

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	I	15-3040	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/ 9/2008 TIME 16:21

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:
DOCTOR'S HOSPITAL 15-3040
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 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.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX		
		1	2	3	4	0	0	
1	HOSPITAL	0		333,585		0		0
100	TOTAL	0		333,585		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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-3040
 I PERIOD: FROM 1/1/2007 TO 12/31/2007
 I PREPARED 6/16/2008
 I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 411 SOUTH WHITLOCK STREET P.O. BOX:
 1.01 CITY: BREMEN STATE: IN ZIP CODE: 45606- COUNTY: MARSHALL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	DOCTOR'S HOSPITAL	15-3040	2.01	6/20/2006	V XVIII XIX 4 5 6 N P P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2007 TO: 12/31/2007
 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. 2 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 2

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 2

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. //

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET 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? 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-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) N

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) N

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 //

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET S-2
 I I TO 12/31/2007 I

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	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	0.0000	0.0000	
		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)	N			
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).	N			
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	N			
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			
M.	LANEOUS 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	Y	Y		
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	Y			
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			
		V	XVIII	XIX	
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
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	N	N	

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-3040
 I PERIOD: FROM 1/1/2007 TO 12/31/2007
 I PREPARED 6/16/2008
 I WORKSHEET S-2

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 39 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII 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-I, 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 N
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
- 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? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, 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 NHCNQ 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: 20,676
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
- 55 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. DATE Y OR N LIMIT Y OR N FEES
- 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. N 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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)(ii)(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 N 0
- 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 N
- 60.01 IF LINE 60 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)(ii)(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 N 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005)
 PROVIDER NO: 15-3040 I PERIOD: 1/1/2007 TO 12/31/2007
 PREPARED 6/16/2008
 WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
ADULTS & PEDIATRICS	1	20	2.01	3	4	3,283	5
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS	20	7,300				3,283	76
TOTAL	20	7,300				3,283	76
RPCH VISITS							
HOME HEALTH AGENCY							
AMBULATORY SURGICAL CENTER (
HOSPICE							
CORF							
TOTAL	20						
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. TOTAL	FTES -- LESS I&R REPL NON-PHYS ANES
ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
HMO			4,693				
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS			4,693				
TOTAL			4,693				
RPCH VISITS							
HOME HEALTH AGENCY							
AMBULATORY SURGICAL CENTER (
HOSPICE							
CORF							
TOTAL							
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
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
ADULTS & PEDIATRICS	9	10	11	12	13	14	15
HMO					250	8	380
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS		40.56			250	8	380
TOTAL		40.56			250	8	380
RPCH VISITS							
HOME HEALTH AGENCY							
AMBULATORY SURGICAL CENTER (
HOSPICE							
CORF							
TOTAL		40.56					
OBSERVATION BED DAYS							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET S-3
 I I TO 12/31/2007 I PARTS II & III

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	1,577,409		1,577,409	84,363.00	18.70	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
7 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
8.01 EXCLUDED AREA SALARIES						
9 OTHER WAGES & RELATED COSTS CONTRACT LABOR:	624,448		624,448	16,991.00	36.75	
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)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	463,819		463,819			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS						CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
20 PHYSICIAN PART B						CMS 339
20.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS						
24 ADMINISTRATIVE & GENERAL	495,098		495,098	22,800.00	21.71	
22.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	57,797		57,797	3,028.00	19.09	
27 LAUNDRY & LINEN SERVICE						
28 HOUSEKEEPING	50,325		50,325	4,651.00	10.82	
26.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	108,172		108,172	8,841.00	12.24	
27.01 DIETARY UNDER CONTRACT						
30 CAFETERIA						
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	42,631		42,631	1,440.00	29.60	
33 CENTRAL SERVICE AND SUPPLY						
34 PHARMACY						
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	57,296		57,296	2,080.00	27.55	
36 SOCIAL SERVICE	43,051		43,051	2,080.00	20.70	
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	1,577,409		1,577,409	84,363.00	18.70	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	1,577,409		1,577,409	84,363.00	18.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	624,448		624,448	16,991.00	36.75	
5 SUBTOTAL WAGE-RELATED COSTS	463,819		463,819		29.40	
6 TOTAL	2,665,676		2,665,676	101,354.00	26.30	
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	854,370		854,370	44,920.00	19.02	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET A
 I TO 12/31/2007 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
0100	OLD CAP REL COSTS-BLDG & FIXT					
0200	OLD CAP REL COSTS-MVBLE EQUIP					
0300	NEW CAP REL COSTS-BLDG & FIXT				458,274	458,274
0400	NEW CAP REL COSTS-MVBLE EQUIP				-264,584	102,956
0500	EMPLOYEE BENEFITS		367,540	367,540		478,983
0600	ADMINISTRATIVE & GENERAL	495,098	1,598,117	2,093,215	-541,290	1,551,925
0700	MAINTENANCE & REPAIRS		53,729	53,729		53,729
0800	OPERATION OF PLANT	57,797	120,105	177,902		177,902
0900	LAUNDRY & LINEN SERVICE		25,990	25,990	25,990	51,980
1000	HOUSEKEEPING	50,325	15,500	65,825		65,825
1100	DIETARY	108,172	64,291	172,463	14,528	186,991
1200	CAFETERIA					
1300	MAINTENANCE OF PERSONNEL					
1400	NURSING ADMINISTRATION	42,631	201,456	244,087		244,087
1500	CENTRAL SERVICES & SUPPLY					
1600	PHARMACY					
1700	MEDICAL RECORDS & LIBRARY	57,296		57,296		57,296
1800	SOCIAL SERVICE	43,051		43,051		43,051
2500	INPAT ROUTINE SRVC CNTRS	723,039	481,841	1,204,880	9,390	1,214,270
	ADULTS & PEDIATRICS					
	ANCILLARY SRVC COST CNTRS					
4100	RADIOLOGY-DIAGNOSTIC		25,962	25,962		25,962
4200	RADIOLOGY-THERAPEUTIC					
4300	RADIOISOTOPE					
4400	LABORATORY		52,580	52,580		52,580
4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
4700	BLOOD STORING, PROCESSING & TRANS.					
4800	INTRAVENOUS THERAPY					
4900	RESPIRATORY THERAPY					
5000	PHYSICAL THERAPY				271,375	271,375
5100	OCCUPATIONAL THERAPY				277,280	277,280
5200	SPEECH PATHOLOGY				25,885	25,885
5300	ELECTROCARDIOLOGY					
5400	ELECTROENCEPHALOGRAPHY					
5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
5600	DRUGS CHARGED TO PATIENTS					
5700	RENAL DIALYSIS					
5800	ASC (NON-DISTINCT PART)					
6000	OUTPAT SERVICE COST CNTRS					
6000	CLINIC					
6100	EMERGENCY					
6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
6400	HOME PROGRAM DIALYSIS					
6500	AMBULANCE SERVICES		37,094	37,094		37,094
6600	DURABLE MEDICAL EQUIP-RENTED					
6700	DURABLE MEDICAL EQUIP-SOLD					
6900	CORF					
7000	I&R SERVICES-NOT APPRVD PRGM					
7100	HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
8200	LUNG ACQUISITION					
8300	KIDNEY ACQUISITION					
8400	LIVER ACQUISITION					
8500	HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
8600	OTHER ORGAN ACQUISITION					
8800	INTEREST EXPENSE		276,848	276,848	-276,848	
8900	UTILIZATION REVIEW-SNF					
9000	OTHER CAPITAL RELATED COSTS					
9200	AMBULATORY SURGICAL CENTER (D.P.)					
9300	HOSPICE					
9500	SUBTOTALS	1,577,409	3,800,036	5,377,445	-0-	5,377,445
	NONREIMBURS COST CENTERS					
9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
9700	RESEARCH					
9800	PHYSICIANS' PRIVATE OFFICES					
9900	NONPAID WORKERS					
101	TOTAL	1,577,409	3,800,036	5,377,445	-0-	5,377,445

