5.09	RESEARCH FACULTY	114,990	0	24.00
25.00		5.10	RESEARCH SPA	10,775	0	25.00
26.00		5.10	RESEARCH SPA	6,532	0	26.00
27.00		5.10	RESEARCH SPA	7,101	0	27.00
28.00		5.10	RESEARCH SPA	11,513	0	28.00
29.00		5.10	RESEARCH SPA	5,116	0	29.00
30.00		5.10	RESEARCH SPA	2,112	0	30.00
31.00		5.10	RESEARCH SPA	366,093	0	31.00
32.00		5.10	RESEARCH SPA	62,215	0	32.00
33.00		5.10	RESEARCH SPA	15,715	0	33.00
34.00		5.10	RESEARCH SPA	24,040	0	34.00
35.00		5.10	RESEARCH SPA	105,109	0	35.00
36.00		5.10	RESEARCH SPA	6,757	0	36.00
37.00		5.10	RESEARCH SPA	13,803	0	37.00
38.00		5.10	RESEARCH SPA	109	0	38.00
39.00		5.10	RESEARCH SPA	110,604	0	39.00
40.00		5.11	CORPORATE ADMINISTRATION	53,928	0	40.00
41.00		5.11	CORPORATE ADMINISTRATION	14,202	0	41.00
42.00		5.11	CORPORATE ADMINISTRATION	63,279	0	42.00
43.00		5.11	CORPORATE ADMINISTRATION	177,029	0	43.00
44.00		5.11	CORPORATE ADMINISTRATION	10,232	0	44.00
45.00		5.11	CORPORATE ADMINISTRATION	42,593	0	45.00
46.00		5.11	CORPORATE ADMINISTRATION	525,107	0	46.00
47.00		5.11	CORPORATE ADMINISTRATION	102,115	0	47.00
48.00		5.11	CORPORATE ADMINISTRATION	62,861	0	48.00
49.00		5.11	CORPORATE ADMINISTRATION	121,583	0	49.00
50.00		5.11	CORPORATE ADMINISTRATION	48,080	0	50.00
51.00		5.11	CORPORATE ADMINISTRATION	105,109	0	51.00
52.00		5.11	CORPORATE ADMINISTRATION	142,002	0	52.00
53.00		5.11	CORPORATE ADMINISTRATION	27,607	0	53.00
54.00		5.11	CORPORATE ADMINISTRATION	198	0	54.00
55.00		5.11	CORPORATE ADMINISTRATION	44,242	0	55.00
56.00		5.11	CORPORATE ADMINISTRATION	106,414	0	56.00
57.00		5.11	CORPORATE ADMINISTRATION	7,855	0	57.00
58.00		16.01	MEDICAL RECORDS & LIBRARY	57,661	0	58.00
59.00		16.01	MEDICAL RECORDS & LIBRARY	1,255	0	59.00
60.00		18.00	CLINICAL LAB ADMIN MED	838,419	0	60.00
61.00		18.01	CLINICAL LAB ADMIN PED	42,435	0	61.00
62.00		18.02	CLINICAL LAB ADMIN OB	426,189	0	62.00
63.00		18.03	CLINICAL LAB ADMIN SURG	152,643	0	63.00
64.00		18.03	CLINICAL LAB ADMIN SURG	14,278	0	64.00
65.00		18.03	CLINICAL LAB ADMIN SURG	39,486	0	65.00
66.00		18.08	CLINICAL LAB ADMIN NEUR	57,145	0	66.00
67.00		18.09	CLINICAL LAB ADMIN OCLS	82,029	0	67.00
68.00		18.09	CLINICAL LAB ADMIN OCLS	22,785	0	68.00
69.00		18.12	DISCRETIONARY OPERATIONS	61,660	0	69.00
70.00		18.12	DISCRETIONARY OPERATIONS	10,784	0	70.00
71.00		18.12	DISCRETIONARY OPERATIONS	42,912	0	71.00
72.00		18.12	DISCRETIONARY OPERATIONS	49,636	0	72.00
73.00		18.12	DISCRETIONARY OPERATIONS	583,128	0	73.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/12/2012 9:04 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
74.00	18.12	DISCRETIONARY OPERATIONS	119,823	0	74.00
75.00	18.12	DISCRETIONARY OPERATIONS	8,959	0	75.00
76.00	18.12	DISCRETIONARY OPERATIONS	181,133	0	76.00
77.00	18.12	DISCRETIONARY OPERATIONS	11,171	0	77.00
78.00	18.12	DISCRETIONARY OPERATIONS	278,248	0	78.00
79.00	18.12	DISCRETIONARY OPERATIONS	1,836	0	79.00
80.00	18.12	DISCRETIONARY OPERATIONS	179,279	0	80.00
81.00	18.12	DISCRETIONARY OPERATIONS	11,613	0	81.00
82.00	18.12	DISCRETIONARY OPERATIONS	607,362	0	82.00
83.00	18.12	DISCRETIONARY OPERATIONS	25,540	0	83.00
84.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	59,333	0	84.00
85.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,065	0	85.00
86.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	7,101	0	86.00
87.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	11,513	0	87.00
88.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	79,419	0	88.00
89.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	83,074	0	89.00
90.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	83,055	0	90.00
91.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	41,476	0	91.00
92.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	15,715	0	92.00
93.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	24,040	0	93.00
94.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	26,228	0	94.00
95.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	20,282	0	95.00
96.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	13,803	0	96.00
97.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	109	0	97.00
98.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	22,121	0	98.00
99.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	63,848	0	99.00
100.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,437	0	100.00
101.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,083	0	101.00
102.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	71,247	0	102.00
103.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,854	0	103.00
104.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,139	0	104.00
105.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	97,179	0	105.00
106.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,254,449	0	106.00
107.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	38,113	0	107.00
108.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	337,724	0	108.00
109.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	16,176	0	109.00
110.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	172,185	0	110.00
111.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	39,758	0	111.00
112.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	30,416	0	112.00
113.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,524	0	113.00
114.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	140,525	0	114.00
115.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40,371	0	115.00

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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
116.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	35,504	0	116.00
117.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	293,575	0	117.00
118.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	9,277	0	118.00
119.00	23.07	PARAMED TECHNOLOGY	31,951	0	119.00
120.00	23.11	PARAMED PHYSICIANS ASSISTANT	1,635	0	120.00
121.00	30.00	ADULTS & PEDIATRICS	37,072	0	121.00
122.00	35.00	MEDICAL INTENSIVE CARE UNIT	262,213	0	122.00
123.00	35.00	MEDICAL INTENSIVE CARE UNIT	101,067	0	123.00
124.00	35.02	PREMATURE INTENSIVE CARE UNIT	56,362	0	124.00
125.00	53.00	ANESTHESIOLOGY	7,554	0	125.00
126.00	54.00	RADIOLOGY-DIAGNOSTIC	44,238	0	126.00
127.00	60.00	LABORATORY	501,181	0	127.00
128.00	60.00	LABORATORY	153,562	0	128.00
129.00	60.00	LABORATORY	95,874	0	129.00
130.00	69.00	ELECTROCARDIOLOGY	549,012	0	130.00
131.00	69.00	ELECTROCARDIOLOGY	2,500	0	131.00
132.00	70.00	ELECTROENCEPHALOGRAPHY	11,800	0	132.00
133.00	76.01	PSYCH DAY HOSPITAL	816,190	0	133.00
134.00	91.00	EMERGENCY	99,377	0	134.00
135.00	91.00	EMERGENCY	36,643	0	135.00
136.00	91.00	EMERGENCY	172,924	0	136.00
200.00			14,317,114	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/12/2012 9:04 am

		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		80,556	225,300	488	52,859	2,643	1.00
2.00		42,815	177,200	1,484	126,425	6,321	2.00
3.00		10,135	165,600	667	53,103	2,655	3.00
4.00		4,167	177,200	304	25,898	1,295	4.00
5.00		42,114	177,200	454	38,677	1,934	5.00
6.00		13,319	165,600	138	10,987	549	6.00
7.00		68,955	140,600	1,467	99,163	4,958	7.00
8.00		11,968	154,100	125	9,261	463	8.00
9.00		159,454	177,200	1,470	125,233	6,262	9.00
10.00		239,420	165,600	2,322	184,867	9,243	10.00
11.00		15,677	177,200	304	25,898	1,295	11.00
12.00		225,997	165,600	2,609	207,717	10,386	12.00
13.00		7,079	154,100	105	7,779	389	13.00
14.00		10,158	225,300	1,779	192,696	9,635	14.00
15.00		110,880	208,000	549	54,900	2,745	15.00
16.00		317,344	165,600	3,897	310,261	15,513	16.00
17.00		4,286	177,200	40	3,408	170	17.00
18.00		15,927	208,000	105	10,500	525	18.00
19.00		8,367	177,200	279	23,769	1,188	19.00
20.00		107,822	208,000	1,503	150,300	7,515	20.00
21.00		19,200	140,600	424	28,661	1,433	21.00
22.00		128,034	177,200	1,860	158,458	7,923	22.00
23.00		76,138	154,100	408	30,227	1,511	23.00
24.00		114,990	225,300	2,111	228,658	11,433	24.00
25.00		10,775	200,300	131	12,615	631	25.00
26.00		6,532	208,000	25	2,500	125	26.00
27.00		7,101	177,200	30	2,556	128	27.00
28.00		11,513	225,300	70	7,582	379	28.00
29.00		5,116	138,700	52	3,468	173	29.00
30.00		2,112	208,000	9	900	45	30.00
31.00		366,093	165,600	2,614	208,115	10,406	31.00
32.00		62,215	177,200	157	13,375	669	32.00
33.00		15,715	208,000	52	5,200	260	33.00
34.00		24,040	177,200	261	22,235	1,112	34.00
35.00		105,109	208,000	430	43,000	2,150	35.00
36.00		6,757	140,600	45	3,042	152	36.00
37.00		13,803	177,200	261	22,235	1,112	37.00
38.00		109	208,000	1	100	5	38.00
39.00		110,604	154,100	523	38,747	1,937	39.00
40.00		53,928	200,300	654	62,979	3,149	40.00
41.00		14,202	177,200	60	5,112	256	41.00
42.00		63,279	225,300	383	41,486	2,074	42.00
43.00		177,029	177,200	993	84,596	4,230	43.00
44.00		10,232	138,700	105	7,002	350	44.00
45.00		42,593	208,000	166	16,600	830	45.00
46.00		525,107	165,600	3,628	288,845	14,442	46.00
47.00		102,115	177,200	257	21,894	1,095	47.00
48.00		62,861	208,000	209	20,900	1,045	48.00
49.00		121,583	196,400	1,613	152,304	7,615	49.00
50.00		48,080	177,200	523	44,556	2,228	50.00
51.00		105,109	208,000	430	43,000	2,150	51.00
52.00		142,002	140,600	1,280	86,523	4,326	52.00
53.00		27,607	177,200	523	44,556	2,228	53.00
54.00		198	208,000	1	100	5	54.00
55.00		44,242	154,100	209	15,484	774	55.00
56.00		106,414	225,300	458	49,609	2,480	56.00
57.00		7,855	177,200	58	4,941	247	57.00
58.00		57,661	177,200	556	47,367	2,368	58.00
59.00		1,255	208,000	13	1,300	65	59.00
60.00		838,419	165,600	11,747	935,242	46,762	60.00
61.00		42,435	140,600	680	45,965	2,298	61.00
62.00		426,189	196,400	6,510	614,694	30,735	62.00
63.00		152,643	208,000	774	77,400	3,870	63.00
64.00		14,278	208,000	59	5,900	295	64.00
65.00		39,486	208,000	264	26,400	1,320	65.00
66.00		57,145	177,200	558	47,537	2,377	66.00
67.00		82,029	165,600	717	57,084	2,854	67.00
68.00		22,785	215,700	1,307	135,538	6,777	68.00
69.00		61,660	165,600	615	48,963	2,448	69.00
70.00		10,784	208,000	70	7,000	350	70.00
71.00		42,912	225,300	3,271	354,306	17,715	71.00
72.00		49,636	208,000	542	54,200	2,710	72.00
73.00		583,128	165,600	5,455	434,302	21,715	73.00

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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	
74.00		119,823	177,200	676	57,590	2,880	74.00
75.00		8,959	208,000	59	5,900	295	75.00
76.00		181,133	196,400	3,614	341,245	17,062	76.00
77.00		11,171	177,200	157	13,375	669	77.00
78.00		278,248	208,000	4,538	453,800	22,690	78.00
79.00		1,836	177,200	8	682	34	79.00
80.00		179,279	140,600	1,961	132,556	6,628	80.00
81.00		11,613	208,000	1,046	104,600	5,230	81.00
82.00		607,362	154,100	11,312	838,067	41,903	82.00
83.00		25,540	225,300	110	11,915	596	83.00
84.00		59,333	200,300	915	88,113	4,406	84.00
85.00		13,065	208,000	50	5,000	250	85.00
86.00		7,101	177,200	30	2,556	128	86.00
87.00		11,513	225,300	70	7,582	379	87.00
88.00		79,419	138,700	1,059	70,617	3,531	88.00
89.00		83,074	208,000	323	32,300	1,615	89.00
90.00		83,055	165,600	392	31,209	1,560	90.00
91.00		41,476	177,200	105	8,945	447	91.00
92.00		15,715	208,000	52	5,200	260	92.00
93.00		24,040	177,200	261	22,235	1,112	93.00
94.00		26,228	208,000	107	10,700	535	94.00
95.00		20,282	140,600	169	11,424	571	95.00
96.00		13,803	177,200	261	22,235	1,112	96.00
97.00		109	208,000	1	100	5	97.00
98.00		22,121	154,100	105	7,779	389	98.00
99.00		63,848	225,300	275	29,787	1,489	99.00
100.00		16,437	165,600	195	15,525	776	100.00
101.00		6,083	208,000	22	2,200	110	101.00
102.00		71,247	177,200	616	52,478	2,624	102.00
103.00		6,854	177,200	85	7,241	362	103.00
104.00		12,139	138,700	297	19,805	990	104.00
105.00		97,179	208,000	879	87,900	4,395	105.00
106.00		1,254,449	165,600	13,619	1,084,282	54,214	106.00
107.00		38,113	140,600	627	42,383	2,119	107.00
108.00		337,724	177,200	4,134	352,185	17,609	108.00
109.00		16,176	208,000	59	5,900	295	109.00
110.00		172,185	196,400	1,920	181,292	9,065	110.00
111.00		39,758	177,200	1,143	97,375	4,869	111.00
112.00		30,416	208,000	183	18,300	915	112.00
113.00		9,524	177,200	658	56,057	2,803	113.00
114.00		140,525	140,600	1,793	121,200	6,060	114.00
115.00		40,371	177,200	1,307	111,346	5,567	115.00
116.00		35,504	177,200	514	43,789	2,189	116.00
117.00		293,575	154,100	4,530	335,612	16,781	117.00
118.00		9,277	177,200	68	5,793	290	118.00
119.00		31,951	165,600	474	37,738	1,887	119.00
120.00		1,635	177,200	19	1,619	81	120.00
121.00		37,072	140,600	832	56,240	2,812	121.00
122.00		262,213	165,600	1,955	155,648	7,782	122.00
123.00		101,067	177,200	613	52,223	2,611	123.00
124.00		56,362	140,600	502	33,933	1,697	124.00
125.00		7,554	200,300	131	12,615	631	125.00
126.00		44,238	225,300	163	17,656	883	126.00
127.00		501,181	165,600	6,040	480,877	24,044	127.00
128.00		153,562	215,700	2,614	271,077	13,554	128.00
129.00		95,874	140,600	1,242	83,954	4,198	129.00
130.00		549,012	165,600	4,168	331,837	16,592	130.00
131.00		2,500	140,600	29	1,960	98	131.00
132.00		11,800	177,200	184	15,675	784	132.00
133.00		816,190	154,100	12,151	900,226	45,011	133.00
134.00		99,377	177,200	1,055	89,878	4,494	134.00
135.00		36,643	165,600	607	48,327	2,416	135.00
136.00		172,924	154,100	2,779	205,887	10,294	136.00
200.00		14,317,114		170,104	14,182,605	709,129	200.00

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		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	52,859	1.00
2.00		0	0	0	0	126,425	2.00
3.00		0	0	0	0	53,103	3.00
4.00		0	0	0	0	25,898	4.00
5.00		0	0	0	0	38,677	5.00
6.00		0	0	0	0	10,987	6.00
7.00		0	0	0	0	99,163	7.00
8.00		0	0	0	0	9,261	8.00
9.00		0	0	0	0	125,233	9.00
10.00		0	0	0	0	184,867	10.00
11.00		0	0	0	0	25,898	11.00
12.00		0	0	0	0	207,717	12.00
13.00		0	0	0	0	7,779	13.00
14.00		0	0	0	0	192,696	14.00
15.00		0	0	0	0	54,900	15.00
16.00		0	0	0	0	310,261	16.00
17.00		0	0	0	0	3,408	17.00
18.00		0	0	0	0	10,500	18.00
19.00		0	0	0	0	23,769	19.00
20.00		0	0	0	0	150,300	20.00
21.00		0	0	0	0	28,661	21.00
22.00		0	0	0	0	158,458	22.00
23.00		0	0	0	0	30,227	23.00
24.00		0	0	0	0	228,658	24.00
25.00		0	0	0	0	12,615	25.00
26.00		0	0	0	0	2,500	26.00
27.00		0	0	0	0	2,556	27.00
28.00		0	0	0	0	7,582	28.00
29.00		0	0	0	0	3,468	29.00
30.00		0	0	0	0	900	30.00
31.00		0	0	0	0	208,115	31.00
32.00		0	0	0	0	13,375	32.00
33.00		0	0	0	0	5,200	33.00
34.00		0	0	0	0	22,235	34.00
35.00		0	0	0	0	43,000	35.00
36.00		0	0	0	0	3,042	36.00
37.00		0	0	0	0	22,235	37.00
38.00		0	0	0	0	100	38.00
39.00		0	0	0	0	38,747	39.00
40.00		0	0	0	0	62,979	40.00
41.00		0	0	0	0	5,112	41.00
42.00		0	0	0	0	41,486	42.00
43.00		0	0	0	0	84,596	43.00
44.00		0	0	0	0	7,002	44.00
45.00		0	0	0	0	16,600	45.00
46.00		0	0	0	0	288,845	46.00
47.00		0	0	0	0	21,894	47.00
48.00		0	0	0	0	20,900	48.00
49.00		0	0	0	0	152,304	49.00
50.00		0	0	0	0	44,556	50.00
51.00		0	0	0	0	43,000	51.00
52.00		0	0	0	0	86,523	52.00
53.00		0	0	0	0	44,556	53.00
54.00		0	0	0	0	100	54.00
55.00		0	0	0	0	15,484	55.00
56.00		0	0	0	0	49,609	56.00
57.00		0	0	0	0	4,941	57.00
58.00		0	0	0	0	47,367	58.00
59.00		0	0	0	0	1,300	59.00
60.00		0	0	0	0	935,242	60.00
61.00		0	0	0	0	45,965	61.00
62.00		0	0	0	0	614,694	62.00
63.00		0	0	0	0	77,400	63.00
64.00		0	0	0	0	5,900	64.00
65.00		0	0	0	0	26,400	65.00
66.00		0	0	0	0	47,537	66.00
67.00		0	0	0	0	57,084	67.00
68.00		0	0	0	0	135,538	68.00
69.00		0	0	0	0	48,963	69.00
70.00		0	0	0	0	7,000	70.00
71.00		0	0	0	0	354,306	71.00
72.00		0	0	0	0	54,200	72.00

