

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1309		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2008 TIME 17: 23

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: ST. VINCENT CLAY HOSPITAL 15-1309 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 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	5	
1	HOSPITAL	0	298,641	-50,376	0	
3	SWING BED - SNF	0	111,224	0	0	
100	TOTAL	0	409,865	-50,376	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1206 EAST NATIONAL AVENUE P. O. BOX:
 1.01 CITY: BRAZIL STATE: IN ZIP CODE: 47834- COUNTY: CLAY

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-1309	2.01	8/ 8/2001	4	5	6
04.00	SWING BED - SNF	15-Z309		8/ 8/2001	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 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 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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 IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.
- 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 I ME 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)

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 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 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 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? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ 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: 67,158
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 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. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1309
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 12/ 8/2008
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		600,127	600,127	-303,542	296,585
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		956,917	956,917	283,693	1,240,610
4.01	0401 NEW CAP REL COSTS-MOB BLD		338,020	338,020		338,020
5	0500 EMPLOYEE BENEFITS	58,500	2,015,379	2,073,879		2,073,879
6	0600 ADMINISTRATIVE & GENERAL	1,263,599	979,444	2,243,043	22,018	2,265,061
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	282,359	537,559	819,918		819,918
9	0900 LAUNDRY & LINEN SERVICE		74,305	74,305		74,305
10	1000 HOUSEKEEPING	218,713	51,906	270,619		270,619
11	1100 DIETARY	251,701	108,205	359,906	-180,651	179,255
12	1200 CAFETERIA				180,637	180,637
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	213,019	40,707	253,726	16,548	270,274
15	1500 CENTRAL SERVICES & SUPPLY	2,473	93,639	96,112	-922	95,190
16	1600 PHARMACY		385,471	385,471		385,471
17	1700 MEDICAL RECORDS & LIBRARY	242,984	19,474	262,458		262,458
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,126,566	128,928	1,255,494	-14,029	1,241,465
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	497,333	498,925	996,258	-227,140	769,118
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	235,873	61,829	297,702		297,702
41	4100 RADIOLOGY-DIAGNOSTIC	588,733	1,000,677	1,589,410		1,589,410
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	361,844	714,104	1,075,948		1,075,948
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	147,497	47,896	195,393	-402	194,991
50	5000 PHYSICAL THERAPY		510,881	510,881		510,881
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY		7,200	7,200		7,200
53	5300 ELECTROCARDIOLOGY	94,514	32,363	126,877		126,877
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		312,051	312,051	259,281	571,332
56	5600 DRUGS CHARGED TO PATIENTS		694,124	694,124	17,384	711,508
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	608,201	546,866	1,155,067	-44,832	1,110,235
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	6,193,909	10,756,997	16,950,906	8,043	16,958,949
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1309
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/8/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 PHYSICIANS' PRIVATE OFFICES		11,367	11,367		11,367
98.02	9802 CLAY COUNTY - CLINIC	162,829	136,359	299,188	-3,473	295,715
98.03	9803 MISSION SERVICES	38,401	1,734	40,135		40,135
98.04	9804 PUBLIC RELATIONS	42,303	28,354	70,657	-4,570	66,087
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	6,437,442	10,934,811	17,372,253	-0-	17,372,253

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1309
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
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COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	119,572	416,157
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-270,675	969,935
4.01	0401 NEW CAP REL COSTS-MOB BLD		338,020
5	0500 EMPLOYEE BENEFITS	-113,251	1,960,628
6	0600 ADMINISTRATIVE & GENERAL	1,172,471	3,437,532
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		819,918
9	0900 LAUNDRY & LINEN SERVICE		74,305
10	1000 HOUSEKEEPING		270,619
11	1100 DIETARY		179,255
12	1200 CAFETERIA	-41,944	138,693
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		270,274
15	1500 CENTRAL SERVICES & SUPPLY		95,190
16	1600 PHARMACY		385,471
17	1700 MEDICAL RECORDS & LIBRARY	-4,999	257,459
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 ADULTS & PEDIATRICS		1,241,465
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		769,118
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-297,702	
41	4100 RADIOLOGY-DIAGNOSTIC		1,589,410
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		1,075,948
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		194,991
50	5000 PHYSICAL THERAPY		510,881
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		7,200
53	5300 ELECTROCARDIOLOGY		126,877
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		571,332
56	5600 DRUGS CHARGED TO PATIENTS	-1,947	709,561
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		1,110,235
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	561,525	17,520,474
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1309
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/8/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 PHYSICIANS' PRIVATE OFFICES		11,367
98.02	9802 CLAY COUNTY - CLINIC		295,715
98.03	9803 MISSION SERVICES		40,135
98.04	9804 PUBLIC RELATIONS		66,087
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	561,525	17,933,778

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MOB BLD	0401	NEW CAP REL COSTS-MVBLE EQUIP
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIO SOTOPE	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		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	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	
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		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1309	FROM 7/ 1/2007	NOT A CMS WORKSHEET
	TO 6/30/2008	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.01	PHYSICIANS' PRIVATE OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
98.02	CLAY COUNTY - CLINIC	9802	PHYSICIANS' PRIVATE OFFICES
98.03	MISSION SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	PUBLIC RELATIONS	9804	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
151309

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	126,329	54,308
2 INTEREST	B	ADMINISTRATIVE & GENERAL	6		22,701
3		NEW CAP REL COSTS-BLDG & FIXT	3		64,941
4		NEW CAP REL COSTS-MVBLE EQUIP	4		265,454
5 ROUTINE, OR, AND ER BILL SUPP	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		259,281
6		DRUGS CHARGED TO PATIENTS	56		17,384
7					
8					
9 CLINIC CAPITAL	D	NEW CAP REL COSTS-MVBLE EQUIP	4		2,852
10 PROPERTY INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		3,764
11		NEW CAP REL COSTS-MVBLE EQUIP	4		15,387
12 NURSING EDUCATION	J	NURSING ADMINISTRATION	14	21,152	
13 PUBLIC RELATIONS	K	PUBLIC RELATIONS	98.04		16,582
14					
15					
16					
17					
18					
19					
20					
36 TOTAL RECLASSIFICATIONS				147,481	722,654

(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:
151309

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY 8	OTHER 9	
1 CAFETERIA	A	6	11	126,329	54,308	
2 INTEREST	B		3		22,701	11
3			3		330,395	11
4						11
5 ROUTINE, OR, AND ER BILL SUPP	C		15		922	
6			25		9,918	
7			37		225,791	
8			61		40,034	
9 CLINIC CAPITAL	D		98.02		2,852	11
10 PROPERTY INSURANCE	G		3		19,151	11
11						11
12 NURSING EDUCATION	J		98.04	21,152		
13 PUBLIC RELATIONS	K		6		683	
14			14		4,604	
15			25		4,111	
16			37		1,349	
17			61		4,798	
18			98.02		621	
19			49		402	
20			11		14	
36 TOTAL RECLASSIFICATIONS				147,481	722,654	

