

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | PROVIDER NO: 15-3030 | PERIOD FROM 10/1/2006 TO 9/30/2007 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/17/2010 TIME 13:33

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: REHABILITATION HOSPITAL OF FT WAYNE 15-3030 FOR THE COST REPORTING PERIOD BEGINNING 10/1/2006 AND ENDING 9/30/2007 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.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z. Rows include HOSPITAL and TOTAL with values 0 and -7,185.

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: 7970 WEST JEFFERSON BOULEVARD P. O. BOX:
 1.01 CITY: FORT WAYNE STATE: IN ZIP CODE: 46804- COUNTY: ALLEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
4	5	6					
02.00	HOSPITAL	REHABILITATION HOSPITAL OF FT WAYNE	15-3030	11/ 1/1993	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2006 TO: 9/30/2007

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 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". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 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 IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 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. 15-1, CHAPTER 4? N
- 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. 15-1, 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 TIME 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. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /				
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	/	/	
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)		1	2	3 4
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)					
28.03	STAFFING		%	Y/N	
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)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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 ELIGIBLE 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).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
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)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	Y	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N	
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			

V XVIII XIX
 1 2 3
 N Y Y
 N N N
 N N N
 N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 449008
 40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:
 40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

- | | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|--|--------|--------|----------------|----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |
| 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) | | | | | N |
| 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV | | | | | N |
| 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | | | 0 |
| 53.01 MDH PERIOD: BEGINNING: / / ENDING: / / | | | | | |
| 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 13,490
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0 | | | | | |
| 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. | | | | | N |
| 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. | | | | | N |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | | | | |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | | | 0 |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | | | 0.00 |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | | | 0.00 |
| 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | | | | N |
| 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | | | | Y |
| 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). | | | | | N |
| 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | | | | N |
| 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) | | | | | N |

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
SALARIES						
1 TOTAL SALARY	4,306,677		4,306,677			
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	73,505		73,505			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	45,808		45,808			
22 ADMINISTRATIVE & GENERAL	498,810		498,810			
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	177,927		177,927			
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	166,853		166,853			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	297,887	-118,783	179,104			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		118,783	118,783			
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	138,533		138,533			
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	60,166		60,166			
34 SOCIAL SERVICE	188,892		188,892			
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	4,306,677		4,306,677			
2 EXCLUDED AREA SALARIES	73,505		73,505			
3 SUBTOTAL SALARIES	4,233,172		4,233,172			
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS						
6 TOTAL	4,233,172		4,233,172			
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	1,574,876		1,574,876			

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-3030
PERIOD: FROM 10/1/2006 TO 9/30/2007
PREPARED 5/17/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		282,777	282,777	81,075	363,852
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				63,785	63,785
5	0500 EMPLOYEE BENEFITS	45,808	1,376,906	1,422,714		1,422,714
6.01	0640 ADMITTING	182,871	34,684	217,555		217,555
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	315,939	810,812	1,126,751	-189,180	937,571
8	0800 OPERATION OF PLANT	177,927	416,611	594,538		594,538
9	0900 LAUNDRY & LINEN SERVICE		56,401	56,401		56,401
10	1000 HOUSEKEEPING	166,853	44,926	211,779		211,779
11	1100 DIETARY	297,887	145,870	443,757	-176,949	266,808
12	1200 CAFETERIA				176,949	176,949
14	1400 NURSING ADMINISTRATION	138,533	13,721	152,254		152,254
17	1700 MEDICAL RECORDS & LIBRARY	60,166	34,298	94,464		94,464
18	1800 SOCIAL SERVICE	188,892	21,791	210,683		210,683
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,611,408	225,981	1,837,389	-315	1,837,074
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC	1,687	61,902	63,589		63,589
44	4400 LABORATORY	25,680	28,574	54,254	-4,298	49,956
49	4900 RESPIRATORY THERAPY	3,875	8,107	11,982	-722	11,260
50	5000 PHYSICAL THERAPY	378,286	22,868	401,154	-6,425	394,729
51	5100 OCCUPATIONAL THERAPY	407,519	9,365	416,884	-2,760	414,124
52	5200 SPEECH PATHOLOGY	75,135	7,709	82,844		82,844
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,648	38,921	58,569	67,007	125,576
56	5600 DRUGS CHARGED TO PATIENTS	82,460	115,622	198,082		198,082
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	52,598	5,965	58,563		58,563
59.01	3950 HEMODIALYSIS & OTHER ANCILLARY SPEC PURPOSE COST CENTERS		111,449	111,449		111,449
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	4,233,172	3,875,260	8,108,432	8,167	8,116,599
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 MARKETING/PUBLIC RELATIONS	73,505	33,382	106,887	-8,167	98,720
100.01	7951 LHI GENERATIONS UNIT SPACE LEASE					
101	TOTAL	4,306,677	3,908,642	8,215,319	-0-	8,215,319