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		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	434,302	73.00
74.00		0	0	0	0	57,590	74.00
75.00		0	0	0	0	5,900	75.00
76.00		0	0	0	0	341,245	76.00
77.00		0	0	0	0	13,375	77.00
78.00		0	0	0	0	453,800	78.00
79.00		0	0	0	0	682	79.00
80.00		0	0	0	0	132,556	80.00
81.00		0	0	0	0	104,600	81.00
82.00		0	0	0	0	838,067	82.00
83.00		0	0	0	0	11,915	83.00
84.00		0	0	0	0	88,113	84.00
85.00		0	0	0	0	5,000	85.00
86.00		0	0	0	0	2,556	86.00
87.00		0	0	0	0	7,582	87.00
88.00		0	0	0	0	70,617	88.00
89.00		0	0	0	0	32,300	89.00
90.00		0	0	0	0	31,209	90.00
91.00		0	0	0	0	8,945	91.00
92.00		0	0	0	0	5,200	92.00
93.00		0	0	0	0	22,235	93.00
94.00		0	0	0	0	10,700	94.00
95.00		0	0	0	0	11,424	95.00
96.00		0	0	0	0	22,235	96.00
97.00		0	0	0	0	100	97.00
98.00		0	0	0	0	7,779	98.00
99.00		0	0	0	0	29,787	99.00
100.00		0	0	0	0	15,525	100.00
101.00		0	0	0	0	2,200	101.00
102.00		0	0	0	0	52,478	102.00
103.00		0	0	0	0	7,241	103.00
104.00		0	0	0	0	19,805	104.00
105.00		0	0	0	0	87,900	105.00
106.00		0	0	0	0	1,084,282	106.00
107.00		0	0	0	0	42,383	107.00
108.00		0	0	0	0	352,185	108.00
109.00		0	0	0	0	5,900	109.00
110.00		0	0	0	0	181,292	110.00
111.00		0	0	0	0	97,375	111.00
112.00		0	0	0	0	18,300	112.00
113.00		0	0	0	0	56,057	113.00
114.00		0	0	0	0	121,200	114.00
115.00		0	0	0	0	111,346	115.00
116.00		0	0	0	0	43,789	116.00
117.00		0	0	0	0	335,612	117.00
118.00		0	0	0	0	5,793	118.00
119.00		0	0	0	0	37,738	119.00
120.00		0	0	0	0	1,619	120.00
121.00		0	0	0	0	56,240	121.00
122.00		0	0	0	0	155,648	122.00
123.00		0	0	0	0	52,223	123.00
124.00		0	0	0	0	33,933	124.00
125.00		0	0	0	0	12,615	125.00
126.00		0	0	0	0	17,656	126.00
127.00		0	0	0	0	480,877	127.00
128.00		0	0	0	0	271,077	128.00
129.00		0	0	0	0	83,954	129.00
130.00		0	0	0	0	331,837	130.00
131.00		0	0	0	0	1,960	131.00
132.00		0	0	0	0	15,675	132.00
133.00		0	0	0	0	900,226	133.00
134.00		0	0	0	0	89,878	134.00
135.00		0	0	0	0	48,327	135.00
136.00		0	0	0	0	205,887	136.00
200.00		0	0	0	0	14,182,605	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/12/2012 9:04 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		27,697	27,697		1.00
2.00		0	0		2.00
3.00		0	0		3.00
4.00		0	0		4.00
5.00		3,437	3,437		5.00
6.00		2,332	2,332		6.00
7.00		0	0		7.00
8.00		2,707	2,707		8.00
9.00		34,221	34,221		9.00
10.00		54,553	54,553		10.00
11.00		0	0		11.00
12.00		18,280	18,280		12.00
13.00		0	0		13.00
14.00		0	0		14.00
15.00		55,980	55,980		15.00
16.00		7,083	7,083		16.00
17.00		878	878		17.00
18.00		5,427	5,427		18.00
19.00		0	0		19.00
20.00		0	0		20.00
21.00		0	0		21.00
22.00		0	0		22.00
23.00		45,911	45,911		23.00
24.00		0	0		24.00
25.00		0	0		25.00
26.00		4,032	4,032		26.00
27.00		4,545	4,545		27.00
28.00		3,931	3,931		28.00
29.00		1,648	1,648		29.00
30.00		1,212	1,212		30.00
31.00		157,978	157,978		31.00
32.00		48,840	48,840		32.00
33.00		10,515	10,515		33.00
34.00		1,805	1,805		34.00
35.00		62,109	62,109		35.00
36.00		3,715	3,715		36.00
37.00		0	0		37.00
38.00		9	9		38.00
39.00		71,857	71,857		39.00
40.00		0	0		40.00
41.00		9,090	9,090		41.00
42.00		21,793	21,793		42.00
43.00		92,433	92,433		43.00
44.00		3,230	3,230		44.00
45.00		25,993	25,993		45.00
46.00		236,262	236,262		46.00
47.00		80,221	80,221		47.00
48.00		41,961	41,961		48.00
49.00		0	0		49.00
50.00		3,524	3,524		50.00
51.00		62,109	62,109		51.00
52.00		55,479	55,479		52.00
53.00		0	0		53.00
54.00		98	98		54.00
55.00		28,758	28,758		55.00
56.00		56,805	56,805		56.00
57.00		2,914	2,914		57.00
58.00		10,294	10,294		58.00
59.00		0	0		59.00
60.00		0	0		60.00
61.00		0	0		61.00
62.00		0	0		62.00
63.00		75,243	75,243		63.00
64.00		8,378	8,378		64.00
65.00		13,086	13,086		65.00
66.00		9,608	9,608		66.00
67.00		24,945	24,945		67.00
68.00		0	0		68.00
69.00		12,697	12,697		69.00
70.00		3,784	3,784		70.00
71.00		0	0		71.00
72.00		0	0		72.00
73.00		148,826	148,826		73.00
74.00		62,233	62,233		74.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet A-8-2 | Date/Time Prepared: 11/12/2012 9:04 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
75.00		3,059	3,059		75.00
76.00		0	0		76.00
77.00		0	0		77.00
78.00		0	0		78.00
79.00		1,154	1,154		79.00
80.00		46,723	46,723		80.00
81.00		0	0		81.00
82.00		0	0		82.00
83.00		13,625	13,625		83.00
84.00		0	0		84.00
85.00		8,065	8,065		85.00
86.00		4,545	4,545		86.00
87.00		3,931	3,931		87.00
88.00		8,802	8,802		88.00
89.00		50,774	50,774		89.00
90.00		51,846	51,846		90.00
91.00		32,531	32,531		91.00
92.00		10,515	10,515		92.00
93.00		1,805	1,805		93.00
94.00		15,528	15,528		94.00
95.00		8,858	8,858		95.00
96.00		0	0		96.00
97.00		9	9		97.00
98.00		14,342	14,342		98.00
99.00		34,061	34,061		99.00
100.00		912	912		100.00
101.00		3,883	3,883		101.00
102.00		18,769	18,769		102.00
103.00		0	0		103.00
104.00		0	0		104.00
105.00		9,279	9,279		105.00
106.00		170,167	170,167		106.00
107.00		0	0		107.00
108.00		0	0		108.00
109.00		10,276	10,276		109.00
110.00		0	0		110.00
111.00		0	0		111.00
112.00		12,116	12,116		112.00
113.00		0	0		113.00
114.00		19,325	19,325		114.00
115.00		0	0		115.00
116.00		0	0		116.00
117.00		0	0		117.00
118.00		3,484	3,484		118.00
119.00		0	0		119.00
120.00		16	16		120.00
121.00		0	0		121.00
122.00		106,565	106,565		122.00
123.00		48,844	48,844		123.00
124.00		22,429	22,429		124.00
125.00		0	0		125.00
126.00		26,582	26,582		126.00
127.00		20,304	20,304		127.00
128.00		0	0		128.00
129.00		11,920	11,920		129.00
130.00		217,175	217,175		130.00
131.00		540	540		131.00
132.00		0	0		132.00
133.00		0	0		133.00
134.00		9,499	9,499		134.00
135.00		0	0		135.00
136.00		0	0		136.00
200.00		2,742,724	2,742,724		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT	0	0				1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	2,715,048	0	2,715,048			1.01
1.02	00102	DEPRECIATION DIRECT BLDG	9,405,069	0	0	9,405,069		1.02
1.03	00103	DEPRECIATION KELLOGG PAV	3,185,076	0	0	0	3,185,076	1.03
1.04	00104	DEPRECIATION JELKE SOUTH	2,819,247	0	0	0	0	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	3,688,565	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	1,448,955	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	1,437,896	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	318,509	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,562,382	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	1,198,682	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	1,165,286	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	1,048,743	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	44,627,774	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,081,825	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	107,862	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	1,582,805	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	9,839,278	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0					2.00
2.01	00201	INTEREST GENERAL	2,685,830					2.01
2.02	00202	INTEREST DIRECT BLDG	1,067,636					2.02
2.03	00203	INTEREST ATRUM PAV	3,713,114					2.03
2.04	00204	INTEREST PRO BLDG SOUTH	540,434					2.04
2.05	00205	INTEREST TOB	892,024					2.05
2.06	00206	INTEREST PRO BLDG III	11,562					2.06
2.07	00207	INTEREST TOWER	3,556,911					2.07
2.08	00208	INTEREST PRO BLDG NORTH	111,663					2.08
4.00	00400	EMPLOYEE BENEFITS	155,989,189	0	26,261	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	33,847,092	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	-4,872,664	0	0	6,220,076	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	6,415,793	0	0	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	3,432,993	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	3,019,095	0	4,442	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	-311,354	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	51,478,803	0	40,169	0	151,965	5.07
5.08	00517	PERSONNEL DEPARTMENT	4,557,392	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	11,067,033	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	8,247,143	0	1,575	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	62,167,883	0	18,857	573,035	18,683	5.11
6.00	00600	MAINTENANCE & REPAIRS	50,734,190	0	446,674	0	268,244	6.00
6.01	00601	RENTED SPACE COSTS	88,126	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,751,920	0	71,003	0	6,685	8.00
9.00	00900	HOUSEKEEPING	15,639,831	0	73,946	0	204,595	9.00
10.00	01000	DIETARY	533,590	0	0	0	8,090	10.00
10.01	01001	PATIENT FOOD SERVICE	7,720,404	0	26,711	0	22,651	10.01
11.00	01100	CAFETERIA	475,708	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,552,638	0	85,830	0	4,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	349,286	0	0	0	0	14.00
15.00	01500	PHARMACY	40,207,515	0	16,776	0	17,279	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,418,017	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	6,367,999	0	6,317	0	9,463	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,449,652	0	25,548	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	135,032	0	71,041	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,383,955	0	37,057	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,462,962	0	40,413	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	444,406	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	615,469	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	156,328	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	-6,247	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	963,507	0	57,020	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	1,959,579	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	-1,615,503	0	19,588	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	4,442,681	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	9,854,597	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	-13,644,654	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	31,780,118	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	6,957,253	0	165,512	0	115,821	22.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	647,281	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	-402,780	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	-223,255	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	-706,889	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	-962,769	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	178,162	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	458,716	0	4,274	0	19,293	23.06
23.07	02307	PARAMED TECHNOLOGY	-858,830	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	-300,644	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	444,860	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-880,411	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	-875,171	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,601,263	0	250,704	0	731,926	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,141,248	0	0	0	99,855	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	12,321,632	0	82,100	0	107,731	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,950,396	0	0	0	207,769	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	10,727,438	0	96,420	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	6,820,742	0	0	0	320,202	40.00
41.00	04100	SUBPROVIDER - IRF	4,875,323	0	0	0	0	41.00
43.00	04300	NURSERY	1,666,078	0	49,185	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	39,370,188	0	57,095	0	0	50.00
51.00	05100	RECOVERY ROOM	3,807,497	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,801,104	0	24,499	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,786,672	0	6,073	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,154,620	0	34,527	0	408,579	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,023,254	0	22,587	0	95,276	55.00
56.00	05600	RADIOISOTOPE	2,726,296	0	91,416	0	0	56.00
60.00	06000	LABORATORY	39,101,105	0	240,582	0	102,084	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,717,305	0	3,374	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	734,812	0	14,995	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,549,123	0	45,492	0	19,171	65.00
66.00	06600	PHYSICAL THERAPY	3,352,101	0	25,998	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,256,507	0	22,662	0	33,275	67.00
68.00	06800	SPEECH PATHOLOGY	1,392,596	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,398,598	0	20,637	0	57,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,005,198	0	57,132	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,512,664	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,068,100	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,589,883	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	428,947	0	0	0	33,214	74.00
76.00	03020	RENAL DIALYSIS I/P	2,218,029	0	0	0	24,086	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,332,048	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	23,288,112	0	2,943	0	6,136	90.00
91.00	09100	EMERGENCY	8,889,599	0	154,059	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,638,461	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	850,057	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	1,965,643	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	162,190	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	985,772,032	0	2,541,494	6,793,111	3,093,708	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,485,479	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	5,249,996	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	1,694,652	0	0	0	0	190.02
191.00	19100	RESEARCH	42,377,870	0	2,718	2,532,104	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,891,323	0	8,023	0	0	191.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,697,325	0	1,200	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	123,935,169	0	113,965	0	91,368	192.00
194.00	07950	MEDICAL COLLEGE	18,137,431	0	47,648	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	30,750,250	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	1,439,782	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	23,954,994	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)	1,248,386,303	0	2,715,048	9,405,069	3,185,076	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH	2,819,247					1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	3,688,565				1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	1,448,955			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	1,437,896		1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	318,509	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	31,425	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	28,470	0	8,815	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	20,503	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	50,910	1,967	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	28,602	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	26,844	70,537	8,538	36,919	6,378	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	6,462	0	0	0	66,623	5.10
5.11	00560	CORPORATE ADMINISTRATION	11,341	79,868	1,786	8,273	105,899	5.11
6.00	00600	MAINTENANCE & REPAIRS	644,256	765,095	51,687	43,614	28,990	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,462	13,353	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,517	54,539	0	0	577	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	366	288,709	0	0	0	10.01
11.00	01100	CAFETERIA	24,807	75,489	3,801	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,378	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	164,742	506	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,451	14,926	506	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	8,462	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	75,066	0	5,749	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	165,005	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	49,732	0	0	1,789	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	3,734	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	15,766	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	2,154	0	9,760	1,885	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,163	16,892	30,647	31,128	2,368	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	3,575	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	9,742	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	2,896	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,535	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	813,701	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	120,518	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	6,169	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	69,279	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,249	592,953	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	39,469	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,013	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	90,584	25,705	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,781	67,391	955	17,892	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	262,468	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	400,799	5,720	89,611	205,757	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	113,149	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,521	12,441	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,849	0	50,348	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	27,203	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,998	22,934	0	31,301	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	20,003	1,356	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	320,014	203,506	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,056,494	3,652,778	547,894	659,615	210,835	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,787	6,905	52,906	0	190.00
190.01	19001	FUND RAISING	0	0	0	22,856	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	435,863	0	4,250	654	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,657	0	30,447	58,101	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	113,691	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,243	0	665,453	510,383	105,306	192.00
194.00	07950	MEDICAL COLLEGE	39,299	0	3,123	0	2,368	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	30,160	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	160,723	133,381	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	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	
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)	2,819,247	3,688,565	1,448,955	1,437,896	318,509	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	1,562,382					1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	1,198,682				1.10
1.11	00111	DEPRECIATION JRB	0	0	1,165,286			1.11
1.12	00112	DEPRECIATION TOB	0	0	0	1,048,743		1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	44,627,774	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	389,144	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	4,859	8	0	34,785	273,658	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	6,631	122,768	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	1,788	0	0	103,684	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	2,094	0	0	0	247,878	5.06
5.07	00516	ADMIN & GEN PT SERVICE	19,656	2,292	7,270	307,993	1,855,640	5.07
5.08	00517	PERSONNEL DEPARTMENT	64,787	0	0	1,261	203,692	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	7,038	36,997	5.09
5.10	00519	RESEARCH SPA	3,534	0	0	0	190,182	5.10
5.11	00560	CORPORATE ADMINISTRATION	200,681	39,661	97,579	302,187	3,004,175	5.11
6.00	00600	MAINTENANCE & REPAIRS	127,997	42,885	90,603	94,139	4,361,855	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	240,689	8.00
9.00	00900	HOUSEKEEPING	3,237	411	10,073	0	471,778	9.00
10.00	01000	DIETARY	0	0	0	28,180	106,705	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,893	0	469,436	10.01
11.00	01100	CAFETERIA	174,232	0	0	11,549	778,311	11.00
13.00	01300	NURSING ADMINISTRATION	20,456	0	16,895	0	223,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,574	0	220,833	14.00
15.00	01500	PHARMACY	0	579	0	0	274,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,446	0	0	0	264,456	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,497	0	132,298	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	31,915	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	88,745	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	67,039	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	216,571	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	5,172	0	978	114,994	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	263,683	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	81,650	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	80,386	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,195	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	24,469	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	465,036	0	0	1,077	1,503,914	18.14
18.16	01095	NURSING SCHOOL SPLIT	83,339	0	0	0	256,237	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,918	0	5,158	9,986	795,381	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,913	0	0	10,518	63,363	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	754	0	0	0	2,318	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,713	23.02
23.03	02303	PARAMED SPEECH	12,398	0	0	0	46,574	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	10,989	0	0	0	33,789	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,762	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	48,611	23.06
23.07	02307	PARAMED TECHNOLOGY	4,920	0	0	0	15,126	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	982	0	0	0	3,021	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,793	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	723	0	0	0	6,275	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	723	0	0	0	2,224	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	2,995,113	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	534,976	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,096	0	0	0	538,442	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	159,367	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	231,159	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	165,310	0	548,042	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	258,650	0	473,206	41.00
43.00	04300	NURSERY	0	0	0	0	61,443	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,405	6,809	0	0	2,005,827	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	305,691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	200,016	52.00
53.00	05300	ANESTHESIOLOGY	4,272	7,489	0	0	283,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,705	0	0	1,496,117	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	454,263	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	171,613	56.00
60.00	06000	LABORATORY	14,576	15,238	0	5,266	1,901,230	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	185,030	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	18,732	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	151,710	65.00
66.00	06600	PHYSICAL THERAPY	0	0	93,624	0	298,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	777	0	58,875	0	201,187	67.00
68.00	06800	SPEECH PATHOLOGY	2,909	0	4,748	0	179,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	267,406	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	97,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	25,476	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	48,002	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	16,383	1,550	237,551	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	306,710	55,048	1,970	2,271,196	90.00
91.00	09100	EMERGENCY	0	0	0	0	570,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,973	0	0	36,435	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	585	106.00
107.00	10700	LIVER ACQUISITION	0	3,434	0	0	11,427	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	34	0	0	94	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,357,709	582,188	894,180	825,108	34,727,399	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	234,834	952	835,071	190.00
190.01	19001	FUND RAISING	0	0	0	54,141	220,903	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	153,115	190.02
191.00	19100	RESEARCH	84,336	7,052	0	31,798	3,087,464	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	7,281	13,937	5,452	3,401	439,745	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	25,018	0	5,798	3,020	678,303	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,658	581,862	11,276	128,439	3,366,766	192.00
194.00	07950	MEDICAL COLLEGE	72,380	0	13,746	1,884	447,940	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	13,643	0	0	114,666	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		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	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	556,402	194.02
194.03	07953	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)	1,562,382	1,198,682	1,165,286	1,048,743	44,627,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	1,081,825					1.14
1.15	00115	DEPRECIATION KIDSTON	0	107,862				1.15
1.16	00116	DEPRECIATION COHN	0	0	1,582,805			1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	9,839,278		1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP					0	2.00
2.01	00201	INTEREST GENERAL					0	2.01
2.02	00202	INTEREST DIRECT BLDG					0	2.02
2.03	00203	INTEREST ATRUM PAV					0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH					0	2.04
2.05	00205	INTEREST TOB					0	2.05
2.06	00206	INTEREST PRO BLDG III					0	2.06
2.07	00207	INTEREST TOWER					0	2.07
2.08	00208	INTEREST PRO BLDG NORTH					0	2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	33,619	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	11,937	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	43,650	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	120,095	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	10,959	9,425	438,621	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	1,868	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	37,800	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	317,464	21,390	54,078	71,757	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	6,642	126,388	161,087	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	65,339	0	0	76,812	0	8.00
9.00	00900	HOUSEKEEPING	8,178	700	8,003	162,127	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	69,868	0	10.01
11.00	01100	CAFETERIA	0	0	0	108,084	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,927	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	410,182	0	14.00
15.00	01500	PHARMACY	0	0	0	44,169	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178,363	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	15,082	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	6,704	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	187	58,719	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	934	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,322	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,704	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,995,595	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	606,275	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	623,942	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	1,760,199	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	512,409	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	129,012	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	932,654	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,471	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	115,832	0	56.00
60.00	06000	LABORATORY	12,154	3,683	0	319,293	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	94,952	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,524	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,361	0	67.00
68.00	06800	SPEECH PATHOLOGY	121,220	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	142,050	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,153	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	30,233	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	199,956	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	762,921	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	963	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	97	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	306	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	908,996	83,167	392,397	9,811,879	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	27,399	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,226	0	1,034,237	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	911	11,365	1,638	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,794	1,768	131,086	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	153,898	7,829	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	3,292	23,447	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	441	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
		1.14	1.15	1.16	1.17	2.00	
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)	1,081,825	107,862	1,582,805	9,839,278	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL	2,685,830					2.01
2.02	00202	INTEREST DIRECT BLDG	0	1,067,636				2.02
2.03	00203	INTEREST ATRUM PAV	0	0	3,713,114			2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	0	540,434		2.04
2.05	00205	INTEREST TOB	0	0	0	0	892,024	2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	0	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS	4,452	0	31,635	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	810,421	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	15,637	0	0	0	29,587	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	9,806	0	20,640	0	5,640	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	753	0	51,249	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,639	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	49,108	0	71,007	13,876	261,968	5.07
5.08	00517	PERSONNEL DEPARTMENT	27,033	0	0	0	1,072	5.08
5.09	00518	RESEARCH FACULTY	413	0	0	0	5,987	5.09
5.10	00519	RESEARCH SPA	25,809	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	201,216	84,248	80,400	3,109	257,030	5.11
6.00	00600	MAINTENANCE & REPAIRS	336,408	0	770,187	16,392	80,072	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	25,123	0	13,442	0	0	8.00
9.00	00900	HOUSEKEEPING	40,767	0	54,902	0	0	9.00
10.00	01000	DIETARY	842	0	0	0	23,969	10.00
10.01	01001	PATIENT FOOD SERVICE	6,966	0	290,631	0	0	10.01
11.00	01100	CAFETERIA	5,380	172,967	75,991	0	9,823	11.00
13.00	01300	NURSING ADMINISTRATION	24,703	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,643	0	165,838	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,889	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	14,760	0	15,025	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	4,331	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	12,044	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	6,282	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	23,131	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	832	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	35,784	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	10,785	0	0	672	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	9,667	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	3,419	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	3,321	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	200,014	0	0	709	916	18.14
18.16	01095	NURSING SCHOOL SPLIT	34,774	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	57,653	0	17,005	11,700	8,494	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,508	0	0	0	8,946	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	315	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	775	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	6,320	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,585	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	9,807	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	6,597	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	2,053	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	410	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,915	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	852	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	302	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,691	0	819,113	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,394	0	121,320	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	31,100	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	21,627	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	31,370	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,331	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,338	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,819	0	596,899	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	39,732	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,144	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,457	0	25,876	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,902	0	67,840	6,725	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,747	0	264,215	0	0	55.00
56.00	05600	RADIOISOTOPE	15,498	0	0	0	0	56.00
60.00	06000	LABORATORY	149,645	0	5,758	77,334	4,479	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25,110	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,542	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,989	0	12,524	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,407	0	9,915	18,923	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,630	0	0	10,224	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,210	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,487	0	23,087	11,765	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,686	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,457	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,507	0	20,136	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	1,318	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37,421	0	0	76,488	1,675	90.00
91.00	09100	EMERGENCY	26,118	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	791	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	79	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	251	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,058,017	1,067,636	3,677,089	247,917	701,808	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	36,025	19,885	810	190.00
190.01	19001	FUND RAISING	0	0	0	8,590	46,050	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	359,150	0	0	246	27,046	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	18,091	0	0	21,837	2,893	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	68,791	0	0	0	2,569	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,219	0	0	191,827	109,245	192.00
194.00	07950	MEDICAL COLLEGE	55,200	0	0	0	1,603	194.00
194.01	07951	AFFIL CORP ARC VENTURES	362	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	50,132	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
		2.01	2.02	2.03	2.04	2.05	
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)	2,685,830	1,067,636	3,713,114	540,434	892,024	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III	11,562					2.06
2.07	00207	INTEREST TOWER	0	3,556,911				2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	111,663			2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	156,472,106		4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	20,070	33,867,162	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	679	807,021	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	642,988	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	17	15,779	152	721,994	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	179,678	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	22	158,562	658	7,610,374	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	709,430	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	2,370,675	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	1,480,219	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	383	25,940	138	9,605,633	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	414	58,233	3,983	3,319,709	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,768	0	126,388	0	8.00
9.00	00900	HOUSEKEEPING	4	58,609	0	3,302,432	0	9.00
10.00	01000	DIETARY	0	0	0	135,382	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	25,257	0	1,557,994	0	10.01
11.00	01100	CAFETERIA	0	39,073	293	485,456	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,565	0	1,529,796	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	148,281	0	0	0	14.00
15.00	01500	PHARMACY	6	15,967	39	2,164,840	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	1,059,724	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	39	1,584,095	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	392,847	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	63,240	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	652	421,674	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	443	701,281	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	50	0	0	161,600	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	12,075	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	39,330	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	6,341	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	288	478,987	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	263,178	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	937,471	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	752	1,049,319	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	2,404,516	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	674,663	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	8,706,296	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,227	2,362	1,655,048	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	596,949	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	78,209	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	85,936	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	
			2.06	2.07	2.08	4.00	5.01	
23.03	02303	PARAMED SPEECH	0	0	0	283,156	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	166,639	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	48,832	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	127,160	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	175,821	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	55,144	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	129,140	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	97,210	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	115,593	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	721,412	0	11,520,378	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	219,169	0	2,882,196	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	225,556	0	3,090,815	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	1,172,932	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	2,674,972	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,800,505	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	1,277,121	0	41.00
43.00	04300	NURSERY	0	0	0	419,347	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	66	636,314	0	3,968,363	0	50.00
51.00	05100	RECOVERY ROOM	0	185,237	0	910,976	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	1,141,119	0	52.00
53.00	05300	ANESTHESIOLOGY	72	46,638	0	114,329	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338	337,155	74	2,930,174	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,677	0	732,830	0	55.00
56.00	05600	RADIOISOTOPE	0	41,873	0	206,398	0	56.00
60.00	06000	LABORATORY	147	115,425	6,906	5,982,415	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	602,181	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	110,816	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,325	0	1,169,802	0	65.00
66.00	06600	PHYSICAL THERAPY	0	15,011	0	874,132	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,023	0	563,750	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	341,805	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,351	0	744,771	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,853	0	247,801	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74,905	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	105	1,344	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	10,929	0	553,707	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,958	0	24,662	2,869,677	0	90.00
91.00	09100	EMERGENCY	0	275,797	0	2,019,415	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	106	0	0	317,377	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	176,431	0	106.00
107.00	10700	LIVER ACQUISITION	33	0	0	186,629	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	11,252	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,616	3,547,006	42,225	111,032,218	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,905	532	233,764	0	190.00
190.01	19001	FUND RAISING	0	0	0	1,026,253	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	394,411	0	190.02
191.00	19100	RESEARCH	68	0	328	6,242,035	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	134	0	2,346	2,088,110	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	861,533	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,612	0	51,281	27,140,676	33,867,162	192.00
194.00	07950	MEDICAL COLLEGE	0	0	241	3,669,562	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	132	0	2,324	1,067,761	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	12,386	216,665	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	2,499,118	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH	EMPLOYEE BENEFITS	TRANSITION RECRUITMENT	
		2.06	2.07	2.08	4.00	5.01	
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)	11,562	3,556,911	111,663	156,472,106	33,867,162	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE	2,157,833					5.02
5.03	00512	RESEARCH ADMINISTRATION	0	7,652,931				5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	4,273,906			5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	4,015,480		5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	300,632	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	109,506	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	170	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	8,864	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	36,101	0	0	0	0	9.00
10.00	01000	DIETARY	1,662	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	20,761	0	0	0	0	10.01
11.00	01100	CAFETERIA	9,991	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,324	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,934	0	0	0	0	14.00
15.00	01500	PHARMACY	131,119	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,638	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	16,196	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	3,790	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	909	0	0	0	5	18.01
18.02	01081	CLINICAL LAB ADMIN OB	3,838	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	7,434	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	1,192	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	2,719	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	856	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	3,251	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	4,488	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	23,813	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	15,945	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	33,681	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	91,985	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	18,864	0	0	0	1,420	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	12,329	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	722	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	864	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	2,904	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,901	0	0	0	0	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	ADMIN & GEN ANIMAL LAB	
			5.02	5.03	5.04	5.05	5.06	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	362	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	1,971	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	652	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	1,181	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	1,224	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	137,284	0	516,038	31,740	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	33,211	0	118,431	95	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	34,373	0	101,358	912	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	12,743	0	41,709	7,387	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	27,417	0	141,836	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	19,818	0	77,757	5	0	40.00
41.00	04100	SUBPROVIDER - IRF	14,549	0	62,192	0	0	41.00
43.00	04300	NURSERY	0	0	13,840	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	190,033	0	556,949	391,890	0	50.00
51.00	05100	RECOVERY ROOM	11,821	0	40,123	44,397	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,633	0	41,479	11,681	0	52.00
53.00	05300	ANESTHESIOLOGY	13,505	0	121,149	107,349	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,398	0	316,687	442,118	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	12,440	0	19,780	252,110	0	55.00
56.00	05600	RADIOISOTOPE	6,899	0	13,424	74,755	0	56.00
60.00	06000	LABORATORY	100,611	0	590,349	835,245	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	26,871	0	147,822	58,627	0	62.00
64.00	06400	INTRAVENOUS THERAPY	1,740	0	88,668	2,978	0	64.00
65.00	06500	RESPIRATORY THERAPY	15,913	0	80,360	3,674	0	65.00
66.00	06600	PHYSICAL THERAPY	9,995	0	43,908	26,983	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,576	0	34,200	8,988	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,143	0	8,604	11,247	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,911	0	82,461	115,323	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,137	0	31,337	6,948	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,514	809	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	367,828	191,829	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	497,015	740,362	0	73.00
74.00	07400	RENAL DIALYSIS	5,538	0	0	5,807	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	24,112	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	5,968	0	38	25,256	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	283	0	2,453	401,584	0	90.00
91.00	09100	EMERGENCY	25,849	0	67,217	215,381	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	11,636	0	12,759	0	0	105.00
106.00	10600	HEART ACQUISITION	1,979	0	734	0	0	106.00
107.00	10700	LIVER ACQUISITION	4,198	0	4,537	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	335	0	238	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,428,948	0	4,273,906	4,015,480	1,425	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,624	0	0	0	0	190.00
190.01	19001	FUND RAISING	12,891	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	4,028	0	0	0	0	190.02
191.00	19100	RESEARCH	81,662	2,145,676	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	20,988	551,449	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	188,615	4,955,806	0	0	279,282	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	339,298	0	0	0	19,925	192.00
194.00	07950	MEDICAL COLLEGE	54,873	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	14,478	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	5,428	0	0	0	0	194.02
194.03	07953	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)	2,157,833	7,652,931	4,273,906	4,015,480	300,632	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE	62,637,584					5.07
5.08	00517	PERSONNEL DEPARTMENT	0	5,564,667				5.08
5.09	00518	RESEARCH FACULTY	0	0	13,490,011			5.09
5.10	00519	RESEARCH SPA	0	0	0	10,059,347		5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	77,352,694	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	159,612	0	0	62,848,862	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	88,296	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	10,567	0	0	4,440,415	8.00
9.00	00900	HOUSEKEEPING	0	300,890	0	0	20,439,217	9.00
10.00	01000	DIETARY	0	9,581	0	0	848,001	10.00
10.01	01001	PATIENT FOOD SERVICE	0	115,308	0	0	10,617,955	10.01
11.00	01100	CAFETERIA	0	42,754	0	0	2,493,709	11.00
13.00	01300	NURSING ADMINISTRATION	0	118,258	0	0	8,627,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,144,090	14.00
15.00	01500	PHARMACY	0	91,267	0	0	43,300,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,761	0	0	7,025,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	69,076	0	0	8,248,730	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	7,635	0	0	1,915,718	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	1,691	0	0	372,707	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	10,629	0	0	1,939,588	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	19,224	0	0	3,552,274	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	7,609	0	0	736,833	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	326	0	0	1,095,061	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	2,598	0	0	343,740	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	44	0	0	138	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	14,574	0	0	1,611,414	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	8,577	0	0	2,280,202	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	35,903	0	0	-570,938	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	88,009	0	0	7,788,875	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	100,708	0	0	12,767,852	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	15,332	0	0	689,995	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	-13,644,654	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	560,505	0	0	41,138,904	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	40,579	0	0	10,081,485	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	16,617	0	0	1,368,358	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	1,849	0	0	-318,613	23.01
23.02	02302	PARAMED DIETARY	0	2,862	0	0	-123,530	23.02
23.03	02303	PARAMED SPEECH	0	10,162	0	0	-339,053	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	6,657	0	0	-738,209	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	Subtotal	
			5.07	5.08	5.09	5.10	5A.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	2,263	0	0	261,568	23.05
23.06	02306	PARAMED PASTORAL CARE	0	7,001	0	0	676,718	23.06
23.07	02307	PARAMED TECHNOLOGY	0	6,657	0	0	-652,282	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	1,585	0	0	-238,850	23.08
23.09	02309	PARAMED PHARMACY	0	7,371	0	0	590,975	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	3,434	0	0	-768,201	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	3,699	0	0	-751,406	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,785,293	516,844	0	0	72,555,095	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,054,139	118,619	0	0	18,060,446	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	907,270	101,826	0	0	18,184,322	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	416,343	40,905	0	0	7,031,178	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,261,771	88,802	0	0	15,350,464	35.02
40.00	04000	SUBPROVIDER - IPF	691,754	74,941	0	0	10,552,407	40.00
41.00	04100	SUBPROVIDER - IRF	553,258	57,681	0	0	7,571,980	41.00
43.00	04300	NURSERY	123,124	15,164	0	0	2,356,519	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,357,692	175,551	0	0	57,801,301	50.00
51.00	05100	RECOVERY ROOM	629,176	41,882	0	0	6,568,410	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	440,629	39,496	0	0	6,845,813	52.00
53.00	05300	ANESTHESIOLOGY	1,736,003	8,850	0	0	5,530,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,528,326	116,981	0	0	28,189,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,721,908	28,092	0	0	7,928,118	55.00
56.00	05600	RADIOISOTOPE	577,817	6,657	0	0	4,048,478	56.00
60.00	06000	LABORATORY	10,367,424	277,571	0	0	60,930,407	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,674,526	27,678	0	0	15,581,673	62.00
64.00	06400	INTRAVENOUS THERAPY	807,049	3,170	0	0	1,785,502	64.00
65.00	06500	RESPIRATORY THERAPY	737,413	51,560	0	0	9,000,970	65.00
66.00	06600	PHYSICAL THERAPY	556,061	41,398	0	0	5,472,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	359,354	29,016	0	0	3,631,608	67.00
68.00	06800	SPEECH PATHOLOGY	145,506	15,666	0	0	2,251,369	68.00
69.00	06900	ELECTROCARDIOLOGY	1,440,735	28,338	0	0	7,517,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	321,376	11,950	0	0	1,862,793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,911	0	0	0	1,582,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,448,495	0	0	0	59,076,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,961,361	0	0	0	33,788,621	73.00
74.00	07400	RENAL DIALYSIS	35,608	3,399	0	0	616,351	74.00
76.00	03020	RENAL DIALYSIS I/P	214,503	0	0	0	2,574,183	76.00
76.01	03021	PSYCH DAY HOSPITAL	155,209	18,819	0	0	3,389,009	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,484,343	175,164	0	0	32,732,299	90.00
91.00	09100	EMERGENCY	1,918,688	87,481	0	0	15,013,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	113,505	14,521	0	0	6,157,527	105.00
106.00	10600	HEART ACQUISITION	6,533	3,795	0	0	1,040,290	106.00
107.00	10700	LIVER ACQUISITION	40,360	6,182	0	0	2,223,000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	2,121	352	0	0	176,616	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,637,584	4,176,525	0	0	853,520,549	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,529	0	0	4,074,261	190.00
190.01	19001	FUND RAISING	0	37,743	0	0	6,679,423	190.01
190.02	19002	RUSH DAY SCHOOL	0	18,431	0	0	2,264,637	190.02
191.00	19100	RESEARCH	0	289,363	0	8,002,630	66,747,776	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	118,945	0	2,056,717	16,370,791	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	31,341	13,490,011	0	22,551,951	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	644,302	0	0	192,339,162	192.00
194.00	07950	MEDICAL COLLEGE	0	93,099	0	0	22,667,136	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	49,667	0	0	32,043,884	194.01
194.02	07952	AFFIL CORP ROOM 500	0	23,248	0	0	2,598,147	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	74,474	0	0	26,528,586	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)	62,637,584	5,564,667	13,490,011	10,059,347	1,248,386,303	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	77,352,694					5.11
6.00	00600	MAINTENANCE & REPAIRS	4,088,130	66,936,992				6.00
6.01	00601	RENTED SPACE COSTS	5,743	0	94,039			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	288,836	472,456	0	5,201,707		8.00
9.00	00900	HOUSEKEEPING	1,329,510	926,067	0	0	22,694,794	9.00
10.00	01000	DIETARY	55,160	209,454	0	0	72,530	10.00
10.01	01001	PATIENT FOOD SERVICE	690,666	921,470	0	0	319,089	10.01
11.00	01100	CAFETERIA	162,208	1,527,771	0	0	529,040	11.00
13.00	01300	NURSING ADMINISTRATION	561,188	438,351	0	0	151,793	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	74,420	433,479	0	0	150,106	14.00
15.00	01500	PHARMACY	2,816,538	539,332	0	0	186,761	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	456,974	519,108	0	0	179,758	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	536,555	259,692	0	0	89,927	16.01
18.00	01850	CLINICAL LAB ADMIN MED	124,612	62,648	0	0	21,694	18.00
18.01	01080	CLINICAL LAB ADMIN PED	24,243	174,201	0	0	60,323	18.01
18.02	01081	CLINICAL LAB ADMIN OB	126,164	131,593	0	0	45,568	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	231,065	390,549	0	0	135,240	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	47,929	6,849	0	0	2,372	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	71,230	517,592	0	0	179,233	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	22,359	160,274	0	0	55,500	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	9	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	104,818	157,792	0	0	54,640	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	148,320	49,456	0	0	17,126	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	48,032	0	0	16,632	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	506,643	2,952,079	0	0	1,022,252	18.14
18.16	01095	NURSING SCHOOL SPLIT	830,510	502,975	0	0	174,171	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	44,882	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,675,962	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	655,770	1,244,775	0	0	431,043	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	89,008	124,376	0	0	43,069	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	4,550	0	0	1,576	23.01
23.02	02302	PARAMED DIETARY	0	11,215	0	0	3,884	23.02
23.03	02303	PARAMED SPEECH	0	91,421	0	0	31,657	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	66,325	0	0	22,967	23.04

