

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-2024	I	FROM 2/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 1/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/29/2007 TIME 15:22

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: REGENCY HOSPITAL OF NW INDIANA 15-2024 FOR THE COST REPORTING PERIOD BEGINNING 2/ 1/2006 AND ENDING 1/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

[Signature]

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
SVP

 TITLE

 DATE *6/29/07*

 ECR ENCRYPTION INFORMATION
 DATE: 6/29/2007 TIME 15:22

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PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	133,199	0	0	
100 TOTAL	0	133,199	0	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 4321 FIR STREET, 4TH FLOOR P.O. BOX:
 1.01 CITY: EAST CHICAGO STATE: IN ZIP CODE: 46321- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME				V	XVIII	XIX
02.00	HOSPITAL	15-2024	2.01	2/ 1/2004	4	5	6
	REGENCY HOSPITAL OF NW INDIANA				N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 2/ 1/2006 TO: 1/31/2007
 18 TYPE OF CONTROL 1 2
 4

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 2
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". 1 N Y
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE // //
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. // //
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(C)(3) OR 42 CFR 412.105(F)(1)(IV)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(C)(4) OR 42 CFR 412.105(F)(1)(IV)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // // 0
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: // // ENDING: // //
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N // //

		1	2	3	4
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
MISCELLANEOUS COST REPORT INFORMATION			
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL			
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V XVIII XIX	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	1 2 3	N Y Y
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N N N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?		N N N

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NON COVERED MEDICARE DAYS	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	53	19,345	2.01	3	4	13,617	60
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	53	19,345			13,617		20
12 TOTAL	53	19,345			13,617	60	20
13 RPCH VISITS							
25 TOTAL	53						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	O/P VISITS TOTAL ALL PATS	TRIPS / TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			16,275				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,275				
12 TOTAL			16,275				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					502	1	626
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					502	1	626
12 TOTAL		159.20			502	1	626
13 RPCH VISITS							
25 TOTAL		159.20					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	9,126,542		9,126,542	334,651.47	27.27	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
6.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
7 PHYSICIAN - PART B						
8.01 NON-PHYSICIAN - PART B						
9 INTERNS & RESIDENTS (APPRVD)						
10.01 CONTRACT SERVICES, I&R						
11 HOME OFFICE PERSONNEL						
12 SNF						
13.01 EXCLUDED AREA SALARIES						
14 OTHER WAGES & RELATED COSTS						
15 CONTRACT LABOR:	970,762		970,762	17,677.50	54.92	
16.01 PHARMACY SERVICES UNDER CONTRACT						
17.02 LABORATORY SERVICES UNDER CONTRACT						
18.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 CONTRACT LABOR: PHYS PART A						
20.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
21 HOME OFFICE SALARIES & WAGE RELATED COSTS	896,518		896,518	24,099.96	37.20	
22 HOME OFFICE: PHYS PART A						
23.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 WAGE-RELATED COSTS (CORE)						CMS 339
26 WAGE-RELATED COSTS (OTHER)						CMS 339
27 EXCLUDED AREAS						CMS 339
28 NON-PHYS ANESTHETIST PART A						CMS 339
29 NON-PHYS ANESTHETIST PART B						CMS 339
30 PHYSICIAN PART A						CMS 339
31.01 PART A TEACHING PHYSICIANS						CMS 339
32 PHYSICIAN PART B						CMS 339
33.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
34 INTERNS & RESIDENTS (APPRVD)						CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 EMPLOYEE BENEFITS	121,353		121,353	4,446.48	27.29	
37 ADMINISTRATIVE & GENERAL	1,630,249		1,630,249	40,100.41	40.65	
38.01 A & G UNDER CONTRACT						
39 MAINTENANCE & REPAIRS						
40 OPERATION OF PLANT						
41 LAUNDRY & LINEN SERVICE						
42 HOUSEKEEPING						
43.01 HOUSEKEEPING UNDER CONTRACT						
44 DIETARY						
45.01 DIETARY UNDER CONTRACT						
46 CAFETERIA						
47 MAINTENANCE OF PERSONNEL						
48 NURSING ADMINISTRATION	387,330		387,330	9,874.94	39.22	
49 CENTRAL SERVICE AND SUPPLY	141,942		141,942	8,495.70	16.71	
50 PHARMACY	689,683		689,683	17,707.27	38.95	
51 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	99,775		99,775	5,500.20	18.14	
52 SOCIAL SERVICE	235,512		235,512	8,012.93	29.39	
53 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
54 NET SALARIES	9,126,542		9,126,542	334,651.47	27.27	
55 EXCLUDED AREA SALARIES						
56 SUBTOTAL SALARIES	9,126,542		9,126,542	334,651.47	27.27	
57 SUBTOTAL OTHER WAGES & RELATED COSTS	1,867,280		1,867,280	41,777.46	44.70	
58 SUBTOTAL WAGE-RELATED COSTS						
59 TOTAL	10,993,822		10,993,822	376,428.93	29.21	
60 NET SALARIES						
61 EXCLUDED AREA SALARIES						
62 SUBTOTAL SALARIES						
63 SUBTOTAL OTHER WAGES & RELATED COSTS						
64 SUBTOTAL WAGE-RELATED COSTS						
65 TOTAL						
66 TOTAL OVERHEAD COSTS	3,305,844		3,305,844	94,137.93	35.12	

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		1,039,434	1,039,434	-475,421	564,013
5	0500 EMPLOYEE BENEFITS	121,353	535,499	535,499	177,679	713,178
6	0600 ADMINISTRATIVE & GENERAL	1,630,249	2,269,021	2,390,374		2,390,374
8	0800 OPERATION OF PLANT		5,239,057	6,869,306	8,606	6,877,912
9	0900 LAUNDRY & LINEN SERVICE		35,796	35,796	295,491	331,287
10	1000 HOUSEKEEPING		85,313	85,313		85,313
11	1100 DIETARY		273,556	273,556	83,275	83,275
14	1400 NURSING ADMINISTRATION	387,330	4,055	391,385		273,556
15	1500 CENTRAL SERVICES & SUPPLY	141,942	1,545,003	1,686,945	51,062	391,385
16	1600 PHARMACY	689,683	2,513,051	3,202,734	-3,903	1,738,007
17	1700 MEDICAL RECORDS & LIBRARY	99,775	63,810	163,585		3,198,831
18	1800 SOCIAL SERVICE	235,512	2,698	238,210		163,585
25	2500 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,634,961	1,176,861	5,811,822	-39,324	238,210
37	3700 OPERATING ROOM		730,485	730,485		5,772,498
41	4100 RADIOLOGY-DIAGNOSTIC		314,453	314,453		730,485
44	4400 LABORATORY		916,531	916,531		314,453
49	4900 RESPIRATORY THERAPY	1,185,737	102,497	1,288,234	-16,441	916,531
50	5000 PHYSICAL THERAPY		247,001	247,001		1,271,793
51	5100 OCCUPATIONAL THERAPY		351,637	351,637		247,001
52	5200 SPEECH PATHOLOGY		173,618	173,618		351,637
53	5300 ELECTROCARDIOLOGY		19,620	19,620		173,618
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					19,620
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		483,512	483,512		483,512
88	8800 INTEREST EXPENSE		47,681	47,681	-47,662	19
90	9000 OTHER CAPITAL RELATED COSTS		33,362	33,362	-33,362	
95	SUBTOTALS	9,126,542	18,203,551	27,330,093	-0-	27,330,093
101	NONREIMBURS COST CENTERS TOTAL	9,126,542	18,203,551	27,330,093	-0-	27,330,093