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-3030
PERIOD: FROM 10/1/2006 TO 9/30/2007
PREPARED 5/17/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	316,338	680,190
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-13,407	50,378
5	0500 EMPLOYEE BENEFITS	-16,083	1,406,631
6.01	0640 ADMITTING	-4,653	212,902
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-193,337	744,234
8	0800 OPERATION OF PLANT	-69,320	525,218
9	0900 LAUNDRY & LINEN SERVICE	-11,694	44,707
10	1000 HOUSEKEEPING		211,779
11	1100 DIETARY		266,808
12	1200 CAFETERIA	-64,518	112,431
14	1400 NURSING ADMINISTRATION		152,254
17	1700 MEDICAL RECORDS & LIBRARY	-2,474	91,990
18	1800 SOCIAL SERVICE		210,683
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-22,445	1,814,629
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC	-13,297	50,292
44	4400 LABORATORY	-2,108	47,848
49	4900 RESPIRATORY THERAPY	-13	11,247
50	5000 PHYSICAL THERAPY		394,729
51	5100 OCCUPATIONAL THERAPY		414,124
52	5200 SPEECH PATHOLOGY	-2,053	80,791
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,965	123,611
56	5600 DRUGS CHARGED TO PATIENTS	-786	197,296
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		58,563
59.01	3950 HEMODIALYSIS & OTHER ANCILLARY SPEC PURPOSE COST CENTERS	-14,593	96,856
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-116,408	8,000,191
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 MARKETING/PUBLIC RELATIONS		98,720
100.01	7951 LHI GENERATIONS UNIT SPACE LEASE		
101	TOTAL	-116,408	8,098,911

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-3030
 PERIOD: FROM 10/1/2006 TO 9/30/2007
 PREPARED 5/17/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	HEMODIALYSIS & OTHER ANCILLARY	3950	OTHER ANCILLARY SERVICE COST CENTERS
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MARKETING/PUBLIC RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	LHI GENERATIONS UNIT SPACE LEASE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 BILLABLE MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		67,007
2					
3					
4					
5					
6 MARKETING YELLOW PGS	B	OTHER ADMINISTRATIVE AND GENERAL	6.02		8,167
7 PROPERTY TAXES	C	NEW CAP REL COSTS-BLDG & FIXT	3		141,903
8 TO RECLASS PHYSICIAN DIRECTORS	D	ADULTS & PEDIATRICS	25		52,487
9 MME DEPRECIATION	E	NEW CAP REL COSTS-MVBLE EQUIP	4		63,785
10 CAFETERIA COSTS	F	CAFETERIA	12	118,783	58,166
11 PROPERTY INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		2,957
36 TOTAL RECLASSIFICATIONS				118,783	394,472

(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	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 BILLABLE MEDICAL SUPPLIES	A	ADULTS & PEDIATRICS	25		52,802	
2		RESPIRATORY THERAPY	49		722	
3		PHYSICAL THERAPY	50		6,425	
4		OCCUPATIONAL THERAPY	51		2,760	
5		LABORATORY	44		4,298	
6 MARKETING YELLOW PGS	B	MARKETING/PUBLIC RELATIONS	100		8,167	
7 PROPERTY TAXES	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		141,903	13
8 TO RECLASS PHYSICIAN DIRECTORS	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		52,487	
9 MME DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		63,785	9
10 CAFETERIA COSTS	F	DIETARY	11	118,783	58,166	
11 PROPERTY INSURANCE	G	OTHER ADMINISTRATIVE AND GENERAL	6.02		2,957	12
36 TOTAL RECLASSIFICATIONS				118,783	394,472	

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

RECLASSIFICATIONS

PROVIDER NO:
153030

PERIOD:
FROM 10/1/2006
TO 9/30/2007

PREPARED 5/17/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: BILLABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	67,007	ADULTS & PEDIATRICS	25	52,802	
2.00			0	RESPIRATORY THERAPY	49	722	
3.00			0	PHYSICAL THERAPY	50	6,425	
4.00			0	OCCUPATIONAL THERAPY	51	2,760	
5.00			0	LABORATORY	44	4,298	
TOTAL RECLASSIFICATIONS FOR CODE A			67,007	67,007			

RECLASS CODE: B
EXPLANATION: MARKETING YELLOW PGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	8,167	MARKETING/PUBLIC RELATIONS	100	8,167	
TOTAL RECLASSIFICATIONS FOR CODE B			8,167	8,167			

RECLASS CODE: C
EXPLANATION: PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	141,903	OTHER ADMINISTRATIVE AND GENER	6.02	141,903	
TOTAL RECLASSIFICATIONS FOR CODE C			141,903	141,903			