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	17,014	25,050	0	0	8,674	23.05
23.06	02306	PARAMED PASTORAL CARE	44,018	95,420	0	0	33,042	23.06
23.07	02307	PARAMED TECHNOLOGY	0	29,692	0	0	10,282	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	5,929	0	0	2,053	23.08
23.09	02309	PARAMED PHARMACY	38,441	7,446	0	0	2,578	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	12,318	0	0	4,266	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	4,367	0	0	1,512	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,719,491	5,750,686	0	1,837,606	1,991,359	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	1,174,778	1,050,121	0	266,689	363,638	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,182,836	1,056,924	0	369,862	365,994	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	457,357	312,826	0	2,008	108,326	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	998,502	453,749	0	87,031	157,125	35.02
40.00	04000	SUBPROVIDER - IPF	686,402	1,075,769	0	168,657	372,519	40.00
41.00	04100	SUBPROVIDER - IRF	492,535	928,870	0	349,248	321,651	41.00
43.00	04300	NURSERY	153,284	120,607	0	727	41,764	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,759,801	3,937,300	0	760,494	1,363,416	50.00
51.00	05100	RECOVERY ROOM	427,255	600,050	0	90,848	207,786	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	445,300	392,618	0	28,340	135,956	52.00
53.00	05300	ANESTHESIOLOGY	359,711	557,442	0	0	193,032	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,833,671	2,840,664	0	319,557	983,671	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	515,700	891,686	0	44,842	308,775	55.00
56.00	05600	RADIOISOTOPE	263,341	336,864	0	31,085	116,650	56.00
60.00	06000	LABORATORY	3,963,340	3,533,007	0	237,786	1,223,417	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,013,541	363,201	0	0	125,770	62.00
64.00	06400	INTRAVENOUS THERAPY	116,142	36,771	0	0	12,733	64.00
65.00	06500	RESPIRATORY THERAPY	585,486	297,796	0	0	103,121	65.00
66.00	06600	PHYSICAL THERAPY	355,983	585,985	0	27,428	202,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	236,225	394,916	0	0	136,752	67.00
68.00	06800	SPEECH PATHOLOGY	146,445	352,768	0	0	122,157	68.00
69.00	06900	ELECTROCARDIOLOGY	488,988	524,900	0	5,006	181,763	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	121,169	190,839	0	20,324	66,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,963	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,842,733	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,197,848	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	40,092	50,008	0	0	17,317	74.00
76.00	03020	RENAL DIALYSIS I/P	167,443	94,225	0	0	32,628	76.00
76.01	03021	PSYCH DAY HOSPITAL	220,445	99,097	0	0	34,315	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,129,138	4,458,201	0	98,994	1,543,795	90.00
91.00	09100	EMERGENCY	976,560	1,120,077	0	413,288	387,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	400,529	71,519	0	0	24,766	105.00
106.00	10600	HEART ACQUISITION	67,668	1,149	0	0	398	106.00
107.00	10700	LIVER ACQUISITION	144,599	22,430	0	0	7,767	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	11,488	184	0	0	64	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,667,714	45,627,353	0	5,159,820	15,315,646	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	265,018	1,128,305	0	41,319	390,712	190.00
190.01	19001	FUND RAISING	434,476	433,617	0	0	150,154	190.01
190.02	19002	RUSH DAY SCHOOL	147,308	0	0	0	0	190.02
191.00	19100	RESEARCH	4,341,743	5,478,032	94,039	0	1,896,944	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,064,871	666,696	0	0	230,865	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	1,466,937	1,036,976	0	0	359,086	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,511,232	10,372,740	0	568	3,591,897	192.00
194.00	07950	MEDICAL COLLEGE	1,474,429	876,013	0	0	303,347	194.00
194.01	07951	AFFIL CORP ARC VENTURES	2,084,359	225,082	0	0	77,942	194.01
194.02	07952	AFFIL CORP ROOM 500	169,002	1,092,178	0	0	378,201	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	1,725,605	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)	77,352,694	66,936,992	94,039	5,201,707	22,694,794	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,185,145					10.00
10.01	01001	PATIENT FOOD SERVICE	818,817	13,367,997				10.01
11.00	01100	CAFETERIA	366,328	0	5,079,056			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	124,454	9,903,206		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,802,095	14.00
15.00	01500	PHARMACY	0	0	96,049	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	49,211	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	72,695	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	8,035	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	1,779	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	11,186	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	20,231	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	8,007	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	343	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	2,734	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	46	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	15,338	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	9,027	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	37,784	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	92,620	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	105,984	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	16,135	148,982	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	589,871	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	42,705	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	17,488	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	1,946	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	3,012	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	10,695	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	7,006	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	2,382	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	7,368	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	7,006	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	1,668	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	7,757	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	3,614	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	3,892	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	9,122,141	543,922	4,957,807	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	738,318	124,834	540,817	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	736,995	107,161	950,281	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	242,658	43,048	395,772	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	93,454	857,093	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	1,416,799	78,867	598,151	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	1,111,086	60,702	551,942	0	41.00
43.00	04300	NURSERY	0	0	15,959	147,356	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	184,749	191,254	0	50.00
51.00	05100	RECOVERY ROOM	0	0	44,076	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	41,565	383,792	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	9,314	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	123,110	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	29,564	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	7,006	0	0	56.00
60.00	06000	LABORATORY	0	0	292,113	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	29,128	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,336	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	54,262	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	43,567	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	30,537	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	16,487	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	29,823	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	12,576	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,802,095	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	3,577	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	19,805	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	184,341	0	0	90.00
91.00	09100	EMERGENCY	0	0	92,064	856	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	15,282	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	3,994	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	6,506	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	371	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,185,145	13,367,997	3,723,168	9,724,103	1,802,095	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	7,924	0	0	190.00
190.01	19001	FUND RAISING	0	0	39,721	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	19,397	179,103	0	190.02
191.00	19100	RESEARCH	0	0	304,523	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	125,177	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	32,983	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	678,049	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	97,977	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	25,671	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	24,466	0	0	194.02
194.03	07953	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
202.00	TOTAL (sum lines 118-201)	1,185,145	13,367,997	5,079,056	9,903,206	1,802,095	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	46,938,724					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,230,345				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	4,879,772	14,087,371			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	2,132,707		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	633,253	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	230	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	23,815	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	1,701,070	0	253,234	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	390,396	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	1,579	0	334,116	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	137,491	0	309,925	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	467,549	0	3,887	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	256,317	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	205,010	0	0	41.00
43.00	04300	NURSERY	0	0	45,623	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,519	0	1,835,930	0	0	50.00
51.00	05100	RECOVERY ROOM	258	0	132,261	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38	0	136,733	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	399,355	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	838,136	0	1,043,930	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,198	0	65,201	0	0	55.00
56.00	05600	RADIOISOTOPE	443	0	44,250	0	0	56.00
60.00	06000	LABORATORY	167,450	0	1,944,876	331,290	41,011	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	543,857	0	487,281	203,998	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	292,284	31,344	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,829	0	264,899	492,451	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	144,737	192,244	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	112,737	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	28,362	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	271,825	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	103,299	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	21,473	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	1,212,511	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,561,698	0	1,638,365	0	0	73.00
74.00	07400	RENAL DIALYSIS	61,417	0	0	871	25,196	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	79,484	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	125	41,270	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,783	0	8,085	26,120	0	90.00
91.00	09100	EMERGENCY	14,113	3,350,573	221,575	813,119	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	42,059	0	0	105.00
106.00	10600	HEART ACQUISITION	7,609	0	2,421	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	14,955	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	786	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	46,254,972	8,230,345	14,087,371	2,132,707	633,253	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	121,734	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	284,330	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	1,907	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	275,781	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	46,938,724	8,230,345	14,087,371	2,132,707	633,253	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,254,099					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	4,329,359				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	801,990			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	1,863,459		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	584,607	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	331,534	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	1,282,393	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,777,176	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	439,137	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	573,661	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	114,530	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	786,523	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	378,392	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	95,674	0	0	0	56.00
60.00	06000	LABORATORY	66,511	296,512	0	1,863,459	408,599	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	515,210	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	84,284	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	176,008	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	224,706	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	62,074	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	208,685	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	54,544	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	88,840	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	5,062	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,254,099	4,329,359	801,990	1,863,459	584,607	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
		18.02	18.03	18.04	18.05	18.06	
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)	2,254,099	4,329,359	801,990	1,863,459	584,607	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	193					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	1,944,002				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	2,504,131			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	-468,490		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	12,362,469	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	5,332,967	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	339,117	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	256,665	23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	188,462	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	731,618	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	686,593	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	660,945	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	232,347	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	504,021	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	315,559	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	49	0	2,097,547	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	144	0	406,584	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,944,002	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	193	1,944,002	2,504,131	0	9,248,294	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	204,990	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	2,909,185	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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	-468,490	0	201.00
202.00		TOTAL (sum lines 118-201)	193	1,944,002	2,504,131	-468,490	12,362,469	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	19,714,689					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	923,809				19.00
20.00	02000	NURSING SCHOOL	16,682,570	0	3,037,916			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	44,404,737		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	12,455,778	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	2,380,384	9,482,232	2,659,817	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	85,037	1,111,871	311,886	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	2,456,310	689,009	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	119,444	628,679	176,348	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	77,972	709,388	198,987	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	124,416	840,009	235,627	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	8,504	556,466	156,092	41.00
43.00	04300	NURSERY	0	0	0	90,266	25,320	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	2,945,873	826,334	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	336,641	94,430	52.00
53.00	05300	ANESTHESIOLOGY	0	923,809	242,159	2,963,926	831,398	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	3,292,072	923,445	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	569,210	159,667	55.00
56.00	05600	RADIOISOTOPE	0	0	0	515,050	144,474	56.00
60.00	06000	LABORATORY	0	0	0	2,373,477	665,774	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	180,533	50,641	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	117,877	33,065	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	399,296	112,005	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	132,745	37,236	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	2,094,182	587,430	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	6,361,132	1,784,333	90.00
91.00	09100	EMERGENCY	0	0	0	820,894	230,265	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	106,196	29,789	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,682,570	923,809	3,037,916	39,084,325	10,963,372	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,032,119	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	2,307,636	647,305	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	2,991,537	839,143	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	21,239	5,958	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.16	19.00	20.00	21.00	22.00	
200.00	Cross Foot Adjustments		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)	19,714,689	923,809	3,037,916	44,404,737	12,455,778	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,981,416					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	-53,876				23.01
23.02	02302	PARAMED DIETARY	0	0	83,043			23.02
23.03	02303	PARAMED SPEECH	0	0	0	526,338		23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	44,682	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	331,420	0	56,669	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	80,175	0	4,586	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	82,981	0	4,578	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	30,764	0	1,507	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	66,188	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	47,842	0	8,801	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	35,122	0	6,902	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	458,658	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	28,537	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	30,497	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,603	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	107,181	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	30,033	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,654	0	0	0	0	56.00
60.00	06000	LABORATORY	242,886	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,869	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4,201	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	38,416	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	24,129	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,875	0	0	0	44,682	67.00
68.00	06800	SPEECH PATHOLOGY	10,002	0	0	526,338	0	68.00
69.00	06900	ELECTROCARDIOLOGY	60,139	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,574	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	13,368	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	14,406	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	682	0	0	0	0	90.00
91.00	09100	EMERGENCY	62,404	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	28,090	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	4,778	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	10,134	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	808	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,981,416	0	83,043	526,338	44,682	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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	-53,876	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
202.00	TOTAL (sum lines 118-201)	1,981,416	-53,876	83,043	526,338	44,682	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	314,688					23.05
23.06	02306	PARAMED PASTORAL CARE	0	856,566				23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	55,643			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	3,147		23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	647,197	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	143,268	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34,659	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	35,872	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	13,299	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	28,612	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	20,682	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	15,183	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	198,297	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	12,336	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,183	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,094	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	157,344	46,333	0	1,573	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	157,344	12,983	0	1,574	0	55.00
56.00	05600	RADIOISOTOPE	0	7,199	0	0	0	56.00
60.00	06000	LABORATORY	0	104,997	55,643	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	28,042	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,816	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,607	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	10,431	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,862	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,324	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	25,997	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,274	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	647,197	73.00
74.00	07400	RENAL DIALYSIS	0	5,779	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	6,228	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	295	0	0	0	90.00
91.00	09100	EMERGENCY	0	26,976	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	12,143	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	2,065	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,381	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	349	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	314,688	856,566	55,643	3,147	647,197	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
202.00	TOTAL (sum lines 118-201)	314,688	856,566	55,643	3,147	647,197	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	-243,982					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	-426,076				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	118,817,735	-12,142,049	106,675,686	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	24,338,251	-1,423,757	22,914,494	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	26,558,820	-3,145,319	23,413,501	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	10,010,630	-805,027	9,205,603	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	20,832,394	-908,375	19,924,019	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	16,483,265	-1,075,636	15,407,629	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	12,371,293	-712,558	11,658,735	41.00
43.00	04300	NURSERY	0	0	2,997,425	-115,586	2,881,839	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	76,050,102	-3,772,207	72,277,895	50.00
51.00	05100	RECOVERY ROOM	0	0	8,550,954	0	8,550,954	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	9,458,567	-431,071	9,027,496	52.00
53.00	05300	ANESTHESIOLOGY	0	0	12,171,392	-3,795,324	8,376,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	41,487,149	-4,215,517	37,271,632	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	11,100,287	-728,877	10,371,410	55.00
56.00	05600	RADIOISOTOPE	0	0	5,627,168	-659,524	4,967,644	56.00
60.00	06000	LABORATORY	0	0	80,840,151	-3,039,251	77,800,900	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			0		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	19,079,262	-231,174	18,848,088	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,284,129	0	2,284,129	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,012,779	-150,942	10,861,837	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,060,123	0	7,060,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,125,404	0	5,125,404	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	3,542,536	0	3,542,536	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	9,793,203	-511,301	9,281,902	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,331,934	0	4,331,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	3,509,429	0	3,509,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	64,131,496	0	64,131,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	82,833,729	0	82,833,729	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,003,957	-200,038	803,919	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	2,947,963	0	2,947,963	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	6,731,018	-2,681,612	4,049,406	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	49,337,198	-8,145,465	41,191,733	90.00
91.00	09100	EMERGENCY	0	0	23,605,841	-1,051,159	22,554,682	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	7,096,585	-135,985	6,960,600	105.00
106.00	10600	HEART ACQUISITION	0	0	1,184,916	0	1,184,916	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,522,612	0	2,522,612	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	195,728	0	195,728	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	785,025,425	-50,077,754	734,947,671	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,144,648	0	9,144,648	190.00
190.01	19001	FUND RAISING	0	0	7,737,391	0	7,737,391	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,610,445	0	2,610,445	190.02
191.00	19100	RESEARCH	0	0	78,863,057	0	78,863,057	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	18,458,400	0	18,458,400	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	28,524,608	-2,954,941	25,569,667	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	223,608,658	-3,830,680	219,777,978	192.00
194.00	07950	MEDICAL COLLEGE	0	0	28,357,191	-27,197	28,329,994	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	34,732,719	0	34,732,719	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part I Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.02	07952	AFFIL CORP ROOM 500	0	0	4,261,994	0	4,261,994	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	28,254,191	0	28,254,191	194.03
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	-243,982	-426,076	-1,192,424	0	-1,192,424	201.00
202.00		TOTAL (sum lines 118-201)	-243,982	-426,076	1,248,386,303	-56,890,572	1,191,495,731	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	26,261	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	6,220,076	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	4,442	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	40,169	0	151,965	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	1,575	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	18,857	573,035	18,683	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	446,674	0	268,244	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	71,003	0	6,685	8.00
9.00	00900	HOUSEKEEPING	0	0	73,946	0	204,595	9.00
10.00	01000	DIETARY	0	0	0	0	8,090	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	26,711	0	22,651	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	85,830	0	4,335	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	16,776	0	17,279	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	6,317	0	9,463	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	25,548	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	71,041	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	37,057	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	40,413	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	57,020	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	19,588	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	165,512	0	115,821	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	4,274	0	19,293	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	250,704	0	731,926	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	99,855	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	82,100	0	107,731	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	207,769	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	96,420	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	320,202	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	49,185	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	57,095	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	24,499	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	6,073	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	34,527	0	408,579	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	22,587	0	95,276	55.00
56.00	05600	RADIOISOTOPE	0	0	91,416	0	0	56.00
60.00	06000	LABORATORY	0	0	240,582	0	102,084	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,374	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	14,995	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	45,492	0	19,171	65.00
66.00	06600	PHYSICAL THERAPY	0	0	25,998	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	22,662	0	33,275	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	20,637	0	57,300	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	57,132	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	33,214	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	24,086	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	2,943	0	6,136	90.00
91.00	09100	EMERGENCY	0	0	154,059	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	2,541,494	6,793,111	3,093,708	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	79,854	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	2,718	2,532,104	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	8,023	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	1,200	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	113,965	0	91,368	192.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	
194.00	07950	MEDICAL COLLEGE	0	0	47,648	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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	2,715,048	9,405,069	3,185,076	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	31,425	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	28,470	0	8,815	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	20,503	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	50,910	1,967	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	28,602	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	26,844	70,537	8,538	36,919	6,378	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	6,462	0	0	0	66,623	5.10
5.11	00560	CORPORATE ADMINISTRATION	11,341	79,868	1,786	8,273	105,899	5.11
6.00	00600	MAINTENANCE & REPAIRS	644,256	765,095	51,687	43,614	28,990	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,462	13,353	0	0	0	8.00
9.00	00900	HOUSEKEEPING	7,517	54,539	0	0	577	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	366	288,709	0	0	0	10.01
11.00	01100	CAFETERIA	24,807	75,489	3,801	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,378	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	164,742	506	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	1,451	14,926	506	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	8,462	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	75,066	0	5,749	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	165,005	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	49,732	0	0	1,789	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	3,734	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	15,766	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	2,154	0	9,760	1,885	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	36,163	16,892	30,647	31,128	2,368	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	3,575	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	9,742	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	2,896	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	2,535	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	813,701	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	120,518	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	6,169	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	69,279	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,249	592,953	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	39,469	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,013	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	90,584	25,705	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	80,781	67,391	955	17,892	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	262,468	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	400,799	5,720	89,611	205,757	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	113,149	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,521	12,441	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	9,849	0	50,348	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	27,203	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	36,998	22,934	0	31,301	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	20,003	1,356	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	320,014	203,506	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,056,494	3,652,778	547,894	659,615	210,835	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,787	6,905	52,906	0	190.00
190.01	19001	FUND RAISING	0	0	0	22,856	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	435,863	0	4,250	654	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	17,657	0	30,447	58,101	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	113,691	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,243	0	665,453	510,383	105,306	192.00
194.00	07950	MEDICAL COLLEGE	39,299	0	3,123	0	2,368	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	30,160	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	160,723	133,381	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	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	
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)	2,819,247	3,688,565	1,448,955	1,437,896	318,509	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	389,144	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	4,859	8	0	34,785	273,658	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	6,631	122,768	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	1,788	0	0	103,684	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	2,094	0	0	0	247,878	5.06
5.07	00516	ADMIN & GEN PT SERVICE	19,656	2,292	7,270	307,993	1,855,640	5.07
5.08	00517	PERSONNEL DEPARTMENT	64,787	0	0	1,261	203,692	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	7,038	36,997	5.09
5.10	00519	RESEARCH SPA	3,534	0	0	0	190,182	5.10
5.11	00560	CORPORATE ADMINISTRATION	200,681	39,661	97,579	302,187	3,004,175	5.11
6.00	00600	MAINTENANCE & REPAIRS	127,997	42,885	90,603	94,139	4,361,855	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	240,689	8.00
9.00	00900	HOUSEKEEPING	3,237	411	10,073	0	471,778	9.00
10.00	01000	DIETARY	0	0	0	28,180	106,705	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	2,893	0	469,436	10.01
11.00	01100	CAFETERIA	174,232	0	0	11,549	778,311	11.00
13.00	01300	NURSING ADMINISTRATION	20,456	0	16,895	0	223,315	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	9,574	0	220,833	14.00
15.00	01500	PHARMACY	0	579	0	0	274,759	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,446	0	0	0	264,456	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	1,497	0	132,298	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	31,915	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	88,745	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	67,039	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	216,571	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	5,172	0	978	114,994	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	263,683	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	81,650	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	80,386	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	25,195	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	24,469	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	465,036	0	0	1,077	1,503,914	18.14
18.16	01095	NURSING SCHOOL SPLIT	83,339	0	0	0	256,237	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	21,918	0	5,158	9,986	795,381	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	7,913	0	0	10,518	63,363	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	754	0	0	0	2,318	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.02	02302	PARAMED DIETARY	0	0	0	0	5,713	23.02
23.03	02303	PARAMED SPEECH	12,398	0	0	0	46,574	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	10,989	0	0	0	33,789	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	12,762	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	48,611	23.06
23.07	02307	PARAMED TECHNOLOGY	4,920	0	0	0	15,126	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	982	0	0	0	3,021	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	3,793	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	723	0	0	0	6,275	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	723	0	0	0	2,224	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	2,995,113	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	534,976	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,096	0	0	0	538,442	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	159,367	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	231,159	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	165,310	0	548,042	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	258,650	0	473,206	41.00
43.00	04300	NURSERY	0	0	0	0	61,443	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	84,405	6,809	0	0	2,005,827	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	305,691	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	200,016	52.00
53.00	05300	ANESTHESIOLOGY	4,272	7,489	0	0	283,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	138,705	0	0	1,496,117	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	454,263	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	171,613	56.00
60.00	06000	LABORATORY	14,576	15,238	0	5,266	1,901,230	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	185,030	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	18,732	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	151,710	65.00
66.00	06600	PHYSICAL THERAPY	0	0	93,624	0	298,526	66.00
67.00	06700	OCCUPATIONAL THERAPY	777	0	58,875	0	201,187	67.00
68.00	06800	SPEECH PATHOLOGY	2,909	0	4,748	0	179,715	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	267,406	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	97,222	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	25,476	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	48,002	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	16,383	1,550	237,551	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	306,710	55,048	1,970	2,271,196	90.00
91.00	09100	EMERGENCY	0	0	0	0	570,615	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	10,973	0	0	36,435	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	585	106.00
107.00	10700	LIVER ACQUISITION	0	3,434	0	0	11,427	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	34	0	0	94	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,357,709	582,188	894,180	825,108	34,727,399	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	234,834	952	835,071	190.00
190.01	19001	FUND RAISING	0	0	0	54,141	220,903	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	153,115	190.02
191.00	19100	RESEARCH	84,336	7,052	0	31,798	3,087,464	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	7,281	13,937	5,452	3,401	439,745	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	25,018	0	5,798	3,020	678,303	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15,658	581,862	11,276	128,439	3,366,766	192.00
194.00	07950	MEDICAL COLLEGE	72,380	0	13,746	1,884	447,940	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	13,643	0	0	114,666	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		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	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	556,402	194.02
194.03	07953	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)	1,562,382	1,198,682	1,165,286	1,048,743	44,627,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	33,619	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	11,937	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	43,650	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	120,095	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	10,959	9,425	438,621	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	1,868	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	37,800	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	317,464	21,390	54,078	71,757	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	6,642	126,388	161,087	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	65,339	0	0	76,812	0	8.00
9.00	00900	HOUSEKEEPING	8,178	700	8,003	162,127	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	69,868	0	10.01
11.00	01100	CAFETERIA	0	0	0	108,084	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	20,927	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	410,182	0	14.00
15.00	01500	PHARMACY	0	0	0	44,169	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	178,363	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	15,082	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	6,704	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	187	58,719	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	934	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
			1.14	1.15	1.16	1.17	2.00	
23.03	02303	PARAMED SPEECH	6,322	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	4,704	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	1,995,595	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	606,275	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	623,942	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	1,760,199	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	512,409	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	129,012	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	932,654	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	18,471	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	115,832	0	56.00
60.00	06000	LABORATORY	12,154	3,683	0	319,293	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	94,952	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	41,524	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	8,361	0	67.00
68.00	06800	SPEECH PATHOLOGY	121,220	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	142,050	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	52,153	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	30,233	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	199,956	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	762,921	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	963	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	97	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	306	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	908,996	83,167	392,397	9,811,879	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	27,399	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	1,226	0	1,034,237	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	911	11,365	1,638	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	16,794	1,768	131,086	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	153,898	7,829	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	3,292	23,447	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	441	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

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	Cost Center Description	CAPITAL RELATED COSTS					
		DEPRECIATION ORTHOPEDICS	DEPRECIATION KIDSTON	DEPRECIATION COHN	DEPRECIATION TOWER	MVBLE EQUIP	
		1.14	1.15	1.16	1.17	2.00	
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)	1,081,825	107,862	1,582,805	9,839,278	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	4,452	0	31,635	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	810,421	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	15,637	0	0	0	29,587	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	9,806	0	20,640	0	5,640	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	753	0	51,249	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	33,639	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	49,108	0	71,007	13,876	261,968	5.07
5.08	00517	PERSONNEL DEPARTMENT	27,033	0	0	0	1,072	5.08
5.09	00518	RESEARCH FACULTY	413	0	0	0	5,987	5.09
5.10	00519	RESEARCH SPA	25,809	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	201,216	84,248	80,400	3,109	257,030	5.11
6.00	00600	MAINTENANCE & REPAIRS	336,408	0	770,187	16,392	80,072	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	25,123	0	13,442	0	0	8.00
9.00	00900	HOUSEKEEPING	40,767	0	54,902	0	0	9.00
10.00	01000	DIETARY	842	0	0	0	23,969	10.00
10.01	01001	PATIENT FOOD SERVICE	6,966	0	290,631	0	0	10.01
11.00	01100	CAFETERIA	5,380	172,967	75,991	0	9,823	11.00
13.00	01300	NURSING ADMINISTRATION	24,703	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	4,643	0	165,838	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	35,889	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	14,760	0	15,025	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	4,331	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	12,044	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	6,282	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	23,131	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	832	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	35,784	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	10,785	0	0	672	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	9,667	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	3,419	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	3,321	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	200,014	0	0	709	916	18.14
18.16	01095	NURSING SCHOOL SPLIT	34,774	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	57,653	0	17,005	11,700	8,494	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	3,508	0	0	0	8,946	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	315	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	775	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
			2.01	2.02	2.03	2.04	2.05	
23.03	02303	PARAMED SPEECH	6,320	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	4,585	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	9,807	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	6,597	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	2,053	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	410	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,915	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	852	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	302	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	118,691	0	819,113	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	10,394	0	121,320	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	31,100	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	21,627	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	31,370	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	33,331	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	8,338	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,819	0	596,899	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	39,732	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,144	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22,457	0	25,876	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,902	0	67,840	6,725	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	13,747	0	264,215	0	0	55.00
56.00	05600	RADIOISOTOPE	15,498	0	0	0	0	56.00
60.00	06000	LABORATORY	149,645	0	5,758	77,334	4,479	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	25,110	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,542	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,989	0	12,524	0	0	65.00
66.00	06600	PHYSICAL THERAPY	4,407	0	9,915	18,923	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,630	0	0	10,224	0	67.00
68.00	06800	SPEECH PATHOLOGY	23,210	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,487	0	23,087	11,765	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,686	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,457	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,507	0	20,136	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	1,318	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37,421	0	0	76,488	1,675	90.00
91.00	09100	EMERGENCY	26,118	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	791	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	79	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	251	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,058,017	1,067,636	3,677,089	247,917	701,808	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	36,025	19,885	810	190.00
190.01	19001	FUND RAISING	0	0	0	8,590	46,050	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	359,150	0	0	246	27,046	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	18,091	0	0	21,837	2,893	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	68,791	0	0	0	2,569	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	126,219	0	0	191,827	109,245	192.00
194.00	07950	MEDICAL COLLEGE	55,200	0	0	0	1,603	194.00
194.01	07951	AFFIL CORP ARC VENTURES	362	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	50,132	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	CAPITAL RELATED COSTS					
		INTEREST GENERAL	INTEREST DIRECT BLDG	INTEREST ATRUM PAV	INTEREST PRO BLDG SOUTH	INTEREST TOB	
		2.01	2.02	2.03	2.04	2.05	
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)	2,685,830	1,067,636	3,713,114	540,434	892,024	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	482,917	482,917	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	62	5.01
5.02	00511	PARKING GARAGE	0	0	0	7,030,497	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	679	430,117	2,491	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	197,925	1,985	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	17	15,779	152	274,391	2,229	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	432,308	555	5.06
5.07	00516	ADMIN & GEN PT SERVICE	22	158,562	658	3,548,407	23,490	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	297,845	2,190	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	52,303	7,317	5.09
5.10	00519	RESEARCH SPA	0	0	0	331,985	4,569	5.10
5.11	00560	CORPORATE ADMINISTRATION	383	25,940	138	5,579,178	29,649	5.11
6.00	00600	MAINTENANCE & REPAIRS	414	58,233	3,983	8,525,845	10,247	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	27,768	0	542,676	390	8.00
9.00	00900	HOUSEKEEPING	4	58,609	0	1,159,963	10,193	9.00
10.00	01000	DIETARY	0	0	0	167,786	418	10.00
10.01	01001	PATIENT FOOD SERVICE	0	25,257	0	1,203,488	4,809	10.01
11.00	01100	CAFETERIA	0	39,073	293	1,479,800	1,498	11.00
13.00	01300	NURSING ADMINISTRATION	0	7,565	0	409,404	4,722	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	148,281	0	788,870	0	14.00
15.00	01500	PHARMACY	6	15,967	39	705,303	6,682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	487,154	3,271	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	39	211,364	4,890	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	61,794	1,213	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	171,830	195	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	652	119,492	1,302	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	443	361,373	2,165	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	50	0	0	122,026	499	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	464,472	37	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	144,628	121	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	20	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	288	151,095	1,478	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	44,380	812	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	47,378	2,894	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	752	2,192,921	3,239	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	374,350	7,422	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	2,082	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	26,873	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21,227	2,362	1,408,321	5,109	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	95,182	1,843	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	3,387	241	23.01
23.02	02302	PARAMED DIETARY	0	0	0	10,063	265	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
			INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
			2.06	2.07	2.08	2A	4.00	
23.03	02303	PARAMED SPEECH	0	0	0	71,614	874	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	49,363	514	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	32,311	151	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	83,479	392	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	22,099	543	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	4,413	170	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	9,604	399	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	10,385	300	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	3,249	357	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	721,412	0	8,446,255	35,559	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	219,169	0	1,712,507	8,896	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	225,556	0	1,626,136	9,540	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	388,763	3,620	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	428,228	8,257	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	1,066,885	5,557	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	731,856	3,942	41.00
43.00	04300	NURSERY	0	0	0	118,966	1,294	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	66	636,314	0	5,790,635	12,249	50.00
51.00	05100	RECOVERY ROOM	0	185,237	0	1,082,538	2,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	357,672	3,522	52.00
53.00	05300	ANESTHESIOLOGY	72	46,638	0	642,162	353	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,338	337,155	74	3,656,635	9,044	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	6,677	0	1,137,704	2,262	55.00
56.00	05600	RADIOISOTOPE	0	41,873	0	436,232	637	56.00
60.00	06000	LABORATORY	147	115,425	6,906	3,675,687	18,465	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	326,663	1,859	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	36,269	342	64.00
65.00	06500	RESPIRATORY THERAPY	0	34,325	0	393,125	3,611	65.00
66.00	06600	PHYSICAL THERAPY	0	15,011	0	568,125	2,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,023	0	373,217	1,740	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	331,802	1,055	68.00
69.00	06900	ELECTROCARDIOLOGY	0	51,351	0	682,316	2,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,853	0	235,046	765	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	62,147	231	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	105	116,195	4	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	10,929	0	297,964	1,709	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,958	0	24,662	3,510,683	8,858	90.00
91.00	09100	EMERGENCY	0	275,797	0	1,789,510	6,233	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	106	0	0	49,268	980	105.00
106.00	10600	HEART ACQUISITION	0	0	0	761	545	106.00
107.00	10700	LIVER ACQUISITION	33	0	0	15,451	576	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	128	35	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,616	3,547,006	42,225	80,486,266	342,716	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,905	532	1,340,865	722	190.00
190.01	19001	FUND RAISING	0	0	0	352,540	3,168	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	153,115	1,217	190.02
191.00	19100	RESEARCH	68	0	328	7,608,540	19,267	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	134	0	2,346	643,259	6,445	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	1,048,038	2,659	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,612	0	51,281	6,392,630	83,717	192.00
194.00	07950	MEDICAL COLLEGE	0	0	241	712,171	11,327	194.00
194.01	07951	AFFIL CORP ARC VENTURES	132	0	2,324	161,728	3,296	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	12,386	913,024	669	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	7,714	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
		INTEREST PRO BLDG III	INTEREST TOWER	INTEREST PRO BLDG NORTH			
		2.06	2.07	2.08	2A	4.00	
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)	11,562	3,556,911	111,663	99,812,176	482,917	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT	62					5.01
5.02	00511	PARKING GARAGE	0	2,157,833				5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	432,608			5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	199,910		5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	0	0	276,620	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	109,506	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	170	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,864	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	36,101	0	0	0	9.00
10.00	01000	DIETARY	0	1,662	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	20,761	0	0	0	10.01
11.00	01100	CAFETERIA	0	9,991	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,324	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,934	0	0	0	14.00
15.00	01500	PHARMACY	0	131,119	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	13,638	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	16,196	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	3,790	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	909	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	3,838	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	7,434	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	1,192	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	2,719	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	856	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	3,251	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	4,488	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	23,813	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	15,945	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	33,681	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	91,985	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	18,864	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	12,329	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	722	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	864	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	2,904	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	1,901	0	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	TRANSITION RECRUITMENT	PARKING GARAGE	RESEARCH ADMINISTRATION	ADMIN & GEN INPT SERVICE	ADMIN & GEN OUTPT SERVICE	
			5.01	5.02	5.03	5.04	5.05	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	362	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	1,971	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	652	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	1,181	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	1,224	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	137,284	0	24,220	2,183	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	33,211	0	5,558	7	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	34,373	0	4,757	63	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	12,743	0	1,958	508	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	27,417	0	6,657	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	19,818	0	3,649	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	14,549	0	2,919	0	41.00
43.00	04300	NURSERY	0	0	0	650	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	190,033	0	26,140	26,956	50.00
51.00	05100	RECOVERY ROOM	0	11,821	0	1,883	3,054	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,633	0	1,947	803	52.00
53.00	05300	ANESTHESIOLOGY	0	13,505	0	5,686	7,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	44,398	0	14,864	30,411	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,440	0	928	17,341	55.00
56.00	05600	RADIOISOTOPE	0	6,899	0	630	5,142	56.00
60.00	06000	LABORATORY	0	100,611	0	27,023	57,869	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	26,871	0	6,938	4,033	62.00
64.00	06400	INTRAVENOUS THERAPY	0	1,740	0	4,162	205	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,913	0	3,772	253	65.00
66.00	06600	PHYSICAL THERAPY	0	9,995	0	2,061	1,856	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,576	0	1,605	618	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,143	0	404	774	68.00
69.00	06900	ELECTROCARDIOLOGY	0	24,911	0	3,870	7,932	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,137	0	1,471	478	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	306	56	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	17,264	13,195	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,327	50,925	73.00
74.00	07400	RENAL DIALYSIS	0	5,538	0	0	399	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	1,132	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	5,968	0	2	1,737	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	283	0	115	27,623	90.00
91.00	09100	EMERGENCY	0	25,849	0	3,155	14,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	11,636	0	599	0	105.00
106.00	10600	HEART ACQUISITION	0	1,979	0	34	0	106.00
107.00	10700	LIVER ACQUISITION	0	4,198	0	213	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	335	0	11	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,428,948	0	199,910	276,620	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,624	0	0	0	190.00
190.01	19001	FUND RAISING	0	12,891	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	4,028	0	0	0	190.02
191.00	19100	RESEARCH	0	81,662	121,285	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	20,988	31,171	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	188,615	280,152	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62	339,298	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	54,873	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	14,478	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	5,428	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	4,872,664	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	62	7,030,497	432,608	199,910	276,620	202.00