(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:
151309

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 12/8/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	180,637
TOTAL RECLASSIFICATIONS FOR CODE A			180,637

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	180,637	

RECLASS CODE: B
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	22,701
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	64,941
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	265,454
TOTAL RECLASSIFICATIONS FOR CODE B			353,096

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	22,701	
NEW CAP REL COSTS-BLDG & FIXT	3	330,395	
		0	
TOTAL			353,096

RECLASS CODE: C
EXPLANATION : ROUTINE, OR, AND ER BILL SUPP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	259,281
2.00	DRUGS CHARGED TO PATIENTS	56	17,384
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			276,665

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	922	
ADULTS & PEDIATRICS	25	9,918	
OPERATING ROOM	37	225,791	
EMERGENCY	61	40,034	
TOTAL			276,665

RECLASS CODE: D
EXPLANATION : CLINIC CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,852
TOTAL RECLASSIFICATIONS FOR CODE D			2,852

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLAY COUINTY - CLINIC	98.02	2,852	
TOTAL			2,852

RECLASS CODE: G
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,764
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,387
TOTAL RECLASSIFICATIONS FOR CODE G			19,151

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	19,151	
		0	
TOTAL			19,151

RECLASS CODE: J
EXPLANATION : NURSING EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	21,152
TOTAL RECLASSIFICATIONS FOR CODE J			21,152

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PUBLIC RELATIONS	98.04	21,152	
TOTAL			21,152

RECLASS CODE: K
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	98.04	16,582
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			16,582

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	683	
NURSING ADMINISTRATION	14	4,604	
ADULTS & PEDIATRICS	25	4,111	
OPERATING ROOM	37	1,349	
EMERGENCY	61	4,798	
CLAY COUINTY - CLINIC	98.02	621	
RESPIRATORY THERAPY	49	402	
DIETARY	11	14	
TOTAL			16,582

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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 BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	2,500					2,500	
2 LAND IMPROVEMENTS	317,947					317,947	
3 BUILDINGS & FIXTURE	8,932,344				42,182	8,890,162	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	8,908,645				145,803	8,762,842	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	18,161,436				187,985	17,973,451	
8 RECONCILING ITEMS							
9 TOTAL	18,161,436				187,985	17,973,451	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL							8
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	9,210,609		9,210,609	.512456			
4	NEW CAP REL COSTS-MV	8,762,842		8,762,842	.487544			
4 01	NEW CAP REL COSTS-MO							
5	TOTAL	17,973,451		17,973,451	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	782,820		-366,663				416,157
4	NEW CAP REL COSTS-MV	949,477		20,458				969,935
4 01	NEW CAP REL COSTS-MO	338,020						338,020
5	TOTAL	2,070,317		-346,205				1,724,112

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	600,127						600,127
4	NEW CAP REL COSTS-MV	956,917						956,917
4 01	NEW CAP REL COSTS-MO	338,020						338,020
5	TOTAL	1,895,064						1,895,064

* All lines numbers except line 5 are to be consistent with Worksheet 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

DESCR IPTION (1)	(2) BASIS/CO DE 1	AMOUNT 2	EXPENSE CLASSIFI CATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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	A	-63,121	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-258,014	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	A	-22,065	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-9,000	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-2,077	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-51,923			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,392,016			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-41,944	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,947	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,999	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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-11,529	ADMINISTRATIVE & GENERAL	6	
38 LOBBYING	A	-842	ADMINISTRATIVE & GENERAL	6	
39 INCENTIVES	A	-95,664	ADMINISTRATIVE & GENERAL	6	
40 PHYSICIAN RECRUITMENT	A	-1,402	ADMINISTRATIVE & GENERAL	6	
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 NON REIMBURSABLE ANESTHESIOLOGY EXPE	A	-245,779	ANESTHESIOLOGY	40	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 FUNDRAISING	A	-14,964	ADMINISTRATIVE & GENERAL	6	
49 LOSS ON FIXED ASSET	A	-5,221	NEW CAP REL COSTS-MVBLE E	4	11
50 TOTAL (SUM OF LINES 1 THRU 49)		561,525			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	202,249	17,736	184,513	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,386,508	141,717	1,244,791	9
3	5	EMPLOYEE BENEFITS ST. VINCENT HOSPITAL - IN	134,867	134,867		
4	6	ADMINISTRATIVE & GENERAL ST. VINCENT HOSPITAL - IN	640,413	640,413		
4.02	5	EMPLOYEE BENEFITS ASCENSION - CHARGEBACK	30,966	30,966		
4.03	3	NEW CAP REL COSTS-BLDG & ASCENSION - CHARGEBACK	372,248	372,248		9
4.04	6	ADMINISTRATIVE & GENERAL ASCENSION - CHARGEBACK	189,859	189,859		
4.05	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	63,121	64,941	-1,820	9
4.06	6	ADMINISTRATIVE & GENERAL ASCENSION - INTEREST	22,065	22,701	-636	9
4.08	6	ADMINISTRATIVE & GENERAL ASCENSION - MAINTENANCE	374,197	288,338	85,859	
4.09	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT HOSPITAL - IN	7,508	7,508		
4.10	98	2 CLAY COUNTY - CLINIC ST. VINCENT HOSPITAL - IN	11,871	11,871		
4.11	3	NEW CAP REL COSTS-BLDG & ST. VINCENT HOSPITAL - IN	6,999	6,999		9
4.12	4	NEW CAP REL COSTS-MVBLE E ASCENSION - INTEREST	258,014	265,454	-7,440	9
4.13	5	EMPLOYEE BENEFITS SELF INSURANCE	1,020,552	1,075,347	-54,795	
4.14	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HOSPITAL - IN	6,260	6,260		
4.15	37	OPERATING ROOM ST. VINCENT HOSPITAL - IN	2,922	2,922		
4.16	44	LABORATORY ST. VINCENT HOSPITAL - IN	-348	-348		
4.17	5	EMPLOYEE BENEFITS PENSION	171,232	229,688	-58,456	
4.18	98	4 PUBLIC RELATIONS ST. VINCENT HOSPITAL - IN	393	393		
5		TOTALS	4,901,896	3,509,880	1,392,016	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	G	ST. VINCENT HEALTH	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	ST. VINCENT HOSPITAL	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
3	G	ASCENSION	100.00	ASCENSION	100.00	ADMINISTRATION
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	24,506		24,506				
2 61	EMERGENCY	406,241		406,241				
3 40	ANESTHESIA	51,923	51,923					
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	482,670	51,923	430,747				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1309

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 44	LABORATORY							
2 61	EMERGENCY							
3 40	ANESTHESIA							51,923
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							51,923