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-2024
II PERIOD:
I FROM 2/ 1/2006
I TO 1/31/2007I PREPARED 6/29/2007
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
3	0300 GENERAL SERVICE COST CNTR		564,013
4	0400 NEW CAP REL COSTS--BLDG & FIXT	251,477	964,655
5	0500 NEW CAP REL COSTS--MVBLE EQUIP		2,390,374
6	0600 EMPLOYEE BENEFITS		5,449,606
8	0800 ADMINISTRATIVE & GENERAL	-1,428,306	331,287
9	0900 OPERATION OF PLANT		85,313
10	0900 LAUNDRY & LINEN SERVICE		83,275
11	1000 HOUSEKEEPING		273,556
14	1100 DIETARY		391,385
15	1400 NURSING ADMINISTRATION		1,738,007
16	1500 CENTRAL SERVICES & SUPPLY		3,198,831
17	1600 PHARMACY		161,257
18	1700 MEDICAL RECORDS & LIBRARY	-2,328	238,210
18	1800 SOCIAL SERVICE		
25	2500 INPAT ROUTINE SRVC CNTRS		5,772,491
37	3700 ADULTS & PEDIATRICS	-7	730,485
41	4100 ANCILLARY SRVC COST CNTRS		314,453
44	4400 OPERATING ROOM		916,531
49	4900 RADIOLOGY-DIAGNOSTIC		1,271,793
50	5000 LABORATORY		247,001
51	5100 RESPIRATORY THERAPY		351,637
52	5200 PHYSICAL THERAPY		173,618
53	5300 OCCUPATIONAL THERAPY		19,620
55	5500 SPEECH PATHOLOGY		
56	5500 ELECTROCARDIOLOGY		
57	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		483,512
57	5700 DRUGS CHARGED TO PATIENTS		
88	8800 RENAL DIALYSIS		
90	9000 SPEC PURPOSE COST CENTERS		
95	INTEREST EXPENSE	-19	-0-
95	OTHER CAPITAL RELATED COSTS		-0-
101	SUBTOTALS	-1,179,183	26,150,910
	NONREIMBURS COST CENTERS		
	TOTAL	-1,179,183	26,150,910

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST CNTR		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	SPEC PURPOSE COST CENTERS		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CENTERS		
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	
	1	2	3	4	5
1 RECLASS ALLOWABLE INTEREST	A	NEW CAP REL COSTS-MVBLE EQUIP	4		47,662
2 ALLOCATE HOSPITAL'S LEASE EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		391,922
3		NEW CAP REL COSTS-MVBLE EQUIP	4		107,263
4		OPERATION OF PLANT	8		295,491
5		HOUSEKEEPING	10		83,275
6 RECLASS MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15		51,062
7		ADMINISTRATIVE & GENERAL	6		8,606
8					
9					
36 TOTAL RECLASSIFICATIONS					985,281

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
1 RECLASS ALLOWABLE INTEREST	A	INTEREST EXPENSE	88		47,662	11
2 ALLOCATE HOSPITAL'S LEASE EXPENSE	B					10
3						10
4						10
5						10
6 RECLASS MEDICAL SUPPLIES	C	NEW CAP REL COSTS-BLDG & FIXT	3		877,951	10
7		PHARMACY	16		3,903	
8		ADULTS & PEDIATRICS	25		39,324	
9		RESPIRATORY THERAPY	49		16,441	
36 TOTAL RECLASSIFICATIONS					985,281	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

RECLASS CODE: A
EXPLANATION : RECLASS ALLOWABLE INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	47,662	INTEREST EXPENSE	88	47,662	
TOTAL RECLASSIFICATIONS FOR CODE A			47,662				

RECLASS CODE: B
EXPLANATION : ALLOCATE HOSPITAL'S LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	391,922			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	107,263			0	
3.00	OPERATION OF PLANT	8	295,491			0	
4.00	HOUSEKEEPING	10	83,275	NEW CAP REL COSTS-BLDG & FIXT	3	877,951	
TOTAL RECLASSIFICATIONS FOR CODE B			877,951	877,951			

RECLASS CODE: C
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	51,062			0	
2.00	ADMINISTRATIVE & GENERAL	6	8,606	PHARMACY	16	3,903	
3.00			0	ADULTS & PEDIATRICS	25	39,324	
4.00			0	RESPIRATORY THERAPY	49	16,441	
TOTAL RECLASSIFICATIONS FOR CODE C			59,668	59,668			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURES							
4	BUILDING IMPROVEMENTS	1,063,821	3,137		3,137		1,066,958	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,889,250	399,382		399,382		2,288,632	
7	SUBTOTAL	2,953,071	402,519		402,519		3,355,590	
8	RECONCILING ITEMS							
9	TOTAL	2,953,071	402,519		402,519		3,355,590	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
			CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	RELATED COST	
3	NEW CAP REL COSTS-BLDG &	1,066,958	2	1,066,958	.317964			10,608	10,608
4	NEW CAP REL COSTS-MVBLE E	2,288,632		2,288,632	.682036			22,754	22,754
5	TOTAL	3,355,590		3,355,590	1.000000			33,362	33,362

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHR CAPITAL	
							RELATED COST	TOTAL (1)
3	NEW CAP REL COSTS-BLDG &	161,483	391,922				10,608	564,013
4	NEW CAP REL COSTS-MVBLE E	768,243	125,996	47,662			22,754	964,655
5	TOTAL	929,726	517,918	47,662			33,362	1,528,668

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHR CAPITAL	
							RELATED COST	TOTAL (1)
3	NEW CAP REL COSTS-BLDG &	161,483	877,951					1,039,434
4	NEW CAP REL COSTS-MVBLE E	516,766	18,733					535,499
5	TOTAL	678,249	896,684					1,574,933