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I PERIOD:
I 15-3040 I FROM 1/ 1/2007
I I TO 12/31/2007 II PREPARED 6/16/2008
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT		
0200	OLD CAP REL COSTS-MVBLE EQUIP		
0300	NEW CAP REL COSTS-BLDG & FIXT		458,274
0400	NEW CAP REL COSTS-MVBLE EQUIP		102,956
0500	EMPLOYEE BENEFITS		478,983
0600	ADMINISTRATIVE & GENERAL	-64,086	1,487,839
0700	MAINTENANCE & REPAIRS		53,729
0800	OPERATION OF PLANT		177,902
0900	LAUNDRY & LINEN SERVICE		51,980
1000	HOUSEKEEPING		65,825
1100	DIETARY	-2,324	184,667
1200	CAFETERIA		
1300	MAINTENANCE OF PERSONNEL		
1400	NURSING ADMINISTRATION		244,087
1500	CENTRAL SERVICES & SUPPLY		
1600	PHARMACY		
1700	MEDICAL RECORDS & LIBRARY	-305	56,991
1800	SOCIAL SERVICE		43,051
2500	INPAT ROUTINE SRVC CNTRS		1,214,270
4100	ADULTS & PEDIATRICS		
4200	ANCILLARY SRVC COST CNTRS		25,962
4300	RADIOLOGY-DIAGNOSTIC		
4400	RADIOLOGY-THERAPEUTIC		
4500	RADIOISOTOPE		
4600	LABORATORY		52,580
4700	PBP CLINICAL LAB SERVICES-PRGM ONLY		
4800	WHOLE BLOOD & PACKED RED BLOOD CELLS		
4900	BLOOD STORING, PROCESSING & TRANS.		
5000	INTRAVENOUS THERAPY		
5100	RESPIRATORY THERAPY		271,375
5200	PHYSICAL THERAPY		277,280
5300	OCCUPATIONAL THERAPY		25,885
5400	SPEECH PATHOLOGY		
5500	ELECTROCARDIOLOGY		
5600	ELECTROENCEPHALOGRAPHY		
5700	MEDICAL SUPPLIES CHARGED TO PATIENTS		
5800	DRUGS CHARGED TO PATIENTS		
6000	RENAL DIALYSIS		
6100	ASC (NON-DISTINCT PART)		
6200	OUTPAT SERVICE COST CNTRS		
6400	CLINIC		
6500	EMERGENCY		
6600	OBSERVATION BEDS (NON-DISTINCT PART)		
6700	OTHER REIMBURS COST CNTRS		
6800	HOME PROGRAM DIALYSIS		
6900	AMBULANCE SERVICES		37,094
7000	DURABLE MEDICAL EQUIP-RENTED		
7100	DURABLE MEDICAL EQUIP-SOLD		
8200	CORF		
8300	I&R SERVICES-NOT APPRVD PRGM		
8400	HOME HEALTH AGENCY		
8500	SPEC PURPOSE COST CENTERS		
8600	LUNG ACQUISITION		
8700	KIDNEY ACQUISITION		
8800	LIVER ACQUISITION		
8900	HEART ACQUISITION		
9000	PANCREAS ACQUISITION		
9100	OTHER ORGAN ACQUISITION		
9200	INTEREST EXPENSE		-0-
9300	UTILIZATION REVIEW-SNF		-0-
9400	OTHER CAPITAL RELATED COSTS		-0-
9500	AMBULATORY SURGICAL CENTER (D.P.)		
9600	HOSPICE		
9700	SUBTOTALS	-66,715	5,310,730
9800	NONREIMBURS COST CENTERS		
9900	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
1000	RESEARCH		
1010	PHYSICIANS' PRIVATE OFFICES		
1020	NONPAID WORKERS		
1030	TOTAL	-66,715	5,310,730

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
	HOME PROGRAM DIALYSIS	6400	
	AMBULANCE SERVICES	6500	
	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 153040	IN LIEU OF FORM CMS-2552-96 (09/1996) PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 6/16/2008 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 THERAPY RECLASS	A	PHYSICAL THERAPY	50			271,375
2		OCCUPATIONAL THERAPY	51			277,280
3		SPEECH PATHOLOGY	52			25,885
4 DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			264,584
5 INTEREST EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3			193,690
6		ADMINISTRATIVE & GENERAL	6			83,158
7 DIETARY RECLASS	D	DIETARY	11			14,528
8 LAUNDRY RECLASS	E	LAUNDRY & LINEN SERVICE	9			25,990
9 NURSING RECLASS	F	ADULTS & PEDIATRICS	25			9,390
36 TOTAL RECLASSIFICATIONS						1,165,880

(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		SALARY	OTHER	A-7 REF 10
			LINE NO	7			
1 THERAPY RECLASS	A	ADMINISTRATIVE & GENERAL	6			574,540	
2							
3							
4 DEPRECIATION EXPENSE	B	NEW CAP REL COSTS-MVBLE EQUIP	4			264,584	9
5 INTEREST EXPENSE	C	INTEREST EXPENSE	88			276,848	11
6							
7 DIETARY RECLASS	D	ADMINISTRATIVE & GENERAL	6			14,528	
8 LAUNDRY RECLASS	E	ADMINISTRATIVE & GENERAL	6			25,990	
9 NURSING RECLASS	F	ADMINISTRATIVE & GENERAL	6			9,390	
36 TOTAL RECLASSIFICATIONS						1,165,880	

(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: 153040	IN LIEU OF FORM CMS-2552-96 (09/1996) PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 6/16/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : THERAPY RECLASS

