

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		15-1308		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 17:00

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 MERCY HOSPITAL 15-1308 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		
1	HOSPITAL	0	222,817	157,556	0	
3	SWING BED - SNF	0	154,262	0	0	
100	TOTAL	0	377,079	157,556	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: 13311 SOUTH A ST. P.O. BOX:
 1.01 CITY: ELWOOD STATE: IN ZIP CODE: 46036- COUNTY: MADISON

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	ST. VINCENT MERCY HOSPITAL	15-1308	2.01	7/ 1/2001	4	5	6
04.00 SWING BED - SNF	SWING BED - SNF	15-Z308		7/ 1/2001	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 42.105 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? 1 N Y
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND 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. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR 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?

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE 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? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 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? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	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: 0
 - PAID LOSSES: 0
 - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	22	8,052	103,848.00			1,614	271
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						1,512	159
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	22	8,052	103,848.00			3,126	430
6 INTENSIVE CARE UNIT	3	1,098	4,512.00			131	18
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	25	9,150	108,360.00			3,257	448
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,617				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,671				
4 ADULTS & PED-SB NF			39				
5 TOTAL ADULTS AND PEDS			4,327				
6 INTENSIVE CARE UNIT			188				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			4,515				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			343	23	320		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			27				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					436	62	734
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		223.74			436	62	734
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1308

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		2,389,586	2,389,586	-33,232	2,356,354
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	257,493	3,424,471	3,681,964		3,681,964
6	0600	ADMINISTRATIVE & GENERAL	1,709,921	1,290,797	3,000,718	89,191	3,089,909
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	390,601	575,692	966,293		966,293
9	0900	LAUNDRY & LINEN SERVICE				41,439	41,439
10	1000	HOUSEKEEPING	325,895	72,300	398,195	-41,439	356,756
11	1100	DIETARY	234,410	154,407	388,817	-253,586	135,231
12	1200	CAFETERIA				253,586	253,586
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	117,985	12,683	130,668		130,668
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	332,618	1,000,032	1,332,650		1,332,650
17	1700	MEDICAL RECORDS & LIBRARY	181,522	89,382	270,904		270,904
18	1800	SOCIAL SERVICE	182,068	47,457	229,525		229,525
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					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,382,107	50,127	1,432,234	2,004	1,434,238
26	2600	INTENSIVE CARE UNIT	180,806	777	181,583	195	181,778
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	803,119	551,973	1,355,092	3,545	1,358,637
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	1,121,447	1,019,119	2,140,566		2,140,566
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIO SOTOPE					
44	4400	LABORATORY		1,116,106	1,116,106		1,116,106
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	610,177	87,091	697,268		697,268
50	5000	PHYSICAL THERAPY	360,324	58,327	418,651	4,286	422,937
51	5100	OCCUPATIONAL THERAPY		20,883	20,883		20,883
52	5200	SPEECH PATHOLOGY		31,975	31,975		31,975
53	5300	ELECTROCARDIOLOGY					
53.01	3020	ONCOLOGY	125,005	49,828	174,833	43,671	218,504
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		285,639	285,639		285,639
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	133,601	3,525	137,126	-103,517	33,609
61	6100	EMERGENCY	1,918,499	70,690	1,989,189	-117	1,989,072
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					
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	10,367,598	12,402,867	22,770,465	6,026	22,776,491
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1308
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/8/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
99	9900 NONPAID WORKERS					
100	7950 INTERNAL MEDICINE	250,383	33,864	284,247		284,247
100.01	7951 OCC. HEALTH	146,090	77,993	224,083		224,083
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS					
100.03	7953 ALEXANDRIA CLINIC	269,510	29,768	299,278		299,278
100.04	7954 MERCY CLINIC	232,127	26,511	258,638		258,638
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS	105,381	221	105,602		105,602
100.06	7956 FOUNDATION	35,985	-175	35,810		35,810
100.07	7957 PSYCH SERVICES	186,362	18,073	204,435		204,435
100.08	7958 MARKETING	27,265	96,238	123,503		117,477
101	TOTAL	11,620,701	12,685,360	24,306,061	-0-	24,306,061

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2008
I 15-1308 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