RECLASS CODE: D
EXPLANATION: TO RECLASS PHYSICIAN DIRECTORS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	52,487	OTHER ADMINISTRATIVE AND GENER	6.02	52,487	
TOTAL RECLASSIFICATIONS FOR CODE D			52,487	52,487			

RECLASS CODE: E
EXPLANATION: MME DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	63,785	NEW CAP REL COSTS-BLDG & FIXT	3	63,785	
TOTAL RECLASSIFICATIONS FOR CODE E			63,785	63,785			

RECLASS CODE: F
EXPLANATION: CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	176,949	DIETARY	11	176,949	
TOTAL RECLASSIFICATIONS FOR CODE F			176,949	176,949			

RECLASS CODE: G
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,957	OTHER ADMINISTRATIVE AND GENER	6.02	2,957	
TOTAL RECLASSIFICATIONS FOR CODE G			2,957	2,957			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	685,000						685,000	
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE	6,293,972						6,293,972	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	1,194,589	14,651			14,651		1,209,240	
7 SUBTOTAL	8,173,561	14,651			14,651		8,188,212	
8 RECONCILING ITEMS								
9 TOTAL	8,173,561	14,651			14,651		8,188,212	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	6,293,972		6,293,972	.838837				
4	NEW CAP REL COSTS-MV	1,209,240		1,209,240	.161163				
5	TOTAL	7,503,212		7,503,212	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	315,206		220,124	2,957	141,903		680,190
4	NEW CAP REL COSTS-MV	50,378						50,378
5	TOTAL	365,584		220,124	2,957	141,903		730,568

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	282,777						282,777
4	NEW CAP REL COSTS-MV							
5	TOTAL	282,777						282,777