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		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	212,640					5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	3,571,897				5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	300,035			5.08
5.09	00518	RESEARCH FACULTY	0	0	0	59,620		5.09
5.10	00519	RESEARCH SPA	0	0	0	0	336,554	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,606	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	570	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	16,223	0	0	9.00
10.00	01000	DIETARY	0	0	517	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	6,217	0	0	10.01
11.00	01100	CAFETERIA	0	0	2,305	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,376	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	4,921	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,521	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	3,724	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	412	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	4	0	91	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	573	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	1,037	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	410	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	18	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	140	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	2	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	786	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	462	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	1,936	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	4,745	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	5,430	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	827	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	30,221	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,004	0	2,188	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	896	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	100	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	154	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	548	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	359	0	0	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	ADMIN & GEN ANIMAL LAB	ADMIN & GEN PT SERVICE	PERSONNEL DEPARTMENT	RESEARCH FACULTY	RESEARCH SPA	
			5.06	5.07	5.08	5.09	5.10	
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	122	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	377	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	359	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	85	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	397	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	185	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	199	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	272,938	27,867	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	60,125	6,396	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	51,748	5,490	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	23,747	2,205	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	71,968	4,788	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	39,456	4,041	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	31,556	3,110	0	0	41.00
43.00	04300	NURSERY	0	7,023	818	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	419,660	9,465	0	0	50.00
51.00	05100	RECOVERY ROOM	0	35,886	2,258	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	25,132	2,130	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	99,016	477	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	315,319	6,307	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	98,212	1,515	0	0	55.00
56.00	05600	RADIOISOTOPE	0	32,957	359	0	0	56.00
60.00	06000	LABORATORY	0	590,566	14,966	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	95,510	1,492	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	46,032	171	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	42,060	2,780	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	31,716	2,232	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	20,496	1,565	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,299	845	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	82,175	1,528	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	18,330	644	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,588	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	253,729	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	511,129	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,031	183	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	12,235	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	8,853	1,015	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	141,699	9,444	0	0	90.00
91.00	09100	EMERGENCY	0	109,436	4,717	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	6,474	783	0	0	105.00
106.00	10600	HEART ACQUISITION	0	373	205	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	2,302	333	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	121	19	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,008	3,571,897	225,187	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	406	0	0	190.00
190.01	19001	FUND RAISING	0	0	2,035	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	994	0	0	190.02
191.00	19100	RESEARCH	0	0	15,602	0	267,743	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	6,413	0	68,811	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	197,539	0	1,690	59,620	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,093	0	34,741	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	5,020	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,678	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	1,254	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	4,015	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	220,223	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	432,863	3,571,897	300,035	59,620	336,554	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION	5,608,827					5.11
6.00	00600	MAINTENANCE & REPAIRS	296,458	8,950,662				6.00
6.01	00601	RENTED SPACE COSTS	416	0	586			6.01
8.00	00800	LAUNDRY & LINEN SERVICE	20,945	63,176	0	636,621		8.00
9.00	00900	HOUSEKEEPING	96,412	123,832	0	0	1,442,724	9.00
10.00	01000	DIETARY	4,000	28,008	0	0	4,611	10.00
10.01	01001	PATIENT FOOD SERVICE	50,085	123,217	0	0	20,285	10.01
11.00	01100	CAFETERIA	11,763	204,290	0	0	33,631	11.00
13.00	01300	NURSING ADMINISTRATION	40,696	58,615	0	0	9,650	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,397	57,964	0	0	9,542	14.00
15.00	01500	PHARMACY	204,246	72,118	0	0	11,873	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	33,138	69,414	0	0	11,427	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	38,909	34,725	0	0	5,717	16.01
18.00	01850	CLINICAL LAB ADMIN MED	9,036	8,377	0	0	1,379	18.00
18.01	01080	CLINICAL LAB ADMIN PED	1,758	23,294	0	0	3,835	18.01
18.02	01081	CLINICAL LAB ADMIN OB	9,149	17,596	0	0	2,897	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	16,756	52,223	0	0	8,597	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	3,476	916	0	0	151	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	5,165	69,211	0	0	11,394	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	1,621	21,431	0	0	3,528	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	1	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	7,601	21,100	0	0	3,474	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	10,756	6,613	0	0	1,089	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	6,423	0	0	1,057	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	36,740	394,745	0	0	64,985	18.14
18.16	01095	NURSING SCHOOL SPLIT	60,226	67,257	0	0	11,072	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	3,255	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	194,052	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	47,554	166,449	0	0	27,402	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	6,455	16,631	0	0	2,738	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	608	0	0	100	23.01
23.02	02302	PARAMED DIETARY	0	1,500	0	0	247	23.02
23.03	02303	PARAMED SPEECH	0	12,225	0	0	2,012	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	8,869	0	0	1,460	23.04

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CORPORATE ADMINISTRATION	MAINTENANCE & REPAIRS	RENTED SPACE COSTS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.11	6.00	6.01	8.00	9.00	
23.05	02305	PARAMED MEDICAL PHYSICS	1,234	3,350	0	0	551	23.05
23.06	02306	PARAMED PASTORAL CARE	3,192	12,759	0	0	2,101	23.06
23.07	02307	PARAMED TECHNOLOGY	0	3,970	0	0	654	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	793	0	0	131	23.08
23.09	02309	PARAMED PHARMACY	2,788	996	0	0	164	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	1,647	0	0	271	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	584	0	0	96	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	342,242	768,969	0	224,899	126,592	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	85,191	140,420	0	32,639	23,117	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	85,775	141,329	0	45,266	23,266	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	33,166	41,830	0	246	6,886	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	72,408	60,674	0	10,651	9,989	35.02
40.00	04000	SUBPROVIDER - IPF	49,776	143,849	0	20,641	23,681	40.00
41.00	04100	SUBPROVIDER - IRF	35,717	124,206	0	42,743	20,448	41.00
43.00	04300	NURSERY	11,116	16,127	0	89	2,655	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	272,649	526,487	0	93,075	86,673	50.00
51.00	05100	RECOVERY ROOM	30,983	80,237	0	11,119	13,209	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32,292	52,500	0	3,468	8,643	52.00
53.00	05300	ANESTHESIOLOGY	26,085	74,540	0	0	12,271	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	132,972	379,847	0	39,110	62,533	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	37,397	119,234	0	5,488	19,629	55.00
56.00	05600	RADIOISOTOPE	19,097	45,045	0	3,804	7,416	56.00
60.00	06000	LABORATORY	287,409	472,426	0	29,102	77,773	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	73,499	48,566	0	0	7,995	62.00
64.00	06400	INTRAVENOUS THERAPY	8,422	4,917	0	0	809	64.00
65.00	06500	RESPIRATORY THERAPY	42,458	39,821	0	0	6,555	65.00
66.00	06600	PHYSICAL THERAPY	25,815	78,357	0	3,357	12,900	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,130	52,807	0	0	8,693	67.00
68.00	06800	SPEECH PATHOLOGY	10,620	47,171	0	0	7,766	68.00
69.00	06900	ELECTROCARDIOLOGY	35,460	70,188	0	613	11,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,787	25,519	0	2,487	4,201	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,467	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	278,663	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	159,381	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,907	6,687	0	0	1,101	74.00
76.00	03020	RENAL DIALYSIS I/P	12,142	12,599	0	0	2,074	76.00
76.01	03021	PSYCH DAY HOSPITAL	15,986	13,251	0	0	2,181	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	154,398	596,140	0	12,116	98,140	90.00
91.00	09100	EMERGENCY	70,817	149,774	0	50,581	24,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	29,045	9,563	0	0	1,574	105.00
106.00	10600	HEART ACQUISITION	4,907	154	0	0	25	106.00
107.00	10700	LIVER ACQUISITION	10,486	2,999	0	0	494	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	833	25	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,746,778	6,101,184	0	631,494	973,626	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,218	150,874	0	5,057	24,838	190.00
190.01	19001	FUND RAISING	31,507	57,982	0	0	9,545	190.01
190.02	19002	RUSH DAY SCHOOL	10,682	0	0	0	0	190.02
191.00	19100	RESEARCH	314,849	732,510	586	0	120,590	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	77,221	89,149	0	0	14,676	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	106,378	138,662	0	0	22,827	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	906,732	1,387,022	0	70	228,340	192.00
194.00	07950	MEDICAL COLLEGE	106,921	117,138	0	0	19,284	194.00
194.01	07951	AFFIL CORP ARC VENTURES	151,151	30,097	0	0	4,955	194.01
194.02	07952	AFFIL CORP ROOM 500	12,255	146,044	0	0	24,043	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	125,135	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)	5,608,827	8,950,662	586	636,621	1,442,724	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	207,002					10.00
10.01	01001	PATIENT FOOD SERVICE	143,018	1,571,880				10.01
11.00	01100	CAFETERIA	63,984	0	1,807,262			11.00
13.00	01300	NURSING ADMINISTRATION	0	0	44,284	591,071		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	867,707	14.00
15.00	01500	PHARMACY	0	0	34,177	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	17,510	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	25,867	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	2,859	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	633	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	3,980	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	7,199	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	2,849	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	122	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	973	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	16	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	5,458	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	3,212	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	13,444	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	32,957	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	37,712	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	5,741	8,892	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	209,892	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	15,196	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	6,223	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	693	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	1,072	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	3,805	0	0	23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	10.01	11.00	13.00	14.00	
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	2,493	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	847	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	2,622	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	2,493	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	594	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	2,760	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	1,286	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	1,385	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	1,072,630	193,542	295,904	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	86,815	44,419	32,279	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	86,660	38,131	56,717	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	28,533	15,318	23,622	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	33,253	51,155	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	166,595	28,063	35,701	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	130,647	21,600	32,943	0	41.00
43.00	04300	NURSERY	0	0	5,679	8,795	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	65,738	11,415	0	50.00
51.00	05100	RECOVERY ROOM	0	0	15,684	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	14,790	22,907	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,314	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	43,806	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	10,519	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	2,493	0	0	56.00
60.00	06000	LABORATORY	0	0	103,942	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	10,364	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	1,187	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	19,308	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	15,502	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	10,866	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,867	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	10,612	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	4,475	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	867,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,273	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	7,047	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	65,593	0	0	90.00
91.00	09100	EMERGENCY	0	0	32,759	51	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	5,438	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	1,421	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	2,315	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	132	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,002	1,571,880	1,324,804	580,381	867,707	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,819	0	0	190.00
190.01	19001	FUND RAISING	0	0	14,134	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	6,902	10,690	0	190.02
191.00	19100	RESEARCH	0	0	108,357	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	44,541	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	11,736	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	241,266	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	34,863	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	9,134	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	8,706	0	0	194.02
194.03	07953	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

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	DIETARY	PATIENT FOOD SERVICE	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	10.01	11.00	13.00	14.00	
202.00	TOTAL (sum lines 118-201)	207,002	1,571,880	1,807,262	591,071	867,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,170,439					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	638,073				16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	378,313	719,705			16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	88,860		18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	202,549	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	6	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	594	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	86,843	0	80,998	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	19,930	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	39	0	17,057	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	7,019	0	99,132	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	23,869	0	1,243	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	13,085	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	10,466	0	0	41.00
43.00	04300	NURSERY	0	0	2,329	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	237	0	93,728	0	0	50.00
51.00	05100	RECOVERY ROOM	6	0	6,752	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	6,980	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	20,388	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,899	0	53,295	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	179	0	3,329	0	0	55.00
56.00	05600	RADIOISOTOPE	11	0	2,259	0	0	56.00
60.00	06000	LABORATORY	4,175	0	99,808	13,803	13,117	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,561	0	24,877	8,500	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	14,922	1,306	0	64.00
65.00	06500	RESPIRATORY THERAPY	195	0	13,524	20,518	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	7,389	8,010	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,755	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,448	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	13,877	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	5,274	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,096	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	61,901	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,111,168	0	83,641	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,531	0	0	36	8,059	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	4,058	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	6	1,720	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	244	0	413	1,088	0	90.00
91.00	09100	EMERGENCY	352	259,760	11,312	33,879	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	2,147	0	0	105.00
106.00	10600	HEART ACQUISITION	190	0	124	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	764	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	40	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,153,388	638,073	719,705	88,860	202,549	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,036	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,090	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	48	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	6,877	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	MEDICAL RECORDS & LIBRARY	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED	CLINICAL LAB ADMIN PED	
			15.00	16.00	16.01	18.00	18.01	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	1,170,439	638,073	719,705	88,860	202,549	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB	158,827					18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	456,784				18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	131,519			18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	553,138		18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	173,298	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
			18.02	18.03	18.04	18.05	18.06	
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	23,360	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	90,360	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	187,506	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	46,333	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,421	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	12,084	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	82,985	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	39,924	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	10,094	0	0	0	56.00
60.00	06000	LABORATORY	4,686	31,285	0	553,138	121,123	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	84,490	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,893	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	52,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	36,850	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	10,179	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	22,018	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	5,755	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	9,373	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	534	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	158,827	456,784	131,519	553,138	173,298	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	OTHER GENERAL SERVICE					
		CLINICAL LAB ADMIN OB	CLINICAL LAB ADMIN SURG	CLINICAL LAB ADMIN PSYCH	CLINICAL LAB ADMIN PATH	CLINICAL LAB ADMIN CARD	
		18.02	18.03	18.04	18.05	18.06	
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)	158,827	456,784	131,519	553,138	173,298	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	1					18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	194,243				18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	71,812			18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	96,945		18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	2,746,277	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	1,184,699	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	75,334	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	57,017	23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
23.02	02302	PARAMED DIETARY	0	0	0	0	41,866	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	162,526	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	152,524	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	146,827	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	51,615	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	111,966	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	70,100	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	0	60,152	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1	0	11,660	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	194,243	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1	194,243	71,812	0	2,054,474	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	45,538	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	646,265	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN HEMAT	CLINICAL LAB ADMIN NEUR	CLINICAL LAB ADMIN OCLS	DISCRETIONARY OPERATIONS	RUSH UNIVERSITY ADMIN SPLIT	
			18.07	18.08	18.09	18.12	18.14	
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	38	0	0	96,945	0	201.00
202.00		TOTAL (sum lines 118-201)	39	194,243	71,812	96,945	2,746,277	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT	1,781,855					18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	21,391				19.00
20.00	02000	NURSING SCHOOL	1,507,806		274,573			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			553,023		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0				1,692,087	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0					23.01
23.02	02302	PARAMED DIETARY	0					23.02

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
			18.16	19.00	20.00	21.00	22.00	
23.03	02303	PARAMED SPEECH	0					23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0					23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0					23.05
23.06	02306	PARAMED PASTORAL CARE	0					23.06
23.07	02307	PARAMED TECHNOLOGY	0					23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0					23.08
23.09	02309	PARAMED PHARMACY	0					23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0					23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0					30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0					34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0					35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0					35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0					35.02
40.00	04000	SUBPROVIDER - IPF	0					40.00
41.00	04100	SUBPROVIDER - IRF	0					41.00
43.00	04300	NURSERY	0					43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0					50.00
51.00	05100	RECOVERY ROOM	0					51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	05300	ANESTHESIOLOGY	0					53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	05600	RADIOISOTOPE	0					56.00
60.00	06000	LABORATORY	0					60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
64.00	06400	INTRAVENOUS THERAPY	0					64.00
65.00	06500	RESPIRATORY THERAPY	0					65.00
66.00	06600	PHYSICAL THERAPY	0					66.00
67.00	06700	OCCUPATIONAL THERAPY	0					67.00
68.00	06800	SPEECH PATHOLOGY	0					68.00
69.00	06900	ELECTROCARDIOLOGY	0					69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	07400	RENAL DIALYSIS	0					74.00
76.00	03020	RENAL DIALYSIS I/P	0					76.00
76.01	03021	PSYCH DAY HOSPITAL	0					76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0					90.00
91.00	09100	EMERGENCY	0					91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0					93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0					94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0					98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0					100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0					105.00
106.00	10600	HEART ACQUISITION	0					106.00
107.00	10700	LIVER ACQUISITION	0					107.00
108.00	10800	LUNG ACQUISITION	0					108.00
109.00	10900	PANCREAS ACQUISITION	0					109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0					112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,507,806	0	0	0	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	274,049					190.00
190.01	19001	FUND RAISING	0					190.01
190.02	19002	RUSH DAY SCHOOL	0					190.02
191.00	19100	RESEARCH	0					191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0					191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0					191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	07950	MEDICAL COLLEGE	0					194.00
194.01	07951	AFFIL CORP ARC VENTURES	0					194.01
194.02	07952	AFFIL CORP ROOM 500	0					194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0					194.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	OTHER GENERAL SERVICE NURSING SCHOOL SPLIT	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.16	19.00	20.00	21.00	22.00	
200.00	Cross Foot Adjustments		21,391	274,573	553,023	1,692,087	200.00
201.00	Negative Cost Centers	0	0	1,233,233	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,781,855	21,391	1,507,806	553,023	1,692,087	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	217,631					23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH		62,868				23.01
23.02	02302	PARAMED DIETARY			15,191			23.02
23.03	02303	PARAMED SPEECH				109,477		23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
			23.00	23.01	23.02	23.03	23.04	
23.04	02304	PARAMED OCCUPATIONAL THERAPY					9,646	23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	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	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
200.00		Cross Foot Adjustments	217,631	0	15,191	109,477	9,646	200.00
201.00		Negative Cost Centers	0	62,868	40,840	147,031	207,837	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	PARAMED HEALTH SYSTEM MANAGEMENT	PARAMED MEDICAL PERFUSION TECH	PARAMED DIETARY	PARAMED SPEECH	PARAMED OCCUPATIONAL THERAPY	
		23.00	23.01	23.02	23.03	23.04	
202.00	TOTAL (sum lines 118-201)	217,631	62,868	56,031	256,508	217,483	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
			23.05	23.06	23.07	23.08	23.09	
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS	38,566					23.05
23.06	02306	PARAMED PASTORAL CARE		105,284				23.06
23.07	02307	PARAMED TECHNOLOGY			10,886			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND				606		23.08
23.09	02309	PARAMED PHARMACY					17,108	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY						23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT						23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS						30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT						34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT						35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT						35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT						35.02
40.00	04000	SUBPROVIDER - IPF						40.00
41.00	04100	SUBPROVIDER - IRF						41.00
43.00	04300	NURSERY						43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM						50.00
51.00	05100	RECOVERY ROOM						51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM						52.00
53.00	05300	ANESTHESIOLOGY						53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC						54.00
55.00	05500	RADIOLOGY-THERAPEUTIC						55.00
56.00	05600	RADIOISOTOPE						56.00
60.00	06000	LABORATORY						60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS						62.00
64.00	06400	INTRAVENOUS THERAPY						64.00
65.00	06500	RESPIRATORY THERAPY						65.00
66.00	06600	PHYSICAL THERAPY						66.00
67.00	06700	OCCUPATIONAL THERAPY						67.00
68.00	06800	SPEECH PATHOLOGY						68.00
69.00	06900	ELECTROCARDIOLOGY						69.00
70.00	07000	ELECTROENCEPHALOGRAPHY						70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS						71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00	07300	DRUGS CHARGED TO PATIENTS						73.00
74.00	07400	RENAL DIALYSIS						74.00
76.00	03020	RENAL DIALYSIS I/P						76.00
76.01	03021	PSYCH DAY HOSPITAL						76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC						90.00
91.00	09100	EMERGENCY						91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH						93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS						94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS						98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM						100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION						105.00
106.00	10600	HEART ACQUISITION						106.00
107.00	10700	LIVER ACQUISITION						107.00
108.00	10800	LUNG ACQUISITION						108.00
109.00	10900	PANCREAS ACQUISITION						109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)						112.00
114.00	11400	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	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
190.01	19001	FUND RAISING						190.01
190.02	19002	RUSH DAY SCHOOL						190.02
191.00	19100	RESEARCH						191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY						191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH						191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES						192.00
194.00	07950	MEDICAL COLLEGE						194.00
194.01	07951	AFFIL CORP ARC VENTURES						194.01
194.02	07952	AFFIL CORP ROOM 500						194.02
194.03	07953	AFFIL CORP JOINT VENTURES						194.03
200.00		Cross Foot Adjustments	38,566	105,284	10,886	606	17,108	200.00
201.00		Negative Cost Centers	0	0	168,030	57,847	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	PARAMED MEDICAL PHYSICS	PARAMED PASTORAL CARE	PARAMED TECHNOLOGY	PARAMED VASCULAR ULTRASOUND	PARAMED PHARMACY	
		23.05	23.06	23.07	23.08	23.09	
202.00	TOTAL (sum lines 118-201)	38,566	105,284	178,916	58,453	17,108	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE						23.06
23.07	02307	PARAMED TECHNOLOGY						23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND						23.08
23.09	02309	PARAMED PHARMACY						23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	127,221					23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT		77,194				23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS			12,162,285	0	12,162,285	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			2,291,510	0	2,291,510	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			2,226,347	0	2,226,347	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			689,296	0	689,296	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			900,917	0	900,917	35.02
40.00	04000	SUBPROVIDER - IPF			1,620,797	0	1,620,797	40.00
41.00	04100	SUBPROVIDER - IRF			1,206,702	0	1,206,702	41.00
43.00	04300	NURSERY			175,541	0	175,541	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM			7,812,646	0	7,812,646	50.00
51.00	05100	RECOVERY ROOM			1,344,575	0	1,344,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM			585,841	0	585,841	52.00
53.00	05300	ANESTHESIOLOGY			917,265	0	917,265	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			4,892,425	0	4,892,425	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC			1,506,101	0	1,506,101	55.00
56.00	05600	RADIOISOTOPE			573,075	0	573,075	56.00
60.00	06000	LABORATORY			6,357,126	0	6,357,126	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			662,389	0	662,389	62.00
64.00	06400	INTRAVENOUS THERAPY			120,484	0	120,484	64.00
65.00	06500	RESPIRATORY THERAPY			603,893	0	603,893	65.00
66.00	06600	PHYSICAL THERAPY			770,013	0	770,013	66.00
67.00	06700	OCCUPATIONAL THERAPY			585,558	0	585,558	67.00
68.00	06800	SPEECH PATHOLOGY			429,087	0	429,087	68.00
69.00	06900	ELECTROCARDIOLOGY			999,511	0	999,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			504,857	0	504,857	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			880,220	0	880,220	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			624,752	0	624,752	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			1,939,571	0	1,939,571	73.00
74.00	07400	RENAL DIALYSIS			92,123	0	92,123	74.00
76.00	03020	RENAL DIALYSIS I/P			160,439	0	160,439	76.00
76.01	03021	PSYCH DAY HOSPITAL			394,289	0	394,289	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC			4,626,837	0	4,626,837	90.00
91.00	09100	EMERGENCY			2,597,836	0	2,597,836	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	04040	BEHAVIORAL HEALTH			0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION			139,525	0	139,525	105.00
106.00	10600	HEART ACQUISITION			16,473	0	16,473	106.00
107.00	10700	LIVER ACQUISITION			49,504	0	49,504	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			2,217	0	2,217	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	61,462,027	0	61,462,027	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			1,871,010	0	1,871,010	190.00
190.01	19001	FUND RAISING			483,802	0	483,802	190.01
190.02	19002	RUSH DAY SCHOOL			187,628	0	187,628	190.02
191.00	19100	RESEARCH			9,390,991	0	9,390,991	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY			1,002,674	0	1,002,674	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH			2,060,952	0	2,060,952	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES			9,635,061	0	9,635,061	192.00
194.00	07950	MEDICAL COLLEGE			1,707,910	0	1,707,910	194.00
194.01	07951	AFFIL CORP ARC VENTURES			384,394	0	384,394	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B Part II Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED RESPIRATORY THERAPY	PARAMED PHYSICIANS ASSISTANT	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.10	23.11	24.00	25.00	26.00	
194.02	07952	AFFIL CORP ROOM 500			1,111,423	0	1,111,423	194.02
194.03	07953	AFFIL CORP JOINT VENTURES			136,864	0	136,864	194.03
200.00		Cross Foot Adjustments	0	0	3,065,469	0	3,065,469	200.00
201.00		Negative Cost Centers	127,221	77,194	7,311,971	0	7,311,971	201.00
202.00		TOTAL (sum lines 118-201)	127,221	77,194	99,812,176	0	99,812,176	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT	0					1.00
1.01	00101	DEPRECIATION OLD HOSPITAL	0	144,847				1.01
1.02	00102	DEPRECIATION DIRECT BLDG	0	0	9,405,069			1.02
1.03	00103	DEPRECIATION KELLOGG PAV	0	0	0	104,335		1.03
1.04	00104	DEPRECIATION JELKE SOUTH	0	0	0	0	192,403	1.04
1.05	00105	DEPRECIATION ATRIUM PAV	0	0	0	0	0	1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	0	0	0	0	1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	0	0	0	1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	0	0	1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	0	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	1,401	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	6,220,076	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	0	1,943	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	237	0	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	1,952	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	2,143	0	4,978	1,832	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	84	0	0	441	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	1,006	573,035	612	774	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	23,830	0	8,787	43,968	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	3,788	0	219	168	8.00
9.00	00900	HOUSEKEEPING	0	3,945	0	6,702	513	9.00
10.00	01000	DIETARY	0	0	0	265	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	1,425	0	742	25	10.01
11.00	01100	CAFETERIA	0	0	0	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	4,579	0	142	367	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	895	0	566	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	337	0	310	99	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	1,363	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	3,790	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,977	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	2,156	0	0	5,123	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	3,394	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	3,042	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,076	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	1,045	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	147	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,830	0	3,794	2,468	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	228	0	632	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	173	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	13,375	0	23,976	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	3,271	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	4,380	0	3,529	421	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	5,144	0	0	4,728	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	10,489	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	2,624	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	3,046	0	0	290	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,307	0	0	7,235	52.00
53.00	05300	ANESTHESIOLOGY	0	324	0	0	6,182	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,842	0	13,384	5,513	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,205	0	3,121	0	55.00
56.00	05600	RADIOISOTOPE	0	4,877	0	0	0	56.00
60.00	06000	LABORATORY	0	12,835	0	3,344	27,353	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	180	0	0	7,722	62.00
64.00	06400	INTRAVENOUS THERAPY	0	800	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,427	0	628	718	65.00
66.00	06600	PHYSICAL THERAPY	0	1,387	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,209	0	1,090	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,101	0	1,877	2,525	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,048	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,088	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	789	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	157	0	201	0	90.00
91.00	09100	EMERGENCY	0	8,219	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	135,588	6,793,111	101,342	140,348	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	79,854	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	145	2,532,104	0	29,746	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	428	0	0	1,205	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	64	0	0	7,759	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,080	0	2,993	10,663	192.00

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		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	
194.00	07950	MEDICAL COLLEGE	0	2,542	0	0	2,682	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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	2,715,048	9,405,069	3,185,076	2,819,247	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	18.744247	1.000000	30.527397	14.652822	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 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV	206,346					1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH	0	151,717				1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH	0	0	74,740			1.07
1.08	00108	DEPRECIATION WOOD ST	0	0	0	21,523		1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY	0	0	0	0	205,153	1.09
1.10	00110	DEPRECIATION PRO BLDG III	0	0	0	0	0	1.10
1.11	00111	DEPRECIATION JRB	0	0	0	0	0	1.11
1.12	00112	DEPRECIATION TOB	0	0	0	0	0	1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	0	0	1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	0	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	1,758	0	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	923	0	0	638	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	1,147	0	0	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	2,848	206	0	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	275	5.06
5.07	00516	ADMIN & GEN PT SERVICE	3,946	894	1,919	431	2,581	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	4,502	464	5.10
5.11	00560	CORPORATE ADMINISTRATION	4,468	187	430	7,156	26,351	5.11
6.00	00600	MAINTENANCE & REPAIRS	42,801	5,412	2,267	1,959	16,807	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	747	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,051	0	0	39	425	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	16,151	0	0	0	0	10.01
11.00	01100	CAFETERIA	4,223	398	0	0	22,878	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	2,686	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	9,216	53	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	1,109	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	835	53	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	602	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	93	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	391	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	98	0	61,063	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,943	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	945	3,209	1,618	160	2,878	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	1,039	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	99	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,628	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,443	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	129	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	95	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	95	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	45,520	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	6,742	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	1,457	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,171	0	0	0	11,083	50.00
51.00	05100	RECOVERY ROOM	2,208	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,438	0	0	0	561	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,770	100	930	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,683	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	320	9,383	10,695	0	1,914	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	696	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	551	0	2,617	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,414	0	102	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	382	68.00
69.00	06900	ELECTROCARDIOLOGY	1,283	0	1,627	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	1,119	142	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	33,508	10,578	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,344	57,369	34,286	14,247	178,278	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,002	723	2,750	0	0	190.00
190.01	19001	FUND RAISING	0	0	1,188	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	
191.00	19100	RESEARCH	0	445	34	0	11,074	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,188	3,020	0	956	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	3,285	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	69,678	26,529	7,116	2,056	192.00
194.00	07950	MEDICAL COLLEGE	0	327	0	160	9,504	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	6,933	0	0	194.02
194.03	07953	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)	3,688,565	1,448,955	1,437,896	318,509	1,562,382	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.875631	9.550380	19.238641	14.798541	7.615692	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 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		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	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III	142,774					1.10
1.11	00111	DEPRECIATION JRB	0	91,046				1.11
1.12	00112	DEPRECIATION TOB	0	0	159,730			1.12
1.13	00113	DEPRECIATION EQUIPMENT	0	0	0	1,905,899		1.13
1.14	00114	DEPRECIATION ORTHOPEDICS	0	0	0	0	61,775	1.14
1.15	00115	DEPRECIATION KIDSTON	0	0	0	0	0	1.15
1.16	00116	DEPRECIATION COHN	0	0	0	0	0	1.16
1.17	00117	DEPRECIATION TOWER	0	0	0	0	0	1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	16,619	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	1	0	5,298	11,687	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	1,010	5,243	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	213	0	0	4,428	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	10,586	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	273	568	46,909	79,248	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	192	8,699	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	1,072	1,580	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	8,122	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	4,724	7,624	46,025	128,298	18,128	5.11
6.00	00600	MAINTENANCE & REPAIRS	5,108	7,079	14,338	186,280	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	10,279	3,731	8.00
9.00	00900	HOUSEKEEPING	49	787	0	20,148	467	9.00
10.00	01000	DIETARY	0	0	4,292	4,557	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	226	0	20,048	0	10.01
11.00	01100	CAFETERIA	0	0	1,759	33,239	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,320	0	9,537	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	748	0	9,431	0	14.00
15.00	01500	PHARMACY	69	0	0	11,734	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	11,294	10,185	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	117	0	5,650	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	3,790	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	2,863	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	9,249	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	616	0	149	4,911	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	3,487	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	3,433	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	1,076	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	1,045	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	164	64,227	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	10,943	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	403	1,521	33,968	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,602	2,706	0	23.00

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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	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	99	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	244	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	1,989	361	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	1,443	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	2,076	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	646	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	129	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	268	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	95	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	127,911	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	22,847	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	22,995	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	9,872	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	12,916	0	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	20,209	0	20,209	0	41.00
43.00	04300	NURSERY	0	0	0	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	811	0	0	85,662	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	13,055	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	8,542	0	52.00
53.00	05300	ANESTHESIOLOGY	892	0	0	12,128	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,521	0	0	63,894	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	19,400	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	7,329	0	56.00
60.00	06000	LABORATORY	1,815	0	802	81,195	694	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	7,902	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	800	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	6,479	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,315	0	12,749	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	4,600	0	8,592	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	371	0	7,675	6,922	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	11,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	4,152	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,088	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	1,280	236	10,145	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	36,532	4,301	300	96,995	11,418	90.00
91.00	09100	EMERGENCY	0	0	0	24,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,307	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	25	0	106.00
107.00	10700	LIVER ACQUISITION	409	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	69,344	69,864	125,669	1,483,088	51,906	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,348	145	35,663	0	190.00
190.01	19001	FUND RAISING	0	0	8,246	9,434	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	6,539	0	190.02
191.00	19100	RESEARCH	840	0	4,843	131,855	70	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	1,660	426	518	18,780	52	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	453	460	28,968	959	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,305	881	19,562	143,783	8,788	192.00