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER 3	4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-9,589	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-2,365	ADMINISTRATIVE & GENERAL		6	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2					
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-863,714				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,328	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 ADVERTISING EXPENSE	A	-13,999	ADMINISTRATIVE & GENERAL		6	
38 DISALLOWED EXPENSE	A	-31,650	ADMINISTRATIVE & GENERAL		6	
39 REFERRAL DEVELOPMENT EXPENSE	A	-38,377	ADMINISTRATIVE & GENERAL		6	
40 BAD DEBT EXPENSE	A	-192,309	ADMINISTRATIVE & GENERAL		6	
41 OTHER REVENUE	B	-5,395	ADMINISTRATIVE & GENERAL		6	
42 ENTERTAINMENT EXPENSE	A	-17,681	ADMINISTRATIVE & GENERAL		6	
43 ENTERTAINMENT EXPENSE	A	-7	ADULTS & PEDIATRICS		25	
44 CHARITABLE DONATIONS EXPENSE	A	-1,750	ADMINISTRATIVE & GENERAL		6	
45 INTEREST INCOME	B	-19	INTEREST EXPENSE		88	
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,179,183				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE CAPITAL COST	251,477		251,477	
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE COSTS	2,384,496	3,499,687	-1,115,191	
3						
4						
5		TOTALS	2,635,973	3,499,687	-863,714	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B		0.00	REGENCY HOSPITAL COMPANY	100.00	HEALTHCARE -HOSPITALS
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
3	GENERAL SERVICE COST CNTR	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
5	NEW CAP REL COSTS-MVBLE EQUIP	3	GROSS	SALARIES	ENTERED
6	EMPLOYEE BENEFITS	5	ACCUM.	COST	NOT ENTERED
8	ADMINISTRATIVE & GENERAL	#	SQUARE	FEET	ENTERED
9	OPERATION OF PLANT	3	POUNDS OF	LAUNDRY	ENTERED
10	LAUNDRY & LINEN SERVICE	8	SQUARE	FEET	ENTERED
11	HOUSEKEEPING	3	MEALS	SERVED	ENTERED
11	DIETARY	10	DIRECT	NRSGING HRS	ENTERED
14	NURSING ADMINISTRATION	13	COSTED	REQUIS.	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	GROSS	REVENUES	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17			ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR	564,013	564,013					
004 NEW CAP REL COSTS-BLDG &	964,655		964,655				
005 NEW CAP REL COSTS-MVBLE E	2,390,374		4,957	2,398,229			
006 EMPLOYEE BENEFITS	5,449,606	2,898	110,672	434,161	6,059,147	6,059,147	
008 ADMINISTRATIVE & GENERAL	331,287	163,730	280,034		775,051	233,735	1,008,786
009 OPERATION OF PLANT	85,313	9,081	15,532		109,926	33,151	27,537
010 LAUNDRY & LINEN SERVICE	83,275	5,275	9,022		97,572	29,425	15,995
011 HOUSEKEEPING	273,556	4,502	7,700		285,758	86,177	13,651
014 DIETARY	391,385	4,966	8,493	103,152	507,996	153,198	15,057
015 NURSING ADMINISTRATION	1,738,007	14,221	24,322	37,801	1,814,351	547,161	43,122
016 CENTRAL SERVICES & SUPPLY	3,198,831	13,815	23,628	183,674	3,419,948	1,031,367	41,891
017 PHARMACY	161,257	3,111	5,320	26,572	196,260	59,187	9,433
018 MEDICAL RECORDS & LIBRARY	238,210	9,583	16,391	62,721	326,905	98,586	29,060
025 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS	5,772,491	247,584	423,456	1,234,367	7,677,898	2,315,449	750,760
037 ADULTS & PEDIATRICS							
041 ANCILLARY SRVC COST CNTRS	730,485				730,485	220,295	
044 OPERATING ROOM	314,453				314,453	94,831	
049 RADIOLOGY-DIAGNOSTIC	916,531	3,381	5,783		925,695	279,166	10,253
050 LABORATORY	1,271,793	7,246	12,392	315,781	1,607,212	484,693	21,971
051 RESPIRATORY THERAPY	247,001	4,038	6,907		257,946	77,790	12,245
052 PHYSICAL THERAPY	351,637	4,038	6,907		362,582	109,345	12,245
055 OCCUPATIONAL THERAPY	173,618	1,836	3,139		178,593	53,859	5,566
056 SPEECH PATHOLOGY	19,620				19,620	5,917	
057 ELECTROCARDIOLOGY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	483,512				483,512	145,815	
095 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	26,150,910	564,013	964,655	2,398,229	26,150,910	6,059,147	1,008,786
102 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	26,150,910	564,013	964,655	2,398,229	26,150,910	6,059,147	1,008,786

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	170,614						
010 HOUSEKEEPING		142,992					
011 DIETARY		2,022	387,608				
014 NURSING ADMINISTRATION		2,231		678,482			
015 CENTRAL SERVICES & SUPPLY		6,388			2,411,022		
016 PHARMACY		6,206				4,499,412	
017 MEDICAL RECORDS & LIBRARY		1,397					266,277
018 SOCIAL SERVICE		4,305					
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	170,614	111,216	387,608	678,482			66,287
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM							7,575
041 RADIOLOGY-DIAGNOSTIC							4,979
044 LABORATORY		1,519					14,973
049 RESPIRATORY THERAPY		3,255					35,731
050 PHYSICAL THERAPY		1,814					3,544
051 OCCUPATIONAL THERAPY		1,814					2,664
052 SPEECH PATHOLOGY		825					1,114
053 ELECTROCARDIOLOGY							308
055 MEDICAL SUPPLIES CHARGED					2,411,022		47,702
056 DRUGS CHARGED TO PATIENTS						4,499,412	74,365
057 RENAL DIALYSIS							7,035
095 SPEC PURPOSE COST CENTERS SUBTOTALS	170,614	142,992	387,608	678,482	2,411,022	4,499,412	266,277
101 NONREIMBURS COST CENTERS CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	170,614	142,992	387,608	678,482	2,411,022	4,499,412	266,277

COST CENTER DESCRIPTION	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
003 GENERAL SERVICE COST CNTR	18	25		27
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
014 DIETARY				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY	458,856			
025 SOCIAL SERVICE	458,856	12,617,170		12,617,170
037 INPAT ROUTINE SRVC CNTRS				
041 ADULTS & PEDIATRICS			958,355	958,355
044 ANCILLARY SRVC COST CNTRS			414,263	414,263
049 OPERATING ROOM			1,231,606	1,231,606
050 RADIOLOGY-DIAGNOSTIC			2,152,862	2,152,862
051 LABORATORY			353,339	353,339
052 RESPIRATORY THERAPY			488,650	488,650
053 PHYSICAL THERAPY			239,957	239,957
055 OCCUPATIONAL THERAPY			25,845	25,845
056 SPEECH PATHOLOGY			2,458,724	2,458,724
057 ELECTROCARDIOLOGY			4,573,777	4,573,777
095 MEDICAL SUPPLIES CHARGED	458,856	26,150,910		26,150,910
101 DRUGS CHARGED TO PATIENTS			636,362	636,362
102 RENAL DIALYSIS				
103 SPEC PURPOSE COST CENTERS				
101 SUBTOTALS	458,856	26,150,910		26,150,910
102 NONREIMBURS COST CENTERS				
103 CROSS FOOT ADJUSTMENT				
101 NEGATIVE COST CENTER				
103 TOTAL	458,856	26,150,910		26,150,910