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-22,245				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	28,764				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-64,518	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-2,474	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST	B	-4,653	ADMITTING		6.01	
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						
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	95,297	**COST CENTER DELETED**		2	
32 DEPRECIATION-NEW MOVABLE EQUIP	A	-11,892	NEW CAP REL COSTS-BLDG &		3	9
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E		4	9
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**		20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER INCOME	B	-20,822	OTHER ADMINISTRATIVE AND		6.02	
38 POOL RENTAL	B	-13,161	OPERATION OF PLANT		8	
39 LOBBYING EXPENSE IN DUES	A	-628	OTHER ADMINISTRATIVE AND		6.02	
40 ACCTG PENALTIES	A	-2	MEDICAL SUPPLIES CHARGED		55	
41 OFFSET VAN DRIVERS' WAGES	A	-53,745	OPERATION OF PLANT		8	
42 OFFSET VAN DRIVER BENEFITS	A	-11,732	EMPLOYEE BENEFITS		5	
43 LEGAL FEES	A	-3,413	OTHER ADMINISTRATIVE AND		6.02	
44 NONALLOWABLE TRAVEL	A	-1	OTHER ADMINISTRATIVE AND		6.02	
45 NONALLOWABLE COSTS	A	-2,032	OTHER ADMINISTRATIVE AND		6.02	
46 PATIENT GIFTS	A	-200	ADULTS & PEDIATRICS		25	
47 PATIENT GIFTS	A	-100	OTHER ADMINISTRATIVE AND		6.02	
48 SUMMIT CLUB EXPEDITURES	A	-995	OTHER ADMINISTRATIVE AND		6.02	
49 TELEPHONE DEPR-PATIENT	A	-810	NEW CAP REL COSTS-MVBLE E		4	9
49.01 TELEPHONE BILL EXP-PATIENT	A	-7,752	OTHER ADMINISTRATIVE AND		6.02	
49.02 TELEPHONE OPERATOR-PATIENT	A	-11,824	OTHER ADMINISTRATIVE AND		6.02	
49.03 TELEPHONE OPERATOR BENEFITS	A	-4,345	EMPLOYEE BENEFITS		5	
49.04 TV DEPRECIATION-PATIENT	A	-705	NEW CAP REL COSTS-MVBLE E		4	9
49.05 TV ELECTRICITY-PATIENT	A	-2,414	OPERATION OF PLANT		8	
49.06 STUDENT LOAN INCOME	B	-6	EMPLOYEE BENEFITS		5	
49.07						
49.08						
49.09						
50 TOTAL (SUM OF LINES 1 THRU 49)		-116,408				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG &	INTEREST EXPENSE	220,124		220,124	11
2	6 2	OTHER ADMINISTRATIVE AND	ADMINISTRATION AND GENERA	123,156	263,048	-139,892	
3	6 2	OTHER ADMINISTRATIVE AND	MALPRACTICE INS	13,490	19,272	-5,782	
4	6 2	OTHER ADMINISTRATIVE AND	GENERAL LIABILITY	125,949	125,949		
4.01	6 2	OTHER ADMINISTRATIVE AND	IS FEES	19,110	19,206	-96	
4.02	5	EMPLOYEE BENEFITS	WORKERS COMP	65,571	65,571		
4.03	9	LAUNDRY & LINEN SERVICE	HOSPITAL LAUNDRY SVC	44,707	56,401	-11,694	
4.04	41	RADIOLOGY-DIAGNOSTIC	LUTHERAN'S SERVICES	43,652	56,949	-13,297	
4.05	44	LABORATORY	LUTHERAN'S SERVICES	4,164	6,272	-2,108	
4.06	49	RESPIRATORY THERAPY	LUTHERAN'S SERVICES	19	32	-13	
4.09	52	SPEECH PATHOLOGY	LUTHERAN'S SERVICES	2,157	4,210	-2,053	9
4.10	55	MEDICAL SUPPLIES CHARGED	LUTHERAN'S SERVICES	8,461	10,424	-1,963	
4.11	56	DRUGS CHARGED TO PATIENTS	LUTHERAN'S SERVICES	3,671	4,457	-786	
4.12	59 1	HEMODIALYSIS & OTHER ANCI	LUTHERAN'S SERVICES	21,224	35,817	-14,593	
4.13	3	NEW CAP REL COSTS-BLDG &	BOC DEPRECIATION	917		917	9
5		TOTALS		696,372	667,608	28,764	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	QUORUM/TRIAD	100.00	HEALTHCARE
2	G	0.00	HOSPITAL LAUNDR	0.00	CONSOLIDATED LAUNDRY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALA	RIES	ENTERED
6.01	ADMITTING	C	GROSS	CHARGES	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS	OF LAUNDRY	ENTERED
10	HOUSEKEEPING	11	SQUARE	FEET	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	FTE HOURS		ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	18	PATIENT	DAYS %	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E FITS	EMPLOYEE BENEFITS	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE E	680,190	680,190					
005 EMPLOYEE BENEFITS	1,406,631	6,264	464	1,413,359			
006 01 ADMINISTRATION	212,902	5,287	392	60,660	279,241		
006 02 OTHER ADMINISTRATIVE AND OPERATION OF PLANT	744,234	29,664	2,197	104,799		880,894	880,894
008 LAUNDRY & LINEN SERVICE	525,218	122,736	9,090	59,020		716,064	87,389
009 HOUSEKEEPING	44,707					44,707	5,456
010 DIETARY	211,779	10,493	777	55,346		278,395	33,976
011 CAFETERIA	266,808	23,768	1,760	59,410		351,746	42,927
012 NURSING ADMINISTRATION	112,431	29,606	2,193	39,401		183,631	22,411
014 MEDICAL RECORDS & LIBRARY	152,254	1,689	125	45,952		200,020	24,411
017 SOCIAL SERVICE	91,990	5,126	380	19,957		117,453	14,334
018 INPAT ROUTINE SRVC CNTRS	210,683	3,276	243	62,657		276,859	33,788
025 ADULTS & PEDIATRICS	1,814,629	80,441	5,958	534,515	119,944	2,555,487	311,873
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC	50,292	4,942	366	560	5,775	61,935	7,559
049 LABORATORY	47,848			8,518	6,857	63,223	7,716
050 RESPIRATORY THERAPY	11,247	1,149	85	1,285	1,440	15,206	1,856
051 PHYSICAL THERAPY	394,729	119,736	8,868	125,480	46,042	694,855	84,801
052 OCCUPATIONAL THERAPY	414,124	54,754	4,055	135,177	49,133	657,243	80,211
055 SPEECH PATHOLOGY	80,791	6,091	451	24,923	9,511	121,767	14,861
056 MEDICAL SUPPLIES CHARGED TO PATIENTS	123,611	13,079	969	6,517	2,261	146,437	17,871
059 DRUGS CHARGED TO PATIENTS	197,296	5,379	398	27,353	31,572	261,998	31,974
059 01 PSYCHIATRIC/PSYCHOLOGICAL	58,563	1,758	130	17,447	1,576	79,474	9,699
059 01 HEMODIALYSIS & OTHER ANCI SPEC PURPOSE COST CENTERS	96,856	12,723	942		5,130	115,651	14,114
095 SUBTOTALS	8,000,191	537,961	39,843	1,388,977	279,241	7,823,045	847,227
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFICE	98,720	2,586	192	24,382		125,880	15,363
100 01 MARKETING/PUBLIC RELATION		139,643	10,343			149,986	18,304
101 LHI GENERATIONS UNIT SPAC							
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,098,911	680,190	50,378	1,413,359	279,241	8,098,911	880,894