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1309

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 12/8/2008 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	550
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	3
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	1499.00	4319.00	4050.00	3415.00
10	AHSEA (SEE INSTRUCTIONS)	75.98	66.07	49.55	44.05
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.04	33.04	24.78	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	113,894
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	285,356
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	200,678
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	599,928
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	150,431
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	750,359

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	750,359

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	18,172
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	74
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	18,246
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	18,246

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1309

PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET A-8-4
 PARTS I - VII

PHYSICAL THERAPY

33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	18,246
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE

36	THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)	
37	ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)	
38	SUBTOTAL (SUM OF LINES 36 AND 37)	
39	STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)	
40	THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)	
41	ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)	
42	SUBTOTAL (SUM OF LINES 40 AND 41)	
43	OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)	

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)	
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)	
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)	

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47	1	2	3	4	5
48	OVERTIME RATE (SEE INSTRUCTIONS)				
49	CALCULATION OF LIMIT				
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)				
50	100.00				100.00
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)				
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)				
52	DETERMINATION OF OVERTIME ALLOWANCE				
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)				
53	OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)				
54	MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)				
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)				
56	OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)				

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	750,359
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	18,246
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60	OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	768,605
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	499,207

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1309

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 12/8/2008 WORKSHEET A-8-4 PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 499,207

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 499,207

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	25
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	375
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	54
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED		80.00		
10	AHSEA (SEE INSTRUCTIONS)		60.20		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.10	30.10		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	4,816
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	4,816
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	4,816

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	60.20
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	22,575
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	22,575

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	1,625
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	1,625
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	1,625

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 1,625
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 22,575
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 1,625
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 24,200
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 7,200

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1309

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 12/8/2008 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 7,200

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I

(SEE INSTRUCTIONS) (FROM YOUR RECORDS)

67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64) 7,200

68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67) 1.000000

68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)

68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)

69 EXCESS COST OVER LIMITATION-

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.01 EXCESS COST OVER LIMITATION-CORF I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

69.31 EXCESS COST OVER LIMITATION- HHA I

(SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)

70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2008
 I 15-1309 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 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
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
4.01	NEW CAP REL COSTS-MOB BLD	41	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MOB BLD 4.01	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	416,157			416,157			
004 01 NEW CAP REL COSTS-MVBLE E	969,935				969,935		
005 NEW CAP REL COSTS-MOB BLD	338,020					338,020	
005 EMPLOYEE BENEFITS	1,960,628						1,960,628
006 ADMINISTRATIVE & GENERAL	3,437,532			127,977	299,133	16,850	403,292
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	819,918			85,403	199,622		90,118
009 LAUNDRY & LINEN SERVICE	74,305			8,926	20,865		
010 HOUSEKEEPING	270,619			4,950	11,570		69,805
011 DIETARY	179,255			10,995	25,700		40,014
012 CAFETERIA	138,693			6,237	14,578		40,319
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	270,274			1,362	3,185		74,738
015 CENTRAL SERVICES & SUPPLY	95,190			7,554	17,656		789
016 PHARMACY	385,471			4,885	11,417		
017 MEDICAL RECORDS & LIBRARY	257,459			43,305	101,221		77,551
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,241,465			28,111	65,707		359,556
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	769,118			11,540	26,974		158,729
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,589,410			8,003	18,706		187,901
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,075,948			6,545	15,298	13,467	115,486
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	194,991			7,892	18,447		47,075
050 PHYSICAL THERAPY	510,881			8,381	19,591	39,756	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	7,200						
053 ELECTROCARDIOLOGY	126,877						30,165
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	571,332						
056 DRUGS CHARGED TO PATIENTS	709,561						
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,110,235			23,156	54,125		194,114
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				10,238			
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	17,520,474			405,460	923,795	70,073	1,889,652
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,070	2,500		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC	11,367					267,947	

COST CENTER DESCRIPTION	SUBTOTAL 5a.00	ADMINISTRATIVE MAINTENANCE & OPERATIONS OF PLANT		LAUNDRY & LINEN HOUSEKEEPING		DIETARY	
		E & GENERAL 6	REPAIRS 7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	4,284,784	4,284,784					
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,195,061	375,162		1,570,223			
009 LAUNDRY & LINEN SERVICE	104,096	32,679		63,028	199,803		
010 HOUSEKEEPING	356,944	112,054		34,952	6,208	510,158	
011 DIETARY	255,964	80,354		77,636	2,945	16,238	433,137
012 CAFETERIA	199,827	62,731		44,038		3,383	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	349,559	109,736		9,620		23,681	
015 CENTRAL SERVICES & SUPPLY	121,189	38,044		53,337			
016 PHARMACY	401,773	126,127		34,489			
017 MEDICAL RECORDS & LIBRARY	479,536	150,539		305,776		6,089	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,694,839	532,056		198,491	71,073	151,560	433,137
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	966,361	303,367		81,484	30,724	46,686	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,804,020	566,327		56,508	27,481	27,064	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,226,744	385,108		81,235		37,213	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	268,405	84,260		55,724			
050 PHYSICAL THERAPY	578,609	181,641		162,577	4,913	40,596	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	7,200	2,260					
053 ELECTROCARDIOLOGY	157,042	49,300				13,532	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	571,332	179,357					
056 DRUGS CHARGED TO PATIENTS	709,561	222,750				10,149	
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	1,381,630	433,731		163,503	56,459	133,967	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	10,238	3,214		72,292			
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
086 LI VER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	17,124,714	4,030,797		1,494,690	199,803	510,158	433,137
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,570	1,121		7,553			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC	279,314	87,684					