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,898	4,957	7,855	7,855		
006 ADMINISTRATIVE & GENERAL	64,459	64,708	110,672	239,839	1,422	241,261	
008 OPERATION OF PLANT		163,730	280,034	443,764		9,307	453,071
009 LAUNDRY & LINEN SERVICE		9,081	15,532	24,613		1,320	12,367
010 HOUSEKEEPING		5,275	9,022	14,297		1,172	7,184
011 DIETARY		4,502	7,700	12,202		3,431	6,131
014 NURSING ADMINISTRATION		4,966	8,493	13,459		6,100	6,763
015 CENTRAL SERVICES & SUPPLY	617,861	14,221	24,322	656,404		124	19,367
016 PHARMACY		13,815	23,628	37,443		601	18,814
017 MEDICAL RECORDS & LIBRARY		3,111	5,320	8,431		87	4,237
018 SOCIAL SERVICE		9,583	16,391	25,974		205	13,052
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS		247,584	423,456	671,040		4,044	337,183
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM						8,772	
041 RADIOLOGY-DIAGNOSTIC						3,776	
044 LABORATORY		3,381	5,783	9,164		11,116	4,605
049 RESPIRATORY THERAPY	3,920	7,246	12,392	23,558		19,299	9,868
050 PHYSICAL THERAPY		4,038	6,907	10,945		3,097	5,500
051 OCCUPATIONAL THERAPY		4,038	6,907	10,945		4,354	5,500
052 SPEECH PATHOLOGY		1,836	3,139	4,975		2,145	2,500
053 ELECTROCARDIOLOGY						236	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS						5,806	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	686,240	564,013	964,655	2,214,908	7,855	241,261	453,071
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	686,240	564,013	964,655	2,214,908	7,855	241,261	453,071

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	38,300						
010 HOUSEKEEPING		22,653					
011 DIETARY		320	22,084				
014 NURSING ADMINISTRATION		353		27,013			
015 CENTRAL SERVICES & SUPPLY		1,012			698,694		
016 PHARMACY		983				98,908	
017 MEDICAL RECORDS & LIBRARY		221					15,333
018 SOCIAL SERVICE		682					
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	38,300	17,620	22,084	27,013			3,816
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM							436
041 RADIOLOGY-DIAGNOSTIC							287
044 LABORATORY		241					862
049 RESPIRATORY THERAPY		516					2,057
050 PHYSICAL THERAPY		287					204
051 OCCUPATIONAL THERAPY		287					153
052 SPEECH PATHOLOGY		131					64
053 ELECTROCARDIOLOGY							18
055 MEDICAL SUPPLIES CHARGED					698,694		2,746
056 DRUGS CHARGED TO PATIENTS						98,908	4,285
057 RENAL DIALYSIS							405
095 SPEC PURPOSE COST CENTERS SUBTOTALS	38,300	22,653	22,084	27,013	698,694	98,908	15,333
101 NONREIMBURS COST CENTERS CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	38,300	22,653	22,084	27,013	698,694	98,908	15,333

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
014 DIETARY				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY	43,838			
025 SOCIAL SERVICE	43,838	1,257,132		1,257,132
037 INPAT ROUTINE SRVC CNTRS				
041 ADULTS & PEDIATRICS				
044 ANCILLARY SRVC COST CNTRS				
049 OPERATING ROOM		9,208		9,208
050 RADIOLOGY-DIAGNOSTIC		4,063		4,063
051 LABORATORY		25,988		25,988
052 RESPIRATORY THERAPY		56,332		56,332
053 PHYSICAL THERAPY		20,033		20,033
055 OCCUPATIONAL THERAPY		21,239		21,239
056 SPEECH PATHOLOGY		9,815		9,815
057 ELECTROCARDIOLOGY		254		254
095 MEDICAL SUPPLIES CHARGED		701,440		701,440
101 DRUGS CHARGED TO PATIENTS		103,193		103,193
102 RENAL DIALYSIS		6,211		6,211
103 SPEC PURPOSE COST CENTERS				
101 SUBTOTALS	43,838	2,214,908		2,214,908
102 NONREIMBURS COST CENTERS				
103 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	43,838	2,214,908		2,214,908

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &	29,191					
005 NEW CAP REL COSTS-MVBLE E		29,191				
006 EMPLOYEE BENEFITS	150	150	9,005,189			
008 ADMINISTRATIVE & GENERAL	3,349	3,349	1,630,249	-6,059,147	20,091,763	
009 OPERATION OF PLANT	8,474	8,474			775,051	17,218
010 LAUNDRY & LINEN SERVICE	470	470			109,926	470
011 HOUSEKEEPING	273	273			97,572	273
014 DIETARY	233	233			285,758	233
015 NURSING ADMINISTRATION	257	257	387,330		507,996	257
016 CENTRAL SERVICES & SUPPLY	736	736	141,942		1,814,351	736
017 PHARMACY	715	715	689,683		3,419,948	715
018 MEDICAL RECORDS & LIBRARY	161	161	99,775		196,260	161
025 SOCIAL SERVICE	496	496	235,512		326,905	496
037 INPAT ROUTINE SRVC CNTRS						
041 ADULTS & PEDIATRICS	12,814	12,814	4,634,961		7,677,898	12,814
044 ANCILLARY SRVC CNTRS						
049 OPERATING ROOM					730,485	
050 RADIOLOGY-DIAGNOSTIC					314,453	
051 LABORATORY	175	175			925,695	175
052 RESPIRATORY THERAPY	375	375	1,185,737		1,607,212	375
053 PHYSICAL THERAPY	209	209			257,946	209
055 OCCUPATIONAL THERAPY	209	209			362,582	209
056 SPEECH PATHOLOGY	95	95			178,593	95
057 ELECTROCARDIOLOGY					19,620	
095 MEDICAL SUPPLIES CHARGED						
101 DRUGS CHARGED TO PATIENTS					483,512	
102 RENAL DIALYSIS						
103 SPEC PURPOSE COST CENTERS						
104 SUBTOTALS	29,191	29,191	9,005,189	-6,059,147	20,091,763	17,218
105 NONREIMBURS COST CENTERS						
106 CROSS FOOT ADJUSTMENT						
107 NEGATIVE COST CENTER						
108 COST TO BE ALLOCATED	564,013	964,655	2,398,229		6,059,147	1,008,786
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	19.321469		.266316		.301574	
(WRKSHT B, PT I)		33.046316				58.589035
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			7,855		241,261	453,071
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000872		.012008	
(WRKSHT B, PT III)						26.313800