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	803,453						
009 LAUNDRY & LINEN SERVICE		50,163					
010 HOUSEKEEPING	16,331		328,702				
011 DIETARY	36,991		15,448	447,112			
012 CAFETERIA	46,078		19,242		271,362		
014 NURSING ADMINISTRATION	2,629		1,098		8,437	236,595	
017 MEDICAL RECORDS & LIBRARY	7,978		3,332		7,527		150,624
018 SOCIAL SERVICE	5,098		2,129		16,642		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	125,195	50,163	52,281	447,112	155,623	236,595	64,699
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	7,692		3,212		132		3,115
044 LABORATORY					3,151		3,699
049 RESPIRATORY THERAPY	1,789		747		377		777
050 PHYSICAL THERAPY	186,352		77,821		32,039		24,835
051 OCCUPATIONAL THERAPY	85,216		35,586		30,231		26,502
052 SPEECH PATHOLOGY	9,480		3,959		6,105		5,130
055 MEDICAL SUPPLIES CHARGED	20,356		8,501		2,740		1,220
056 DRUGS CHARGED TO PATIENTS	8,371		3,496		5,397		17,030
059 PSYCHIATRIC/PSYCHOLOGICAL	2,737		1,143		2,961		850
059 01 HEMODIALYSIS & OTHER ANCI	19,801		8,269				2,767
095 SUBTOTALS	582,094	50,163	236,264	447,112	271,362	236,595	150,624
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 01 MARKETING/PUBLIC RELATION	4,025		1,681				
101 LHI GENERATIONS UNIT SPAC	217,334		90,757				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	803,453	50,163	328,702	447,112	271,362	236,595	150,624

COST CENTER DESCRIPTION	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	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				
006 01 ADMINITTING				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	334,516			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	334,516	4,333,544		4,333,544
027 INTENSIVE CARE UNIT				
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY				
041 ANCILLARY SRVC COST CNTRS				
044 RADIOLOGY-DIAGNOSTIC		83,645		83,645
044 LABORATORY		77,789		77,789
049 RESPIRATORY THERAPY		20,752		20,752
050 PHYSICAL THERAPY		1,100,703		1,100,703
051 OCCUPATIONAL THERAPY		914,989		914,989
052 SPEECH PATHOLOGY		161,302		161,302
055 MEDICAL SUPPLIES CHARGED		197,125		197,125
056 DRUGS CHARGED TO PATIENTS		328,266		328,266
059 PSYCHIATRIC/PSYCHOLOGICAL		96,864		96,864
059 01 HEMODIALYSIS & OTHER ANCI		160,602		160,602
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	334,516	7,475,581		7,475,581
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP				
100 PHYSICIANS' PRIVATE OFFIC				
100 MARKETING/PUBLIC RELATION		146,949		146,949
100 01 LHI GENERATIONS UNIT SPAC		476,381		476,381
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	334,516	8,098,911		8,098,911

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	109	6,264	464	6,837	6,837		
006 01 ADMITTING	4,136	5,287	392	9,815	294	10,109	
006 02 OTHER ADMINISTRATIVE AND	19,270	29,664	2,197	51,131	507		51,638
008 OPERATION OF PLANT	3,234	122,736	9,090	135,060	286		5,123
009 LAUNDRY & LINEN SERVICE	5,978			5,978			320
010 HOUSEKEEPING		10,493	777	11,270	268		1,992
011 DIETARY	635	23,768	1,760	26,163	287		2,516
012 CAFETERIA		29,606	2,193	31,799	191		1,314
014 NURSING ADMINISTRATION		1,689	125	1,814	222		1,431
017 MEDICAL RECORDS & LIBRARY	9,802	5,126	380	15,308	97		840
018 SOCIAL SERVICE		3,276	243	3,519	303		1,981
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,302	80,441	5,958	90,701	2,584	4,341	18,281
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
033 NURSERY							
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC		4,942	366	5,308	3	209	443
044 LABORATORY					41	248	452
049 RESPIRATORY THERAPY	4,492	1,149	85	5,726	6	52	109
050 PHYSICAL THERAPY	51	119,736	8,868	128,655	607	1,668	4,971
051 OCCUPATIONAL THERAPY		54,754	4,055	58,809	654	1,779	4,702
052 SPEECH PATHOLOGY		6,091	451	6,542	121	344	871
055 MEDICAL SUPPLIES CHARGED	17,831	13,079	969	31,879	32	82	1,048
056 DRUGS CHARGED TO PATIENTS	138	5,379	398	5,915	132	1,143	1,874
059 PSYCHIATRIC/PSYCHOLOGICAL	49	1,758	130	1,937	84	57	569
059 01 HEMODIALYSIS & OTHER ANCI		12,723	942	13,665		186	827
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	70,027	537,961	39,843	647,831	6,719	10,109	49,664
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	1,499	2,586	192	4,277	118		901
100 01 MARKETING/PUBLIC RELATION		139,643	10,343	149,986			1,073
101 LHI GENERATIONS UNIT SPAC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	71,526	680,190	50,378	802,094	6,837	10,109	51,638