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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	
194.00	07950	MEDICAL COLLEGE	0	1,074	287	19,130	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	1,625	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	23,762	0	194.02
194.03	07953	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)	1,198,682	1,165,286	1,048,743	44,627,774	1,081,825	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8.395660	12.798871	6.565723	23.415603	17.512343	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 KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON	27,884					1.15
1.16	00116	DEPRECIATION COHN	0	110,168				1.16
1.17	00117	DEPRECIATION TOWER	0	0	208,284			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP				0		2.00
2.01	00201	INTEREST GENERAL				0	845,210	2.01
2.02	00202	INTEREST DIRECT BLDG				0	0	2.02
2.03	00203	INTEREST ATRUM PAV				0	0	2.03
2.04	00204	INTEREST PRO BLDG SOUTH				0	0	2.04
2.05	00205	INTEREST TOB				0	0	2.05
2.06	00206	INTEREST PRO BLDG III				0	0	2.06
2.07	00207	INTEREST TOWER				0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH				0	0	2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	1,401	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	0	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	2,340	0	0	4,921	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	3,086	0	0	0	3,086	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	924	0	237	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	8,359	0	0	10,586	5.06
5.07	00516	ADMIN & GEN PT SERVICE	2,833	656	9,285	0	15,454	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	8,507	5.08
5.09	00518	RESEARCH FACULTY	0	130	0	0	130	5.09
5.10	00519	RESEARCH SPA	0	2,631	0	0	8,122	5.10
5.11	00560	CORPORATE ADMINISTRATION	5,530	3,764	1,519	0	63,321	5.11
6.00	00600	MAINTENANCE & REPAIRS	1,717	8,797	3,410	0	105,865	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	1,626	0	7,906	8.00
9.00	00900	HOUSEKEEPING	181	557	3,432	0	12,829	9.00
10.00	01000	DIETARY	0	0	0	0	265	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	1,479	0	2,192	10.01
11.00	01100	CAFETERIA	0	0	2,288	0	1,693	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	443	0	7,774	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	8,683	0	0	14.00
15.00	01500	PHARMACY	0	0	935	0	1,461	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	11,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	3,899	0	0	0	4,645	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	1,363	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	3,790	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	1,977	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	7,279	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	11,261	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	3,394	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	3,042	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	1,076	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	1,045	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	1,733	0	0	0	62,943	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	10,943	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	13	1,243	0	18,143	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	65	0	0	1,104	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	99	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	244	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	1,989	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	1,443	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	1,216	0	0	0	2,076	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	646	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	129	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	268	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	95	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	42,244	0	37,351	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	12,834	0	3,271	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	13,208	0	9,787	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	6,806	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	9,872	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	10,489	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	2,624	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	37,261	0	14,419	50.00
51.00	05100	RECOVERY ROOM	0	0	10,847	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	8,542	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,731	0	7,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	19,743	0	20,739	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	391	0	4,326	55.00
56.00	05600	RADIOISOTOPE	0	0	2,452	0	4,877	56.00
60.00	06000	LABORATORY	952	0	6,759	0	47,092	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	7,902	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	800	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	2,010	0	3,773	65.00
66.00	06600	PHYSICAL THERAPY	0	0	879	0	1,387	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	177	0	2,401	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	7,304	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,007	0	5,503	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,104	0	3,048	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,088	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	789	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	640	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	11,776	90.00
91.00	09100	EMERGENCY	0	0	16,150	0	8,219	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	249	0	0	0	249	105.00
106.00	10600	HEART ACQUISITION	25	0	0	0	25	106.00
107.00	10700	LIVER ACQUISITION	79	0	0	0	79	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,500	27,312	207,704	0	647,643	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	580	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	71,986	0	0	113,021	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	2,938	114	0	0	5,693	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			DEPRECIATION KIDSTON (SQUARE FEET KIDSTON)	DEPRECIATION COHN (SQUARE FEET COHN)	DEPRECIATION TOWER (SQUARE FEET TOWER)	MVBLE EQUIP (DOLLAR VALUE)	INTEREST GENERAL (SQUARE FEET INTEREST GENERAL)	
			1.15	1.16	1.17	2.00	2.01	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	457	9,124	0	0	21,648	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,024	0	0	0	39,720	192.00
194.00	07950	MEDICAL COLLEGE	851	1,632	0	0	17,371	194.00
194.01	07951	AFFIL CORP ARC VENTURES	114	0	0	0	114	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	107,862	1,582,805	9,839,278	0	2,685,830	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.868240	14.367194	47.239721	0.000000	3.177707	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					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	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)	
			2.02	2.03	2.04	2.05	2.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG	1,067,636					2.02
2.03	00203	INTEREST ATRUM PAV	0	206,346				2.03
2.04	00204	INTEREST PRO BLDG SOUTH	0	0	74,740			2.04
2.05	00205	INTEREST TOB	0	0	0	159,730		2.05
2.06	00206	INTEREST PRO BLDG III	0	0	0	0	142,774	2.06
2.07	00207	INTEREST TOWER	0	0	0	0	0	2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	0	0	0	0	2.08
4.00	00400	EMPLOYEE BENEFITS	0	1,758	0	0	0	4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	0	0	0	5.01
5.02	00511	PARKING GARAGE	810,421	0	0	0	0	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	0	0	5,298	1	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	1,147	0	1,010	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	2,848	0	0	213	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	3,946	1,919	46,909	273	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	192	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	1,072	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	84,248	4,468	430	46,025	4,724	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	42,801	2,267	14,338	5,108	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	747	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	3,051	0	0	49	9.00
10.00	01000	DIETARY	0	0	0	4,292	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	16,151	0	0	0	10.01
11.00	01100	CAFETERIA	172,967	4,223	0	1,759	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	9,216	0	0	69	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	835	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	149	616	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	93	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	98	164	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	945	1,618	1,521	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	1,602	0	23.00

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		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	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)	
			2.02	2.03	2.04	2.05	2.06	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	545	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	162	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	45,520	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	6,742	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	33,171	0	0	811	50.00
51.00	05100	RECOVERY ROOM	0	2,208	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,438	0	0	892	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,770	930	0	16,521	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	14,683	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	0	320	10,695	802	1,815	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	696	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	551	2,617	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,414	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,283	1,627	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	1,119	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	236	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	10,578	300	36,532	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	1,307	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	409	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	4	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,067,636	204,344	34,286	125,669	69,344	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,002	2,750	145	0	190.00
190.01	19001	FUND RAISING	0	0	1,188	8,246	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	34	4,843	840	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	3,020	518	1,660	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	460	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	26,529	19,562	69,305	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST DIRECT BLDG (PERCENT INT DIRECT BLDG)	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)	
			2.02	2.03	2.04	2.05	2.06	
194.00	07950	MEDICAL COLLEGE	0	0	0	287	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	1,625	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	6,933	0	0	194.02
194.03	07953	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)	1,067,636	3,713,114	540,434	892,024	11,562	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.000000	17.994601	7.230854	5.584574	0.080981	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 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER	208,284					2.07
2.08	00208	INTEREST PRO BLDG NORTH	0	151,717				2.08
4.00	00400	EMPLOYEE BENEFITS	0	0	570,886,934			4.00
5.01	00510	TRANSITION RECRUITMENT	0	0	73,227	10,000		5.01
5.02	00511	PARKING GARAGE	0	0	0	0	1,119,977,871	5.02
5.03	00512	RESEARCH ADMINISTRATION	0	923	2,944,409	0	0	5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	0	2,345,935	0	0	5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	924	206	2,634,186	0	0	5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	655,555	0	0	5.06
5.07	00516	ADMIN & GEN PT SERVICE	9,285	894	27,766,371	0	0	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	2,588,350	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	8,649,385	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	5,400,563	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	1,519	187	35,046,055	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	3,410	5,412	12,111,923	0	56,827,129	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	88,126	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,626	0	461,127	0	4,599,988	8.00
9.00	00900	HOUSEKEEPING	3,432	0	12,048,889	0	18,734,151	9.00
10.00	01000	DIETARY	0	0	493,940	0	862,288	10.00
10.01	01001	PATIENT FOOD SERVICE	1,479	0	5,684,326	0	10,773,925	10.01
11.00	01100	CAFETERIA	2,288	398	1,771,183	0	5,184,794	11.00
13.00	01300	NURSING ADMINISTRATION	443	0	5,581,447	0	8,990,196	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,683	0	0	0	3,079,146	14.00
15.00	01500	PHARMACY	935	53	7,898,398	0	68,043,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	3,866,392	0	7,077,350	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	53	5,779,556	0	8,404,726	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	1,433,300	0	1,966,574	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	230,730	0	471,485	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	886	1,538,474	0	1,991,642	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	602	2,558,618	0	3,858,064	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	589,595	0	618,502	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	44,056	0	1,410,837	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	143,495	0	444,417	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	23,136	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	391	1,747,580	0	1,686,910	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	960,201	0	2,329,127	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	3,420,354	0	12,357,320	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	1,022	3,828,429	0	8,274,503	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	8,772,851	0	17,478,584	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	2,461,502	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	31,764,832	0	47,734,896	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,243	3,209	6,038,426	0	9,789,388	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	2,177,962	0	6,398,159	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS INTEREST TOWER (SQUARE FEET TOWER)	CAPITAL RELATED COSTS INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	285,343	0	374,636	23.01
23.02	02302	PARAMED DIETARY	0	0	313,537	0	448,284	23.02
23.03	02303	PARAMED SPEECH	0	0	1,033,090	0	1,507,040	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	607,979	0	986,429	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	178,162	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	463,941	0	188,003	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	641,482	0	1,022,805	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	201,192	0	338,110	23.08
23.09	02309	PARAMED PHARMACY	0	0	471,167	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	354,669	0	613,127	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	421,740	0	635,062	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	42,244	0	42,031,981	0	71,242,406	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,834	0	10,515,663	0	17,234,501	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	13,208	0	11,276,807	0	17,837,805	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,279,432	0	6,612,975	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	9,759,608	0	14,227,956	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	6,569,126	0	10,284,249	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	4,659,564	0	7,549,883	41.00
43.00	04300	NURSERY	0	0	1,529,985	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	37,261	0	14,478,533	0	98,615,952	50.00
51.00	05100	RECOVERY ROOM	10,847	0	3,323,688	0	6,134,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,163,361	0	6,555,580	52.00
53.00	05300	ANESTHESIOLOGY	2,731	0	417,129	0	7,008,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,743	100	10,690,711	0	23,039,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	391	0	2,673,722	0	6,455,856	55.00
56.00	05600	RADIOISOTOPE	2,452	0	753,042	0	3,579,934	56.00
60.00	06000	LABORATORY	6,759	9,383	21,826,780	0	52,211,148	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,197,050	0	13,944,427	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	404,311	0	903,147	64.00
65.00	06500	RESPIRATORY THERAPY	2,010	0	4,268,009	0	8,257,880	65.00
66.00	06600	PHYSICAL THERAPY	879	0	3,189,263	0	5,186,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	177	0	2,056,836	0	3,412,452	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,247,073	0	2,149,999	68.00
69.00	06900	ELECTROCARDIOLOGY	3,007	0	2,717,290	0	12,927,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,104	0	904,101	0	1,628,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	273,291	0	2,873,685	74.00
76.00	03020	RENAL DIALYSIS I/P	0	142	4,904	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	640	0	2,020,194	0	3,096,816	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	33,508	10,469,986	0	146,602	90.00
91.00	09100	EMERGENCY	16,150	0	7,367,815	0	13,414,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,157,948	0	6,038,257	105.00
106.00	10600	HEART ACQUISITION	0	0	643,707	0	1,027,076	106.00
107.00	10700	LIVER ACQUISITION	0	0	680,914	0	2,178,491	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	41,054	0	173,659	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,704	57,369	405,099,938	0	741,538,928	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	580	723	852,886	0	3,437,426	190.00
190.01	19001	FUND RAISING	0	0	3,744,274	0	6,689,476	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	1,439,004	0	2,090,378	190.02
191.00	19100	RESEARCH	0	445	22,774,002	0	42,377,870	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	3,188	7,618,447	0	10,891,322	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	3,143,295	0	97,879,936	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	69,678	99,022,503	10,000	176,266,786	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	CAPITAL RELATED COSTS					
			INTEREST TOWER (SQUARE FEET TOWER)	INTEREST PRO BLDG NORTH (SQUARE FEET PRO BLDG NO)	EMPLOYEE BENEFITS (GROSS SALARIES)	TRANSITION RECRUITMENT (TRANS/REC)	PARKING GARAGE (DIRECT COST RPSL/JRB)	
			2.07	2.08	4.00	5.01	5.02	
194.00	07950	MEDICAL COLLEGE	0	327	13,388,361	0	28,475,966	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	3,158	3,895,716	0	7,513,032	194.01
194.02	07952	AFFIL CORP ROOM 500	0	16,829	790,500	0	2,816,751	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	9,118,008	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)	3,556,911	111,663	156,472,106	33,867,162	2,157,833	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	17.077217	0.735995	0.274086	3,386.716200	0.001927	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			482,917	62	7,030,497	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000846	0.006200	0.001927	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION	151,149,128					5.03
5.04	00513	ADMIN & GEN INPT SERVICE	0	1,806,990,964				5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE	0	0	1,170,188,189			5.05
5.06	00515	ADMIN & GEN ANIMAL LAB	0	0	0	1,205,433		5.06
5.07	00516	ADMIN & GEN PT SERVICE	0	0	0	0	2,977,179,153	5.07
5.08	00517	PERSONNEL DEPARTMENT	0	0	0	0	0	5.08
5.09	00518	RESEARCH FACULTY	0	0	0	0	0	5.09
5.10	00519	RESEARCH SPA	0	0	0	0	0	5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	0	0	5.11
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	0	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
10.01	01001	PATIENT FOOD SERVICE	0	0	0	0	0	10.01
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	22	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	5,692	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	218,197,799	9,250,881	0	227,448,680	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	50,076,451	27,589	0	50,104,040	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	42,857,341	265,898	0	43,123,239	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	17,636,111	2,152,983	0	19,789,094	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	59,972,949	0	0	59,972,949	35.02
40.00	04000	SUBPROVIDER - IPF	0	32,878,065	1,563	0	32,879,628	40.00
41.00	04100	SUBPROVIDER - IRF	0	26,296,795	0	0	26,296,795	41.00
43.00	04300	NURSERY	0	5,852,159	0	0	5,852,159	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	235,496,371	114,220,446	0	349,716,817	50.00
51.00	05100	RECOVERY ROOM	0	16,965,261	12,939,971	0	29,905,232	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,538,883	3,404,533	0	20,943,416	52.00
53.00	05300	ANESTHESIOLOGY	0	51,225,664	31,287,929	0	82,513,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,905,851	128,859,751	0	262,765,602	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,363,441	73,480,168	0	81,843,609	55.00
56.00	05600	RADIOISOTOPE	0	5,675,959	21,788,124	0	27,464,083	56.00
60.00	06000	LABORATORY	0	249,461,873	243,276,125	0	492,737,998	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62,504,014	17,087,490	0	79,591,504	62.00
64.00	06400	INTRAVENOUS THERAPY	0	37,491,568	868,079	0	38,359,647	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,978,870	1,070,928	0	35,049,798	65.00
66.00	06600	PHYSICAL THERAPY	0	18,565,546	7,864,450	0	26,429,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,460,814	2,619,561	0	17,080,375	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,637,962	3,278,063	0	6,916,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,867,181	33,612,051	0	68,479,232	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,250,229	2,025,009	0	15,275,238	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,754,353	235,879	0	2,990,232	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	155,529,950	55,910,480	0	211,440,430	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	210,154,503	215,785,944	0	425,940,447	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,692,476	0	1,692,476	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,195,488	0	0	10,195,488	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	16,081	7,361,126	0	7,377,207	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,037,114	117,045,628	0	118,082,742	90.00
91.00	09100	EMERGENCY	0	28,421,668	62,775,064	0	91,196,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,395,000	0	0	5,395,000	105.00
106.00	10600	HEART ACQUISITION	0	310,500	0	0	310,500	106.00
107.00	10700	LIVER ACQUISITION	0	1,918,350	0	0	1,918,350	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	100,800	0	0	100,800	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	1,806,990,964	1,170,188,189	5,714	2,977,179,153	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	42,377,870	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	10,891,322	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	97,879,936	0	0	1,119,825	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	79,894	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	RESEARCH ADMINISTRATION (PERCENT RESEARCH FUND O/H)	ADMIN & GEN INPT SERVICE (INPATIENT REVENUE)	ADMIN & GEN OUTPT SERVICE (OUTPATIENT REVENUE)	ADMIN & GEN ANIMAL LAB (RECHARGE ANIMAL LAB)	ADMIN & GEN PT SERVICE (TOTAL REVENUE)	
			5.03	5.04	5.05	5.06	5.07	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	7,652,931	4,273,906	4,015,480	300,632	62,637,584	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.050632	0.002365	0.003431	0.249398	0.021039	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	432,608	199,910	276,620	432,863	3,571,897	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002862	0.000111	0.000236	0.176401	0.001200	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT	631,904					5.08
5.09	00518	RESEARCH FACULTY	0	10,000				5.09
5.10	00519	RESEARCH SPA	0	0	53,269,192			5.10
5.11	00560	CORPORATE ADMINISTRATION	0	0	0	-77,352,694	1,189,179,345	5.11
6.00	00600	MAINTENANCE & REPAIRS	18,125	0	0	0	62,848,862	6.00
6.01	00601	RENTED SPACE COSTS	0	0	0	0	88,296	6.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,200	0	0	0	4,440,415	8.00
9.00	00900	HOUSEKEEPING	34,168	0	0	0	20,439,217	9.00
10.00	01000	DIETARY	1,088	0	0	0	848,001	10.00
10.01	01001	PATIENT FOOD SERVICE	13,094	0	0	0	10,617,955	10.01
11.00	01100	CAFETERIA	4,855	0	0	0	2,493,709	11.00
13.00	01300	NURSING ADMINISTRATION	13,429	0	0	0	8,627,420	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	1,144,090	14.00
15.00	01500	PHARMACY	10,364	0	0	0	43,300,044	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,310	0	0	0	7,025,294	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	7,844	0	0	0	8,248,730	16.01
18.00	01850	CLINICAL LAB ADMIN MED	867	0	0	0	1,915,718	18.00
18.01	01080	CLINICAL LAB ADMIN PED	192	0	0	0	372,707	18.01
18.02	01081	CLINICAL LAB ADMIN OB	1,207	0	0	0	1,939,588	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	2,183	0	0	0	3,552,274	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	864	0	0	0	736,833	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	37	0	0	0	1,095,061	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	295	0	0	0	343,740	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	5	0	0	0	138	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,655	0	0	0	1,611,414	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	974	0	0	0	2,280,202	18.09
18.12	01091	DISCRETIONARY OPERATIONS	4,077	0	0	570,938	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	9,994	0	0	0	7,788,875	18.14
18.16	01095	NURSING SCHOOL SPLIT	11,436	0	0	0	12,767,852	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,741	0	0	0	689,995	19.00
20.00	02000	NURSING SCHOOL	0	0	0	13,644,654	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	63,649	0	0	0	41,138,904	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,608	0	0	0	10,081,485	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	1,887	0	0	0	1,368,358	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	210	0	0	318,613	0	23.01
23.02	02302	PARAMED DIETARY	325	0	0	123,530	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
			5.08	5.09	5.10	5A.11	5.11	
23.03	02303	PARAMED SPEECH	1,154	0	0	339,053	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	756	0	0	738,209	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	257	0	0	0	261,568	23.05
23.06	02306	PARAMED PASTORAL CARE	795	0	0	0	676,718	23.06
23.07	02307	PARAMED TECHNOLOGY	756	0	0	652,282	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	180	0	0	238,850	0	23.08
23.09	02309	PARAMED PHARMACY	837	0	0	0	590,975	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	390	0	0	768,201	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	420	0	0	751,406	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	58,691	0	0	0	72,555,095	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	13,470	0	0	0	18,060,446	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	11,563	0	0	0	18,184,322	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,645	0	0	0	7,031,178	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	10,084	0	0	0	15,350,464	35.02
40.00	04000	SUBPROVIDER - IPF	8,510	0	0	0	10,552,407	40.00
41.00	04100	SUBPROVIDER - IRF	6,550	0	0	0	7,571,980	41.00
43.00	04300	NURSERY	1,722	0	0	0	2,356,519	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,935	0	0	0	57,801,301	50.00
51.00	05100	RECOVERY ROOM	4,756	0	0	0	6,568,410	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,485	0	0	0	6,845,813	52.00
53.00	05300	ANESTHESIOLOGY	1,005	0	0	0	5,530,019	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,284	0	0	0	28,189,939	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,190	0	0	0	7,928,118	55.00
56.00	05600	RADIOISOTOPE	756	0	0	0	4,048,478	56.00
60.00	06000	LABORATORY	31,520	0	0	0	60,930,407	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,143	0	0	0	15,581,673	62.00
64.00	06400	INTRAVENOUS THERAPY	360	0	0	0	1,785,502	64.00
65.00	06500	RESPIRATORY THERAPY	5,855	0	0	0	9,000,970	65.00
66.00	06600	PHYSICAL THERAPY	4,701	0	0	0	5,472,703	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,295	0	0	0	3,631,608	67.00
68.00	06800	SPEECH PATHOLOGY	1,779	0	0	0	2,251,369	68.00
69.00	06900	ELECTROCARDIOLOGY	3,218	0	0	0	7,517,453	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,357	0	0	0	1,862,793	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,582,898	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	59,076,252	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	33,788,621	73.00
74.00	07400	RENAL DIALYSIS	386	0	0	0	616,351	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	2,574,183	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,137	0	0	0	3,389,009	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,891	0	0	0	32,732,299	90.00
91.00	09100	EMERGENCY	9,934	0	0	0	15,013,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,649	0	0	0	6,157,527	105.00
106.00	10600	HEART ACQUISITION	431	0	0	0	1,040,290	106.00
107.00	10700	LIVER ACQUISITION	702	0	0	0	2,223,000	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	40	0	0	0	176,616	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	474,272	0	0	-59,206,958	794,313,591	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	855	0	0	0	4,074,261	190.00
190.01	19001	FUND RAISING	4,286	0	0	0	6,679,423	190.01
190.02	19002	RUSH DAY SCHOOL	2,093	0	0	0	2,264,637	190.02
191.00	19100	RESEARCH	32,859	0	42,377,870	0	66,747,776	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	13,507	0	10,891,322	0	16,370,791	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	3,559	10,000	0	0	22,551,951	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	73,164	0	0	0	192,339,162	192.00
194.00	07950	MEDICAL COLLEGE	10,572	0	0	0	22,667,136	194.00
194.01	07951	AFFIL CORP ARC VENTURES	5,640	0	0	0	32,043,884	194.01
194.02	07952	AFFIL CORP ROOM 500	2,640	0	0	0	2,598,147	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	8,457	0	0	0	26,528,586	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	PERSONNEL DEPARTMENT (TOTAL FTES)	RESEARCH FACULTY (PERCENT OF TIME)	RESEARCH SPA (PERCENT RESEARCH FUND O/H)	Reconciliation	CORPORATE ADMINISTRATION (ACCUM. COST)	
		5.08	5.09	5.10	5A.11	5.11	
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)	5,564,667	13,490,011	10,059,347		77,352,694	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.806190	1,349.001100	0.188840		0.065047	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	300,035	59,620	336,554		5,608,827	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.474811	5.962000	0.006318		0.004717	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS	1,456,317					6.00
6.01	00601	RENTED SPACE COSTS	0	10,000				6.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,279	0	3,855,182			8.00
9.00	00900	HOUSEKEEPING	20,148	0	0	1,425,890		9.00
10.00	01000	DIETARY	4,557	0	0	4,557	10,000	10.00
10.01	01001	PATIENT FOOD SERVICE	20,048	0	0	20,048	6,909	10.01
11.00	01100	CAFETERIA	33,239	0	0	33,239	3,091	11.00
13.00	01300	NURSING ADMINISTRATION	9,537	0	0	9,537	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,431	0	0	9,431	0	14.00
15.00	01500	PHARMACY	11,734	0	0	11,734	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,294	0	0	11,294	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,650	0	0	5,650	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	1,363	0	0	1,363	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	3,790	0	0	3,790	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	2,863	0	0	2,863	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	8,497	0	0	8,497	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	149	0	0	149	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	11,261	0	0	11,261	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	3,487	0	0	3,487	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	3,433	0	0	3,433	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	1,076	0	0	1,076	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	1,045	0	0	1,045	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	64,227	0	0	64,227	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	10,943	0	0	10,943	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	27,082	0	0	27,082	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	2,706	0	0	2,706	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	99	0	0	99	0	23.01
23.02	02302	PARAMED DIETARY	244	0	0	244	0	23.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
			6.00	6.01	8.00	9.00	10.00	
23.03	02303	PARAMED SPEECH	1,989	0	0	1,989	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	1,443	0	0	1,443	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	545	0	0	545	0	23.05
23.06	02306	PARAMED PASTORAL CARE	2,076	0	0	2,076	0	23.06
23.07	02307	PARAMED TECHNOLOGY	646	0	0	646	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	129	0	0	129	0	23.08
23.09	02309	PARAMED PHARMACY	162	0	0	162	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	268	0	0	268	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	95	0	0	95	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	125,115	0	1,361,920	125,115	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	22,847	0	197,653	22,847	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	22,995	0	274,119	22,995	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,806	0	1,488	6,806	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	9,872	0	64,502	9,872	0	35.02
40.00	04000	SUBPROVIDER - IPF	23,405	0	124,998	23,405	0	40.00
41.00	04100	SUBPROVIDER - IRF	20,209	0	258,841	20,209	0	41.00
43.00	04300	NURSERY	2,624	0	539	2,624	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	85,662	0	563,631	85,662	0	50.00
51.00	05100	RECOVERY ROOM	13,055	0	67,331	13,055	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,542	0	21,004	8,542	0	52.00
53.00	05300	ANESTHESIOLOGY	12,128	0	0	12,128	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	61,803	0	236,836	61,803	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	19,400	0	33,234	19,400	0	55.00
56.00	05600	RADIOISOTOPE	7,329	0	23,038	7,329	0	56.00
60.00	06000	LABORATORY	76,866	0	176,232	76,866	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,902	0	0	7,902	0	62.00
64.00	06400	INTRAVENOUS THERAPY	800	0	0	800	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,479	0	0	6,479	0	65.00
66.00	06600	PHYSICAL THERAPY	12,749	0	20,328	12,749	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,592	0	0	8,592	0	67.00
68.00	06800	SPEECH PATHOLOGY	7,675	0	0	7,675	0	68.00
69.00	06900	ELECTROCARDIOLOGY	11,420	0	3,710	11,420	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,152	0	15,063	4,152	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,088	0	0	1,088	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,050	0	0	2,050	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	2,156	0	0	2,156	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	96,995	0	73,368	96,995	0	90.00
91.00	09100	EMERGENCY	24,369	0	306,303	24,369	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,556	0	0	1,556	0	105.00
106.00	10600	HEART ACQUISITION	25	0	0	25	0	106.00
107.00	10700	LIVER ACQUISITION	488	0	0	488	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	4	0	0	4	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	992,693	0	3,824,138	962,266	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,548	0	30,623	24,548	0	190.00
190.01	19001	FUND RAISING	9,434	0	0	9,434	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	119,183	10,000	0	119,183	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	14,505	0	0	14,505	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	22,561	0	0	22,561	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	225,675	0	421	225,675	0	192.00
194.00	07950	MEDICAL COLLEGE	19,059	0	0	19,059	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	4,897	0	0	4,897	0	194.01
194.02	07952	AFFIL CORP ROOM 500	23,762	0	0	23,762	0	194.02
194.03	07953	AFFIL CORP JOINT VENTURES	0	0	0	0	0	194.03