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	PHYSICAL THERAPY	50	271,375
2.00	OCCUPATIONAL THERAPY	51	277,280
3.00	SPEECH PATHOLOGY	52	25,885
TOTAL RECLASSIFICATIONS FOR CODE A			574,540

DECREASE		LINE	AMOUNT
COST CENTER			
ADMINISTRATIVE & GENERAL		6	574,540
			0
			0
			574,540

RECLASS CODE: B
EXPLANATION : DEPRECIATION EXPENSE

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	264,584
TOTAL RECLASSIFICATIONS FOR CODE B			264,584

DECREASE		LINE	AMOUNT
COST CENTER			
NEW CAP REL COSTS-MVBLE EQUIP		4	264,584
			264,584

RECLASS CODE: C
EXPLANATION : INTEREST EXPENSE

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	193,690
2.00	ADMINISTRATIVE & GENERAL	6	83,158
TOTAL RECLASSIFICATIONS FOR CODE C			276,848

DECREASE		LINE	AMOUNT
COST CENTER			
INTEREST EXPENSE		88	276,848
			0
			276,848

RECLASS CODE: D
EXPLANATION : DIETARY RECLASS

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	DIETARY	11	14,528
TOTAL RECLASSIFICATIONS FOR CODE D			14,528

DECREASE		LINE	AMOUNT
COST CENTER			
ADMINISTRATIVE & GENERAL		6	14,528
			14,528

RECLASS CODE: E
EXPLANATION : LAUNDRY RECLASS

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	LAUNDRY & LINEN SERVICE	9	25,990
TOTAL RECLASSIFICATIONS FOR CODE E			25,990

DECREASE		LINE	AMOUNT
COST CENTER			
ADMINISTRATIVE & GENERAL		6	25,990
			25,990

RECLASS CODE: F
EXPLANATION : NURSING RECLASS

INCREASE		LINE	AMOUNT
LINE	COST CENTER		
1.00	ADULTS & PEDIATRICS	25	9,390
TOTAL RECLASSIFICATIONS FOR CODE F			9,390

DECREASE		LINE	AMOUNT
COST CENTER			
ADMINISTRATIVE & GENERAL		6	9,390
			9,390

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		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	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	900,000					900,000	
4	BUILDING IMPROVEMEN	425,837	1,311		1,311		427,148	
5	FIXED EQUIPMENT	58,465	50,816		50,816		109,281	
6	MOVABLE EQUIPMENT	34,228	13,775		13,775		48,003	
7	SUBTOTAL	1,418,530	65,902		65,902		1,484,432	
8	RECONCILING ITEMS							
9	TOTAL	1,418,530	65,902		65,902		1,484,432	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	900,000		900,000				
	NEW CAP REL COSTS-MV	157,284		157,284				
	TOTAL	1,057,284		1,057,284				

DESCRIPTION

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	264,584		193,690				458,274
	NEW CAP REL COSTS-MV	102,956						102,956
	TOTAL	367,540		193,690				561,230

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV	367,540						367,540
	TOTAL	367,540						367,540

* 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

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET A-8
 I I TO 12/31/2007 I

IN LIEU OF FORM CMS-2552-96(05/1999)

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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					
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-2,324	DIETARY		11	
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	-305	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			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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	A	-45,348	ADMINISTRATIVE & GENERAL		6	
38 PROMOTIONAL	A	-4,264	ADMINISTRATIVE & GENERAL		6	
39 INTEREST INCOME	B	-1,733	ADMINISTRATIVE & GENERAL		6	
40 MISC INCOME	B	-5,270	ADMINISTRATIVE & GENERAL		6	
41 PENALTIES AND SETTLEMENTS	A	-7,471	ADMINISTRATIVE & GENERAL		6	
42 OTHER ADJUSTMENTS (SPECIFY)						
OTHER ADJUSTMENTS (SPECIFY)						
OTHER ADJUSTMENTS (SPECIFY)						
OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-66,715				

(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

COST ALLOCATION STATISTICS

IN LIEU OF FORM CMS-2552-96(9/1997)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	NOT ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	NOT ENTERED
16	PHARMACY	16	PATIENT	DAYS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	PATIENT	DAYS	ENTERED
18	SOCIAL SERVICE	16	PATIENT	DAYS	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-3040 I PERIOD: FROM 1/1/2007 TO 12/31/2007 I PREPARED 6/16/2008 I WORKSHEET B I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	EMPLOYEE BENE FITS	SUBTOTAL
002 GENERAL SERVICE COST CNTR									5a.00
003 OLD CAP REL COSTS-BLDG &									
004 OLD CAP REL COSTS-MVBLE E									
005 NEW CAP REL COSTS-BLDG &	458,274				458,274				
006 NEW CAP REL COSTS-MVBLE E	102,956					102,956			
007 EMPLOYEE BENEFITS	478,983				4,008	900	483,891		
008 ADMINISTRATIVE & GENERAL	1,487,839				62,702	14,087	151,878		1,716,506
009 MAINTENANCE & REPAIRS	53,729				6,165	1,385			61,279
010 OPERATION OF PLANT	177,902				48,306	10,852		17,730	254,790
011 LAUNDRY & LINEN SERVICE	51,980								51,980
012 HOUSEKEEPING	65,825							15,438	81,263
013 DIETARY	184,667				51,728	11,621		33,183	281,199
014 CAFETERIA									
015 MAINTENANCE OF PERSONNEL									
016 NURSING ADMINISTRATION	244,087				22,627	5,083		13,078	284,875
017 CENTRAL SERVICES & SUPPLY									
018 PHARMACY									
025 MEDICAL RECORDS & LIBRARY	56,991				4,008	900		17,576	79,475
041 SOCIAL SERVICE	43,051							13,206	56,257
042 INPAT ROUTINE SRVC CNTRS									
043 ADULTS & PEDIATRICS	1,214,270				186,872	41,985	221,802		1,664,929
044 ANCILLARY SRVC COST CNTRS									
045 RADIOLOGY-DIAGNOSTIC	25,962								25,962
046 RADIOLOGY-THERAPEUTIC									
047 RADIOISOTOPE									
048 LABORATORY	52,580								52,580
049 PBP CLINICAL LAB SERVICES									
050 WHOLE BLOOD & PACKED RED									
051 BLOOD STORING, PROCESSING									
052 INTRAVENOUS THERAPY									
053 RESPIRATORY THERAPY									
054 PHYSICAL THERAPY	271,375				33,941	7,625			312,941
055 OCCUPATIONAL THERAPY	277,280				34,680	7,791			319,751
056 SPEECH PATHOLOGY	25,885				3,237	727			29,849
057 ELECTROCARDIOLOGY									
058 ELECTROENCEPHALOGRAPHY									
060 MEDICAL SUPPLIES CHARGED									
061 DRUGS CHARGED TO PATIENTS									
062 RENAL DIALYSIS									
063 ASC (NON-DISTINCT PART)									
064 OUTPAT SERVICE COST CNTRS									
065 CLINIC									
066 EMERGENCY									
067 OBSERVATION BEDS (NON-DIS									
068 OTHER REIMBURS COST CNTRS									
069 HOME PROGRAM DIALYSIS									
070 AMBULANCE SERVICES	37,094								37,094
071 DURABLE MEDICAL EQUIP-REN									
072 DURABLE MEDICAL EQUIP-SOL									
073 CORF									
074 I&R SERVICES-NOT APPRVD P									
075 HOME HEALTH AGENCY									
076 LUNG ACQUISITION									
077 SPEC PURPOSE COST CENTERS									
078 KIDNEY ACQUISITION									
079 LIVER ACQUISITION									
080 HEART ACQUISITION									
081 PANCREAS ACQUISITION									
082 OTHER ORGAN ACQUISITION									
083 AMBULATORY SURGICAL CENTE									
084 HOSPICE									
085 SUBTOTALS	5,310,730				458,274	102,956	483,891		5,310,730
086 NONREIMBURS COST CENTERS									
087 GIFT, FLOWER, COFFEE SHOP									
088 RESEARCH									
089 PHYSICIANS' PRIVATE OFFIC									
090 NONPAID WORKERS									
091 CROSS FOOT ADJUSTMENT									
092 NEGATIVE COST CENTER									
093 TOTAL	5,310,730				458,274	102,956	483,891		5,310,730