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	309,979						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	15,107		507,703				
015 CENTRAL SERVICES & SUPPLY				212,570			
016 PHARMACY					562,389		
017 MEDICAL RECORDS & LIBRARY	24,158					966,098	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	87,407		271,012			52,928	
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	38,151		102,318			104,133	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	41,006					236,401	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	30,180					185,402	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	10,582					26,631	
050 PHYSICAL THERAPY						47,942	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						437	
053 ELECTROCARDIOLOGY	6,544					34,214	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				212,570		62,855	
056 DRUGS CHARGED TO PATIENTS					562,389	79,101	
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	43,338		134,373			136,054	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	296,473		507,703	212,570	562,389	966,098	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION		CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN I STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI C E
		12	13	14	15	16	17	18
NONREIMBURS COST CENTERS								
098	02 CLAY COUINTY - CLINIC	11,766						
098	03 MISSION SERVICES							
098	04 PUBLIC RELATIONS	1,740						
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	309,979		507,703	212,570	562,389	966,098	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24		25	26
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
005 NEW CAP REL COSTS-MOB BLD								
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								
019 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS							3,492,503	
027 INTENSIVE CARE UNIT								
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
030 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM							1,673,224	
039 RECOVERY ROOM								
040 DELIVERY ROOM & LABOR ROO								
041 ANESTHESIOLOGY								
042 RADIOLOGY-DIAGNOSTIC							2,758,807	
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE								
045 LABORATORY							1,945,882	
046 PBP CLINICAL LAB SERVICES								
047 WHOLE BLOOD & PACKED RED								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY								
050 RESPIRATORY THERAPY							445,602	
051 PHYSICAL THERAPY							1,016,278	
052 OCCUPATIONAL THERAPY								
053 SPEECH PATHOLOGY							9,897	
054 ELECTROCARDIOLOGY							260,632	
055 ELECTROENCEPHALOGRAPHY								
056 MEDICAL SUPPLIES CHARGED							1,026,114	
057 DRUGS CHARGED TO PATIENTS							1,583,950	
058 RENAL DIALYSIS								
060 ASC (NON-DIAGNOSTIC PART)								
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC								
064 EMERGENCY							2,483,055	
065 OBSERVATION BEDS (NON-DIS								
066 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES							85,744	
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION								
083 SPEC PURPOSE COST CENTERS								
084 KIDNEY ACQUISITION								
086 LIVER ACQUISITION								
092 OTHER ORGAN ACQUISITION								
093 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS							16,781,688	
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP							12,244	
098 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 PHYSICIANS' PRIVATE OFFIC							366,998	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET B
 PART I

TOTAL

COST CENTER DESCRIPTION	TOTAL
	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 &	
004 01 NEW CAP REL COSTS-MVBLE E	
005 NEW CAP REL COSTS-MOB BLD	
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	
019 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM	
025 INPAT ROUTINE SRVC CNTRS	
026 ADULTS & PEDIATRICS	3,492,503
027 INTENSIVE CARE UNIT	
028 CORONARY CARE UNIT	
029 BURN INTENSIVE CARE UNIT	
030 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	
032 NURSERY	
033 SKILLED NURSING FACILITY	
034 NURSING FACILITY	
035 01 ICF/MR	
036 OTHER LONG TERM CARE	
037 ANCILLARY SRVC COST CNTRS	
038 OPERATING ROOM	1,673,224
039 RECOVERY ROOM	
040 DELIVERY ROOM & LABOR ROO	
041 ANESTHESIOLOGY	
042 RADIOLOGY-DIAGNOSTIC	2,758,807
043 RADIOLOGY-THERAPEUTIC	
044 RADIOISOTOPE	
045 LABORATORY	1,945,882
046 PBP CLINICAL LAB SERVICES	
047 WHOLE BLOOD & PACKED RED	
048 BLOOD STORING, PROCESSING	
049 INTRAVENOUS THERAPY	
050 RESPIRATORY THERAPY	445,602
051 PHYSICAL THERAPY	1,016,278
052 OCCUPATIONAL THERAPY	
053 SPEECH PATHOLOGY	9,897
054 ELECTROCARDIOLOGY	260,632
055 ELECTROENCEPHALOGRAPHY	
056 MEDICAL SUPPLIES CHARGED	1,026,114
057 DRUGS CHARGED TO PATIENTS	1,583,950
058 RENAL DIALYSIS	
060 ASC (NON-DIAGNOSTIC PART)	
061 OUTPAT SERVICE COST CNTRS	
062 CLINIC	
063 EMERGENCY	2,483,055
064 OBSERVATION BEDS (NON-DIS	
065 OTHER REIMBURS COST CNTRS	
066 HOME PROGRAM DIALYSIS	
067 AMBULANCE SERVICES	85,744
068 DURABLE MEDICAL EQUIP-REN	
069 DURABLE MEDICAL EQUIP-SOL	
070 CORF	
071 I&R SERVICES-NOT APPRVD P	
072 HOME HEALTH AGENCY	
073 LUNG ACQUISITION	
074 SPEC PURPOSE COST CENTERS	
075 KIDNEY ACQUISITION	
076 LIVER ACQUISITION	
077 OTHER ORGAN ACQUISITION	
078 AMBULATORY SURGICAL CENTE	
079 HOSPICE	
080 SUBTOTALS	16,781,688
081 NONREIMBURS COST CENTERS	
082 GIFT, FLOWER, COFFEE SHOP	12,244
083 RESEARCH	
084 PHYSICIANS' PRIVATE OFFIC	
085 01 PHYSICIANS' PRIVATE OFFIC	366,998

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
098 02	CLAY COUNTY - CLINIC	496,369
098 03	MISSION SERVICES	68,838
098 04	PUBLIC RELATIONS	100,331
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	107,310
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	17,933,778

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MOB BLD	SUBTOTAL
	0	1	2	3	4	4.01	4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				127,977	299,133	16,850	443,960
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				85,403	199,622		285,025
010 LAUNDRY & LINEN SERVICE				8,926	20,865		29,791
011 HOUSEKEEPING				4,950	11,570		16,520
012 DIETARY				10,995	25,700		36,695
013 CAFETERIA				6,237	14,578		20,815
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				1,362	3,185		4,547
016 CENTRAL SERVICES & SUPPLY				7,554	17,656		25,210
017 PHARMACY				4,885	11,417		16,302
018 MEDICAL RECORDS & LIBRARY				43,305	101,221		144,526
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				28,111	65,707		93,818
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				11,540	26,974		38,514
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC				8,003	18,706		26,709
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY				6,545	15,298	13,467	35,310
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY				7,892	18,447		26,339
051 PHYSICAL THERAPY				8,381	19,591	39,756	67,728
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY				23,156	54,125		77,281
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				10,238			10,238
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE							
096 SUBTOTALS				405,460	923,795	70,073	1,399,328
097 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				1,070	2,500		3,570
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC						267,947	267,947

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MOB BLD	SUBTOTAL
	0	1	2	3	4	4.01	4a
NONREIMBURS COST CENTERS							
098 02 CLAY COUNTY - CLINIC						21,136	21,136
098 03 MISSION SERVICES							
098 04 PUBLIC RELATIONS				252		590	842
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				9,375		21,914	31,289
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				416,157		969,935	338,020
							1,724,112