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR
	EN SERVICE			ISTRATION	CES & SUPPLY		DS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS R)
	9	10	11	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	185,463						
011 HOUSEKEEPING		16,475					
014 DIETARY		233	54,648				
015 NURSING ADMINISTRATION		257		191,655			
016 CENTRAL SERVICES & SUPPLY		736			934,508		
017 PHARMACY		715				2,402,367	
018 MEDICAL RECORDS & LIBRARY		161					89,117,084
025 SOCIAL SERVICE		496					
037 INPAT ROUTINE SRVC CNTRS							22,184,468
041 ADULTS & PEDIATRICS	185,463	12,814	54,648	191,655			
044 ANCILLARY SRVC COST CNTRS							2,535,303
049 OPERATING ROOM							1,666,311
050 RADIOLOGY-DIAGNOSTIC							5,011,102
052 LABORATORY		175					11,958,186
053 RESPIRATORY THERAPY		375					1,186,019
055 PHYSICAL THERAPY		209					891,546
056 OCCUPATIONAL THERAPY		209					372,713
057 SPEECH PATHOLOGY		95					103,026
095 ELECTROCARDIOLOGY					934,508		15,964,511
101 MEDICAL SUPPLIES CHARGED						2,402,367	24,889,575
102 DRUGS CHARGED TO PATIENTS							2,354,324
103 RENAL DIALYSIS							
104 SPEC PURPOSE COST CENTERS							
105 SUBTOTALS	185,463	16,475	54,648	191,655	934,508	2,402,367	89,117,084
106 NONREIMBURS COST CENTERS							
107 CROSS FOOT ADJUSTMENT							
108 NEGATIVE COST CENTER							
109 COST TO BE ALLOCATED	170,614	142,992	387,608	678,482	2,411,022	4,499,412	266,277
110 (WRKSHT B, PART I)							
111 UNIT COST MULTIPLIER		8.679332		3.540122		1.872908	
112 (WRKSHT B, PT I)	.919936		7.092812		2.579991		.002988
113 COST TO BE ALLOCATED							
114 (WRKSHT B, PART II)							
115 UNIT COST MULTIPLIER							
116 (WRKSHT B, PT II)							
117 COST TO BE ALLOCATED	38,300	22,653	22,084	27,013	698,694	98,908	15,333
118 (WRKSHT B, PART III)							
119 UNIT COST MULTIPLIER		1.374992		.140946		.041171	
120 (WRKSHT B, PT III)	.206510		.404114		.747660		.000172

COST CENTER DESCRIPTION	SOCIAL SERVICE (TIME SPENT)
	18
003 GENERAL SERVICE COST CNTR	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	8,013
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,013
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	
041 RADIOLOGY-DIAGNOSTIC	
044 LABORATORY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
053 ELECTROCARDIOLOGY	
055 MEDICAL SUPPLIES CHARGED	
056 DRUGS CHARGED TO PATIENTS	
057 RENAL DIALYSIS	
095 SPEC PURPOSE COST CENTERS SUBTOTALS	8,013
101 NONREIMBURS COST CENTERS CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	458,856
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	57.263946
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)	43,838
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.470860

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,617,170		12,617,170		12,617,170
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	958,355		958,355		958,355
41	RADIOLOGY-DIAGNOSTIC	414,263		414,263		414,263
44	LABORATORY	1,231,606		1,231,606		1,231,606
49	RESPIRATORY THERAPY	2,152,862		2,152,862		2,152,862
50	PHYSICAL THERAPY	353,339		353,339		353,339
51	OCCUPATIONAL THERAPY	488,650		488,650		488,650
52	SPEECH PATHOLOGY	239,957		239,957		239,957
53	ELECTROCARDIOLOGY	25,845		25,845		25,845
55	MEDICAL SUPPLIES CHARGED	2,458,724		2,458,724		2,458,724
56	DRUGS CHARGED TO PATIENTS	4,573,777		4,573,777		4,573,777
57	RENAL DIALYSIS	636,362		636,362		636,362
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	26,150,910		26,150,910		26,150,910
102	LESS OBSERVATION BEDS					
103	TOTAL	26,150,910		26,150,910		26,150,910

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	22,184,468		22,184,468			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,535,303		2,535,303	.378004	.378004	.378004
41	RADIOLOGY-DIAGNOSTIC	1,651,060	15,251	1,666,311	.248611	.248611	.248611
44	LABORATORY	5,007,617	3,485	5,011,102	.245775	.245775	.245775
49	RESPIRATORY THERAPY	11,958,186		11,958,186	.180032	.180032	.180032
50	PHYSICAL THERAPY	1,186,019		1,186,019	.297920	.297920	.297920
51	OCCUPATIONAL THERAPY	891,546		891,546	.548093	.548093	.548093
52	SPEECH PATHOLOGY	372,639		372,639	.643940	.643940	.643940
53	ELECTROCARDIOLOGY	103,026	74	103,100	.250679	.250679	.250679
55	MEDICAL SUPPLIES CHARGED	15,964,511		15,964,511	.154012	.154012	.154012
56	DRUGS CHARGED TO PATIENTS	24,889,575		24,889,575	.183763	.183763	.183763
57	RENAL DIALYSIS	2,314,900	39,424	2,354,324	.270295	.270295	.270295
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,058,850	58,234	89,117,084			
102	LESS OBSERVATION BEDS						
103	TOTAL	89,058,850	58,234	89,117,084			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,617,170		12,617,170		12,617,170
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	958,355		958,355		958,355
41	RADIOLOGY-DIAGNOSTIC	414,263		414,263		414,263
44	LABORATORY	1,231,606		1,231,606		1,231,606
49	RESPIRATORY THERAPY	2,152,862		2,152,862		2,152,862
50	PHYSICAL THERAPY	353,339		353,339		353,339
51	OCCUPATIONAL THERAPY	488,650		488,650		488,650
52	SPEECH PATHOLOGY	239,957		239,957		239,957
53	ELECTROCARDIOLOGY	25,845		25,845		25,845
55	MEDICAL SUPPLIES CHARGED	2,458,724		2,458,724		2,458,724
56	DRUGS CHARGED TO PATIENTS	4,573,777		4,573,777		4,573,777
57	RENAL DIALYSIS	636,362		636,362		636,362
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	26,150,910		26,150,910		26,150,910
102	LESS OBSERVATION BEDS					
103	TOTAL	26,150,910		26,150,910		26,150,910