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	1,716,506						
008 MAINTENANCE & REPAIRS	29,265	90,544					
009 OPERATTON OF PLANT	121,681	11,349	387,820				
010 LAUNDRY & LINEN SERVICE	24,824			76,804			
011 HOUSEKEEPING	38,809				120,072		
012 DIETARY	134,293	12,153	59,512		18,425	505,582	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	136,049	5,316	26,032		8,060		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	37,955	942	4,611		1,427		
025 SOCIAL SERVICE	26,867						
041 INPAT ROUTINE SRVC CNTRS							
042 ADULTS & PEDIATRICS	795,127	43,902	214,994	76,804	66,564	505,582	
043 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC	12,399						
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	25,111						
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY	149,452	7,974	39,048		12,090		
054 OCCUPATIONAL THERAPY	152,704	8,148	39,899		12,353		
055 SPEECH PATHOLOGY	14,255	760	3,724		1,153		
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES	17,715						
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	1,716,506	90,544	387,820	76,804	120,072	505,582	
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 CROSS FOOT ADJUSTMENT							
091 NEGATIVE COST CENTER							
092 TOTAL	1,716,506	90,544	387,820	76,804	120,072	505,582	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		460,332					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY					124,410		
018 MEDICAL RECORDS & LIBRARY						83,124	
025 SOCIAL SERVICE							
041 INPAT ROUTINE SRVC CNTRS							
042 ADULTS & PEDIATRICS		460,332			124,410	83,124	4,035,768
043 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							38,361
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY							77,691
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							521,505
052 RESPIRATORY THERAPY							532,855
053 PHYSICAL THERAPY							49,741
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY							
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
065 ASC (NON-DISTINCT PART)							
066 OUTPAT SERVICE COST CNTRS							
067 CLINIC							
068 EMERGENCY							
069 OBSERVATION BEDS (NON-DIS							
070 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
072 AMBULANCE SERVICES							54,809
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 CORF							
076 I&R SERVICES-NOT APPRVD P							
077 HOME HEALTH AGENCY							
078 LUNG ACQUISITION							
079 SPEC PURPOSE COST CENTERS							
080 KIDNEY ACQUISITION							
081 LIVER ACQUISITION							
082 HEART ACQUISITION							
083 01 PANCREAS ACQUISITION							
084 OTHER ORGAN ACQUISITION							
085 AMBULATORY SURGICAL CENTE							
086 HOSPICE							
087 SUBTOTALS		460,332			124,410	83,124	5,310,730
088 NONREIMBURS COST CENTERS							
089 GIFT, FLOWER, COFFEE SHOP							
090 RESEARCH							
091 PHYSICIANS' PRIVATE OFFIC							
092 NONPAID WORKERS							
093 CROSS FOOT ADJUSTMENT							
094 NEGATIVE COST CENTER							
095 TOTAL		460,332			124,410	83,124	5,310,730

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		4,035,768
041 ADULTS & PEDIATRICS		
042 ANCELLARY SRVC COST CNTRS		38,361
043 RADIOLOGY-DIAGNOSTIC		
044 RADIOLOGY-THERAPEUTIC		
045 RADIOISOTOPE		
046 LABORATORY		77,691
047 PBP CLINICAL LAB SERVICES		
048 WHOLE BLOOD & PACKED RED		
049 BLOOD STORING, PROCESSING		
050 INTRAVENOUS THERAPY		
051 RESPIRATORY THERAPY		
052 PHYSICAL THERAPY		521,505
053 OCCUPATIONAL THERAPY		532,855
054 SPEECH PATHOLOGY		49,741
055 ELECTROCARDIOLOGY		
056 ELECTROENCEPHALOGRAPHY		
057 MEDICAL SUPPLIES CHARGED		
058 DRUGS CHARGED TO PATIENTS		
060 RENAL DIALYSIS		
061 ASC (NON-DISTINCT PART)		
062 OUTPAT SERVICE COST CNTRS		
063 CLINIC		
064 EMERGENCY		
065 OBSERVATION BEDS (NON-DIS		
066 OTHER REIMBURS COST CNTRS		
067 HOME PROGRAM DIALYSIS		
068 AMBULANCE SERVICES		54,809
069 DURABLE MEDICAL EQUIP-REN		
070 DURABLE MEDICAL EQUIP-SOL		
071 CORF		
072 I&R SERVICES-NOT APPRVD P		
073 HOME HEALTH AGENCY		
074 LUNG ACQUISITION		
075 SPEC PURPOSE COST CENTERS		
076 KIDNEY ACQUISITION		
077 LIVER ACQUISITION		
078 HEART ACQUISITION		
079 01 PANCREAS ACQUISITION		
080 OTHER ORGAN ACQUISITION		
081 AMBULATORY SURGICAL CENTE		
082 HOSPICE		
083 SUBTOTALS		5,310,730
084 NONREIMBURS COST CENTERS		
085 GIFT, FLOWER, COFFEE SHOP		
086 RESEARCH		
087 PHYSICIANS' PRIVATE OFFIC		
088 NONPAID WORKERS		
089 CROSS FOOT ADJUSTMENT		
090 NEGATIVE COST CENTER		
091 TOTAL		5,310,730