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL		443,960					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		38,872		323,897			
010 LAUNDRY & LINEN SERVICE		3,386		13,001	46,178		
011 HOUSEKEEPING		11,610		7,210	1,435	36,775	
012 DIETARY		8,326		16,014	681	1,171	62,887
013 CAFETERIA		6,500		9,084		244	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		11,370		1,984		1,707	
016 CENTRAL SERVICES & SUPPLY		3,942		11,002			
017 PHARMACY		13,068		7,114			
018 MEDICAL RECORDS & LIBRARY		15,598		63,074		439	
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		55,128		40,944	16,425	10,925	62,887
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		31,433		16,808	7,101	3,365	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		58,679		11,656	6,351	1,951	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY		39,902		16,757		2,683	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		8,730		11,495			
051 PHYSICAL THERAPY		18,820		33,535	1,136	2,926	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY		234					
054 ELECTROCARDIOLOGY		5,108				975	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED		18,584					
057 DRUGS CHARGED TO PATIENTS		23,080				732	
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		44,940		33,727	13,049	9,657	
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES		333		14,912			
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS		417,643		308,317	46,178	36,775	62,887
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP		116		1,558			
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC							
084 01 PHYSICIANS' PRIVATE OFFIC		9,085					

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COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5	6	7	8	9	10	11
NONREIMBURS COST CENTERS							
098 02 CLAY COUNTY - CLINIC		11,997					
098 03 MISSION SERVICES		1,704					
098 04 PUBLIC RELATIONS		2,397		367			
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS		1,018		13,655			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		443,960		323,897	46,178	36,775	62,887

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
006 EMPLOYEE BENEFITS							
007 ADMINI STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	36,643						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINI STRATION	1,786		21,394				
015 CENTRAL SERVI CES & SUPPLY				40,154			
016 PHARMACY					36,484		
017 MEDICAL RECORDS & LIBRARY	2,856					226,493	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,331		11,420			12,410	
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,510		4,312			24,415	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,847					55,406	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	3,568					43,470	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,251					6,244	
050 PHYSICAL THERAPY						11,241	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						102	
053 ELECTROCARDIOLOGY	774					8,022	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				40,154		14,737	
056 DRUGS CHARGED TO PATIENTS					36,484	18,546	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	5,123		5,662			31,900	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	35,046		21,394	40,154	36,484	226,493	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN I STRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI C E 18
NONREIMBURS COST CENTERS							
098 02 CLAY COUINTY - CLINIC	1,391						
098 03 MISSION SERVICES							
098 04 PUBLIC RELATIONS	206						
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	36,643		21,394	40,154	36,484	226,493	

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COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MOB BLD							
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							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS						314,288	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM						130,458	
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC						165,599	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY						141,690	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY						54,059	
051 PHYSICAL THERAPY						135,386	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY						336	
054 ELECTROCARDIOLOGY						14,879	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED						73,475	
057 DRUGS CHARGED TO PATIENTS						78,842	
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY						221,339	
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES						25,483	
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS						1,355,834	
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP						5,244	
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC							
084 01 PHYSICIANS' PRIVATE OFFIC						277,032	

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TOTAL

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001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
004	01 NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	314,288
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	
033	NURSERY	
034	SKILLED NURSING FACILITY	
035	01 NURSING FACILITY	
036	OTHER LONG TERM CARE	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	130,458
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	165,599
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	141,690
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	54,059
050	PHYSICAL THERAPY	135,386
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	336
053	ELECTROCARDIOLOGY	14,879
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	73,475
056	DRUGS CHARGED TO PATIENTS	78,842
057	RENAL DIALYSIS	
058	ASC (NON-DISTINCT PART)	
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
061	EMERGENCY	221,339
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	25,483
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
069	CORF	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	
082	LUNG ACQUISITION	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	
084	LIVER ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	1,355,834
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	5,244
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	
098	01 PHYSICIANS' PRIVATE OFFIC	277,032

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

		27
	NONREIMBURS COST CENTERS	
098	02 CLAY COUNTY - CLINIC	34,524
098	03 MISSION SERVICES	1,704
098	04 PUBLIC RELATIONS	3,812
099	NONPAID WORKERS	
100	OTHER NONREIMBURSABLE COS	45,962
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,724,112

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-MOB BLD (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	4	4.01	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			82,473			
004 01 NEW CAP REL COSTS-MVB				82,236		
005 NEW CAP REL COSTS-MOB					24,674	
005 EMPLOYEE BENEFITS						6,143,069
006 ADMINISTRATIVE & GENERAL			25,362	25,362	1,230	1,263,599
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			16,925	16,925		282,359
009 LAUNDRY & LINEN SERVICE			1,769	1,769		
010 HOUSEKEEPING			981	981		218,713
011 DIETARY			2,179	2,179		125,372
012 CAFETERIA			1,236	1,236		126,329
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION			270	270		234,170
015 CENTRAL SERVICES & SUPPLIES			1,497	1,497		2,473
016 PHARMACY			968	968		
017 MEDICAL RECORDS & LIBRARY			8,582	8,582		242,984
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHESIOLOGISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & BENEFITS						
023 I&R SERVICES-OTHER PERSONNEL						
024 PARAMEDICAL PRGM						
025 INPATIENT ROUTINE SERVICE CENTER			5,571	5,571		1,126,566
026 ADULTS & PEDIATRICS						
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE UNIT						
033 SUBPROVIDER						
034 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SERVICE COST CENTER						
038 OPERATING ROOM			2,287	2,287		497,333
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY			1,586	1,586		588,733
042 RADIOLOGY-DIAGNOSTIC						
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
044 LABORATORY			1,297	1,297	983	361,844
045 PBP CLINICAL LAB SERVICE						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORAGE, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			1,564	1,564		147,497
050 PHYSICAL THERAPY			1,661	1,661	2,902	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						94,514
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARITABLE						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER						
060 CLINIC						
061 EMERGENCY			4,589	4,589		608,201
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES			2,029			
066 DURABLE MEDICAL EQUIPMENT						
067 DURABLE MEDICAL EQUIPMENT						
069 CORP						
070 I&R SERVICES-NOT APPROPRIATE						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CENTER						
084 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTER						
093 HOSPICE						
095 SUBTOTALS			80,353	78,324	5,115	5,920,687
096 NONREIMBURSABLE COST CENTER						
GI FT, FLOWER, COFFEE			212	212		