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET ALL BLDGS)	RENTED SPACE COSTS (PERCENT)	LAUNDRY & LINEN SERVICE (RECHARGE LAUNDRY)	HOUSEKEEPING (SQUARE FEET ALL BLDGS)	DIETARY (TIME STUDY DIETARY SPLIT)	
		6.00	6.01	8.00	9.00	10.00	
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)	66,936,992	94,039	5,201,707	22,694,794	1,185,145	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	45.963202	9.403900	1.349277	15.916231	118.514500	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	8,950,662	586	636,621	1,442,724	207,002	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	6.146095	0.058600	0.165134	1.011806	20.700200	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE	444,575					10.01
11.00	01100	CAFETERIA	0	548,047				11.00
13.00	01300	NURSING ADMINISTRATION	0	13,429	115,729			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	1,487,914		14.00
15.00	01500	PHARMACY	0	10,364	0	0	24,911,078	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,310	0	0	0	16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	0	7,844	0	0	0	16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	867	0	0	0	18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	192	0	0	0	18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	1,207	0	0	0	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	2,183	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	864	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	37	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	295	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	5	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	1,655	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	974	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	4,077	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	9,994	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	11,436	0	0	122	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	1,741	1,741	0	12,639	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	63,649	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,608	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	1,887	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	210	0	0	0	23.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
23.02	02302	PARAMED DIETARY	0	325	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	1,154	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	756	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	257	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	795	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	756	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	180	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	837	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	390	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	420	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	303,372	58,691	57,937	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	24,554	13,470	6,320	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	24,510	11,563	11,105	0	838	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	8,070	4,645	4,625	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	10,084	10,016	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	47,118	8,510	6,990	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	36,951	6,550	6,450	0	0	41.00
43.00	04300	NURSERY	0	1,722	1,722	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	19,935	2,235	0	5,052	50.00
51.00	05100	RECOVERY ROOM	0	4,756	0	0	137	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,485	4,485	0	20	52.00
53.00	05300	ANESTHESIOLOGY	0	1,005	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,284	0	0	444,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,190	0	0	3,820	55.00
56.00	05600	RADIOISOTOPE	0	756	0	0	235	56.00
60.00	06000	LABORATORY	0	31,520	0	0	88,868	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	3,143	0	0	288,633	62.00
64.00	06400	INTRAVENOUS THERAPY	0	360	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,855	0	0	4,155	65.00
66.00	06600	PHYSICAL THERAPY	0	4,701	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,295	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,779	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,218	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,357	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,487,914	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	23,649,556	73.00
74.00	07400	RENAL DIALYSIS	0	386	0	0	32,595	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	2,137	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	19,891	0	0	5,192	90.00
91.00	09100	EMERGENCY	0	9,934	10	0	7,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	1,649	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	431	0	0	4,038	106.00
107.00	10700	LIVER ACQUISITION	0	702	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	40	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	444,575	401,742	113,636	1,487,914	24,548,201	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	855	0	0	0	190.00
190.01	19001	FUND RAISING	0	4,286	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	2,093	2,093	0	0	190.02
191.00	19100	RESEARCH	0	32,859	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	13,507	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	3,559	0	0	64,606	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	73,164	0	0	150,898	192.00
194.00	07950	MEDICAL COLLEGE	0	10,572	0	0	1,012	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	2,770	0	0	146,361	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PATIENT FOOD SERVICE (MEALS SERVED)	CAFETERIA (FTES ON CAMPUS)	NURSING ADMINISTRATION (FTES NURSING ADMIN)	CENTRAL SERVICES & SUPPLY (RECHARGE SUPPLIES)	PHARMACY (RECHARGE DRUGS)	
			10.01	11.00	13.00	14.00	15.00	
194.02	07952	AFFIL CORP ROOM 500	0	2,640	0	0	0	194.02
194.03	07953	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)	13,367,997	5,079,056	9,903,206	1,802,095	46,938,724	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	30.069160	9.267556	85.572380	1.211155	1.884251	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,571,880	1,807,262	591,071	867,707	1,170,439	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.535691	3.297641	5.107372	0.583170	0.046985	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,000					16.00
16.01	01601	MEDICAL RECORDS & LIBRARY	5,929	1,806,990,964				16.01
18.00	01850	CLINICAL LAB ADMIN MED	0	0	24,495			18.00
18.01	01080	CLINICAL LAB ADMIN PED	0	0	0	9,450		18.01
18.02	01081	CLINICAL LAB ADMIN OB	0	0	0	0	17,623	18.02
18.03	01082	CLINICAL LAB ADMIN SURG	0	0	0	0	0	18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	0	0	0	0	18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	0	0	0	18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	0	0	18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	0	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED (FTES CLA PED)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	218,197,799	0	3,779	2,592	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	50,076,451	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	42,857,341	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	17,636,111	0	4,625	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	59,972,949	0	58	10,026	35.02
40.00	04000	SUBPROVIDER - IPF	0	32,878,065	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	26,296,795	0	0	0	41.00
43.00	04300	NURSERY	0	5,852,159	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	235,496,371	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	16,965,261	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,538,883	0	0	4,485	52.00
53.00	05300	ANESTHESIOLOGY	0	51,225,664	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	133,905,851	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,363,441	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	5,675,959	0	0	0	56.00
60.00	06000	LABORATORY	0	249,461,873	3,805	612	520	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62,504,014	2,343	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	37,491,568	360	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	33,978,870	5,656	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	18,565,546	2,208	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	14,460,814	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,637,962	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	34,867,181	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,250,229	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,754,353	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	155,529,950	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	210,154,503	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	10	376	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,195,488	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	16,081	474	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,037,114	300	0	0	90.00
91.00	09100	EMERGENCY	4,071	28,421,668	9,339	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	5,395,000	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	310,500	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	1,918,350	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	100,800	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,806,990,964	24,495	9,450	17,623	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME STUDY M/R SPLIT)	MEDICAL RECORDS & LIBRARY (INPATIENT REVENUE)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN MED (FTES CLA MED)	OTHER GENERAL SERVICE CLINICAL LAB ADMIN PED (FTES CLA PED)	CLINICAL LAB ADMIN OB (FTES CLA OB)	
			16.00	16.01	18.00	18.01	18.02	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	8,230,345	14,087,371	2,132,707	633,253	2,254,099	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	823.034500	0.007796	87.067034	67.010899	127.906656	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	638,073	719,705	88,860	202,549	158,827	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	63.807300	0.000398	3.627679	21.433757	9.012484	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG	34,210					18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH	0	2,584				18.04
18.05	01084	CLINICAL LAB ADMIN PATH	0	0	2,309			18.05
18.06	01085	CLINICAL LAB ADMIN CARD	0	0	0	2,800		18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT	0	0	0	0	3,683	18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	0	0	0	0	0	18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	0	0	0	0	18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	0	0	0	18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	0	0	0	18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	0	0	0	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	0	0	0	23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	0	0	0	23.01
23.02	02302	PARAMED DIETARY	0	0	0	0	0	23.02
23.03	02303	PARAMED SPEECH	0	0	0	0	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	0	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	14,043	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	3,470	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	905	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,215	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,990	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	756	0	0	0	0	56.00
60.00	06000	LABORATORY	2,343	0	2,309	1,957	940	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	2,743	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,660	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	666	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	843	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	724	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	200	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	1,649	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	431	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	702	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	40	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,210	2,584	2,309	2,800	3,683	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN SURG (FTES CLA SURG)	CLINICAL LAB ADMIN PSYCH (FTES CLA PSYCH)	CLINICAL LAB ADMIN PATH (FTES CLA PATH)	CLINICAL LAB ADMIN CARD (FTES CLA CARD)	CLINICAL LAB ADMIN HEMAT (FTES CLA HEMAT)	
			18.03	18.04	18.05	18.06	18.07	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	4,329,359	801,990	1,863,459	584,607	193	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	126.552441	310.367647	807.041576	208.788214	0.052403	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	456,784	131,519	553,138	173,298	39	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.352353	50.897446	239.557384	61.892143	0.000272	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR	1,357					18.08
18.09	01088	CLINICAL LAB ADMIN OCLS	0	16,894				18.09
18.12	01091	DISCRETIONARY OPERATIONS	0	0	498,744			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT	0	0	9,994	65,072		18.14
18.16	01095	NURSING SCHOOL SPLIT	0	0	11,436	28,071	10,000	18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	1,741	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	8,462	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	63,649	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	4,608	0	0	22.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT	0	0	1,887	1,785	0	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH	0	0	210	1,351	0	23.01
23.02	02302	PARAMED DIETARY	0	0	325	992	0	23.02
23.03	02303	PARAMED SPEECH	0	0	1,154	3,851	0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	756	3,614	0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	257	0	0	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	795	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	756	3,479	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	180	1,223	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	837	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	390	2,653	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	420	1,661	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	58,691	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	13,470	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0	11,563	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0	4,645	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	10,084	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	0	8,510	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	6,550	0	0	41.00
43.00	04300	NURSERY	0	0	1,722	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	19,935	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	4,756	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,485	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,005	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	13,284	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,190	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	756	0	0	56.00
60.00	06000	LABORATORY	0	14,151	31,520	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,743	3,143	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	360	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	5,855	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,701	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	3,295	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,779	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	3,218	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,357	0	1,357	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	386	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	2,137	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	19,891	0	0	90.00
91.00	09100	EMERGENCY	0	0	9,934	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	1,649	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	431	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	702	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	40	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,357	16,894	352,439	48,680	8,462	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	855	1,079	1,538	190.00
190.01	19001	FUND RAISING	0	0	4,286	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	2,093	0	0	190.02
191.00	19100	RESEARCH	0	0	32,859	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	13,507	0	0	191.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	OTHER GENERAL SERVICE					
			CLINICAL LAB ADMIN NEUR (FTES CLA NEUR)	CLINICAL LAB ADMIN OCLS (FTES CLA OCLS)	DISCRETIONARY OPERATIONS (FTES ON CAMPUS)	RUSH UNIVERSITY ADMIN SPLIT (TIME STUDY RUA)	NURSING SCHOOL SPLIT (TIME STUDY RNC)	
			18.08	18.09	18.12	18.14	18.16	
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	3,559	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	73,164	0	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	10,572	15,313	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	2,770	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	2,640	0	0	194.02
194.03	07953	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)	1,944,002	2,504,131	-468,490	12,362,469	19,714,689	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,432.573324	148.226057	0.000000	189.981390	1,971.468900	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	194,243	71,812	96,945	2,746,277	1,781,855	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	143.141489	4.250740	0.194378	42.203667	178.185500	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS	10,000					19.00
20.00	02000	NURSING SCHOOL		23,221				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			41,814			21.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				41,814		22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT					425,949,968	23.00
23.01	02301	PARAMED MEDICAL PERFUSION TECH					0	23.01
23.02	02302	PARAMED DIETARY					0	23.02
23.03	02303	PARAMED SPEECH					0	23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY					0	23.04
23.05	02305	PARAMED MEDICAL PHYSICS					0	23.05
23.06	02306	PARAMED PASTORAL CARE					0	23.06
23.07	02307	PARAMED TECHNOLOGY					0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND					0	23.08
23.09	02309	PARAMED PHARMACY					0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY					0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT					0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		18,195	8,929	8,929	71,242,406	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		650	1,047	1,047	17,234,501	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0	2,313	2,313	17,837,805	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		913	592	592	6,612,975	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		596	668	668	14,227,956	35.02
40.00	04000	SUBPROVIDER - IPF		951	791	791	10,284,249	40.00
41.00	04100	SUBPROVIDER - IRF		65	524	524	7,549,883	41.00
43.00	04300	NURSERY		0	85	85	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	2,774	2,774	98,615,952	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	6,134,325	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	317	317	6,555,580	52.00
53.00	05300	ANESTHESIOLOGY	10,000	1,851	2,791	2,791	7,008,303	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,100	3,100	23,039,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	536	536	6,455,856	55.00
56.00	05600	RADIOISOTOPE	0	0	485	485	3,579,934	56.00
60.00	06000	LABORATORY	0	0	2,235	2,235	52,211,148	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	170	170	13,944,427	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	903,147	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	111	111	8,257,880	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	5,186,766	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	3,412,452	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	2,149,999	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	376	376	12,927,492	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,628,166	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	125	125	2,873,685	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	1,972	1,972	3,096,816	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	5,990	5,990	146,602	90.00
91.00	09100	EMERGENCY	0	0	773	773	13,414,346	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	100	100	6,038,257	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	1,027,076	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	2,178,491	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	173,659	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	23,221	36,804	36,804	425,949,968	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	NONPHYSICIAN ANESTHETISTS (PERCENT CRNA)	NURSING SCHOOL (HOURS RNC)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (HOURS)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (HOURS)	PARAMED HEALTH SYSTEM MANAGEMENT (DIRECT COST REVENUE CENTERS)	
			19.00	20.00	21.00	22.00	23.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	2,173	2,173	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	2,817	2,817	0	192.00
194.00	07950	MEDICAL COLLEGE	0	0	20	20	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	923,809	3,037,916	44,404,737	12,455,778	1,981,416	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	92.380900	130.826235	1,061.958602	297.885349	0.004652	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	21,391	1,507,806	553,023	1,692,087	217,631	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.139100	11.824340	13.225786	40.466997	0.000511	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
23.01	02301	PARAMED MEDICAL PERFUSION TECH	10,000					23.01
23.02	02302	PARAMED DIETARY	0	444,575				23.02
23.03	02303	PARAMED SPEECH	0	0	10,000			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY	0	0	0	10,000		23.04
23.05	02305	PARAMED MEDICAL PHYSICS	0	0	0	0	10,000	23.05
23.06	02306	PARAMED PASTORAL CARE	0	0	0	0	0	23.06
23.07	02307	PARAMED TECHNOLOGY	0	0	0	0	0	23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	0	0	0	23.08
23.09	02309	PARAMED PHARMACY	0	0	0	0	0	23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	0	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	303,372	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	24,554	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	24,510	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	8,070	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	0	47,118	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	36,951	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	5,000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	5,000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
60.00	06000	LABORATORY	10,000	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	10,000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	10,000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	444,575	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED MEDICAL PERFUSION TECH (DIRECT LAB)	PARAMED DIETARY (MEALS SERVED)	PARAMED SPEECH (DIRECT SPEECH)	PARAMED OCCUPATIONAL THERAPY (DIRECT OCCUPATIONAL THERAPY)	PARAMED MEDICAL PHYSICS (DIRECT RADIOLOGY)	
			23.01	23.02	23.03	23.04	23.05	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	-53,876	83,043	526,338	44,682	314,688	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.186792	52.633800	4.468200	31.468800	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	62,868	56,031	256,508	217,483	38,566	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.286800	0.034170	10.947700	0.964600	3.856600	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	DEPRECIATION OLD HOSPITAL						1.01
1.02	00102	DEPRECIATION DIRECT BLDG						1.02
1.03	00103	DEPRECIATION KELLOGG PAV						1.03
1.04	00104	DEPRECIATION JELKE SOUTH						1.04
1.05	00105	DEPRECIATION ATRIUM PAV						1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH						1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH						1.07
1.08	00108	DEPRECIATION WOOD ST						1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY						1.09
1.10	00110	DEPRECIATION PRO BLDG III						1.10
1.11	00111	DEPRECIATION JRB						1.11
1.12	00112	DEPRECIATION TOB						1.12
1.13	00113	DEPRECIATION EQUIPMENT						1.13
1.14	00114	DEPRECIATION ORTHOPEDICS						1.14
1.15	00115	DEPRECIATION KIDSTON						1.15
1.16	00116	DEPRECIATION COHN						1.16
1.17	00117	DEPRECIATION TOWER						1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	INTEREST GENERAL						2.01
2.02	00202	INTEREST DIRECT BLDG						2.02
2.03	00203	INTEREST ATRUM PAV						2.03
2.04	00204	INTEREST PRO BLDG SOUTH						2.04
2.05	00205	INTEREST TOB						2.05
2.06	00206	INTEREST PRO BLDG III						2.06
2.07	00207	INTEREST TOWER						2.07
2.08	00208	INTEREST PRO BLDG NORTH						2.08
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	TRANSITION RECRUITMENT						5.01
5.02	00511	PARKING GARAGE						5.02
5.03	00512	RESEARCH ADMINISTRATION						5.03
5.04	00513	ADMIN & GEN INPT SERVICE						5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE						5.05
5.06	00515	ADMIN & GEN ANIMAL LAB						5.06
5.07	00516	ADMIN & GEN PT SERVICE						5.07
5.08	00517	PERSONNEL DEPARTMENT						5.08
5.09	00518	RESEARCH FACULTY						5.09
5.10	00519	RESEARCH SPA						5.10
5.11	00560	CORPORATE ADMINISTRATION						5.11
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00601	RENTED SPACE COSTS						6.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	PATIENT FOOD SERVICE						10.01
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
16.01	01601	MEDICAL RECORDS & LIBRARY						16.01
18.00	01850	CLINICAL LAB ADMIN MED						18.00
18.01	01080	CLINICAL LAB ADMIN PED						18.01
18.02	01081	CLINICAL LAB ADMIN OB						18.02
18.03	01082	CLINICAL LAB ADMIN SURG						18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH						18.04
18.05	01084	CLINICAL LAB ADMIN PATH						18.05
18.06	01085	CLINICAL LAB ADMIN CARD						18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT						18.07
18.08	01087	CLINICAL LAB ADMIN NEUR						18.08
18.09	01088	CLINICAL LAB ADMIN OCLS						18.09
18.12	01091	DISCRETIONARY OPERATIONS						18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT						18.14
18.16	01095	NURSING SCHOOL SPLIT						18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT						23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
23.01	02301	PARAMED MEDICAL PERFUSION TECH						23.01
23.02	02302	PARAMED DIETARY						23.02
23.03	02303	PARAMED SPEECH						23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY						23.04
23.05	02305	PARAMED MEDICAL PHYSICS						23.05
23.06	02306	PARAMED PASTORAL CARE	425,949,968					23.06
23.07	02307	PARAMED TECHNOLOGY	0	10,000				23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND	0	0	10,000			23.08
23.09	02309	PARAMED PHARMACY	0	0	0	10,000		23.09
23.10	02310	PARAMED RESPIRATORY THERAPY	0	0	0	0	10,000	23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	0	0	0	0	0	23.11
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,242,406	0	0	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,234,501	0	0	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,837,805	0	0	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,612,975	0	0	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,227,956	0	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	10,284,249	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	7,549,883	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	98,615,952	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	6,134,325	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,555,580	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,008,303	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,039,834	0	5,000	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,455,856	0	5,000	0	0	55.00
56.00	05600	RADIOISOTOPE	3,579,934	0	0	0	0	56.00
60.00	06000	LABORATORY	52,211,148	10,000	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,944,427	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	903,147	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,257,880	0	0	0	10,000	65.00
66.00	06600	PHYSICAL THERAPY	5,186,766	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,412,452	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,149,999	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	12,927,492	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,628,166	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,000	0	73.00
74.00	07400	RENAL DIALYSIS	2,873,685	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	3,096,816	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	146,602	0	0	0	0	90.00
91.00	09100	EMERGENCY	13,414,346	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,038,257	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	1,027,076	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	2,178,491	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	173,659	0	0	0	0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0	0	0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,949,968	10,000	10,000	10,000	10,000	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	FUND RAISING	0	0	0	0	0	190.01
190.02	19002	RUSH DAY SCHOOL	0	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0	0	0	0	0	191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PASTORAL CARE (DIRECT COST REVENUE CENTERS)	PARAMED TECHNOLOGY (DIRECT LAB)	PARAMED VASCULAR ULTRASOUND (DIRECT RADIOLOGY)	PARAMED PHARMACY (DIRECT PHARMACY)	PARAMED RESPIRATORY THERAPY (DIRECT RESPIRATORY THERAPY)	
			23.06	23.07	23.08	23.09	23.10	
194.00	07950	MEDICAL COLLEGE	0	0	0	0	0	194.00
194.01	07951	AFFIL CORP ARC VENTURES	0	0	0	0	0	194.01
194.02	07952	AFFIL CORP ROOM 500	0	0	0	0	0	194.02
194.03	07953	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)	856,566	55,643	3,147	647,197	-243,982	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.002011	5.564300	0.314700	64.719700	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	105,284	178,916	58,453	17,108	127,221	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000247	1.088600	0.060600	1.710800	12.722100	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
	GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	DEPRECIATION OLD HOSPITAL			1.01
1.02	00102	DEPRECIATION DIRECT BLDG			1.02
1.03	00103	DEPRECIATION KELLOGG PAV			1.03
1.04	00104	DEPRECIATION JELKE SOUTH			1.04
1.05	00105	DEPRECIATION ATRIUM PAV			1.05
1.06	00106	DEPRECIATION PRO BLDG NORTH			1.06
1.07	00107	DEPRECIATION PRO BLDG SOUTH			1.07
1.08	00108	DEPRECIATION WOOD ST			1.08
1.09	00109	DEPRECIATION ACADEMIC FACILITY			1.09
1.10	00110	DEPRECIATION PRO BLDG III			1.10
1.11	00111	DEPRECIATION JRB			1.11
1.12	00112	DEPRECIATION TOB			1.12
1.13	00113	DEPRECIATION EQUIPMENT			1.13
1.14	00114	DEPRECIATION ORTHOPEDICS			1.14
1.15	00115	DEPRECIATION KIDSTON			1.15
1.16	00116	DEPRECIATION COHN			1.16
1.17	00117	DEPRECIATION TOWER			1.17
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
2.01	00201	INTEREST GENERAL			2.01
2.02	00202	INTEREST DIRECT BLDG			2.02
2.03	00203	INTEREST ATRUM PAV			2.03
2.04	00204	INTEREST PRO BLDG SOUTH			2.04
2.05	00205	INTEREST TOB			2.05
2.06	00206	INTEREST PRO BLDG III			2.06
2.07	00207	INTEREST TOWER			2.07
2.08	00208	INTEREST PRO BLDG NORTH			2.08
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	TRANSITION RECRUITMENT			5.01
5.02	00511	PARKING GARAGE			5.02
5.03	00512	RESEARCH ADMINISTRATION			5.03
5.04	00513	ADMIN & GEN INPT SERVICE			5.04
5.05	00514	ADMIN & GEN OUTPT SERVICE			5.05
5.06	00515	ADMIN & GEN ANIMAL LAB			5.06
5.07	00516	ADMIN & GEN PT SERVICE			5.07
5.08	00517	PERSONNEL DEPARTMENT			5.08
5.09	00518	RESEARCH FACULTY			5.09
5.10	00519	RESEARCH SPA			5.10
5.11	00560	CORPORATE ADMINISTRATION			5.11
6.00	00600	MAINTENANCE & REPAIRS			6.00
6.01	00601	RENTED SPACE COSTS			6.01
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
10.01	01001	PATIENT FOOD SERVICE			10.01
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
16.01	01601	MEDICAL RECORDS & LIBRARY			16.01
18.00	01850	CLINICAL LAB ADMIN MED			18.00
18.01	01080	CLINICAL LAB ADMIN PED			18.01
18.02	01081	CLINICAL LAB ADMIN OB			18.02
18.03	01082	CLINICAL LAB ADMIN SURG			18.03
18.04	01083	CLINICAL LAB ADMIN PSYCH			18.04
18.05	01084	CLINICAL LAB ADMIN PATH			18.05
18.06	01085	CLINICAL LAB ADMIN CARD			18.06
18.07	01086	CLINICAL LAB ADMIN HEMAT			18.07
18.08	01087	CLINICAL LAB ADMIN NEUR			18.08
18.09	01088	CLINICAL LAB ADMIN OCLS			18.09
18.12	01091	DISCRETIONARY OPERATIONS			18.12
18.14	01093	RUSH UNIVERSITY ADMIN SPLIT			18.14
18.16	01095	NURSING SCHOOL SPLIT			18.16
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
20.00	02000	NURSING SCHOOL			20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300	PARAMED HEALTH SYSTEM MANAGEMENT			23.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
23.01	02301	PARAMED MEDICAL PERFUSION TECH			23.01
23.02	02302	PARAMED DIETARY			23.02
23.03	02303	PARAMED SPEECH			23.03
23.04	02304	PARAMED OCCUPATIONAL THERAPY			23.04
23.05	02305	PARAMED MEDICAL PHYSICS			23.05
23.06	02306	PARAMED PASTORAL CARE			23.06
23.07	02307	PARAMED TECHNOLOGY			23.07
23.08	02308	PARAMED VASCULAR ULTRASOUND			23.08
23.09	02309	PARAMED PHARMACY			23.09
23.10	02310	PARAMED RESPIRATORY THERAPY			23.10
23.11	02311	PARAMED PHYSICIANS ASSISTANT	425,949,968		23.11
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	71,242,406		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	17,234,501		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	17,837,805		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	6,612,975		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	14,227,956		35.02
40.00	04000	SUBPROVIDER - IPF	10,284,249		40.00
41.00	04100	SUBPROVIDER - IRF	7,549,883		41.00
43.00	04300	NURSERY	0		43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	98,615,952		50.00
51.00	05100	RECOVERY ROOM	6,134,325		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,555,580		52.00
53.00	05300	ANESTHESIOLOGY	7,008,303		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	23,039,834		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,455,856		55.00
56.00	05600	RADIOISOTOPE	3,579,934		56.00
60.00	06000	LABORATORY	52,211,148		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	13,944,427		62.00
64.00	06400	INTRAVENOUS THERAPY	903,147		64.00
65.00	06500	RESPIRATORY THERAPY	8,257,880		65.00
66.00	06600	PHYSICAL THERAPY	5,186,766		66.00
67.00	06700	OCCUPATIONAL THERAPY	3,412,452		67.00
68.00	06800	SPEECH PATHOLOGY	2,149,999		68.00
69.00	06900	ELECTROCARDIOLOGY	12,927,492		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,628,166		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	07400	RENAL DIALYSIS	2,873,685		74.00
76.00	03020	RENAL DIALYSIS I/P	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	3,096,816		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	146,602		90.00
91.00	09100	EMERGENCY	13,414,346		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040	BEHAVIORAL HEALTH	0		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	6,038,257		105.00
106.00	10600	HEART ACQUISITION	1,027,076		106.00
107.00	10700	LIVER ACQUISITION	2,178,491		107.00
108.00	10800	LUNG ACQUISITION	0		108.00
109.00	10900	PANCREAS ACQUISITION	173,659		109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		112.00
114.00	11400	UTILIZATION REVIEW - SNF			114.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	425,949,968		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
190.01	19001	FUND RAISING	0		190.01
190.02	19002	RUSH DAY SCHOOL	0		190.02
191.00	19100	RESEARCH	0		191.00
191.01	19101	OTHER SPONSORED PROJECTS/DRUG STUDY	0		191.01
191.02	19102	DEPARTMENTAL PROJECTS/RESEARCH	0		191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0		192.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Cost Center Description	PARAMED PHYSICIANS ASSISTANT (DIRECT COST REVENUE CENTERS)		
			23.11		
194.00	07950	MEDICAL COLLEGE	0		194.00
194.01	07951	AFFIL CORP ARC VENTURES	0		194.01
194.02	07952	AFFIL CORP ROOM 500	0		194.02
194.03	07953	AFFIL CORP JOINT VENTURES	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)	-426,076		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	77,194		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000181		205.00

POST STEPDOWN ADJUSTMENTS | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet B-2 | Date/Time Prepared: 11/12/2012 9:04 am

		Description	Worksheet Part	Line No.	Amount	
		1.00	2.00	3.00	4.00	
1.00		ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	-30,057	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 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	106,675,686		106,675,686	0	106,675,686	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	22,914,494		22,914,494	0	22,914,494	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	23,413,501		23,413,501	155,409	23,568,910	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	9,205,603		9,205,603	0	9,205,603	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	19,924,019		19,924,019	22,429	19,946,448	35.02
40.00	04000	SUBPROVIDER - IPF	15,407,629		15,407,629	0	15,407,629	40.00
41.00	04100	SUBPROVIDER - IRF	11,658,735		11,658,735	0	11,658,735	41.00
43.00	04300	NURSERY	2,881,839		2,881,839	0	2,881,839	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,277,895		72,277,895	0	72,277,895	50.00
51.00	05100	RECOVERY ROOM	8,550,954		8,550,954	0	8,550,954	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,027,496		9,027,496	0	9,027,496	52.00
53.00	05300	ANESTHESIOLOGY	8,376,068		8,376,068	0	8,376,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,271,632		37,271,632	26,582	37,298,214	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,371,410		10,371,410	0	10,371,410	55.00
56.00	05600	RADIOISOTOPE	4,967,644		4,967,644	0	4,967,644	56.00
60.00	06000	LABORATORY	77,800,900		77,800,900	32,224	77,833,124	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,848,088		18,848,088	0	18,848,088	62.00
64.00	06400	INTRAVENOUS THERAPY	2,284,129		2,284,129	0	2,284,129	64.00
65.00	06500	RESPIRATORY THERAPY	10,861,837	0	10,861,837	0	10,861,837	65.00
66.00	06600	PHYSICAL THERAPY	7,060,123	0	7,060,123	0	7,060,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,125,404	0	5,125,404	0	5,125,404	67.00
68.00	06800	SPEECH PATHOLOGY	3,542,536	0	3,542,536	0	3,542,536	68.00
69.00	06900	ELECTROCARDIOLOGY	9,281,902		9,281,902	217,715	9,499,617	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,331,934		4,331,934	0	4,331,934	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,509,429		3,509,429	0	3,509,429	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,131,496		64,131,496	0	64,131,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,833,729		82,833,729	0	82,833,729	73.00
74.00	07400	RENAL DIALYSIS	803,919		803,919	0	803,919	74.00
76.00	03020	RENAL DIALYSIS I/P	2,947,963		2,947,963	0	2,947,963	76.00
76.01	03021	PSYCH DAY HOSPITAL	4,049,406		4,049,406	0	4,049,406	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41,191,733		41,191,733	0	41,191,733	90.00
91.00	09100	EMERGENCY	22,554,682		22,554,682	9,499	22,564,181	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,597,954		4,597,954		4,597,954	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,960,600		6,960,600		6,960,600	105.00
106.00	10600	HEART ACQUISITION	1,184,916		1,184,916		1,184,916	106.00
107.00	10700	LIVER ACQUISITION	2,522,612		2,522,612		2,522,612	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	195,728		195,728		195,728	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	739,545,625	0	739,545,625	463,858	740,009,483	200.00
201.00		Less Observation Beds	4,597,954		4,597,954		4,597,954	201.00
202.00		Total (see instructions)	734,947,671	0	734,947,671	463,858	735,411,529	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

Title XVIII | Hospital | PPS

		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	03000	ADULTS & PEDIATRICS	218,197,799		218,197,799			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50,076,451		50,076,451			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	42,857,341		42,857,341			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	17,636,111		17,636,111			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	59,972,949		59,972,949			35.02
40.00	04000	SUBPROVIDER - IPF	32,878,065		32,878,065			40.00
41.00	04100	SUBPROVIDER - IRF	26,296,795		26,296,795			41.00
43.00	04300	NURSERY	5,852,159		5,852,159			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	235,496,371	114,220,446	349,716,817	0.206675	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,965,261	12,939,971	29,905,232	0.285935	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,538,883	3,404,533	20,943,416	0.431042	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	51,225,664	31,287,929	82,513,593	0.101511	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,905,851	128,859,751	262,765,602	0.141844	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,363,441	73,480,168	81,843,609	0.126722	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,675,959	21,788,124	27,464,083	0.180878	0.000000	56.00
60.00	06000	LABORATORY	249,461,873	243,276,125	492,737,998	0.157895	0.000000	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,504,014	17,087,490	79,591,504	0.236810	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	37,491,568	868,079	38,359,647	0.059545	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,978,870	1,070,928	35,049,798	0.309897	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,565,546	7,864,450	26,429,996	0.267125	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,460,814	2,619,561	17,080,375	0.300076	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,637,962	3,278,063	6,916,025	0.512221	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,867,181	33,612,051	68,479,232	0.135543	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,250,229	2,025,009	15,275,238	0.283592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,754,353	235,879	2,990,232	1.173631	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,529,950	55,910,480	211,440,430	0.303308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	210,154,503	215,785,944	425,940,447	0.194473	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,692,476	1,692,476	0.474996	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	10,195,488	0	10,195,488	0.289144	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	16,081	7,361,126	7,377,207	0.548908	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,037,114	117,045,628	118,082,742	0.348838	0.000000	90.00
91.00	09100	EMERGENCY	28,421,668	62,775,064	91,196,732	0.247319	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,698,914	11,698,914	0.393024	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,395,000	0	5,395,000			105.00
106.00	10600	HEART ACQUISITION	310,500	0	310,500			106.00
107.00	10700	LIVER ACQUISITION	1,918,350	0	1,918,350			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	100,800	0	100,800			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,806,990,964	1,170,188,189	2,977,179,153			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,806,990,964	1,170,188,189	2,977,179,153			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.206675		50.00
51.00	05100	RECOVERY ROOM	0.285935		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431042		52.00
53.00	05300	ANESTHESIOLOGY	0.101511		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141945		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126722		55.00
56.00	05600	RADIOISOTOPE	0.180878		56.00
60.00	06000	LABORATORY	0.157960		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.236810		62.00
64.00	06400	INTRAVENOUS THERAPY	0.059545		64.00
65.00	06500	RESPIRATORY THERAPY	0.309897		65.00
66.00	06600	PHYSICAL THERAPY	0.267125		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300076		67.00
68.00	06800	SPEECH PATHOLOGY	0.512221		68.00
69.00	06900	ELECTROCARDIOLOGY	0.138723		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283592		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.173631		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303308		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194473		73.00
74.00	07400	RENAL DIALYSIS	0.474996		74.00
76.00	03020	RENAL DIALYSIS I/P	0.289144		76.00
76.01	03021	PSYCH DAY HOSPITAL	0.548908		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.348838		90.00
91.00	09100	EMERGENCY	0.247423		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393024		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	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 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	106,675,686		106,675,686	0	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	22,914,494		22,914,494	0	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	23,413,501		23,413,501	0	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	9,205,603		9,205,603	0	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	19,924,019		19,924,019	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	15,407,629		15,407,629	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	11,658,735		11,658,735	0	0	41.00
43.00	04300	NURSERY	2,881,839		2,881,839	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,277,895		72,277,895	0	0	50.00
51.00	05100	RECOVERY ROOM	8,550,954		8,550,954	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,027,496		9,027,496	0	0	52.00
53.00	05300	ANESTHESIOLOGY	8,376,068		8,376,068	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,271,632		37,271,632	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	10,371,410		10,371,410	0	0	55.00
56.00	05600	RADIOISOTOPE	4,967,644		4,967,644	0	0	56.00
60.00	06000	LABORATORY	77,800,900		77,800,900	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	18,848,088		18,848,088	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,284,129		2,284,129	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,861,837	0	10,861,837	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,060,123	0	7,060,123	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,125,404	0	5,125,404	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,542,536	0	3,542,536	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	9,281,902		9,281,902	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,331,934		4,331,934	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,509,429		3,509,429	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	64,131,496		64,131,496	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	82,833,729		82,833,729	0	0	73.00
74.00	07400	RENAL DIALYSIS	803,919		803,919	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	2,947,963		2,947,963	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	4,049,406		4,049,406	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	41,191,733		41,191,733	0	0	90.00
91.00	09100	EMERGENCY	22,554,682		22,554,682	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,597,954		4,597,954		0	92.00
93.00	04040	BEHAVIORAL HEALTH	0		0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	6,960,600		6,960,600		0	105.00
106.00	10600	HEART ACQUISITION	1,184,916		1,184,916		0	106.00
107.00	10700	LIVER ACQUISITION	2,522,612		2,522,612		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	195,728		195,728		0	109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0		0		0	112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	739,545,625	0	739,545,625	0	0	200.00
201.00		Less Observation Beds	4,597,954		4,597,954		0	201.00
202.00		Total (see instructions)	734,947,671	0	734,947,671	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	218,197,799		218,197,799			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	50,076,451		50,076,451			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	42,857,341		42,857,341			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	17,636,111		17,636,111			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	59,972,949		59,972,949			35.02
40.00	04000	SUBPROVIDER - IPF	32,878,065		32,878,065			40.00
41.00	04100	SUBPROVIDER - IRF	26,296,795		26,296,795			41.00
43.00	04300	NURSERY	5,852,159		5,852,159			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	235,496,371	114,220,446	349,716,817	0.206675	0.000000	50.00
51.00	05100	RECOVERY ROOM	16,965,261	12,939,971	29,905,232	0.285935	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	17,538,883	3,404,533	20,943,416	0.431042	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	51,225,664	31,287,929	82,513,593	0.101511	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,905,851	128,859,751	262,765,602	0.141844	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	8,363,441	73,480,168	81,843,609	0.126722	0.000000	55.00
56.00	05600	RADIOISOTOPE	5,675,959	21,788,124	27,464,083	0.180878	0.000000	56.00
60.00	06000	LABORATORY	249,461,873	243,276,125	492,737,998	0.157895	0.000000	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62,504,014	17,087,490	79,591,504	0.236810	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	37,491,568	868,079	38,359,647	0.059545	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,978,870	1,070,928	35,049,798	0.309897	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	18,565,546	7,864,450	26,429,996	0.267125	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,460,814	2,619,561	17,080,375	0.300076	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,637,962	3,278,063	6,916,025	0.512221	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	34,867,181	33,612,051	68,479,232	0.135543	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,250,229	2,025,009	15,275,238	0.283592	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,754,353	235,879	2,990,232	1.173631	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,529,950	55,910,480	211,440,430	0.303308	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	210,154,503	215,785,944	425,940,447	0.194473	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,692,476	1,692,476	0.474996	0.000000	74.00
76.00	03020	RENAL DIALYSIS I/P	10,195,488	0	10,195,488	0.289144	0.000000	76.00
76.01	03021	PSYCH DAY HOSPITAL	16,081	7,361,126	7,377,207	0.548908	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,037,114	117,045,628	118,082,742	0.348838	0.000000	90.00
91.00	09100	EMERGENCY	28,421,668	62,775,064	91,196,732	0.247319	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	11,698,914	11,698,914	0.393024	0.000000	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0.000000	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
		SPECIAL PURPOSE COST CENTERS						
105.00	10500	KIDNEY ACQUISITION	5,395,000	0	5,395,000			105.00
106.00	10600	HEART ACQUISITION	310,500	0	310,500			106.00
107.00	10700	LIVER ACQUISITION	1,918,350	0	1,918,350			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	100,800	0	100,800			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)	0	0	0			112.00
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	1,806,990,964	1,170,188,189	2,977,179,153			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,806,990,964	1,170,188,189	2,977,179,153			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet C Part I Date/Time Prepared: 11/12/2012 9:04 am