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE FITS
		NEW CAPITAL REL COSTS	OSTS-BLDG & 1	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4		
00	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS				4,008	900	4,908	4,908
007	ADMINISTRATIVE & GENERAL				62,702	14,087	76,789	1,540
008	MAINTENANCE & REPAIRS				6,165	1,385	7,550	
009	OPERATION OF PLANT				48,306	10,852	59,158	180
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							157
012	DIETARY				51,728	11,621	63,349	337
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION				22,627	5,083	27,710	133
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY				4,008	900	4,908	178
018	SOCIAL SERVICE							134
025	INPAT ROUTINE SRVC CNTRS							
041	ADULTS & PEDIATRICS				186,872	41,985	228,857	2,249
042	ANCILLARY SRVC COST CNTRS							
043	RADIOLOGY-DIAGNOSTIC							
044	RADIOLOGY-THERAPEUTIC							
045	RADIOISOTOPE							
046	LABORATORY							
047	PBP CLINICAL LAB SERVICES							
048	WHOLE BLOOD & PACKED RED							
049	BLOOD STORING, PROCESSING							
050	INTRAVENOUS THERAPY							
051	RESPIRATORY THERAPY							
052	PHYSICAL THERAPY				33,941	7,625	41,566	
053	OCCUPATIONAL THERAPY				34,680	7,791	42,471	
054	SPEECH PATHOLOGY				3,237	727	3,964	
055	ELECTROCARDIOLOGY							
056	ELECTROENCEPHALOGRAPHY							
057	MEDICAL SUPPLIES CHARGED							
058	DRUGS CHARGED TO PATIENTS							
060	RENAL DIALYSIS							
061	ASC (NON-DISTINCT PART)							
062	OUTPAT SERVICE COST CNTRS							
063	CLINIC							
064	EMERGENCY							
065	OBSERVATION BEDS (NON-DIS							
066	OTHER REIMBURS COST CNTRS							
067	HOME PROGRAM DIALYSIS							
068	AMBULANCE SERVICES							
069	DURABLE MEDICAL EQUIP-REN							
070	DURABLE MEDICAL EQUIP-SOL							
071	CORF							
072	I&R SERVICES-NOT APPRVD P							
073	HOME HEALTH AGENCY							
074	LUNG ACQUISITION							
075	SPEC PURPOSE COST CENTERS							
076	KIDNEY ACQUISITION							
077	LIVER ACQUISITION							
078	HEART ACQUISITION							
079	01 PANCREAS ACQUISITION							
080	OTHER ORGAN ACQUISITION							
081	AMBULATORY SURGICAL CENTE							
082	HOSPICE							
083	SUBTOTALS				458,274	102,956	561,230	4,908
084	NONREIMBURS COST CENTERS							
085	GIFT, FLOWER, COFFEE SHOP							
086	RESEARCH							
087	PHYSICIANS' PRIVATE OFFIC							
088	NONPAID WORKERS							
089	CROSS FOOT ADJUSTMENTS							
090	NEGATIVE COST CENTER							
091	TOTAL				458,274	102,956	561,230	4,908

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	78,329						
008 MAINTENANCE & REPAIRS	1,335	8,885					
009 OPERATION OF PLANT	5,553	1,114	66,005				
010 LAUNDRY & LINEN SERVICE	1,133			1,133			
011 HOUSEKEEPING	1,771				1,928		
012 DIETARY	6,128	1,193	10,129		296	81,432	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	6,208	522	4,431		129		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	1,732	92	785		23		
025 SOCIAL SERVICE	1,226						
041 INPAT ROUTINE SRVC CNTRS							
042 ADULTS & PEDIATRICS	36,285	4,307	36,589	1,133	1,069	81,432	
043 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC	566						
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	1,146						
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY	6,820	782	6,646		194		
054 OCCUPATIONAL THERAPY	6,968	800	6,791		198		
055 SPEECH PATHOLOGY	650	75	634		19		
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES	808						
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	78,329	8,885	66,005	1,133	1,928	81,432	
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 CROSS FOOT ADJUSTMENTS							
091 NEGATIVE COST CENTER							
092 TOTAL	78,329	8,885	66,005	1,133	1,928	81,432	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL
	13	14	15	16	17	18	25
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		39,133					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					7,718		
025 SOCIAL SERVICE						1,360	
041 INPAT ROUTINE SRVC CNTRS							
042 ADULTS & PEDIATRICS		39,133			7,718	1,360	440,132
043 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							566
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY							1,146
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY							56,008
054 OCCUPATIONAL THERAPY							57,228
055 SPEECH PATHOLOGY							5,342
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							808
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS		39,133			7,718	1,360	561,230
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 CROSS FOOT ADJUSTMENTS							
091 NEGATIVE COST CENTER							
092 TOTAL		39,133			7,718	1,360	561,230

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
001 GENERAL SERVICE COST CNTR		
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
008 MAINTENANCE & REPAIRS		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
013 CAFETERIA		
014 MAINTENANCE OF PERSONNEL		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
018 MEDICAL RECORDS & LIBRARY		
025 SOCIAL SERVICE		
025 INPAT ROUTINE SRVC CNTRS		440,132
041 ADULTS & PEDIATRICS		
042 ANCILLARY SRVC COST CNTRS		566
043 RADIOLOGY-DIAGNOSTIC		
044 RADIOLOGY-THERAPEUTIC		
045 RADIOISOTOPE		1,146
046 LABORATORY		
047 PBP CLINICAL LAB SERVICES		
048 WHOLE BLOOD & PACKED RED		
049 BLOOD STORING, PROCESSING		
050 INTRAVENOUS THERAPY		56,008
051 RESPIRATORY THERAPY		57,228
052 PHYSICAL THERAPY		5,342
053 OCCUPATIONAL THERAPY		
054 SPEECH PATHOLOGY		
055 ELECTROCARDIOLOGY		
056 ELECTROENCEPHALOGRAPHY		
057 MEDICAL SUPPLIES CHARGED		
058 DRUGS CHARGED TO PATIENTS		
060 RENAL DIALYSIS		
061 ASC (NON-DISTINCT PART)		
062 OUTPAT SERVICE COST CNTRS		
063 CLINIC		
064 EMERGENCY		
065 OBSERVATION BEDS (NON-DIS		
066 OTHER REIMBURS COST CNTRS		
067 HOME PROGRAM DIALYSIS		
068 AMBULANCE SERVICES		808
069 DURABLE MEDICAL EQUIP-REN		
070 DURABLE MEDICAL EQUIP-SOL		
071 CORF		
072 I&R SERVICES-NOT APPRVD P		
073 HOME HEALTH AGENCY		
074 LUNG ACQUISITION		
075 SPEC PURPOSE COST CENTERS		
076 KIDNEY ACQUISITION		
077 LIVER ACQUISITION		
078 HEART ACQUISITION		
079 01 PANCREAS ACQUISITION		
080 OTHER ORGAN ACQUISITION		
081 AMBULATORY SURGICAL CENTE		
082 HOSPICE		
083 SUBTOTALS		561,230
084 NONREIMBURS COST CENTERS		
085 GIFT, FLOWER, COFFEE SHOP		
086 RESEARCH		
087 PHYSICIANS' PRIVATE OFFIC		
088 NONPAID WORKERS		
089 CROSS FOOT ADJUSTMENTS		
090 NEGATIVE COST CENTER		
091 TOTAL		561,230