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	22,184,468		22,184,468			
37	ANCILLARY SRVC COST CNTRS						
41	OPERATING ROOM	2,535,303		2,535,303	.378004	.378004	.378004
44	RADIOLOGY-DIAGNOSTIC	1,651,060	15,251	1,666,311	.248611	.248611	.248611
49	LABORATORY	5,007,617	3,485	5,011,102	.245775	.245775	.245775
50	RESPIRATORY THERAPY	11,958,186		11,958,186	.180032	.180032	.180032
51	PHYSICAL THERAPY	1,186,019		1,186,019	.297920	.297920	.297920
52	OCCUPATIONAL THERAPY	891,546		891,546	.548093	.548093	.548093
53	SPEECH PATHOLOGY	372,639		372,639	.643940	.643940	.643940
55	ELECTROCARDIOLOGY	103,026	74	103,100	.250679	.250679	.250679
56	MEDICAL SUPPLIES CHARGED	15,964,511		15,964,511	.154012	.154012	.154012
57	DRUGS CHARGED TO PATIENTS	24,889,575		24,889,575	.183763	.183763	.183763
101	RENAL DIALYSIS	2,314,900	39,424	2,354,324	.270295	.270295	.270295
102	OTHER REIMBURS COST CNTRS						
103	SUBTOTAL	89,058,850	58,234	89,117,084			
	LESS OBSERVATION BEDS						
	TOTAL	89,058,850	58,234	89,117,084			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	958,355	9,208	949,147			958,355
41	RADIOLOGY-DIAGNOSTIC	414,263	4,063	410,200			414,263
44	LABORATORY	1,231,606	25,988	1,205,618			1,231,606
49	RESPIRATORY THERAPY	2,152,862	56,332	2,096,530			2,152,862
50	PHYSICAL THERAPY	353,339	20,033	333,306			353,339
51	OCCUPATIONAL THERAPY	488,650	21,239	467,411			488,650
52	SPEECH PATHOLOGY	239,957	9,815	230,142			239,957
53	ELECTROCARDIOLOGY	25,845	254	25,591			25,845
55	MEDICAL SUPPLIES CHARGED	2,458,724	701,440	1,757,284			2,458,724
56	DRUGS CHARGED TO PATIENTS	4,573,777	103,193	4,470,584			4,573,777
57	RENAL DIALYSIS	636,362	6,211	630,151			636,362
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,533,740	957,776	12,575,964			13,533,740
102	LESS OBSERVATION BEDS						
103	TOTAL	13,533,740	957,776	12,575,964			13,533,740

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,535,303	.378004	.378004
41	RADIOLOGY-DIAGNOSTIC	1,666,311	.248611	.248611
44	LABORATORY	5,011,102	.245775	.245775
49	RESPIRATORY THERAPY	11,958,186	.180032	.180032
50	PHYSICAL THERAPY	1,186,019	.297920	.297920
51	OCCUPATIONAL THERAPY	891,546	.548093	.548093
52	SPEECH PATHOLOGY	372,639	.643940	.643940
53	ELECTROCARDIOLOGY	103,100	.250679	.250679
55	MEDICAL SUPPLIES CHARGED	15,964,511	.154012	.154012
56	DRUGS CHARGED TO PATIENTS	24,889,575	.183763	.183763
57	RENAL DIALYSIS	2,354,324	.270295	.270295
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	66,932,616		
102	LESS OBSERVATION BEDS			
103	TOTAL	66,932,616		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	958,355	9,208	949,147	921	55,051	902,383
41	RADIOLOGY-DIAGNOSTIC	414,263	4,063	410,200	406	23,792	390,065
44	LABORATORY	1,231,606	25,988	1,205,618	2,599	69,926	1,159,081
49	RESPIRATORY THERAPY	2,152,862	56,332	2,096,530	5,633	121,599	2,025,630
50	PHYSICAL THERAPY	353,339	20,033	333,306	2,003	19,332	332,004
51	OCCUPATIONAL THERAPY	488,650	21,239	467,411	2,124	27,110	459,416
52	SPEECH PATHOLOGY	239,957	9,815	230,142	982	13,348	225,627
53	ELECTROCARDIOLOGY	25,845	254	25,591	25	1,484	24,336
55	MEDICAL SUPPLIES CHARGED	2,458,724	701,440	1,757,284	70,144	101,922	2,286,658
56	DRUGS CHARGED TO PATIENTS	4,573,777	103,193	4,470,584	10,319	259,294	4,304,164
57	RENAL DIALYSIS	636,362	6,211	630,151	621	36,549	599,192
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	13,533,740	957,776	12,575,964	95,777	729,407	12,708,556
102	LESS OBSERVATION BEDS						
103	TOTAL	13,533,740	957,776	12,575,964	95,777	729,407	12,708,556

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2,535,303	.355927	.377641
41	RADIOLOGY-DIAGNOSTIC	1,666,311	.234089	.248367
44	LABORATORY	5,011,102	.231303	.245257
49	RESPIRATORY THERAPY	11,958,186	.169393	.179561
50	PHYSICAL THERAPY	1,186,019	.279931	.296231
51	OCCUPATIONAL THERAPY	891,546	.515303	.545710
52	SPEECH PATHOLOGY	372,639	.605484	.641304
53	ELECTROCARDIOLOGY	103,100	.236043	.250436
55	MEDICAL SUPPLIES CHARGED	15,964,511	.143234	.149618
56	DRUGS CHARGED TO PATIENTS	24,889,575	.172930	.183348
57	RENAL DIALYSIS	2,354,324	.254507	.270031
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	66,932,616		
102	LESS OBSERVATION BEDS			
103	TOTAL	66,932,616		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,257,132		1,257,132
101	TOTAL				1,257,132		1,257,132

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,275	13,617			77.24	1,051,777
101	TOTAL	16,275	13,617				1,051,777

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL	
		RELATED COST 1	NEW CAPITAL RELATED COST 2			CST/CHRG 5	RATIO 6
37	ANCILLARY SRVC COST CNTRS		9,208	2,535,303	1,987,481		
	OPERATING ROOM		4,063	1,666,311	1,416,206		
41	RADIOLOGY-DIAGNOSTIC		25,988	5,011,102	3,957,124		
44	LABORATORY		56,332	11,958,186	9,882,760		
49	RESPIRATORY THERAPY		20,033	1,186,019	1,011,313		
50	PHYSICAL THERAPY		21,239	891,546	718,990		
51	OCCUPATIONAL THERAPY		9,815	372,639	310,050		
52	SPEECH PATHOLOGY		254	103,100	61,115		
53	ELECTROCARDIOLOGY		701,440	15,964,511	13,838,681		
55	MEDICAL SUPPLIES CHARGED		103,193	24,889,575	19,498,192		
56	DRUGS CHARGED TO PATIENTS		6,211	2,354,324	1,820,574		
57	RENAL DIALYSIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		957,776	66,932,616	54,502,486		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/29/2007
 I 15-2024 I FROM 2/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 1/31/2007 I PART II
 I 15-2024 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.003632		7,219
41	RADIOLOGY-DIAGNOSTIC	.002438		3,453
44	LABORATORY	.005186		20,522
49	RESPIRATORY THERAPY	.004711		46,558
50	PHYSICAL THERAPY	.016891		17,082
51	OCCUPATIONAL THERAPY	.023823		17,128
52	SPEECH PATHOLOGY	.026339		8,166
53	ELECTROCARDIOLOGY	.002464		151
55	MEDICAL SUPPLIES CHARGED	.043937		608,030
56	DRUGS CHARGED TO PATIENTS	.004146		80,840
57	RENAL DIALYSIS	.002638		4,803
	OTHER REIMBURS COST CNTRS			
101	TOTAL			813,952