Title XIX | Hospital

		Cost Center Description	PPS Inpatient Ratio 11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT			34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT			35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT			35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT			35.02
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600	RADIOISOTOPE	0.000000		56.00
60.00	06000	LABORATORY	0.000000		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400	INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	RENAL DIALYSIS I/P	0.000000		76.00
76.01	03021	PSYCH DAY HOSPITAL	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM			100.00
		SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION			105.00
106.00	10600	HEART ACQUISITION			106.00
107.00	10700	LIVER ACQUISITION			107.00
108.00	10800	LUNG ACQUISITION			108.00
109.00	10900	PANCREAS ACQUISITION			109.00
112.00	08600	OTHER ORGAN ACQUISITION (SPECIFY)			112.00
114.00	11400	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 07/01/2011 To 06/30/2012 | Worksheet D Part I Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	12,162,285	0	12,162,285	105,679	115.09	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	2,291,510		2,291,510	12,277	186.65	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	2,226,347		2,226,347	12,255	181.67	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	689,296		689,296	4,035	170.83	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	900,917		900,917	15,585	57.81	35.02
40.00	04000	SUBPROVIDER - IPF	1,620,797	0	1,620,797	15,706	103.20	40.00
41.00	04100	SUBPROVIDER - IRF	1,206,702	0	1,206,702	12,317	97.97	41.00
43.00	04300	NURSERY	175,541		175,541	3,891	45.11	43.00
200.00		Total (lines 30-199)	21,273,395		21,273,395	181,745		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/12/2012 9:04 am
	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	03000	ADULTS & PEDIATRICS	39,059	4,495,300		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	5,191	968,900		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	6,215	1,129,079		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	16	2,733		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	04000	SUBPROVIDER - IPF	6,585	679,572		40.00
41.00	04100	SUBPROVIDER - IRF	7,594	743,984		41.00
43.00	04300	NURSERY	0	0		43.00
200.00		Total (lines 30-199)	64,660	8,019,568		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part II Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	7,812,646	349,716,817	0.022340	78,228,452	1,747,624	50.00
51.00	05100	RECOVERY ROOM	1,344,575	29,905,232	0.044961	6,233,401	280,260	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	585,841	20,943,416	0.027973	244,439	6,838	52.00
53.00	05300	ANESTHESIOLOGY	917,265	82,513,593	0.011117	18,272,040	203,130	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,892,425	262,765,602	0.018619	56,495,169	1,051,884	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,506,101	81,843,609	0.018402	3,017,485	55,528	55.00
56.00	05600	RADIOISOTOPE	573,075	27,464,083	0.020866	2,434,130	50,791	56.00
60.00	06000	LABORATORY	6,357,126	492,737,998	0.012902	95,240,536	1,228,793	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	662,389	79,591,504	0.008322	20,416,122	169,903	62.00
64.00	06400	INTRAVENOUS THERAPY	120,484	38,359,647	0.003141	14,588,132	45,821	64.00
65.00	06500	RESPIRATORY THERAPY	603,893	35,049,798	0.017230	9,297,864	160,202	65.00
66.00	06600	PHYSICAL THERAPY	770,013	26,429,996	0.029134	5,381,897	156,796	66.00
67.00	06700	OCCUPATIONAL THERAPY	585,558	17,080,375	0.034283	3,146,968	107,888	67.00
68.00	06800	SPEECH PATHOLOGY	429,087	6,916,025	0.062042	1,043,861	64,763	68.00
69.00	06900	ELECTROCARDIOLOGY	999,511	68,479,232	0.014596	13,222,789	193,000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,857	15,275,238	0.033051	3,670,565	121,316	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	880,220	2,990,232	0.294365	945,516	278,327	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	624,752	211,440,430	0.002955	67,055,160	198,148	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,939,571	425,940,447	0.004554	69,320,449	315,685	73.00
74.00	07400	RENAL DIALYSIS	92,123	1,692,476	0.054431	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	160,439	10,195,488	0.015736	5,521,834	86,892	76.00
76.01	03021	PSYCH DAY HOSPITAL	394,289	7,377,207	0.053447	1,169	62	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,626,837	118,082,742	0.039183	589,743	23,108	90.00
91.00	09100	EMERGENCY	2,597,836	91,196,732	0.028486	11,121,661	316,812	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	524,222	11,698,914	0.044809	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	40,505,135	2,515,686,833		485,489,382	6,863,571	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	2,380,384	531,357	0	0	2,911,741	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	85,037	119,420	0		204,457	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	123,431	0		123,431	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	119,444	45,570	0		165,014	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	77,972	94,800	0		172,772	35.02
40.00	04000	SUBPROVIDER - IPF	124,416	77,325	0	0	201,741	40.00
41.00	04100	SUBPROVIDER - IRF	8,504	57,207	0	0	65,711	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	2,795,757	1,049,110	0		3,844,867	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part III Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS	105,679	27.55	39,059	1,076,075	0	30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	12,277	16.65	5,191	86,430	0	34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	12,255	10.07	6,215	62,585	0	35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	4,035	40.90	16	654	0	35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	15,585	11.09	0	0	0	35.02
40.00	04000	SUBPROVIDER - IPF	15,706	12.84	6,585	84,551	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,317	5.33	7,594	40,476	0	41.00
43.00	04300	NURSERY	3,891	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	181,745		64,660	1,350,771	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/12/2012 9:04 am
	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	03000	ADULTS & PEDIATRICS	0	0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT	0	0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT	0	0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT	0	0		35.02
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
43.00	04300	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 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0	0	656,955	0	656,955	50.00
51.00	05100	RECOVERY ROOM	0	0	40,873	0	40,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,680	0	43,680	52.00
53.00	05300	ANESTHESIOLOGY	0	242,159	46,697	0	288,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	312,431	0	312,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,934	0	201,934	55.00
56.00	05600	RADIOISOTOPE	0	0	23,853	0	23,853	56.00
60.00	06000	LABORATORY	0	0	403,526	0	403,526	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	92,911	0	92,911	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,017	0	6,017	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	55,023	0	55,023	65.00
66.00	06600	PHYSICAL THERAPY	0	0	34,560	0	34,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67,419	0	67,419	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	540,664	0	540,664	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	86,136	0	86,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,848	0	10,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	647,197	0	647,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,147	0	19,147	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	20,634	0	20,634	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	977	0	977	90.00
91.00	09100	EMERGENCY	0	0	89,380	0	89,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	102,599	22,902	0	125,501	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	344,758	3,423,764	0	3,768,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	656,955	349,716,817	0.001879	0.001879	78,228,452	50.00
51.00	05100	RECOVERY ROOM	40,873	29,905,232	0.001367	0.001367	6,233,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,680	20,943,416	0.002086	0.002086	244,439	52.00
53.00	05300	ANESTHESIOLOGY	288,856	82,513,593	0.003501	0.003501	18,272,040	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,431	262,765,602	0.001189	0.001189	56,495,169	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,934	81,843,609	0.002467	0.002467	3,017,485	55.00
56.00	05600	RADIOISOTOPE	23,853	27,464,083	0.000869	0.000869	2,434,130	56.00
60.00	06000	LABORATORY	403,526	492,737,998	0.000819	0.000819	95,240,536	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	92,911	79,591,504	0.001167	0.001167	20,416,122	62.00
64.00	06400	INTRAVENOUS THERAPY	6,017	38,359,647	0.000157	0.000157	14,588,132	64.00
65.00	06500	RESPIRATORY THERAPY	55,023	35,049,798	0.001570	0.001570	9,297,864	65.00
66.00	06600	PHYSICAL THERAPY	34,560	26,429,996	0.001308	0.001308	5,381,897	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,419	17,080,375	0.003947	0.003947	3,146,968	67.00
68.00	06800	SPEECH PATHOLOGY	540,664	6,916,025	0.078176	0.078176	1,043,861	68.00
69.00	06900	ELECTROCARDIOLOGY	86,136	68,479,232	0.001258	0.001258	13,222,789	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,848	15,275,238	0.000710	0.000710	3,670,565	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,990,232	0.000000	0.000000	945,516	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,440,430	0.000000	0.000000	67,055,160	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,197	425,940,447	0.001519	0.001519	69,320,449	73.00
74.00	07400	RENAL DIALYSIS	19,147	1,692,476	0.011313	0.011313	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,195,488	0.000000	0.000000	5,521,834	76.00
76.01	03021	PSYCH DAY HOSPITAL	20,634	7,377,207	0.002797	0.002797	1,169	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	977	118,082,742	0.000008	0.000008	589,743	90.00
91.00	09100	EMERGENCY	89,380	91,196,732	0.000980	0.000980	11,121,661	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	125,501	11,698,914	0.010728	0.010728	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,768,522	2,515,686,833			485,489,382	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/12/2012 9:04 am

		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	
			Title XVIII			Hospital	PPS	
			11.00	12.00	13.00	21.00	22.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	146,991	21,482,666	40,366	0	0	50.00
51.00	05100	RECOVERY ROOM	8,521	3,779,369	5,166	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	510	33,940	71	0	0	52.00
53.00	05300	ANESTHESIOLOGY	63,970	6,310,056	22,092	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,173	40,485,039	48,137	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,444	25,093,667	61,906	0	0	55.00
56.00	05600	RADIOISOTOPE	2,115	7,610,504	6,614	0	0	56.00
60.00	06000	LABORATORY	78,002	72,673,998	59,520	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	23,826	5,029,873	5,870	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	2,290	277,379	44	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	14,598	212,436	334	0	0	65.00
66.00	06600	PHYSICAL THERAPY	7,040	1,679,977	2,197	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,421	444,207	1,753	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	81,605	667,419	52,176	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	16,634	7,553,926	9,503	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,606	257,242	183	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	67,999	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,989,229	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	105,298	76,463,083	116,147	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	364,094	4,119	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	3	569,436	1,593	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	5	34,442,201	276	0	0	90.00
91.00	09100	EMERGENCY	10,899	8,452,219	8,283	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,890,536	20,282	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	651,951	331,830,495	466,632	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part IV Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
60.00	06000	LABORATORY	0	0		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
98.00	05950	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 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0.206675	21,482,666	0	0		50.00
51.00	05100	RECOVERY ROOM	0.285935	3,779,369	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431042	33,940	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0.101511	6,310,056	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141844	40,485,039	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126722	25,093,667	0	0		55.00
56.00	05600	RADIOISOTOPE	0.180878	7,610,504	0	0		56.00
60.00	06000	LABORATORY	0.157895	72,673,998	0	0		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.236810	5,029,873	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	0.059545	277,379	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0.309897	212,436	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0.267125	1,679,977	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300076	444,207	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0.512221	667,419	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0.135543	7,553,926	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283592	257,242	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.173631	67,999	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303308	15,989,229	480,965	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194473	76,463,083	509,279	0		73.00
74.00	07400	RENAL DIALYSIS	0.474996	364,094	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0.289144	0	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	0.548908	569,436	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.348838	34,442,201	0	0		90.00
91.00	09100	EMERGENCY	0.247319	8,452,219	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393024	1,890,536	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00		Subtotal (see instructions)		331,830,495	990,244	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)		331,830,495	990,244	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D Part V Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	4,439,930	0	0		50.00
51.00	05100	RECOVERY ROOM	1,080,654	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	14,630	0	0		52.00
53.00	05300	ANESTHESIOLOGY	640,540	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,742,560	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,179,920	0	0		55.00
56.00	05600	RADIOISOTOPE	1,376,573	0	0		56.00
60.00	06000	LABORATORY	11,474,861	0	0		60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,191,124	0	0		62.00
64.00	06400	INTRAVENOUS THERAPY	16,517	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	65,833	0	0		65.00
66.00	06600	PHYSICAL THERAPY	448,764	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	133,296	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	341,866	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	1,023,882	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	72,952	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	79,806	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,849,661	145,881	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,870,005	99,041	0		73.00
74.00	07400	RENAL DIALYSIS	172,943	0	0		74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0		76.00
76.01	03021	PSYCH DAY HOSPITAL	312,568	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	12,014,749	0	0		90.00
91.00	09100	EMERGENCY	2,090,394	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	743,026	0	0		92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS		0	0		94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00		Subtotal (see instructions)	66,377,054	244,922	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00		Net Charges (line 200 +/- line 201)	66,377,054	244,922	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part II
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	7,812,646	349,716,817	0.022340	19,535	436	50.00
51.00	05100	RECOVERY ROOM	1,344,575	29,905,232	0.044961	731,573	32,892	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	585,841	20,943,416	0.027973	596	17	52.00
53.00	05300	ANESTHESIOLOGY	917,265	82,513,593	0.011117	6,396	71	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,892,425	262,765,602	0.018619	487,726	9,081	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,506,101	81,843,609	0.018402	16,865	310	55.00
56.00	05600	RADIOISOTOPE	573,075	27,464,083	0.020866	19,857	414	56.00
60.00	06000	LABORATORY	6,357,126	492,737,998	0.012902	1,721,461	22,210	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	662,389	79,591,504	0.008322	5,669	47	62.00
64.00	06400	INTRAVENOUS THERAPY	120,484	38,359,647	0.003141	166,403	523	64.00
65.00	06500	RESPIRATORY THERAPY	603,893	35,049,798	0.017230	64,068	1,104	65.00
66.00	06600	PHYSICAL THERAPY	770,013	26,429,996	0.029134	48,363	1,409	66.00
67.00	06700	OCCUPATIONAL THERAPY	585,558	17,080,375	0.034283	485,654	16,650	67.00
68.00	06800	SPEECH PATHOLOGY	429,087	6,916,025	0.062042	32,377	2,009	68.00
69.00	06900	ELECTROCARDIOLOGY	999,511	68,479,232	0.014596	162,484	2,372	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,857	15,275,238	0.033051	12,108	400	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	880,220	2,990,232	0.294365	1,226	361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	624,752	211,440,430	0.002955	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,939,571	425,940,447	0.004554	1,722,068	7,842	73.00
74.00	07400	RENAL DIALYSIS	92,123	1,692,476	0.054431	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	160,439	10,195,488	0.015736	60,552	953	76.00
76.01	03021	PSYCH DAY HOSPITAL	394,289	7,377,207	0.053447	3,347	179	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,626,837	118,082,742	0.039183	5,251	206	90.00
91.00	09100	EMERGENCY	2,597,836	91,196,732	0.028486	395,996	11,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	524,222	11,698,914	0.044809	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	40,505,135	2,515,686,833		6,169,575	110,766	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0	0	656,955	0	656,955	50.00
51.00	05100	RECOVERY ROOM	0	0	40,873	0	40,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,680	0	43,680	52.00
53.00	05300	ANESTHESIOLOGY	0	242,159	46,697	0	288,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	312,431	0	312,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,934	0	201,934	55.00
56.00	05600	RADIOISOTOPE	0	0	23,853	0	23,853	56.00
60.00	06000	LABORATORY	0	0	403,526	0	403,526	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	92,911	0	92,911	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,017	0	6,017	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	55,023	0	55,023	65.00
66.00	06600	PHYSICAL THERAPY	0	0	34,560	0	34,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67,419	0	67,419	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	540,664	0	540,664	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	86,136	0	86,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,848	0	10,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	647,197	0	647,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,147	0	19,147	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	20,634	0	20,634	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	977	0	977	90.00
91.00	09100	EMERGENCY	0	0	89,380	0	89,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	102,599	22,902	0	125,501	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	344,758	3,423,764	0	3,768,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	656,955	349,716,817	0.001879	0.001879	19,535	50.00
51.00	05100	RECOVERY ROOM	40,873	29,905,232	0.001367	0.001367	731,573	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,680	20,943,416	0.002086	0.002086	596	52.00
53.00	05300	ANESTHESIOLOGY	288,856	82,513,593	0.003501	0.003501	6,396	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,431	262,765,602	0.001189	0.001189	487,726	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,934	81,843,609	0.002467	0.002467	16,865	55.00
56.00	05600	RADIOISOTOPE	23,853	27,464,083	0.000869	0.000869	19,857	56.00
60.00	06000	LABORATORY	403,526	492,737,998	0.000819	0.000819	1,721,461	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	92,911	79,591,504	0.001167	0.001167	5,669	62.00
64.00	06400	INTRAVENOUS THERAPY	6,017	38,359,647	0.000157	0.000157	166,403	64.00
65.00	06500	RESPIRATORY THERAPY	55,023	35,049,798	0.001570	0.001570	64,068	65.00
66.00	06600	PHYSICAL THERAPY	34,560	26,429,996	0.001308	0.001308	48,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,419	17,080,375	0.003947	0.003947	485,654	67.00
68.00	06800	SPEECH PATHOLOGY	540,664	6,916,025	0.078176	0.078176	32,377	68.00
69.00	06900	ELECTROCARDIOLOGY	86,136	68,479,232	0.001258	0.001258	162,484	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,848	15,275,238	0.000710	0.000710	12,108	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,990,232	0.000000	0.000000	1,226	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,440,430	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,197	425,940,447	0.001519	0.001519	1,722,068	73.00
74.00	07400	RENAL DIALYSIS	19,147	1,692,476	0.011313	0.011313	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,195,488	0.000000	0.000000	60,552	76.00
76.01	03021	PSYCH DAY HOSPITAL	20,634	7,377,207	0.002797	0.002797	3,347	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	977	118,082,742	0.000008	0.000008	5,251	90.00
91.00	09100	EMERGENCY	89,380	91,196,732	0.000980	0.000980	395,996	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	125,501	11,698,914	0.010728	0.010728	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,768,522	2,515,686,833			6,169,575	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/12/2012 9:04 am

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	05000	OPERATING ROOM	37	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	22	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	580	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	42	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	17	0	0	0	0	56.00
60.00	06000	LABORATORY	1,410	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	26	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	101	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	63	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,917	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,531	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	204	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,616	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	9	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	388	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	10,980	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	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 07/01/2011 To 06/30/2012

Worksheet D Part II
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	7,812,646	349,716,817	0.022340	135,448	3,026	50.00
51.00	05100	RECOVERY ROOM	1,344,575	29,905,232	0.044961	30,817	1,386	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	585,841	20,943,416	0.027973	0	0	52.00
53.00	05300	ANESTHESIOLOGY	917,265	82,513,593	0.011117	28,207	314	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,892,425	262,765,602	0.018619	861,775	16,045	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,506,101	81,843,609	0.018402	277,850	5,113	55.00
56.00	05600	RADIOISOTOPE	573,075	27,464,083	0.020866	16,895	353	56.00
60.00	06000	LABORATORY	6,357,126	492,737,998	0.012902	2,697,382	34,802	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	662,389	79,591,504	0.008322	140,855	1,172	62.00
64.00	06400	INTRAVENOUS THERAPY	120,484	38,359,647	0.003141	531,134	1,668	64.00
65.00	06500	RESPIRATORY THERAPY	603,893	35,049,798	0.017230	178,796	3,081	65.00
66.00	06600	PHYSICAL THERAPY	770,013	26,429,996	0.029134	4,206,367	122,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	585,558	17,080,375	0.034283	3,922,086	134,461	67.00
68.00	06800	SPEECH PATHOLOGY	429,087	6,916,025	0.062042	776,469	48,174	68.00
69.00	06900	ELECTROCARDIOLOGY	999,511	68,479,232	0.014596	69,917	1,021	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,857	15,275,238	0.033051	35,550	1,175	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	880,220	2,990,232	0.294365	40,714	11,985	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	624,752	211,440,430	0.002955	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,939,571	425,940,447	0.004554	2,673,952	12,177	73.00
74.00	07400	RENAL DIALYSIS	92,123	1,692,476	0.054431	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	160,439	10,195,488	0.015736	314,114	4,943	76.00
76.01	03021	PSYCH DAY HOSPITAL	394,289	7,377,207	0.053447	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,626,837	118,082,742	0.039183	17,364	680	90.00
91.00	09100	EMERGENCY	2,597,836	91,196,732	0.028486	323	9	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	524,222	11,698,914	0.044809	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	40,505,135	2,515,686,833		16,956,015	404,133	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	0	0	656,955	0	656,955	50.00
51.00	05100	RECOVERY ROOM	0	0	40,873	0	40,873	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	43,680	0	43,680	52.00
53.00	05300	ANESTHESIOLOGY	0	242,159	46,697	0	288,856	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	312,431	0	312,431	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	201,934	0	201,934	55.00
56.00	05600	RADIOISOTOPE	0	0	23,853	0	23,853	56.00
60.00	06000	LABORATORY	0	0	403,526	0	403,526	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	92,911	0	92,911	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	6,017	0	6,017	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	55,023	0	55,023	65.00
66.00	06600	PHYSICAL THERAPY	0	0	34,560	0	34,560	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67,419	0	67,419	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	540,664	0	540,664	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	86,136	0	86,136	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	10,848	0	10,848	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	647,197	0	647,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	19,147	0	19,147	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	20,634	0	20,634	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	977	0	977	90.00
91.00	09100	EMERGENCY	0	0	89,380	0	89,380	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	102,599	22,902	0	125,501	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	344,758	3,423,764	0	3,768,522	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	656,955	349,716,817	0.001879	0.001879	135,448	50.00
51.00	05100	RECOVERY ROOM	40,873	29,905,232	0.001367	0.001367	30,817	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,680	20,943,416	0.002086	0.002086	0	52.00
53.00	05300	ANESTHESIOLOGY	288,856	82,513,593	0.003501	0.003501	28,207	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	312,431	262,765,602	0.001189	0.001189	861,775	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	201,934	81,843,609	0.002467	0.002467	277,850	55.00
56.00	05600	RADIOISOTOPE	23,853	27,464,083	0.000869	0.000869	16,895	56.00
60.00	06000	LABORATORY	403,526	492,737,998	0.000819	0.000819	2,697,382	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	92,911	79,591,504	0.001167	0.001167	140,855	62.00
64.00	06400	INTRAVENOUS THERAPY	6,017	38,359,647	0.000157	0.000157	531,134	64.00
65.00	06500	RESPIRATORY THERAPY	55,023	35,049,798	0.001570	0.001570	178,796	65.00
66.00	06600	PHYSICAL THERAPY	34,560	26,429,996	0.001308	0.001308	4,206,367	66.00
67.00	06700	OCCUPATIONAL THERAPY	67,419	17,080,375	0.003947	0.003947	3,922,086	67.00
68.00	06800	SPEECH PATHOLOGY	540,664	6,916,025	0.078176	0.078176	776,469	68.00
69.00	06900	ELECTROCARDIOLOGY	86,136	68,479,232	0.001258	0.001258	69,917	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,848	15,275,238	0.000710	0.000710	35,550	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,990,232	0.000000	0.000000	40,714	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	211,440,430	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	647,197	425,940,447	0.001519	0.001519	2,673,952	73.00
74.00	07400	RENAL DIALYSIS	19,147	1,692,476	0.011313	0.011313	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	10,195,488	0.000000	0.000000	314,114	76.00
76.01	03021	PSYCH DAY HOSPITAL	20,634	7,377,207	0.002797	0.002797	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	977	118,082,742	0.000008	0.000008	17,364	90.00
91.00	09100	EMERGENCY	89,380	91,196,732	0.000980	0.000980	323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	125,501	11,698,914	0.010728	0.010728	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	3,768,522	2,515,686,833			16,956,015	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2011 To 06/30/2012

Worksheet D Part IV
Date/Time Prepared: 11/12/2012 9:04 am

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	05000	OPERATING ROOM	255	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	42	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	99	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,025	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	685	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	15	0	0	0	0	56.00
60.00	06000	LABORATORY	2,209	0	0	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	164	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	83	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	281	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,502	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,480	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	60,701	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	88	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	25	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,062	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	0	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	90,716	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/12/2012 9:04 am
	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	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
60.00	06000	LABORATORY	0	0	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0	0	76.00
76.01	03021	PSYCH DAY HOSPITAL	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
98.00	05950	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 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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)	105,679	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	105,679	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	86,578	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	14,546	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)	39,059	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)	38,653	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)	106,675,686	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)	106,675,686	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	224,049,958	28.00
29.00	Private room charges (excluding swing-bed charges)	184,841,464	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	39,208,494	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.476125	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,134.97	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,695.48	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)	106,675,686	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)	1,009.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	39,427,326	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)	39,427,326	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-1 | Date/Time Prepared: 11/12/2012 9:04 am

	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)	
		Title XVIII			Hospital	PPS	
		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	22,914,494	12,277	1,866.46	5,191	9,688,794	46.00
47.00	MEDICAL INTENSIVE CARE UNIT	23,568,910	12,255	1,923.21	6,215	11,952,750	47.00
47.01	PEDIATRIC INTENSIVE CARE UNIT	9,205,603	4,035	2,281.44	16	36,503	47.01
47.02	PREMATURE INTENSIVE CARE UNIT	19,946,448	15,585	1,279.85	0	0	47.02

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	97,656,867	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	158,762,240	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)	7,821,756	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	7,515,522	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	15,337,278	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	143,424,962	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)	4,555	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	1,009.43	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	4,597,954	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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	12,162,285	106,675,686	0.114012	4,597,954	524,222	90.00
91.00	Nursing School cost	2,380,384	106,675,686	0.022314	4,597,954	102,599	91.00
92.00	Allied health cost	531,357	106,675,686	0.004981	4,597,954	22,902	92.00
93.00	All other Medical Education	0	106,675,686	0.000000	4,597,954	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14S119	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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)	15,706	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	15,706	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	15,705	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)	6,585	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)	6,938	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)	15,407,629	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)	15,407,629	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	32,878,065	28.00
29.00	Private room charges (excluding swing-bed charges)	32,878,065	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.468629	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,093.48	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	2,093.48	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	981.07	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	15,407,704	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	-75	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)	981.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,459,885	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)	6,459,885	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D-1
Date/Time Prepared: 11/12/2012 9:04 am

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)	1,248,811	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,708,696	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)	764,123	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	121,746	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	885,869	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,822,827	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 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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	1,620,797	15,407,629	0.105194	0	0	90.00
91.00	Nursing School cost	124,416	15,407,629	0.008075	0	0	91.00
92.00	Allied health cost	77,325	15,407,629	0.005019	0	0	92.00
93.00	All other Medical Education	0	15,407,629	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140119 Component CCN: 14T119	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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)	12,317	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,317	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	6,879	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,438	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)	7,594	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)	4,171	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)	11,658,735	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)	11,658,735	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	26,296,795	28.00
29.00	Private room charges (excluding swing-bed charges)	14,686,665	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	11,610,130	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.443352	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	2,135.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,135.00	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)	11,658,735	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)	946.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,188,177	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)	7,188,177	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140119
Component CCN: 14T119

Period: From 07/01/2011 To 06/30/2012

Worksheet D-1
Date/Time Prepared: 11/12/2012 9:04 am

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)	4,129,538	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	11,317,715	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)	784,460	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	494,849	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,279,309	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	10,038,406	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 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/12/2012 9:04 am
	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	1,206,702	11,658,735	0.103502	0	0	90.00
91.00	Nursing School cost	8,504	11,658,735	0.000729	0	0	91.00
92.00	Allied health cost	57,207	11,658,735	0.004907	0	0	92.00
93.00	All other Medical Education	0	11,658,735	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet D-3 | Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS		83,602,401		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		21,099,836		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		21,335,547		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		90,010		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206675	78,228,452	16,167,865	50.00
51.00	05100	RECOVERY ROOM	0.285935	6,233,401	1,782,348	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431042	244,439	105,363	52.00
53.00	05300	ANESTHESIOLOGY	0.101511	18,272,040	1,854,813	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141945	56,495,169	8,019,207	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126722	3,017,485	382,382	55.00
56.00	05600	RADIOISOTOPE	0.180878	2,434,130	440,281	56.00
60.00	06000	LABORATORY	0.157960	95,240,536	15,044,195	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.236810	20,416,122	4,834,742	62.00
64.00	06400	INTRAVENOUS THERAPY	0.059545	14,588,132	868,650	64.00
65.00	06500	RESPIRATORY THERAPY	0.309897	9,297,864	2,881,380	65.00
66.00	06600	PHYSICAL THERAPY	0.267125	5,381,897	1,437,639	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300076	3,146,968	944,330	67.00
68.00	06800	SPEECH PATHOLOGY	0.512221	1,043,861	534,688	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138723	13,222,789	1,834,305	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283592	3,670,565	1,040,943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.173631	945,516	1,109,687	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303308	67,055,160	20,338,366	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194473	69,320,449	13,480,956	73.00
74.00	07400	RENAL DIALYSIS	0.474996	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.289144	5,521,834	1,596,605	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.548908	1,169	642	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.348838	589,743	205,725	90.00
91.00	09100	EMERGENCY	0.247423	11,121,661	2,751,755	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393024	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		485,489,382	97,656,867	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)		485,489,382		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14S119