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE FEET)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			14,866			
004 NEW CAP REL COSTS-MVB				14,866		
005 EMPLOYEE BENEFITS			130	130	1,577,409	
006 ADMINISTRATIVE & GENE			2,034	2,034	495,098	-1,716,506
007 MAINTENANCE & REPAIRS			200	200		
008 OPERATION OF PLANT			1,567	1,567	57,797	
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING					50,325	
011 DIETARY			1,678	1,678	108,172	
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			734	734	42,631	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB			130	130	57,296	
018 SOCIAL SERVICE					43,051	
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS			6,062	6,062	723,039	
041 ANCILLARY SRVC COST C						
042 RADIOLOGY-DIAGNOSTIC						
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY						
046 PBP CLINICAL LAB SERV						
047 WHOLE BLOOD & PACKED						
048 BLOOD STORING, PROCES						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY						
051 PHYSICAL THERAPY			1,101	1,101		
052 OCCUPATIONAL THERAPY			1,125	1,125		
053 SPEECH PATHOLOGY			105	105		
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR						
057 DRUGS CHARGED TO PATI						
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY						
063 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP						
068 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CEN						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
087 PANCREAS ACQUISITION						
088 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			14,866	14,866	1,577,409	-1,716,506
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE						
098 RESEARCH						
099 PHYSICIANS' PRIVATE O						
100 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			458,274	102,956	483,891	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			30.826988		.306763	
(WRKSHT B, PT I)				6.925602		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					4,908	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.003111	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET B-1
 I TO 12/31/2007 I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE	3,594,224						
008 MAINTENANCE & REPAIRS	61,279	12,502					
009 OPERATION OF PLANT	254,790	1,567	10,935				
010 LAUNDRY & LINEN SERVI	51,980						
011 HOUSEKEEPING	81,263			42,698			
012 DIETARY	281,199	1,678	1,678		10,935		
013 CAFETERIA					1,678	14,079	
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO	284,875	734	734				
016 CENTRAL SERVICES & SU					734		
017 PHARMACY							
018 MEDICAL RECORDS & LIB	79,475	130	130				
025 SOCIAL SERVICE	56,257				130		
041 INPAT ROUTINE SRVC CN							
042 ADULTS & PEDIATRICS	1,664,929	6,062	6,062	42,698	6,062	14,079	
043 ANCILLARY SRVC COST C							
044 RADIOLOGY-DIAGNOSTIC	25,962						
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	52,580						
048 PBP CLINICAL LAB SERV							
049 WHOLE BLOOD & PACKED							
050 BLOOD STORING, PROCES							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY							
053 PHYSICAL THERAPY	312,941	1,101	1,101				
054 OCCUPATIONAL THERAPY	319,751	1,125	1,125		1,101		
055 SPEECH PATHOLOGY	29,849	105	105		1,125		
056 ELECTROCARDIOLOGY					105		
057 ELECTROENCEPHALOGRAPH							
058 MEDICAL SUPPLIES CHAR							
061 DRUGS CHARGED TO PATI							
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PAR							
065 OUTPAT SERVICE COST C							
066 CLINIC							
067 EMERGENCY							
068 OBSERVATION BEDS (NON							
069 OTHER REIMBURS COST C							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES	37,094						
072 DURABLE MEDICAL EQUIP							
073 DURABLE MEDICAL EQUIP							
074 CORF							
075 I&R SERVICES-NOT APPR							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CEN							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 HEART ACQUISITION							
082 01 PANCREAS ACQUISITON							
083 OTHER ORGAN ACQUISITI							
084 AMBULATORY SURGICAL C							
085 HOSPICE							
086 SUBTOTALS	3,594,224	12,502	10,935	42,698	10,935	14,079	
087 NONREIMBURS COST CENT							
088 GIFT, FLOWER, COFFEE							
089 RESEARCH							
090 PHYSICIANS' PRIVATE O							
091 NONPAID WORKERS							
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 COST TO BE ALLOCATED	1,716,506	90,544	387,820	76,804	120,072	505,582	
095 (WRKSHT B, PART I)							
096 UNIT COST MULTIPLIER		7.242361		1.798773		35.910363	
097 (WRKSHT B, PT I)	.477573		35.465935		10.980521		
098 COST TO BE ALLOCATED							
099 (WRKSHT B, PART II)							
100 UNIT COST MULTIPLIER							
101 (WRKSHT B, PT II)							
102 COST TO BE ALLOCATED	78,329	8,885	66,005	1,133	1,928	81,432	
103 (WRKSHT B, PART III)							
104 UNIT COST MULTIPLIER		.710686		.026535		5.783934	
105 (WRKSHT B, PT III)	.021793		6.036123		.176315		

COST ALLOCATION - STATISTICAL BASIS

IN LIEU OF FORM CMS-2552-96(9/1997)CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	SERVIC
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	
	(NUMBER HOUSED)	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(PATIENT) DAYS	(PATIENT) DAYS	(PATIENT) DAYS	()
	13	14	15	16	17	18	
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO		39,444					
016 CENTRAL SERVICES & SU							
017 PHARMACY							
018 MEDICAL RECORDS & LIB				4,693			
SOCIAL SERVICE					4,693		
INPAT ROUTINE SRVC CN						4,693	
025 ADULTS & PEDIATRICS							4,693
ANCILLARY SRVC COST C		39,444		4,693	4,693		4,693
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
OUTPAT SERVICE COST C							
CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS		39,444		4,693	4,693		4,693
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		460,332					
(PER WRKSHT B, PART					124,410		83,124
04 UNIT COST MULTIPLIER		11.670520					17.712338
(WRKSHT B, PT I)							
05 COST TO BE ALLOCATED					26.509695		
(PER WRKSHT B, PART							
06 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
07 COST TO BE ALLOCATED		39,133			7,718		1,360
(PER WRKSHT B, PART							
08 UNIT COST MULTIPLIER		.992115					.289793
(WRKSHT B, PT III)					1.644577		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/16/2008
I	15-3040	I	FROM 1/ 1/2007	I	WORKSHEET C	
I		I	TO 12/31/2007	I	PART I	