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	OSTS-MOB BLD	FITS
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(GROSS SALARIES
	1	2	3	4	4.01	5
097 NONREIMBURS COST CENT						
098 RESEARCH						
098 PHYSICIANS' PRIVATE O						
098 01 PHYSICIANS' PRIVATE O					19,559	
098 02 CLAY COUNTY - CLINIC				1,792		162,829
098 03 MISSION SERVICES						38,401
098 04 PUBLIC RELATIONS			50	50		21,152
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE			1,858	1,858		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			416,157	969,935	338,020	1,960,628
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			5.045979		13.699441	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE MAINTENANCE & OPERATIONS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	
	6a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	-4,284,784	13,648,994					
007 OPERATIONS OF PLANT		1,195,061		44,071			
009 LAUNDRY & LINEN SERVICE		104,096		1,769	124,849		
010 HOUSEKEEPING		356,944		981	3,879	754	
011 DIETARY		255,964		2,179	1,840	24	100
012 CAFETERIA		199,827		1,236		5	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		349,559		270		35	
015 CENTRAL SERVICES & SUPPLIES		121,189		1,497			
016 PHARMACY		401,773		968			
017 MEDICAL RECORDS & LIBRARY		479,536		8,582		9	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHESIOLOGISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICES - ADULTS & PEDIATRICS		1,694,839		5,571	44,411	224	100
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICES COST CENTER							
038 OPERATING ROOM		966,361		2,287	19,198	69	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		1,804,020		1,586	17,172	40	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		1,226,744		2,280		55	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		268,405		1,564			
050 PHYSICAL THERAPY		578,609		4,563	3,070	60	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		7,200					
053 ELECTROCARDIOLOGY		157,042				20	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS		571,332					
056 DRUGS CHARGED TO PATIENTS		709,561				15	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY		1,381,630		4,589	35,279	198	
062 OBSERVATION BEDS (NON-REIMBURSING) COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		10,238		2,029			
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	-4,284,784	12,839,930		41,951	124,849	754	100
096 NONREIMBURSING COST CENTER		3,570		212			

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	
	6a.00	6	7	8	9	10	11	
097 NONREIMBURS COST CENT								
098 RESEARCH								
098 01 PHYSICIANS' PRIVATE O		279,314						
098 02 CLAY COUNTY - CLINIC		368,820						
098 03 MISSION SERVICES		52,391						
098 04 PUBLIC RELATIONS		73,680		50				
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE		31,289		1,858				
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED		4,284,784		1,570,223	199,803	510,158	433,137	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.313927		35.629393	1.600357	676.602122	4,331.370000	
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED		443,960		323,897	46,178	36,775	62,887	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.032527		7.349436	.369871	48.773210	628.870000	
(WRKSHT B, PT III)								

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICES (TIME) SPENT
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
01 004 NEW CAP REL COSTS-MOB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	8,905						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	434		4,704				
015 CENTRAL SERVICES & SUPPLY				100			
016 PHARMACY					100		
017 MEDICAL RECORDS & LIBRARY	694					40,812,765	
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE CENTER	2,511		2,511			2,235,999	
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	1,096		948			4,399,183	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,178					9,986,106	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	867					7,832,441	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	304					1,125,064	
050 PHYSICAL THERAPY						2,025,357	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						18,463	
053 ELECTROCARDIOLOGY	188					1,445,408	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED				100		2,655,342	
056 DRUGS CHARGED TO PATIENTS					100	3,341,678	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY	1,245		1,245			5,747,724	
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPECIFIC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	8,517		4,704	100	100	40,812,765	
096 NONREIMBURSABLE COST CENTER							
GI FT, FLOWER, COFFEE							

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.	PHARMACY (R(COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICES (TIME SPENT)
NONREIMBURS COST CENT	12	13	14	15	16	17	18
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 PHYSICIANS' PRIVATE O							
098 02 CLAY COUNTY - CLINIC	338						
098 03 MISSION SERVICES							
098 04 PUBLIC RELATIONS	50						
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	309,979		507,703	212,570	562,389	966,098	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	34.809545		107.930060	2,125.700000	5,623.890000	.023671	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	36,643		21,394	40,154	36,484	226,493	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.114879		4.548044	401.540000	364.840000	.005550	

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	20	21	22	23	24
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
004 01 NEW CAP REL COSTS-MOB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CN					
026 ADULTS & PEDIATRICS					
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE U					
031 SURGICAL INTENSIVE CA					
033 SUBPROVIDER					
034 NURSERY					
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST C					
038 OPERATING ROOM					
039 RECOVERY ROOM					
040 DELIVERY ROOM & LABOR					
041 ANESTHESIOLOGY					
042 RADIOLOGY-DIAGNOSTIC					
043 RADIOLOGY-THERAPEUTIC					
044 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					
060 OUTPAT SERVICE COST C					
061 CLINIC					
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
064 OTHER REIMBURS COST C					
065 HOME PROGRAM DIALYSIS					
066 AMBULANCE SERVICES					
067 DURABLE MEDICAL EQUIP					
069 DURABLE MEDICAL EQUIP					
070 CORF					
071 I&R SERVICES-NOT APPR					
072 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CEN					
084 KIDNEY ACQUISITION					
086 LIVER ACQUISITION					
092 OTHER ORGAN ACQUISITI					
093 AMBULATORY SURGICAL C					
095 HOSPICE					
096 SUBTOTALS					
NONREIMBURS COST CENT					
GI FT, FLOWER, COFFEE					

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-1309

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 8/2008
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,492,503		3,492,503		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,673,224		1,673,224		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2,758,807		2,758,807		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,945,882		1,945,882		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	445,602		445,602		
50	PHYSICAL THERAPY	1,016,278		1,016,278		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	9,897		9,897		
53	ELECTROCARDIOLOGY	260,632		260,632		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,026,114		1,026,114		
56	DRUGS CHARGED TO PATIENTS	1,583,950		1,583,950		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,483,055		2,483,055		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	378,972		378,972		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	85,744		85,744		
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	17,160,660		17,160,660		
102	LESS OBSERVATION BEDS	378,972		378,972		
103	TOTAL	16,781,688		16,781,688		

COMPUTATION OF RATIO OF COSTS TO CHARGES

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						
25	ADULTS & PEDIATRICS	2,235,999		2,235,999			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	921,314	3,477,869	4,399,183	.380349	.380349	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,788,392	8,197,714	9,986,106	.276265	.276265	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,660,258	6,172,183	7,832,441	.248439	.248439	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	802,388	322,676	1,125,064	.396068	.396068	
50	PHYSICAL THERAPY	747,968	1,277,388	2,025,356	.501777	.501777	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	17,205	1,259	18,464	.536016	.536016	
53	ELECTROCARDIOLOGY	364,336	1,081,072	1,445,408	.180317	.180317	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,258,264	1,397,078	2,655,342	.386434	.386434	
56	DRUGS CHARGED TO PATIENTS	1,292,101	2,049,577	3,341,678	.473998	.473998	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,303,541	4,444,183	5,747,724	.432007	.432007	
62	OBSERVATION BEDS (NON-DIS		443,310	443,310	.854869	.854869	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	12,391,766	28,864,309	41,256,075			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,391,766	28,864,309	41,256,075			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,673,224	130,458	1,542,766			1,673,224
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,758,807	165,599	2,593,208			2,758,807
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,945,882	141,690	1,804,192			1,945,882
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	445,602	54,059	391,543			445,602
51	PHYSICAL THERAPY	1,016,278	135,386	880,892			1,016,278
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	9,897	336	9,561			9,897
54	ELECTROCARDIOLOGY	260,632	14,879	245,753			260,632
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	1,026,114	73,475	952,639			1,026,114
57	DRUGS CHARGED TO PATIENTS	1,583,950	78,842	1,505,108			1,583,950
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	2,483,055	221,339	2,261,716			2,483,055
63	OBSERVATION BEDS (NON-DIS	378,972		378,972			378,972
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES	85,744	25,483	60,261			85,744
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	13,668,157	1,041,546	12,626,611			13,668,157
102	LESS OBSERVATION BEDS	378,972		378,972			378,972
103	TOTAL	13,289,185	1,041,546	12,247,639			13,289,185