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	OTHER ADMINIS	
	OSTS-BLDG &	OSTS-MVBLE E	FITS		TRATIVE AND	
	(SQUARE FEET	(SQUARE FEET	(GROSS SALA RIES	(GROSS CHARGES	RECONCILIATION	(ACCUM. COST
	3	4	5	6.01	6a.02	6.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	710,184					
004 NEW CAP REL COSTS-MVB		710,184				
005 EMPLOYEE BENEFITS	6,540	6,540	4,260,869			
006 01 ADMITTING	5,520	5,520	182,871	14,204,252		
006 02 OTHER ADMINISTRATIVE	30,972	30,972	315,939		-880,894	7,218,017
008 OPERATION OF PLANT	128,148	128,148	177,927			716,064
009 LAUNDRY & LINEN SERVI						44,707
010 HOUSEKEEPING	10,956	10,956	166,853			278,395
011 DIETARY	24,816	24,816	179,104			351,746
012 CAFETERIA	30,912	30,912	118,783			183,631
014 NURSING ADMINISTRATION	1,764	1,764	138,533			200,020
017 MEDICAL RECORDS & LIB	5,352	5,352	60,166			117,453
018 SOCIAL SERVICE	3,420	3,420	188,892			276,859
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	83,988	83,988	1,611,408	6,101,271		2,555,487
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY						
041 ANCILLARY SRVC COST C						
041 RADIOLOGY-DIAGNOSTIC	5,160	5,160	1,687	293,756		61,935
044 LABORATORY			25,680	348,788		63,223
049 RESPIRATORY THERAPY	1,200	1,200	3,875	73,246		15,206
050 PHYSICAL THERAPY	125,016	125,016	378,286	2,342,032		694,855
051 OCCUPATIONAL THERAPY	57,168	57,168	407,519	2,499,244		657,243
052 SPEECH PATHOLOGY	6,360	6,360	75,135	483,805		121,767
055 MEDICAL SUPPLIES CHAR	13,656	13,656	19,648	115,015		146,437
056 DRUGS CHARGED TO PATI	5,616	5,616	82,460	1,605,972		261,998
059 PSYCHIATRIC/PSYCHOLOG	1,836	1,836	52,598	80,178		79,474
059 01 HEMODIALYSIS & OTHER	13,284	13,284		260,945		115,651
095 SUBTOTALS	561,684	561,684	4,187,364	14,204,252	-880,894	6,942,151
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
100 MARKETING/PUBLIC RELA	2,700	2,700	73,505			125,880
100 01 LHI GENERATIONS UNIT	145,800	145,800				149,986
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	680,190	50,378	1,413,359	279,241		880,894
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.957766		.331707			
(WRKSHT B, PT I)		.070937		.019659		.122041
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			6,837	10,109		51,638
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001605		.000712	.007154
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE HOURS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	8	9	10	11	12	14	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	539,004						
009 LAUNDRY & LINEN SERVICE		87,942					
010 HOUSEKEEPING	10,956		528,048				
011 DIETARY	24,816		24,816	16,684			
012 CAFETERIA	30,912		30,912		119,617		
014 NURSING ADMINISTRATION	1,764		1,764		3,719	100	
017 MEDICAL RECORDS & LIB	5,352		5,352		3,318		14,204,252
018 SOCIAL SERVICE	3,420		3,420		7,336		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	83,988	87,942	83,988	16,684	68,599	100	6,101,271
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
ANCILLARY SRVC COST C							
041 RADIOLOGY-DIAGNOSTIC	5,160		5,160		58		293,756
044 LABORATORY					1,389		348,788
049 RESPIRATORY THERAPY	1,200		1,200		166		73,246
050 PHYSICAL THERAPY	125,016		125,016		14,123		2,342,032
051 OCCUPATIONAL THERAPY	57,168		57,168		13,326		2,499,244
052 SPEECH PATHOLOGY	6,360		6,360		2,691		483,805
055 MEDICAL SUPPLIES CHAR	13,656		13,656		1,208		115,015
056 DRUGS CHARGED TO PATI	5,616		5,616		2,379		1,605,972
059 PSYCHIATRIC/PSYCHOLOG	1,836		1,836		1,305		80,178
059 01 HEMODIALYSIS & OTHER	13,284		13,284				260,945
095 SUBTOTALS	390,504	87,942	379,548	16,684	119,617	100	14,204,252
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
100 MARKETING/PUBLIC RELA	2,700		2,700				
100 01 LHI GENERATIONS UNIT	145,800		145,800				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	803,453	50,163	328,702	447,112	271,362	236,595	150,624
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.570410		26.798849		2,365.950000	
(WRKSHT B, PT I)	1.490625		.622485		2.268591		.010604
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	140,469	6,298	16,385	36,203	42,319	5,298	18,980
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.071615		2.169923		52.980000	
(WRKSHT B, PT III)	.260608		.031029		.353788		.001336