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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,035,768		4,035,768		4,035,768
	ANCILLARY SRVC COST CNTRS					
41	RADIOLOGY-DIAGNOSTIC	38,361		38,361		38,361
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	77,691		77,691		77,691
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	521,505		521,505		521,505
51	OCCUPATIONAL THERAPY	532,855		532,855		532,855
52	SPEECH PATHOLOGY	49,741		49,741		49,741
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	54,809		54,809		54,809
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	5,310,730		5,310,730		5,310,730
102	LESS OBSERVATION BEDS					
103	TOTAL	5,310,730		5,310,730		5,310,730

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,576,650		3,576,650			
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	8,800		8,800	4.359205	4.359205	4.359205
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	10,346		10,346	7.509279	7.509279	7.509279
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	938,901		938,901	.555442	.555442	.555442
51	OCCUPATIONAL THERAPY	959,330		959,330	.555445	.555445	.555445
52	SPEECH PATHOLOGY	89,555		89,555	.555424	.555424	.555424
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,773		3,773			
56	DRUGS CHARGED TO PATIENTS	536,390		536,390			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	6,123,745		6,123,745			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,123,745		6,123,745			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (05/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,035,768		4,035,768		4,035,768
	ANCILLARY SRVC COST CNTRS					
41	RADIOLOGY-DIAGNOSTIC	38,361		38,361		38,361
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	77,691		77,691		77,691
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	521,505		521,505		521,505
51	OCCUPATIONAL THERAPY	532,855		532,855		532,855
52	SPEECH PATHOLOGY	49,741		49,741		49,741
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	54,809		54,809		54,809
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	5,310,730		5,310,730		5,310,730
102	LESS OBSERVATION BEDS					
103	TOTAL	5,310,730		5,310,730		5,310,730

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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,576,650		3,576,650			
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC	8,800		8,800	4.359205	4.359205	4.359205
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	10,346		10,346	7.509279	7.509279	7.509279
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	938,901		938,901	.555442	.555442	.555442
51	OCCUPATIONAL THERAPY	959,330		959,330	.555445	.555445	.555445
52	SPEECH PATHOLOGY	89,555		89,555	.555424	.555424	.555424
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,773		3,773			
56	DRUGS CHARGED TO PATIENTS	536,390		536,390			
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	6,123,745		6,123,745			
102	LESS OBSERVATION BEDS						
103	TOTAL	6,123,745		6,123,745			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DOCTOR'S HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 15-3040
 I IN LIEU OF FORM CMS-2552-96(09/2000)
 I I PERIOD: 1/ 1/2007 I PREPARED 6/16/2008
 I I FROM 12/31/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

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
42	ANCILLARY SRVC COST CNTRS						
43	RADIOLOGY-DIAGNOSTIC	38,361	566	37,795			38,361
44	RADIOISOTOPE						
45	LABORATORY	77,691	1,146	76,545			77,691
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	521,505	56,008	465,497			521,505
52	OCCUPATIONAL THERAPY	532,855	57,228	475,627			532,855
53	SPEECH PATHOLOGY	49,741	5,342	44,399			49,741
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES	54,809	808	54,001			54,809
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
	SUBTOTAL	1,274,962	121,098	1,153,864			1,274,962
	LESS OBSERVATION BEDS						
	TOTAL	1,274,962	121,098	1,153,864			1,274,962

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DOCTOR'S HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	8,800	4.359205	4.359205
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	10,346	7.509279	7.509279
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	938,901	.555442	.555442
51	OCCUPATIONAL THERAPY	959,330	.555445	.555445
52	SPEECH PATHOLOGY	89,555	.555424	.555424
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	3,773		
56	DRUGS CHARGED TO PATIENTS	536,390		
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	2,547,095		
102	LESS OBSERVATION BEDS			
103	TOTAL	2,547,095		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DOCTOR'S HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

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
42	ANCILLARY SRVC COST CNTRS RADIOLOGY-DIAGNOSTIC	38,361	566	37,795	57	2,192	36,112
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	77,691	1,146	76,545	115	4,440	73,136
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	521,505	56,008	465,497	5,601	26,999	488,905
52	OCCUPATIONAL THERAPY	532,855	57,228	475,627	5,723	27,586	499,546
53	SPEECH PATHOLOGY	49,741	5,342	44,399	534	2,575	46,632
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES	54,809	808	54,001	81	3,132	51,596
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
	SUBTOTAL	1,274,962	121,098	1,153,864	12,111	66,924	1,195,927
	LESS OBSERVATION BEDS						
	TOTAL	1,274,962	121,098	1,153,864	12,111	66,924	1,195,927

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR DOCTOR'S HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
42	RADIOLOGY-DIAGNOSTIC	8,800	4.103636	4.352727
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	10,346	7.069012	7.498164
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	938,901	.520721	.549476
52	OCCUPATIONAL THERAPY	959,330	.520724	.549479
53	SPEECH PATHOLOGY	89,555	.520708	.549461
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	3,773		
57	DRUGS CHARGED TO PATIENT'S	536,390		
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
63	OBSERVATION BEDS (NON-DIS			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	2,547,095		
102	LESS OBSERVATION BEDS			
103	TOTAL	2,547,095		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PPS

TITLE XVIII, PART A

WKST A LT 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				440,132		440,132
101	TOTAL				440,132		440,132

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

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
101	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,693	3,283			93.78	307,880
	TOTAL	4,693	3,283				307,880

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-3040 I PPS I

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
42	RADIOLOGY-DIAGNOSTIC		566	8,800	8,800		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		1,146	10,346	10,346		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY		56,008	938,901	938,901		
52	OCCUPATIONAL THERAPY		57,228	959,330	959,330		
53	SPEECH PATHOLOGY		5,342	89,555	89,555		
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED			3,773	3,773		
57	DRUGS CHARGED TO PATIENTS			536,390	536,390		
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES						
	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL		120,290	2,547,095	2,547,095		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-3040 I PPS

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
42	RADIOLOGY-DIAGNOSTIC	.064318	566
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE	.110767	1,146
45	LABORATORY		
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY		
51	PHYSICAL THERAPY	.059653	56,008
52	OCCUPATIONAL THERAPY	.059654	57,228
53	SPEECH PATHOLOGY	.059650	5,342
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED		
57	DRUGS CHARGED TO PATIENTS		
58	RENAL DIALYSIS		
60	ASC (NON-DISTINCT PART)		
61	OUTPAT SERVICE COST CNTRS		
62	CLINIC		
64	EMERGENCY		
65	OBSERVATION BEDS (NON-DIS		
66	OTHER REIMBURS COST CNTRS		
67	HOME PROGRAM DIALYSIS		
101	AMBULANCE SERVICES		
	DURABLE MEDICAL EQUIP-REN		
	DURABLE MEDICAL EQUIP-SOL		
	TOTAL		120,290

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

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III
 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
101	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS TOTAL					4,693 4,693	