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
		1	2	3	4	5	6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					16,275	
101	TOTAL					16,275	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR REGENCY HOSPITAL OF NW INDIANA IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 6/29/2007

SERVICE OTHER PASS THROUGH COSTS I 15-2024 I FROM 2/ 1/2006 I WORKSHEET D

TITLE XVIII, PART A I I TO 1/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	13,617
101	TOTAL		13,617

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01		2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			2,535,303			1,987,481	
41	RADIOLOGY-DIAGNOSTIC			1,666,311			1,416,206	
44	LABORATORY			5,011,102			3,957,124	
49	RESPIRATORY THERAPY			11,958,186			9,882,760	
50	PHYSICAL THERAPY			1,186,019			1,011,313	
51	OCCUPATIONAL THERAPY			891,546			718,990	
52	SPEECH PATHOLOGY			372,639			310,050	
53	ELECTROCARDIOLOGY			103,100			61,115	
55	MEDICAL SUPPLIES CHARGED			15,964,511			13,838,681	
56	DRUGS CHARGED TO PATIENTS			24,889,575			19,498,192	
57	RENAL DIALYSIS			2,354,324			1,820,574	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			66,932,616			54,502,486	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC	15,251					
44	LABORATORY	3,485					
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		74				
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS	39,424					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	58,234					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.378004	.378004			
41 RADIOLOGY-DIAGNOSTIC	.248611	.248611			
44 LABORATORY	.245775	.245775			
49 RESPIRATORY THERAPY	.180032	.180032			
50 PHYSICAL THERAPY	.297920	.297920			
51 OCCUPATIONAL THERAPY	.548093	.548093			
52 SPEECH PATHOLOGY	.643940	.643940			
53 ELECTROCARDIOLOGY	.250679	.250679			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.154012	.154012			
56 DRUGS CHARGED TO PATIENTS	.183763	.183763			
57 RENAL DIALYSIS	.270295	.270295			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		15,251			
41 RADIOLOGY-DIAGNOSTIC		3,485			
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		74			
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS		39,424			
101 SUBTOTAL		58,234			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		58,234			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC				3,792	
44 LABORATORY				857	
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				19	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				10,656	
57 RENAL DIALYSIS				15,324	
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				15,324	

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,257,132		1,257,132
101	TOTAL				1,257,132		1,257,132

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,275	20			77.24	1,545
101	TOTAL	16,275	20				1,545

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	PPS	
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2			OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		9,208	2,535,303			
41	RADIOLOGY-DIAGNOSTIC		4,063	1,666,311	2,007		
44	LABORATORY		25,988	5,011,102	3,173		
49	RESPIRATORY THERAPY		56,332	11,958,186	13,297		
50	PHYSICAL THERAPY		20,033	1,186,019	2,216		
51	OCCUPATIONAL THERAPY		21,239	891,546	2,161		
52	SPEECH PATHOLOGY		9,815	372,639	2,145		
53	ELECTROCARDIOLOGY		254	103,100			
55	MEDICAL SUPPLIES CHARGED		701,440	15,964,511	9,375		
56	DRUGS CHARGED TO PATIENTS		103,193	24,889,575	13,417		
57	RENAL DIALYSIS		6,211	2,354,324			
101	OTHER REIMBURS COST CNTRS						
	TOTAL		957,776	66,932,616	47,791		

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.003632	
41	RADIOLOGY-DIAGNOSTIC	.002438	5
44	LABORATORY	.005186	16
49	RESPIRATORY THERAPY	.004711	63
50	PHYSICAL THERAPY	.016891	37
51	OCCUPATIONAL THERAPY	.023823	51
52	SPEECH PATHOLOGY	.026339	56
53	ELECTROCARDIOLOGY	.002464	
55	MEDICAL SUPPLIES CHARGED	.043937	412
56	DRUGS CHARGED TO PATIENTS	.004146	56
57	RENAL DIALYSIS	.002638	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		696

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					16,275	
101	TOTAL					16,275	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR REGENCY HOSPITAL OF NW INDIANA IN LIEU OF FORM CMS-2552-96(11/1998)
 APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 6/29/2007
 SERVICE OTHER PASS THROUGH COSTS I 15-2024 I FROM 2/ 1/2006 I WORKSHEET D
 TITLE XIX I I TO 1/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		20
101	TOTAL		20

TITLE XIX		HOSPITAL		PPS				
WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01					
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			2,535,303				
41	RADIOLOGY-DIAGNOSTIC			1,666,311			2,007	
44	LABORATORY			5,011,102			3,173	
49	RESPIRATORY THERAPY			11,958,186			13,297	
50	PHYSICAL THERAPY			1,186,019			2,216	
51	OCCUPATIONAL THERAPY			891,546			2,161	
52	SPEECH PATHOLOGY			372,639			2,145	
53	ELECTROCARDIOLOGY			103,100				
55	MEDICAL SUPPLIES CHARGED			15,964,511			9,375	
56	DRUGS CHARGED TO PATIENTS			24,889,575			13,417	
57	RENAL DIALYSIS			2,354,324				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			66,932,616			47,791	

TITLE XIX		HOSPITAL				PPS	
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,275
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,275
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,275
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	13,617
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	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)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,617,170
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,617,170

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	22,184,468
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,184,468
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.568739
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,363.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,617,170

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 775.25
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		12,617,170			
87 NEW CAPITAL-RELATED COST	1,257,132	12,617,170	.099637		
88 NON PHYSICIAN ANESTHETIST		12,617,170			
89 MEDICAL EDUCATION		12,617,170			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	775.25
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15,505
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	15,505

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					10,808
					26,313

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,545
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	696
52	TOTAL PROGRAM EXCLUDABLE COST	2,241
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	24,072