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS %)
GENERAL SERVICE COST	18
003 NEW CAP REL COSTS-BLD	
004 NEW CAP REL COSTS-MVB	
005 EMPLOYEE BENEFITS	
006 01 ADMINITTING	
006 02 OTHER ADMINISTRATIVE	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	100
INPAT ROUTINE SRVC CN	
025 ADULTS & PEDIATRICS	100
026 INTENSIVE CARE UNIT	
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE	
033 NURSERY	
ANCILLARY SRVC COST CENTER	
041 RADIOLOGY-DIAGNOSTIC	
044 LABORATORY	
049 RESPIRATORY THERAPY	
050 PHYSICAL THERAPY	
051 OCCUPATIONAL THERAPY	
052 SPEECH PATHOLOGY	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	
056 DRUGS CHARGED TO PATIENT	
059 PSYCHIATRIC/PSYCHOLOGIST	
059 01 HEMODIALYSIS & OTHER SPEC PURPOSE COST CENTER	
095 SUBTOTALS	100
NONREIMBURS COST CENTER	
096 GIFT, FLOWER, COFFEE	
098 PHYSICIANS' PRIVATE OFFICE	
100 MARKETING/PUBLIC RELATIONS	
100 01 LHI GENERATIONS UNIT	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	334,516
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3,345.160000
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)	9,395
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	93.950000

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	83,645	7,881	75,764			83,645
44	LABORATORY	77,789	1,698	76,091			77,789
49	RESPIRATORY THERAPY	20,752	6,400	14,352			20,752
50	PHYSICAL THERAPY	1,100,703	180,486	920,217			1,100,703
51	OCCUPATIONAL THERAPY	914,989	90,670	824,319			914,989
52	SPEECH PATHOLOGY	161,302	11,330	149,972			161,302
55	MEDICAL SUPPLIES CHARGED	197,125	37,605	159,520			197,125
56	DRUGS CHARGED TO PATIENTS	328,266	13,690	314,576			328,266
59	PSYCHIATRIC/PSYCHOLOGICAL	96,864	3,751	93,113			96,864
59	01 HEMODIALYSIS & OTHER ANCI OTHER REIMBURS COST CNTRS	160,602	18,901	141,701			160,602
101	SUBTOTAL	3,142,037	372,412	2,769,625			3,142,037
102	LESS OBSERVATION BEDS						
103	TOTAL	3,142,037	372,412	2,769,625			3,142,037

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	83,645	7,881	75,764	788	4,394	78,463
44	LABORATORY	77,789	1,698	76,091	170	4,413	73,206
49	RESPIRATORY THERAPY	20,752	6,400	14,352	640	832	19,280
50	PHYSICAL THERAPY	1,100,703	180,486	920,217	18,049	53,373	1,029,281
51	OCCUPATIONAL THERAPY	914,989	90,670	824,319	9,067	47,811	858,111
52	SPEECH PATHOLOGY	161,302	11,330	149,972	1,133	8,698	151,471
55	MEDICAL SUPPLIES CHARGED	197,125	37,605	159,520	3,761	9,252	184,112
56	DRUGS CHARGED TO PATIENTS	328,266	13,690	314,576	1,369	18,245	308,652
59	PSYCHIATRIC/PSYCHOLOGICAL	96,864	3,751	93,113	375	5,401	91,088
59	01 HEMODIALYSIS & OTHER ANCI	160,602	18,901	141,701	1,890	8,219	150,493
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,142,037	372,412	2,769,625	37,242	160,638	2,944,157
102	LESS OBSERVATION BEDS						
103	TOTAL	3,142,037	372,412	2,769,625	37,242	160,638	2,944,157

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	7	8	9	OUTPUT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	293,756		.267103			.282061
44	LABORATORY	348,788		.209887			.222539
49	RESPIRATORY THERAPY	73,246		.263223			.274582
50	PHYSICAL THERAPY	2,342,032		.439482			.462271
51	OCCUPATIONAL THERAPY	2,499,244		.343348			.362478
52	SPEECH PATHOLOGY	483,805		.313083			.331061
55	MEDICAL SUPPLIES CHARGED	115,015		1.600765		1.681207	
56	DRUGS CHARGED TO PATIENTS	1,605,972		.192190			.203551
59	PSYCHIATRIC/PSYCHOLOGICAL	80,178		1.136072		1.203435	
59	01 HEMODIALYSIS & OTHER ANCI	260,945		.576723			.608220
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	8,102,981					
102	LESS OBSERVATION BEDS						
103	TOTAL	8,102,981					