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

IN LIEU OF FORM CMS-2552-96(11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
	ADULTS & PEDIATRICS	7	3,283
	TOTAL		3,283

TITLE XVIII, PART A HOSPITAL

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
	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

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							
42	RADIOLOGY-DIAGNOSTIC			8,800			8,800	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			10,346			10,346	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY							
51	PHYSICAL THERAPY			938,901			938,901	
52	OCCUPATIONAL THERAPY			959,330			959,330	
53	SPEECH PATHOLOGY			89,555			89,555	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			3,773			3,773	
57	DRUGS CHARGED TO PATIENTS			536,390			536,390	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY							
63	OBSERVATION BEDS (NON-DIS							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			2,547,095			2,547,095	

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						
	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 PPS

TITLE XIX

WKST A LT 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				440,132		440,132
101	TOTAL				440,132		440,132

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,693	76			93.78	7,127
101	TOTAL	4,693	76				7,127

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I 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
101	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS TOTAL					4,693 4,693	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

IN LIEU OF FORM CMS-2552-96(11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
101	ADULTS & PEDIATRICS		76
	TOTAL		76

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/16/2008
I	15-3040	I	FROM	I	1/1/2007	WORKSHEET D-1
I	COMPONENT NO:	I	TO	I	12/31/2007	PART I
I	15-3040	I		I		

TITLE XVIII PART A

HOSPITAL

PPS

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,693
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,693
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,693
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)	3,283
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	
	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,035,768
	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	4,035,768

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,576,650
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,576,650
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.128365
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	762.12
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	4,035,768

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-3040 I I

TITLE XVIII PART A HOSPITAL PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 859.95
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,823,216
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,823,216

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					1,220,153 4,043,369

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 307,880
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 120,290
 52 TOTAL PROGRAM EXCLUDABLE COST 428,170
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,615,199

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
 .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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-3040 I I

TITLE XVIII PART A HOSPITAL PPS

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 859.95
- 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		4,035,768			
87 NEW CAPITAL-RELATED COST	440,132	4,035,768	.109058		
88 NON PHYSICIAN ANESTHETIST		4,035,768			
89 MEDICAL EDUCATION		4,035,768			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(05/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-3040 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,576,650	
41	ANCILLARY SRVC COST CNTRS			
42	RADIOLOGY-DIAGNOSTIC	4.359205	8,800	38,361
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	7.509279	10,346	77,691
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	.555442	938,901	521,505
52	OCCUPATIONAL THERAPY	.555445	959,330	532,855
53	SPEECH PATHOLOGY	.555424	89,555	49,741
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,773	
57	DRUGS CHARGED TO PATIENTS		536,390	
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
63	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
68	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		2,547,095	1,220,153
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,547,095	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

IN LIEU OF FORM CMS-2552-96 (11/1998)
 I PROVIDER NO: I PERIOD: I PREPARED 6/16/2008
 I 15-3040 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-3040 I I

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		4,391,011		
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		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		4,391,011		
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		
TENTATIVE TO PROGRAM		.99		
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

INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,095,163
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	1,001
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	290,470
1.05	OUTLIER PAYMENTS	450,743
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,836,376
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	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 $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	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-)	
23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.857534
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	4,836,376
5	PRIMARY PAYER PAYMENTS	38,415
6	SUBTOTAL	4,797,961
7	DEDUCTIBLES	108,048
8	SUBTOTAL	4,689,913
9	COINSURANCE	8,432
10	SUBTOTAL	4,681,481
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	61,593
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,115
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	32,995
12	SUBTOTAL	4,724,596
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
7	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,724,596
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
	INTERIM PAYMENTS	4,391,011
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	333,585
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

		IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)	
I	PROVIDER NO:	I	PERIOD:
I	15-3040	I	FROM 1/ 1/2007
I	COMPONENT NO:	I	TO 12/31/2007
I	15-3040	I	

I PREPARED 6/16/2008
I WORKSHEET E-3
I PART I

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

- 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.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	337,703			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,417,760			
5 OTHER RECEIVABLES	101,395			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES	13,587			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	1,870,445			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	900,000			
14.01 LESS ACCUMULATED DEPRECIATION	-314,630			
15 LEASEHOLD IMPROVEMENTS	427,148			
15.01 LESS ACCUMULATED DEPRECIATION	-134,777			
16 FIXED EQUIPMENT	48,003			
16.01 LESS ACCUMULATED DEPRECIATION	-8,655			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	109,281			
18.01 LESS ACCUMULATED DEPRECIATION	-23,745			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1,002,625			
OTHER ASSETS				
22 INVESTMENTS	67,591			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	67,591			
27 TOTAL ASSETS	2,940,661			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	381,952			
29	SALARIES, WAGES & FEES PAYABLE			
	160,352			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
	883,723			
32	DEFERRED INCOME			
	32,378			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES			
	178,915			
36	TOTAL CURRENT LIABILITIES			
	1,637,320			
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			
	675,902			
42	TOTAL LONG-TERM LIABILITIES			
	675,902			
43	TOTAL LIABILITIES			
	2,313,222			
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE			
	627,439			
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			
	627,439			
52	TOTAL LIABILITIES AND FUND BALANCES			
	2,940,661			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		251,933		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,303,588		
4 TOTAL		1,555,521		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 MEMBER CONTRIBUTIONS	85,521			
7				
8				
9				
10 TOTAL ADDITIONS		85,521		
11 SUBTOTAL		1,641,042		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTIONS	1,013,603			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		1,013,603		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		627,439		

	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 MEMBER CONTRIBUTIONS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTIONS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
00 GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,537,418		3,537,418
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,537,418		3,537,418
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,537,418		3,537,418
17 00 ANCILLARY SERVICES	2,547,095		2,547,095
18 00 OUTPATIENT SERVICES		132,159	132,159
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	6,084,513	132,159	6,216,672

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		5,377,445	
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		5,377,445	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/16/2008
I	15-3040	I	FROM 1/ 1/2007	I	WORKSHEET	G-3
I		I	TO 12/31/2007	I		

DESCRIPTION		
	TOTAL PATIENT REVENUES	6,216,672
	LESS: ALLOWANCES AND DISCOUNTS ON	14,135
3	NET PATIENT REVENUES	6,202,537
4	LESS: TOTAL OPERATING EXPENSES	5,377,445
5	NET INCOME FROM SERVICE TO PATIENT	825,092
	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	2,324
15	REVENUE FROM RENTAL OF LIVING QU	1,733
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	305
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	MANAGEMENT FEE INCOME	209,886
24.01	SERVICES	219,530
24.02		
24.03		
24.04	MISC INCOME	5,270
24.05	OTHER SERVICE INCOME	39,448
25	TOTAL OTHER INCOME	478,496
26	TOTAL	1,303,588
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,303,588