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
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	4,399,183	.380349	.380349
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	9,986,106	.276265	.276265
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	7,832,441	.248439	.248439
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	1,125,064	.396068	.396068
51	PHYSICAL THERAPY	2,025,356	.501777	.501777
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	18,464	.536016	.536016
54	ELECTROCARDIOLOGY	1,445,408	.180317	.180317
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,655,342	.386434	.386434
57	DRUGS CHARGED TO PATIENTS	3,341,678	.473998	.473998
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	5,747,724	.432007	.432007
63	OBSERVATION BEDS (NON-DIS	443,310	.854869	.854869
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	39,020,076		
102	LESS OBSERVATION BEDS	443,310		
103	TOTAL	38,576,766		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,673,224	130,458	1,542,766			1,673,224
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,758,807	165,599	2,593,208			2,758,807
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,945,882	141,690	1,804,192			1,945,882
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	445,602	54,059	391,543			445,602
51	PHYSICAL THERAPY	1,016,278	135,386	880,892			1,016,278
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	9,897	336	9,561			9,897
54	ELECTROCARDIOLOGY	260,632	14,879	245,753			260,632
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	1,026,114	73,475	952,639			1,026,114
57	DRUGS CHARGED TO PATIENTS	1,583,950	78,842	1,505,108			1,583,950
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	2,483,055	221,339	2,261,716			2,483,055
63	OBSERVATION BEDS (NON-DIS	378,972		378,972			378,972
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES	85,744	25,483	60,261			85,744
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	13,668,157	1,041,546	12,626,611			13,668,157
102	LESS OBSERVATION BEDS	378,972		378,972			378,972
103	TOTAL	13,289,185	1,041,546	12,247,639			13,289,185

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
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	4,399,183	.380349	.380349
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	9,986,106	.276265	.276265
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	7,832,441	.248439	.248439
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	1,125,064	.396068	.396068
51	PHYSICAL THERAPY	2,025,356	.501777	.501777
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	18,464	.536016	.536016
54	ELECTROCARDIOLOGY	1,445,408	.180317	.180317
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,655,342	.386434	.386434
57	DRUGS CHARGED TO PATIENTS	3,341,678	.473998	.473998
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	5,747,724	.432007	.432007
63	OBSERVATION BEDS (NON-DIS	443,310	.854869	.854869
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	39,020,076		
102	LESS OBSERVATION BEDS	443,310		
103	TOTAL	38,576,766		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	1,673,224	4,399,183			
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	2,758,807	9,986,106			
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	1,945,882	7,832,441			
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	445,602	1,125,064			
51	PHYSICAL THERAPY	1,016,278	2,025,356			
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY	9,897	18,464			
54	ELECTROCARDIOLOGY	260,632	1,445,408			
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED	1,026,114	2,655,342			
57	DRUGS CHARGED TO PATIENTS	1,583,950	3,341,678			
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY	2,483,055	5,747,724			
63	OBSERVATION BEDS (NON-DIS	378,972	443,310			
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES	85,744				
67	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	13,668,157	39,020,076			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1309
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	1,673,224		1,673,224	4,399,183			
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY		51,923	51,923				
42	RADIOLOGY-DIAGNOSTIC	2,758,807		2,758,807	9,986,106			
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY	1,945,882		1,945,882	7,832,441			
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY	445,602		445,602	1,125,064			
51	PHYSICAL THERAPY	1,016,278		1,016,278	2,025,356			
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY	9,897		9,897	18,464			
54	ELECTROCARDIOLOGY	260,632		260,632	1,445,408			
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED	1,026,114		1,026,114	2,655,342			
57	DRUGS CHARGED TO PATIENTS	1,583,950		1,583,950	3,341,678			
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY	2,483,055		2,483,055	5,747,724			
63	OBSERVATION BEDS (NON-DIS	378,972		378,972	443,310			
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES	85,744		85,744				
67	DURABLE MEDICAL EQUIP-REN							
68	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	13,668,157	51,923	13,720,080	39,020,076			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVII I OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVII I OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.473998
2	PROGRAM VACCINE CHARGES		305
3	PROGRAM COSTS		145

TITLE XVIII PART A HOSPITAL OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	494
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	767.15
85	OBSERVATION BED COST	378,972

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,269,593	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.380349	387,386	147,342
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.276265	392,969	108,564
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.248439	567,440	140,974
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.396068	413,927	163,943
50	PHYSICAL THERAPY	.501777	104,360	52,365
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.536016	6,999	3,752
53	ELECTROCARDIOLOGY	.180317	34,624	6,243
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.386434	822,311	317,769
56	DRUGS CHARGED TO PATIENTS	.473998	659,999	312,838
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.432007	683	295
62	OBSERVATION BEDS (NON-DISTINCT PART)	.854869		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,390,698	1,254,085
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,390,698	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.380349	3,916	1,489
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.276265	60,964	16,842
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.248439	134,128	33,323
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.396068	84,627	33,518
50	PHYSICAL THERAPY	.501777	399,556	200,488
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.536016	6,765	3,626
53	ELECTROCARDIOLOGY	.180317	2,828	510
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.386434	161,519	62,416
56	DRUGS CHARGED TO PATIENTS	.473998	293,848	139,283
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.432007		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.854869		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,148,151	491,495
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,148,151	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		242,750	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.380349	530,012	201,590
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.276265	1,334,459	368,664
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.248439	958,690	238,176
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.396068	167,112	66,188
50	PHYSICAL THERAPY	.501777	244,052	122,460
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.536016		
53	ELECTROCARDIOLOGY	.180317	55,498	10,007
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.386434	274,434	106,051
56	DRUGS CHARGED TO PATIENTS	.473998	338,254	160,332
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.432007	1,302,858	562,844
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.854869		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		5,205,369	1,836,312
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,205,369	

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1309	FROM 7/ 1/2007	
COMPONENT NO:	TO 6/30/2008	WORKSHEET E-2
15-2309		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,118,858	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	496,410	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,444	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	1,615,268	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)	11,215	
10	SUBTOTAL	1,604,053	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	1,604,053	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	9,408	
14	80% OF PART B COSTS		
15	SUBTOTAL	1,594,645	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	1,594,645	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	1,483,421	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	111,224	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1309	FROM 7/ 1/2007	
COMPONENT NO:	TO 6/30/2008	WORKSHEET E-2
15-2309		