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	7,708	4,482			29.84	133,743
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	7,708	4,482				133,743

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					7,708	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL					7,708	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	4,482
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	4,482	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
01	HEMODIALYSIS & OTHER ANCI						
	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
41	ANCILLARY SRVC COST CNTRS			293,756			163,964	
44	RADIOLOGY-DIAGNOSTIC			348,788			206,470	
49	LABORATORY			73,246			18,403	
50	RESPIRATORY THERAPY			2,342,032			1,255,157	
51	PHYSICAL THERAPY			2,499,244			1,369,694	
52	OCCUPATIONAL THERAPY			483,805			243,644	
55	SPEECH PATHOLOGY			115,015			99,662	
56	MEDICAL SUPPLIES CHARGED			1,605,972			916,482	
59	DRUGS CHARGED TO PATIENTS			80,178			37,817	
59	01 PSYCHIATRIC/PSYCHOLOGICAL HEMODIALYSIS & OTHER ANCI			260,945			180,170	
101	OTHER REIMBURS COST CNTRS TOTAL			8,102,981			4,491,463	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	01 PSYCHIATRIC/PSYCHOLOGICAL						
	HEMODIALYSIS & OTHER ANCI						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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	7,708	72			29.84	2,148
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	7,708	72				2,148

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-3030
PERIOD: FROM 10/1/2006 TO 9/30/2007
PREPARED 5/17/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					7,708	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL					7,708	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	72
26	INTENSIVE CARE UNIT		8
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		72

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS						
59	PSYCHIATRIC/PSYCHOLOGICAL						
01	HEMODIALYSIS & OTHER ANCI						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
41	ANCILLARY SRVC COST CNTRS			293,756			377	
44	RADIOLOGY-DIAGNOSTIC			348,788			5,083	
49	LABORATORY			73,246			310	
50	RESPIRATORY THERAPY			2,342,032			23,240	
51	PHYSICAL THERAPY			2,499,244			23,915	
52	OCCUPATIONAL THERAPY			483,805			8,283	
55	SPEECH PATHOLOGY			115,015			1,134	
56	MEDICAL SUPPLIES CHARGED			1,605,972			29,166	
59	DRUGS CHARGED TO PATIENTS			80,178			1,691	
59	01 PSYCHIATRIC/PSYCHOLOGICAL			260,945			5,697	
59	HEMODIALYSIS & OTHER ANCI							
59	OTHER REIMBURS COST CNTRS							
101	TOTAL			8,102,981			98,896	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
49	LABORATORY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	258					
52	OCCUPATIONAL THERAPY						
55	SPEECH PATHOLOGY						
56	MEDICAL SUPPLIES CHARGED						
59	DRUGS CHARGED TO PATIENTS	357					
59	PSYCHIATRIC/PSYCHOLOGICAL						
01	HEMODIALYSIS & OTHER ANCI						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	615					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY		113			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		69			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59	01 HEMODIALYSIS & OTHER ANCILLARY					
101	SUBTOTAL		182			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		182			

TITLE XVIII PART A HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
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	565.10
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	4,355,789			
87	NEW CAPITAL-RELATED COST	230,017	.052807		
88	NON PHYSICIAN ANESTHETIST	4,355,789			
89	MEDICAL EDUCATION	4,355,789			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
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	565.10
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	4,355,789			
87	NEW CAPITAL-RELATED COST	230,017	.052807		
88	NON PHYSICIAN ANESTHETIST	4,355,789			
89	MEDICAL EDUCATION	4,355,789			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,487,159
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,494,344
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-7,185
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	703
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF) OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
33	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
44	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		20,557,903		
2 NET INCOME (LOSS)		204,038		
3 TOTAL ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		20,761,941		
4				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		20,761,941		
12				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		20,761,941		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	14,204,249
2	LESS: ALLOWANCES AND DISCOUNTS ON	6,140,920
3	NET PATIENT REVENUES	8,063,329
4	LESS: TOTAL OPERATING EXPENSES	8,215,319
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-151,990
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	64,518
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	2,474
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDI NG MACHI NES	35
22	RENTAL OF HOSPITAL SPACE	274,131
23	GOVERNMENTAL APPROPRI ATIONS	
24	MI SCELLANEOUS	18,261
25	TOTAL OTHER INCOME	359,419
26	TOTAL	207,429
27	OTHER EXPENSES	
28	BAD DEBTS	3,391
29		
30	TOTAL OTHER EXPENSES	3,391
31	NET INCOME (OR LOSS) FOR THE PERIO	204,038