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 775.25
 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		12,617,170			
87 NEW CAPITAL-RELATED COST	1,257,132	12,617,170	.099637		
88 NON PHYSICIAN ANESTHETIST		12,617,170			
89 MEDICAL EDUCATION		12,617,170			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL		
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,248,800	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.378004	1,987,481	751,276
41	RADIOLOGY-DIAGNOSTIC	.248611	1,416,206	352,084
44	LABORATORY	.245775	3,957,124	972,562
49	RESPIRATORY THERAPY	.180032	9,882,760	1,779,213
50	PHYSICAL THERAPY	.297920	1,011,313	301,290
51	OCCUPATIONAL THERAPY	.548093	718,990	394,073
52	SPEECH PATHOLOGY	.643940	310,050	199,654
53	ELECTROCARDIOLOGY	.250679	61,115	15,320
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.154012	13,838,681	2,131,323
56	DRUGS CHARGED TO PATIENTS	.183763	19,498,192	3,583,046
57	RENAL DIALYSIS	.270295	1,820,574	492,092
	OTHER REIMBURS COST CNTRS			
101	TOTAL		54,502,486	10,971,933
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		54,502,486	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			21,000	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.378004		
41	RADIOLOGY-DIAGNOSTIC		.248611	2,007	499
44	LABORATORY		.245775	3,173	780
49	RESPIRATORY THERAPY		.180032	13,297	2,394
50	PHYSICAL THERAPY		.297920	2,216	660
51	OCCUPATIONAL THERAPY		.548093	2,161	1,184
52	SPEECH PATHOLOGY		.643940	2,145	1,381
53	ELECTROCARDIOLOGY		.250679		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.154012	9,375	1,444
56	DRUGS CHARGED TO PATIENTS		.183763	13,417	2,466
57	RENAL DIALYSIS		.270295		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			47,791	10,808
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			47,791	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). 15,324
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 12,306
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

6 REASONABLE CHARGES
 7 ANCILLARY SERVICE CHARGES
 8 INTERNS AND RESIDENTS SERVICE CHARGES
 9 ORGAN ACQUISITION CHARGES
 10 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 11 TOTAL REASONABLE CHARGES
 12 CUSTOMARY CHARGES
 13 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 14 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 15 RATIO OF LINE 11 TO LINE 12
 16 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 17 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 18 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 19 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
 20.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 12,306

COMPUTATION OF REIMBURSEMENT SETTLEMENT

21 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 22.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 2,885
 23 SUBTOTAL (SEE INSTRUCTIONS) 9,421
 24 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 25 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 26 ESRD DIRECT MEDICAL EDUCATION COSTS
 27 SUBTOTAL 9,421
 28 PRIMARY PAYER PAYMENTS 9,421
 29 SUBTOTAL 9,421
 30 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
 31 COMPOSITE RATE ESRD
 32 BAD DEBTS (SEE INSTRUCTIONS)
 33.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
 34.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 9,421
 35 SUBTOTAL
 36 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 37 OTHER ADJUSTMENTS (SPECIFY)
 38.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 39 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
 40 SUBTOTAL 9,421
 41 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) 9,421
 42 INTERIM PAYMENTS
 43.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 44 BALANCE DUE PROVIDER/PROGRAM
 45 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 46 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		20,400,111		9,421
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER				.01
ADJUSTMENTS TO PROVIDER				.02
ADJUSTMENTS TO PROVIDER				.03
ADJUSTMENTS TO PROVIDER				.04
ADJUSTMENTS TO PROVIDER				.05
ADJUSTMENTS TO PROGRAM	5/17/2006	5,900		.50
ADJUSTMENTS TO PROGRAM				.51
ADJUSTMENTS TO PROGRAM				.52
ADJUSTMENTS TO PROGRAM				.53
ADJUSTMENTS TO PROGRAM				.54
SUBTOTAL		-5,900		NONE
4 TOTAL INTERIM PAYMENTS		20,394,211		9,421
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER				.01
TENTATIVE TO PROVIDER				.02
TENTATIVE TO PROVIDER				.03
TENTATIVE TO PROGRAM				.50
TENTATIVE TO PROGRAM				.51
TENTATIVE TO PROGRAM				.52
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER				.01
SETTLEMENT TO PROGRAM				.02
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	18,073,736
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	3,431,536
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	21,505,272
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	21,505,272
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	21,505,272
7	DEDUCTIBLES	16,669
8	SUBTOTAL	21,488,603
9	COINSURANCE	1,171,192
10	SUBTOTAL	20,317,411
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	299,998
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	209,999
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	20,527,410
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	20,527,410
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	20,394,211
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	133,199
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-10,823			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	20,627,871			
5	OTHER RECEIVABLES	6,479,233			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-14,198,811			
7	INVENTORY	206,978			
8	PREPAID EXPENSES	17,436			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	13,121,884			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	1,066,958			
15	LESS ACCUMULATED DEPRECIATION	-326,672			
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	2,288,632			
18	LESS ACCUMULATED DEPRECIATION	-832,194			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	2,196,724			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	16,548			
26	TOTAL OTHER ASSETS	16,548			
27	TOTAL ASSETS	15,335,156			

BALANCE SHEET

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-2024	I FROM 2/ 1/2006	I 6/29/2007
I	I TO 1/31/2007	I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,065,391			
29 SALARIES, WAGES & FEES PAYABLE	509,613			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	-108,481			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	237,733			
36 TOTAL CURRENT LIABILITIES	1,704,256			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	278,186			
42 TOTAL LONG-TERM LIABILITIES	278,186			
43 TOTAL LIABILITIES	1,982,442			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,352,714			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	13,352,714			
52 TOTAL LIABILITIES AND FUND BALANCES	15,335,156			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		6,859,836		
2 OF PERIOD				
3 NET INCOME (LOSS)		6,494,625		
4 TOTAL		13,354,461		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		13,354,461		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 ADJUST. TO PRIOR YEAR FUN		1,747		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		1,747		
19 FUND BALANCE AT END OF		13,352,714		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	22,184,468		22,184,468
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	22,184,468		22,184,468
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	22,184,468		22,184,468
17 00 TOTAL INPATIENT ROUTINE CARE SERVICE	22,184,468		22,184,468
18 00 ANCILLARY SERVICES	66,874,382	58,234	66,932,616
24 00 OUTPATIENT SERVICES			
25 00 TOTAL PATIENT REVENUES	89,058,850	58,234	89,117,084

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	27,330,093
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	27,330,093

DESCRIPTION		
1	TOTAL PATIENT REVENUES	89,117,084
2	LESS: ALLOWANCES AND DISCOUNTS ON	55,289,501
3	NET PATIENT REVENUES	33,827,583
4	LESS: TOTAL OPERATING EXPENSES	27,330,093
5	NET INCOME FROM SERVICE TO PATIENT	6,497,490
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	2,328
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	8,395
24.01	PHYSICIAN BILLING REVENUE	129
24.02	INTEREST INCOME	19
25	TOTAL OTHER INCOME	10,871
26	TOTAL	6,508,361
	OTHER EXPENSES	
27	GAIN/LOSS ON SALE OF ASSETS	13,736
28		
29		
30	TOTAL OTHER EXPENSES	13,736
31	NET INCOME (OR LOSS) FOR THE PERIO	6,494,625