TITLE XIX SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

PART A
1

PART B
2

- 1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)
- 2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)
- 3 ANCILLARY SERVICES (SEE INSTRUCTIONS)
- 4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)
- 5 PROGRAM DAYS
- 6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)
- 7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY
- 8 SUBTOTAL
- 9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)
- 10 SUBTOTAL
- 11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)
- 12 SUBTOTAL
- 13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)
- 14 80% OF PART B COSTS
- 15 SUBTOTAL
- 16 OTHER ADJUSTMENTS (SPECIFY)
- 17 REIMBURSABLE BAD DEBTS
- 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)
- 18 TOTAL
- 19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 20 INTERIM PAYMENTS
- 20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 21 BALANCE DUE PROVIDER/PROGRAM
- 22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1309	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART II
15-1309		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,664,892
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,664,892
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,691,541

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,691,541
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	356,864
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,334,677
23	COINSURANCE	9,616
24	SUBTOTAL	2,325,061
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	49,417
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	49,417
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	35,465
26	SUBTOTAL	2,374,478
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,374,478
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,075,837
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	298,641
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2			1,836,312	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7			1,836,312	
8	SUBTOTAL			
9			1,836,312	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11			2,312,250	
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16			5,205,369	
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18			7,517,619	
19	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
20	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
21			7,517,619	
22	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
23			5,681,307	
24	RATIO OF LINE 17 TO LINE 18			
25	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
26			1,836,312	
27	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
28			1,836,312	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30			1,836,312	
31	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
32	OTHER THAN OUTLIER PAYMENTS			
33			1,836,312	
34	OUTLIER PAYMENTS			
35	PROGRAM CAPITAL PAYMENTS			
36	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
37	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
38			1,836,312	
39	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
40			1,836,312	
41	SUBTOTAL			
42	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
43	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
44			1,836,312	
45	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
46	EXCESS OF REASONABLE COST			
47			1,836,312	
48	SUBTOTAL			
49	COINSURANCE			
50	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
51	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
52	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
53			1,836,312	
54	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
55	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
56			1,836,312	
57	UTILIZATION REVIEW			
58			1,836,312	
59	SUBTOTAL (SEE INSTRUCTIONS)			
60	INPATIENT ROUTINE SERVICE COST			
61			1,836,312	
62	MEDICARE INPATIENT ROUTINE CHARGES			
63	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
64			1,836,312	
65	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
66			1,836,312	
67	RATIO OF LINE 43 TO 44			
68	TOTAL CUSTOMARY CHARGES			
69			1,836,312	
70	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
71			1,836,312	
72	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
73			1,836,312	
74	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
75	OTHER ADJUSTMENTS (SPECIFY)			
76	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
77			1,836,312	
78	SUBTOTAL			
79			1,836,312	
80	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
81			1,836,312	
82	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
83			1,836,312	
84	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
85			1,836,312	
86	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
87			1,836,312	
88	INTERIM PAYMENTS			
89			1,836,312	
90	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
91			1,836,312	
92	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	5,783,358			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,284,387			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,491,376			
7 INVENTORY	614,851			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	14,520			
10 DUE FROM OTHER FUNDS	413,510			
11 TOTAL CURRENT ASSETS	9,619,250			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	320,447			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	8,890,162			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	8,762,842			
16.01 LESS ACCUMULATED DEPRECIATION	-10,092,107			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	7,881,344			
OTHER ASSETS				
22 INVESTMENTS	7,889,708	1,017,220		
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	7,889,708	1,017,220		
27 TOTAL ASSETS	25,390,302	1,017,220		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	515,769			
29 SALARIES, WAGES & FEES PAYABLE	904,537			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	103,842			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS	52,219			
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,107,576			
36 TOTAL CURRENT LIABILITIES	2,683,943			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	8,268,468			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	93,834			
42 TOTAL LONG-TERM LIABILITIES	8,362,302			
43 TOTAL LIABILITIES	11,046,245			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	14,344,057			
45 SPECIFIC PURPOSE FUND		1,017,220		
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	14,344,057	1,017,220		
52 TOTAL LIABILITIES AND FUND BALANCES	25,390,302	1,017,220		

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		11,557,850		1,003,443
2	NET INCOME (LOSS)		2,632,177		
3	TOTAL		14,190,027		1,003,443
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)					
4	CONTRIBUTIONS	88,393		39,674	
5	RESTRICTED INVESTMENT INC			57,821	
6	GRANT REVENUE			65,487	
7	OTHER RESTRICTED ACTIVITY			10,184	
8	TRANSFER FROM AFFILIATES	10,184			
9	DEFERRED PENSION COSTS	72,725			
10	TOTAL ADDITIONS		171,302		173,166
11	SUBTOTAL		14,361,329		1,176,609
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)					
12	OTHER UNRESTRICTED ACTIVITY	17,272			
13	UNREALIZED GAIN/LOSS ON I			58,354	
14	NET ASSETS RELEASED FROM			101,035	
15					
16					
17					
18	TOTAL DEDUCTIONS		17,272		159,389
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,344,057		1,017,220

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)					
4	CONTRIBUTIONS				
5	RESTRICTED INVESTMENT INC				
6	GRANT REVENUE				
7	OTHER RESTRICTED ACTIVITY				
8	TRANSFER FROM AFFILIATES				
9	DEFERRED PENSION COSTS				
10	TOTAL ADDITIONS				
11	SUBTOTAL				
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)					
12	OTHER UNRESTRICTED ACTIVITY				
13	UNREALIZED GAIN/LOSS ON I				
14	NET ASSETS RELEASED FROM				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,312,250		2,312,250
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,312,250		2,312,250
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,312,250		2,312,250
17 00 ANCILLARY SERVICES	6,627,652	33,564,003	40,191,655
18 00 OUTPATIENT SERVICES			
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	8,939,902	33,564,003	42,503,905

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		17,372,253	
ADD (SPECIFY)			
27 00 BAD DEBTS	3,010,795		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,010,795	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		20,383,048	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	42,503,905
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	19,727,495
3	NET PATIENT REVENUES	22,776,410
4	LESS: TOTAL OPERATING EXPENSES	20,383,048
5	NET INCOME FROM SERVICE TO PATIENTS	2,393,362
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	494,267
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	41,944
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1,948
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	4,999
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	138,768
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS OPERATING INCOME	11,529
24.02	NET ASSETS RELEASED FROM RESTRICTION	12,643
24.03	UNREALIZED GAINS/LOSSES	-472,283
24.04	GAIN ON SALE OF PPE	5,000
25	TOTAL OTHER INCOME	238,815
26	TOTAL OTHER EXPENSES	2,632,177
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,632,177