Period: From 07/01/2011 To 06/30/2012

Worksheet D-3
Date/Time Prepared: 11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		13,748,789		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206675	19,535	4,037	50.00
51.00	05100	RECOVERY ROOM	0.285935	731,573	209,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431042	596	257	52.00
53.00	05300	ANESTHESIOLOGY	0.101511	6,396	649	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141945	487,726	69,230	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126722	16,865	2,137	55.00
56.00	05600	RADIOISOTOPE	0.180878	19,857	3,592	56.00
60.00	06000	LABORATORY	0.157960	1,721,461	271,922	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.236810	5,669	1,342	62.00
64.00	06400	INTRAVENOUS THERAPY	0.059545	166,403	9,908	64.00
65.00	06500	RESPIRATORY THERAPY	0.309897	64,068	19,854	65.00
66.00	06600	PHYSICAL THERAPY	0.267125	48,363	12,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300076	485,654	145,733	67.00
68.00	06800	SPEECH PATHOLOGY	0.512221	32,377	16,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138723	162,484	22,540	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283592	12,108	3,434	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.173631	1,226	1,439	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303308	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194473	1,722,068	334,896	73.00
74.00	07400	RENAL DIALYSIS	0.474996	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.289144	60,552	17,508	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.548908	3,347	1,837	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.348838	5,251	1,832	90.00
91.00	09100	EMERGENCY	0.247423	395,996	97,979	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393024	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		6,169,575	1,248,811	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)		6,169,575		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140119
Component CCN: 14T119

Period:
From 07/01/2011
To 06/30/2012

Worksheet D-3
Date/Time Prepared:
11/12/2012 9:04 am

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	03000	ADULTS & PEDIATRICS		0		30.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0		34.00
35.00	02040	MEDICAL INTENSIVE CARE UNIT		0		35.00
35.01	02041	PEDIATRIC INTENSIVE CARE UNIT		0		35.01
35.02	02042	PREMATURE INTENSIVE CARE UNIT		0		35.02
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		16,216,178		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.206675	135,448	27,994	50.00
51.00	05100	RECOVERY ROOM	0.285935	30,817	8,812	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.431042	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.101511	28,207	2,863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141945	861,775	122,325	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.126722	277,850	35,210	55.00
56.00	05600	RADIOISOTOPE	0.180878	16,895	3,056	56.00
60.00	06000	LABORATORY	0.157960	2,697,382	426,078	60.00
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.236810	140,855	33,356	62.00
64.00	06400	INTRAVENOUS THERAPY	0.059545	531,134	31,626	64.00
65.00	06500	RESPIRATORY THERAPY	0.309897	178,796	55,408	65.00
66.00	06600	PHYSICAL THERAPY	0.267125	4,206,367	1,123,626	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.300076	3,922,086	1,176,924	67.00
68.00	06800	SPEECH PATHOLOGY	0.512221	776,469	397,724	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138723	69,917	9,699	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.283592	35,550	10,082	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.173631	40,714	47,783	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.303308	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.194473	2,673,952	520,011	73.00
74.00	07400	RENAL DIALYSIS	0.474996	0	0	74.00
76.00	03020	RENAL DIALYSIS I/P	0.289144	314,114	90,824	76.00
76.01	03021	PSYCH DAY HOSPITAL	0.548908	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.348838	17,364	6,057	90.00
91.00	09100	EMERGENCY	0.247423	323	80	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.393024	0	0	92.00
93.00	04040	BEHAVIORAL HEALTH	0.000000	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		16,956,015	4,129,538	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)		16,956,015		202.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

Kidney | 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	59,780	1,009.43	28	28,264	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	15,583	1,866.46	3	5,599	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,923.21	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,281.44	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,279.85	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		75,363		31	33,863	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	0.206675	718,240	148,442	8.00
9.00	RECOVERY ROOM	51.00	0.285935	17,472	4,996	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.431042	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.101511	104,488	10,607	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.141844	24,193	3,432	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.126722	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.180878	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.157895	159,700	25,216	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	0.236810	10,043	2,378	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.059545	1,880	112	22.00
23.00	RESPIRATORY THERAPY	65.00	0.309897	15,241	4,723	23.00
24.00	PHYSICAL THERAPY	66.00	0.267125	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.300076	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.512221	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.135543	962	130	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.283592	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.173631	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.303308	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.194473	89,645	17,434	31.00
32.00	RENAL DIALYSIS	74.00	0.474996	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.289144	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.548908	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.348838	0	0	37.00
38.00	EMERGENCY	91.00	0.247319	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.393024	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			1,141,864	217,470	41.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

		Kidney		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	28	0	42.00
43.00	INTENSIVE CARE UNIT	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	3	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)			31	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	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	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		Charges		
	Cost Center Description	Part A	Part B	Part A	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	251,333		1,217,227		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)	6,960,600		5,395,000		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)	7,211,933		6,612,227		61.00
62.00	Total Usable Organs (see instructions)		105			62.00
63.00	Medicare Usable Organs (see instructions)		81			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.771429			64.00
65.00	Medicare Cost/Charges (see instructions)	5,563,494		5,100,864		65.00
66.00	Revenue for Organs Sold	165,067		165,067		66.00
67.00	Subtotal (line 65 minus line 66)	5,398,427		4,935,797		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	5,398,427	0	4,935,797	0	69.00

		Living Related	Cadaveric	Revenue	
	Cost Center Description	1.00	2.00	3.00	
	PART IV - STATISTICS				
70.00	Organs Excised in Provider (1)	10	22		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	73		73.00
74.00	Total (sum of lines 70 thru 73)	10	95		74.00
75.00	Organs Transplanted	10	73	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	22	165,067	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)	10	95		84.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

	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)	
			Liver		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	1,009.43	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	5,667	1,866.46	1	1,866	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,923.21	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,281.44	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,279.85	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		5,667		1	1,866	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	0.206675	51,530	10,650	8.00
9.00	RECOVERY ROOM	51.00	0.285935	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.431042	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.101511	10,147	1,030	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.141844	7,176	1,018	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.126722	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.180878	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.157895	49,731	7,852	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	0.236810	693	164	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.059545	652	39	22.00
23.00	RESPIRATORY THERAPY	65.00	0.309897	5,480	1,698	23.00
24.00	PHYSICAL THERAPY	66.00	0.267125	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.300076	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.512221	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.135543	350	47	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.283592	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.173631	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.303308	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.194473	8,589	1,670	31.00
32.00	RENAL DIALYSIS	74.00	0.474996	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.289144	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.548908	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.348838	0	0	37.00
38.00	EMERGENCY	91.00	0.247319	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.393024	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			134,348	24,168	41.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

		Liver		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	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)			1	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	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	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		Charges		
	Cost Center Description	Part A	Part B	Part A	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	26,034		140,015		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)	2,522,612		1,918,350		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)	2,548,646		2,058,365		61.00
62.00	Total Usable Organs (see instructions)		37			62.00
63.00	Medicare Usable Organs (see instructions)		14			63.00
64.00	Ratio of Medicare Usable Organs to Total Usable Organs (line 63 ÷ line 62)		0.378378			64.00
65.00	Medicare Cost/Charges (see instructions)	964,352		778,840		65.00
66.00	Revenue for Organs Sold	60,024		60,024		66.00
67.00	Subtotal (line 65 minus line 66)	904,328		718,816		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	904,328	0	718,816	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	8		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	29		73.00
74.00	Total (sum of lines 70 thru 73)	0	37		74.00
75.00	Organs Transplanted	0	29	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	8	60,024	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	37		84.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

	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	1,009.43	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	2,125	1,866.46	1	1,866	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,923.21	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,281.44	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,279.85	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		2,125		1	1,866	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	0.206675	19,256	3,980	8.00
9.00	RECOVERY ROOM	51.00	0.285935	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.431042	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.101511	3,805	386	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.141844	2,691	382	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.126722	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.180878	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.157895	18,649	2,945	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	0.236810	260	62	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.059545	245	15	22.00
23.00	RESPIRATORY THERAPY	65.00	0.309897	2,055	637	23.00
24.00	PHYSICAL THERAPY	66.00	0.267125	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.300076	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.512221	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.135543	131	18	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.283592	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.173631	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.303308	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.194473	3,221	626	31.00
32.00	RENAL DIALYSIS	74.00	0.474996	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.289144	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.548908	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.348838	0	0	37.00
38.00	EMERGENCY	91.00	0.247319	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.393024	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			50,313	9,051	41.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Heart D	Heart 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	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	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)			1	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	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	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	10,917		52,438		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)	1,184,916		310,500		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)	1,195,833		362,938		61.00
62.00	Total Usable Organs (see instructions)		6			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)		0.833333			64.00
65.00	Medicare Cost/Charges (see instructions)	996,527		302,448		65.00
66.00	Revenue for Organs Sold	22,509		22,509		66.00
67.00	Subtotal (line 65 minus line 66)	974,018		279,939		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	974,018	0	279,939	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	2		73.00
74.00	Total (sum of lines 70 thru 73)	0	5		74.00
75.00	Organs Transplanted	0	2	0	75.00
76.00	Organs Sold to Other Hospitals	0	0	0	76.00
77.00	Organs Sold to OPOs	0	3	22,509	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	5		84.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

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	1,009.43	0	0	1.00
2.00	INTENSIVE CARE UNIT	43.00	0	0.00	0	0	2.00
3.00	CORONARY CARE UNIT	44.00	0	0.00	0	0	3.00
4.00	BURN INTENSIVE CARE UNIT	45.00	0	0.00	0	0	4.00
5.00	SURGICAL INTENSIVE CARE UNIT	46.00	708	1,866.46	1	1,866	5.00
6.00	MEDICAL INTENSIVE CARE UNIT	47.00	0	1,923.21	0	0	6.00
6.01	PEDIATRIC INTENSIVE CARE UNIT	47.01	0	2,281.44	0	0	6.01
6.02	PREMATURE INTENSIVE CARE UNIT	47.02	0	1,279.85	0	0	6.02
7.00	TOTAL (sum of lines 1-6)		708		1	1,866	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	0.206675	6,419	1,327	8.00
9.00	RECOVERY ROOM	51.00	0.285935	0	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0.431042	0	0	10.00
11.00	ANESTHESIOLOGY	53.00	0.101511	1,268	129	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0.141844	897	127	12.00
13.00	RADIOLOGY-THERAPEUTIC	55.00	0.126722	0	0	13.00
14.00	RADIOISOTOPE	56.00	0.180878	0	0	14.00
15.00	CT SCAN	57.00	0.000000	0	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0.000000	0	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0.000000	0	0	17.00
18.00	LABORATORY	60.00	0.157895	6,216	981	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	0.236810	86	20	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0.000000	0	0	21.00
22.00	INTRAVENOUS THERAPY	64.00	0.059545	82	5	22.00
23.00	RESPIRATORY THERAPY	65.00	0.309897	685	212	23.00
24.00	PHYSICAL THERAPY	66.00	0.267125	0	0	24.00
25.00	OCCUPATIONAL THERAPY	67.00	0.300076	0	0	25.00
26.00	SPEECH PATHOLOGY	68.00	0.512221	0	0	26.00
27.00	ELECTROCARDIOLOGY	69.00	0.135543	44	6	27.00
28.00	ELECTROENCEPHALOGRAPHY	70.00	0.283592	0	0	28.00
29.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	1.173631	0	0	29.00
30.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0.303308	0	0	30.00
31.00	DRUGS CHARGED TO PATIENTS	73.00	0.194473	1,074	209	31.00
32.00	RENAL DIALYSIS	74.00	0.474996	0	0	32.00
33.00	ASC (NON-DISTINCT PART)	75.00	0.000000	0	0	33.00
34.00	RENAL DIALYSIS I/P	76.00	0.289144	0	0	34.00
34.01	PSYCH DAY HOSPITAL	76.01	0.548908	0	0	34.01
35.00	RURAL HEALTH CLINIC	88.00	0.000000	0	0	35.00
36.00	FEDERALLY QUALIFIED HEALTH CENTER	89.00	0.000000	0	0	36.00
37.00	CLINIC	90.00	0.348838	0	0	37.00
38.00	EMERGENCY	91.00	0.247319	0	0	38.00
39.00	OBSERVATION BEDS (NON-DISTINCT PART)	92.00	0.393024	0	0	39.00
40.00	BEHAVIORAL HEALTH	93.00	0.000000	0	0	40.00
41.00	TOTAL (sum of lines 8-40)			16,771	3,016	41.00

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

Provider CCN: 140119
Component CCN:

Period: From 07/01/2011 To 06/30/2012

Worksheet D-4
Date/Time Prepared: 11/12/2012 9:04 am

		Pancreas		Hospital	PPS	
	Cost Center Description	D	Average Cost Per Day (from Wkst. D-2, Part I, col. 4)	Organ Acquisition	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	3.00	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	4.00	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	5.00	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	6.00	0.00	1	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)			1	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	21.00	0	0.000000	0	49.00
50.00	FEDERALLY QUALIFIED HEALTH CENTER	22.00	0	0.000000	0	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		Charges		
		Part A	Part B	Part A	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	4,882		17,479		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)	195,728		100,800		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)	200,610		118,279		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)	200,610		118,279		65.00
66.00	Revenue for Organs Sold	7,503		7,503		66.00
67.00	Subtotal (line 65 minus line 66)	193,107		110,776		67.00
68.00	Organs Furnished Part B	0	0	0	0	68.00
69.00	Net Organ Acquisition Cost and Charges (see instructions)	193,107	0	110,776	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	1		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	2		73.00
74.00	Total (sum of lines 70 thru 73)		0	3		74.00
75.00	Organs Transplanted		0	2	0	75.00
76.00	Organs Sold to Other Hospitals		0	0	0	76.00
77.00	Organs Sold to OPOs		0	1	7,503	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/12/2012 9:04 am
	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	98,286,940		1.00
2.00	Outlier payments for discharges. (see instructions)	5,615,645		2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.	0		2.01
3.00	Managed Care Simulated Payments	4,263,050		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	529.58		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	501.20		10.00
11.00	FTE count for residents in dental and podiatric programs.	1.83		11.00
12.00	Current year allowable FTE (see instructions)	461.21		12.00
13.00	Total allowable FTE count for the prior year.	461.39		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.	461.47		14.00
15.00	Sum of lines 12 through 14 divided by 3.	461.36		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	462.36		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.873069		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.855510		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.855510		21.00
22.00	IME payment adjustment (see instructions)	39,384,221		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)	41.82		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)	39,384,221		29.00
	Disproportionate Share Adjustment			
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	9.11		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	31.87		31.00
32.00	Sum of lines 30 and 31	40.98		32.00
33.00	Allowable disproportionate share percentage (see instructions)	22.84		33.00
34.00	Disproportionate share adjustment (see instructions)	22,448,737		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)	9,548		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	776	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	8.13		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	6,513		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	1.199006		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)	165,735,543		47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/12/2012 9:04 am
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
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)	165,735,543		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	12,128,113		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).	11,512,576		52.00
53.00	Nursing and Allied Health Managed Care payment	135,980		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)	7,469,880		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	1,225,744		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	651,951		58.00
59.00	Total (sum of amounts on lines 49 through 58)	198,859,787		59.00
60.00	Primary payer payments	45,075		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	198,814,712		61.00
62.00	Deductibles billed to program beneficiaries	7,025,983		62.00
63.00	Coinsurance billed to program beneficiaries	917,208		63.00
64.00	Allowable bad debts (see instructions)	1,542,030		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,079,421		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,155,427		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	191,950,942		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.	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)	191,950,942		71.00
72.00	Interim payments	183,039,790		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)	8,911,152		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	2,619,397		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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	244,922	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	65,910,422	2.00
3.00	PPS payments	61,679,846	3.00
4.00	Outlier payment (see instructions)	332,643	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	53,914,725	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	466,632	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	244,922	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	990,244	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)	990,244	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)	990,244	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	745,322	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)	244,922	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)	62,479,121	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	96,193	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	12,226,551	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)	50,401,299	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	4,140,272	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	4,119	29.00
30.00	Subtotal (sum of lines 27 through 29)	54,545,690	30.00
31.00	Primary payer payments	15,552	31.00
32.00	Subtotal (line 30 minus line 31)	54,530,138	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)	2,145,520	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	1,501,864	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,828,183	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	56,032,002	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)	56,032,002	40.00
41.00	Interim payments	55,707,588	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)	324,414	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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	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 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/12/2012 9:04 am
	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 07/01/2011 To 06/30/2012 | Worksheet E-1 Part I Date/Time Prepared: 11/12/2012 9:04 am

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		176,846,035		55,023,016	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	05/04/2012	4,958,326	05/04/2012	339,491	3.01
3.02		06/22/2012	1,235,429	06/22/2012	345,081	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)		6,193,755		684,572	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)		183,039,790		55,707,588	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		8,911,152		324,414	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		191,950,942		56,032,002	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 07/01/2011 To 06/30/2012	Worksheet E-1 Part I Date/Time Prepared: 11/12/2012 9:04 am
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		5,725,238		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	05/04/2012	24,190		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)		24,190		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)		5,749,428		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		43,769		0	6.02
7.00	Total Medicare program liability (see instructions)		5,705,659		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 07/01/2011 To 06/30/2012	Worksheet E-1 Part I Date/Time Prepared: 11/12/2012 9:04 am
	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		10,785,014		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	05/04/2012	198,056		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)		198,056		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)		10,983,070		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		139,239		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		11,122,309		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 07/01/2011 To 06/30/2012	Worksheet E-1 Part II Date/Time Prepared: 11/12/2012 9:04 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	28,089	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	50,481	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,489	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	145,276	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	2,977,179,153	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	76,905,002	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)	2,384,270	8.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,995,000	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)	389,270	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 07/01/2011 To 06/30/2012	Worksheet E-3 Part II Date/Time Prepared: 11/12/2012 9:04 am
	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)	5,588,239	1.00
2.00	Net IPF PPS Outlier Payments	53,162	2.00
3.00	Net IPF PPS ECT Payments	186,138	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.)	4.09	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)	4.09	8.00
9.00	Average Daily Census (see instructions)	42.912568	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.048001	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	268,241	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	6,095,780	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)	6,095,780	16.00
17.00	Primary payer payments	5,672	17.00
18.00	Subtotal (line 16 less line 17).	6,090,108	18.00
19.00	Deductibles	303,148	19.00
20.00	Subtotal (line 18 minus line 19)	5,786,960	20.00
21.00	Coinsurance	176,832	21.00
22.00	Subtotal (line 20 minus line 21)	5,610,128	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)	5,610,128	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)	95,531	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)	5,705,659	31.00
32.00	Interim payments	5,749,428	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)	-43,769	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 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/12/2012 9:04 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	9,417,224	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0722	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	845,102	3.00
4.00	Outlier Payments	124,833	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.)	3.94	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)	3.94	9.00
10.00	Average Daily Census (see instructions)	33.653005	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.079101	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	744,912	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	11,132,071	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)	11,132,071	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	11,132,071	19.00
20.00	Deductibles	55,996	20.00
21.00	Subtotal (line 19 minus line 20)	11,076,075	21.00
22.00	Coinsurance	84,958	22.00
23.00	Subtotal (line 21 minus line 22)	10,991,117	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)	10,991,117	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)	131,192	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)	11,122,309	32.00
33.00	Interim payments	10,983,070	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)	139,239	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 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/12/2012 9:04 am
	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)			525.16	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.	188.64	282.21	470.85	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.	178.00	266.30	444.30	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		1.83		10.00
11.00	Total weighted FTE count	178.00	268.13		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	177.41	267.37		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	177.26	268.37		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	177.56	267.96		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	178.56	267.96		17.00
18.00	Per resident amount	90,947.43	90,947.43		18.00
19.00	Approved amount for resident costs	16,239,573	24,370,273	40,609,846	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)			29.61	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)			40,609,846	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days	64,660	2,489		26.00
27.00	Total Inpatient Days	173,299	173,299		27.00
28.00	Ratio of inpatient days to total inpatient days	0.373112	0.014362		28.00
29.00	Program direct GME amount	15,152,021	583,239		29.00
30.00	Reduction for direct GME payments for Medicare managed care		82,412		30.00
31.00	Net Program direct GME amount			15,652,848	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/12/2012 9:04 am
	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)	19,147	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)	1,692,476	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.011313	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	364,094	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	4,119	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	177,788,651	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)	7,469,880	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)	50,747	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	185,207,784	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	66,621,976	42.00
43.00	Primary payer payments (see instructions)	15,552	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	66,606,424	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	251,814,208	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.735494	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.264506	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	15,652,848	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	11,512,576	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	4,140,272	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 07/01/2011 To 06/30/2012

Worksheet G

Date/Time Prepared: 11/12/2012 9:04 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	212,565,834	0	0	0	1.00
2.00	Temporary investments	263,332,447	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	250,429,643	0	0	0	4.00
5.00	Other receivable	51,781,080	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-47,974,914	0	0	0	6.00
7.00	Inventory	23,164,154	0	0	0	7.00
8.00	Prepaid expenses	13,554,946	0	0	0	8.00
9.00	Other current assets	27,473,269	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)	794,326,459	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	1,625,119,892	0	0	0	15.00
16.00	Accumulated depreciation	-861,049,884	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	21,257,546	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	387,487,664	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	66,898,583	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)	1,256,903,957	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	97,254,808	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	36,412,948	421,497,125	51,323,167	34.00
35.00	Total other assets (sum of lines 31-34)	97,254,808	36,412,948	421,497,125	51,323,167	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	2,148,485,224	36,412,948	421,497,125	51,323,167	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	90,167,407	0	0	0	37.00
38.00	Salaries, wages, and fees payable	119,778,962	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	5,905,000	0	0	0	40.00
41.00	Deferred income	20,394,044	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	155,158,828	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	391,404,241	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	160,735,987	0	0	0	46.00
47.00	Notes payable	512,339,366	0	0	0	47.00
48.00	Unsecured loans	169,874,825	0	0	0	48.00
49.00	Other long term liabilities	107,939,563	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	950,889,741	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	1,342,293,982	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	806,191,242				52.00
53.00	Specific purpose fund		36,412,948			53.00
54.00	Donor created - endowment fund balance - restricted			421,497,125		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				51,323,167	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)	806,191,242	36,412,948	421,497,125	51,323,167	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	2,148,485,224	36,412,948	421,497,125	51,323,167	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/12/2012 9:04 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		737,310,906		25,636,182		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		50,526,406				2.00
3.00	Total (sum of line 1 and line 2)		787,837,312		25,636,182		3.00
4.00	Additions (credit adjustments) (specify)	18,353,930		10,776,766			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)		18,353,930		10,776,766		10.00
11.00	Subtotal (line 3 plus line 10)		806,191,242		36,412,948		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			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		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		806,191,242		36,412,948		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-1 | Date/Time Prepared: 11/12/2012 9:04 am

		Endowment Fund		Plant Fund			
		5.00	6.00	7.00	8.00		
1.00	Fund balances at beginning of period		448,539,598		70,138,355		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)		448,539,598		70,138,355		3.00
4.00	Additions (credit adjustments) (specify)	0		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)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		448,539,598		70,138,355		11.00
12.00	Deductions (debit adjustments) (specify)	27,042,473		18,815,188			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)		27,042,473		18,815,188		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		421,497,125		51,323,167		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-2 Parts | Date/Time Prepared: 11/12/2012 9:04 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	224,049,958		224,049,958	1.00
2.00	SUBPROVIDER - IPF	32,878,065		32,878,065	2.00
3.00	SUBPROVIDER - IRF	26,296,795		26,296,795	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)	283,224,818		283,224,818	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	50,076,451		50,076,451	14.00
15.00	MEDICAL INTENSIVE CARE UNIT	42,857,341		42,857,341	15.00
15.01	PEDIATRIC INTENSIVE CARE UNIT	17,636,111		17,636,111	15.01
15.02	PREMATURE INTENSIVE CARE UNIT	59,972,949		59,972,949	15.02
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	170,542,852		170,542,852	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	453,767,670		453,767,670	17.00
18.00	Ancillary services	1,353,223,294	11,698,914	1,364,922,208	18.00
19.00	Outpatient services	0	1,158,489,275	1,158,489,275	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	145,507,039	663,375,202	808,882,241	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,952,498,003	1,833,563,391	3,786,061,394	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		1,346,308,189		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	OAK PARK	106,358,076			31.00
32.00	UNLOCATED	15			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		106,358,091		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00	CONSOLIDATION ENTRY	43,468,382			38.00
39.00	PHILANTHROPHY	6,689,476			39.00
40.00	ROOM 500	2,816,751			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		52,974,609		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		1,399,691,671		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 140119 | Period: From 07/01/2011 To 06/30/2012 | Worksheet G-3 | Date/Time Prepared: 11/12/2012 9:04 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	3,786,061,394	1.00
2.00	Less contractual allowances and discounts on patients' accounts	2,607,095,777	2.00
3.00	Net patient revenues (line 1 minus line 2)	1,178,965,617	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	1,399,691,671	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-220,726,054	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,651,467	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.)	56,960,733	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	243,716	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	107,487,582	24.00
24.01	OTHER REVENUES	63,622,738	24.01
24.02	MEDICAID TAX REVENUE	42,870,996	24.02
24.03	PHILANTHROPHY AND SPECIAL ITEMS	-5,584,772	24.03
25.00	Total other income (sum of lines 6-24)	271,252,460	25.00
26.00	Total (line 5 plus line 25)	50,526,406	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)	50,526,406	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140119
Component CCN: 142312

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-1
Date/Time Prepared:
11/12/2012 9:04 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	124,095	Hours of Service	4,629.00	2.23	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	38,515	Hours of Service	1,596.00	0.77	4.00
5.00	Social Workers	58,025	Hours of Service	2,080.00	1.00	5.00
6.00	Dieticians	10,734	Hours of Service	451.00	0.22	6.00
7.00	Physicians	0	Accumulated Cost			7.00
8.00	Non-patient Care Salary	41,923	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	273,292				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	19	Percentage of Time			13.00
14.00	Supplies	89,369	Requisitions			14.00
15.00	Drugs	33,341	Requisitions			15.00
16.00	Other	32,926	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	428,947				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	58,690	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	3,457	Percentage of Time			19.00
20.00	Employee Benefits	74,905	Salary			20.00
21.00	Administrative & General	90,444	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	67,325	Square Feet			22.00
23.00	Medical Education Program Costs	19,147				23.00
24.00	Central Service & Supplies	0	Requisitions			24.00
25.00	Pharmacy	31,360	Requisitions			25.00
26.00	Other Allocated Costs	29,644	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	803,919				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)	803,919				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
Component CCN: 142312

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-2
Date/Time Prepared:
11/12/2012 9:04 am

Renal Dialysis

		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	126,015	3,476	124,095	107,274	74,905	1.00
	MAINTENANCE						
2.00	Hemodialysis	126,015	3,371	28,853	24,942	17,416	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	35	89,931	77,741	54,283	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	0	70	5,311	4,591	3,206	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)	126,015	3,476	124,095	107,274	74,905	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
Component CCN: 142312

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-2
Date/Time Prepared:
11/12/2012 9:04 am

Renal Dialysis

		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	64,701	89,369	0	589,835	194,937	1.00
	MAINTENANCE						
2.00	Hemodialysis	7,911	20,779	0	229,287	75,778	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	55,334	64,765	0	342,089	113,058	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis	1,456	3,825	0	18,459	6,101	12.00
13.00	Method II Home Patient	0	0	0	0	0	13.00
14.00	EPO (include in Renal Department)	30,057					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)	64,701	89,369	0	589,835	194,937	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
Component CCN: 142312

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-2

Date/Time Prepared:
11/12/2012 9:04 am

Renal Dialysis

		Total (col. 9 + col. 10)		
		11.00		
1.00	Total Renal Department Costs	784,772		1.00
	MAINTENANCE			
2.00	Hemodialysis	305,065		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	455,147		11.00
	OTHER BILLABLE SERVICES			
12.00	Inpatient Dialysis	24,560		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)	784,772		17.00
18.00	Medical Educational Program Costs	19,147		18.00
19.00	Total Renal Costs (line 17 + line 18)	803,919		19.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period:
From 07/01/2011
To 06/30/2012

Worksheet I-3
Date/Time Prepared: 11/12/2012 9:04 am

Renal Dialysis

			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		126,015	3,476	124,095	107,274	1.00
	MAINTENANCE						
2.00	Hemodialysis		1,088	97.00	36,725.00	33,146.00	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	114,466.00	103,311.00	11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	163	0	2.00	6,760.00	6,101.00	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		1,088	100.00	157,951.00	142,558.00	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)		115.822610	34.760000	0.785655	0.752494	18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2011 To 06/30/2012

Worksheet I-3
Date/Time Prepared: 11/12/2012 9:04 am

Renal Dialysis

		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	74,905	64,701	89,369	0	589,835	1.00
	MAINTENANCE						
2.00	Hemodialysis	55,231	7,752	20,779	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	172,149	24,162	64,765	0		11.00
	OTHER BILLABLE SERVICES						
12.00	Inpatient Dialysis Treatments	10,167	1,427	3,825	0		12.00
13.00	Method II Home Patient	0	0	0	0		13.00
14.00	EPO		30,057				14.00
15.00	ARANESP		0				15.00
16.00	Other	0	0	0	0		16.00
17.00	Total Statistical Basis	237,547	63,398	89,369	0		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.315327	1.020553	1.000000	0.000000		18.00

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2011 To 06/30/2012

Worksheet I-3
Date/Time Prepared: 11/12/2012 9:04 am

Renal Dialysis

		Overhead (Accum. Cost)		
		10.00		
1.00	Total Renal Department Costs	194,937		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	589,835		17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	0.330494		18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140119
Component CCN: 142312

Period: From 07/01/2011 To 06/30/2012

Worksheet I-4
Date/Time Prepared: 11/12/2012 9:04 am

Rate 0 Renal Dialysis

		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	805	305,065	378.96	428	162,195	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	4	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	828	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	120	455,147	3,792.89	48	182,059	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	1,637	760,212		428	344,254	11.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS	Provider CCN: 140119 Component CCN: 142312	Period: From 07/01/2011 To 06/30/2012	Worksheet I-4 Date/Time Prepared: 11/12/2012 9:04 am
	Rate 0	Renal Dialysis	

		Total Program Payment	Average Payment Rate (col. 6 ÷ col. 4)		
		6.00	7.00		
1.00	Maintenance - Hemodialysis	73,289	171.24		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)	73,289			11.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet I-5 Date/Time Prepared: 11/12/2012 9:04 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	344,254	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)	73,289	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	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	58,631	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	285,623	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140119	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/12/2012 9:04 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	7,958,474	1.00
2.00	Capital DRG outlier payments	383,793	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	396.93	3.00
4.00	Number of interns & residents (see instructions)	462.36	4.00
5.00	Indirect medical education percentage (see instructions)	38.92	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	3,097,438	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	9.11	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	31.87	8.00
9.00	Sum of lines 7 and 8	40.98	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.65	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	688,408	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	12,128,113	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