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	120,744	2,477,098
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	-207,929	3,474,035
6	0600 ADMINISTRATIVE & GENERAL	1,484,497	4,574,406
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		966,293
9	0900 LAUNDRY & LINEN SERVICE		41,439
10	1000 HOUSEKEEPING		356,756
11	1100 DIETARY	-69,276	65,955
12	1200 CAFETERIA		253,586
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-12	130,656
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-65,252	1,267,398
17	1700 MEDICAL RECORDS & LIBRARY	-7,843	263,061
18	1800 SOCIAL SERVICE	-11,571	217,954
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		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-16,834	1,417,404
26	2600 INTENSIVE CARE UNIT		181,778
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	-236,036	1,122,601
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-541,595	1,598,971
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIO SOTOPE		
44	4400 LABORATORY	-2,083	1,114,023
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	-22,920	674,348
50	5000 PHYSICAL THERAPY	-19,021	403,916
51	5100 OCCUPATIONAL THERAPY		20,883
52	5200 SPEECH PATHOLOGY		31,975
53	5300 ELECTROCARDIOLOGY		
53.01	3020 ONCOLOGY		218,504
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		285,639
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		33,609
61	6100 EMERGENCY	-619,067	1,370,005
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		
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	-214,198	22,562,293
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1308
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
99	9900 NONPAID WORKERS		
100	7950 INTERNAL MEDICINE		284,247
100.01	7951 OCC. HEALTH		224,083
100.02	7952 OTHER NONREIMBURSABLE COST CENTERS		
100.03	7953 ALEXANDRIA CLINIC		299,278
100.04	7954 MERCY CLINIC		258,638
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS		105,602
100.06	7956 FOUNDATION		35,810
100.07	7957 PSYCH SERVICES		204,435
100.08	7958 MARKETING		117,477
101	TOTAL	-214,198	24,091,863

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1308
 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	
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	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	ONCOLOGY	3020	ACUPUNCTURE
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	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1308
 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
	NONREIMBURS COST CEN		
100	INTERNAL MEDICINE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OCC. HEALTH	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ALEXANDRIA CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MERCY CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PSYCH SERVICES	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	MARKETING	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
151308

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

PREPARED 12/ 8/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	152,882	100,704
2 ICU	B	INTENSIVE CARE UNIT	26		195
3					
4 LAUNDRY	C	LAUNDRY & LINEN SERVICE	9	33,915	7,524
5 INTEREST	D	ADMINISTRATIVE & GENERAL	6		33,154
6 YELLOW PAGES	E	ADMINISTRATIVE & GENERAL	6		6,026
7 REGISTRARS	F	ADMINISTRATIVE & GENERAL	6	50,011	
8 CLINIC	G	OPERATING ROOM	37	3,402	143
9		PHYSICAL THERAPY	50	4,113	173
10		ONCOLOGY	53.01	41,904	1,767
11		ADULTS & PEDIATRICS	25	1,923	81
36 TOTAL RECLASSIFICATIONS				288,150	149,767

(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:
151308

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

PREPARED 12/ 8/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 CAFETERIA	A	DIETARY	11	152,882	100,704	
2 ICU	B	EMERGENCY	61		117	
3		NEW CAP REL COSTS-BLDG & FIXT	3		78	9
4 LAUNDRY	C	HOUSEKEEPING	10	33,915	7,524	
5 INTEREST	D	NEW CAP REL COSTS-BLDG & FIXT	3		33,154	9
6 YELLOW PAGES	E	MARKETING	100.08		6,026	
7 REGISTRARS	F	CLINIC	60	50,011		
8 CLINIC	G	CLINIC	60	51,342	2,164	
9						
10						
11						
36 TOTAL RECLASSIFICATIONS				288,150	149,767	

(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:
151308

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	253,586
TOTAL RECLASSIFICATIONS FOR CODE A			253,586

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	253,586	
		253,586	

RECLASS CODE: B
EXPLANATION : ICU

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	195
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			195

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	117	
NEW CAP REL COSTS-BLDG & FIXT	3	78	
		195	

RECLASS CODE: C
EXPLANATION : LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	41,439
TOTAL RECLASSIFICATIONS FOR CODE C			41,439

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	41,439	
		41,439	

RECLASS CODE: D
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	33,154
TOTAL RECLASSIFICATIONS FOR CODE D			33,154

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	33,154	
		33,154	

RECLASS CODE: E
EXPLANATION : YELLOW PAGES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	6,026
TOTAL RECLASSIFICATIONS FOR CODE E			6,026

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MARKETING	100.08	6,026	
		6,026	

RECLASS CODE: F
EXPLANATION : REGISTRARS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	50,011
TOTAL RECLASSIFICATIONS FOR CODE F			50,011

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	50,011	
		50,011	

RECLASS CODE: G
EXPLANATION : CLINIC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	3,545
2.00	PHYSICAL THERAPY	50	4,286
3.00	ONCOLOGY	53.01	43,671
4.00	ADULTS & PEDIATRICS	25	2,004
TOTAL RECLASSIFICATIONS FOR CODE G			53,506

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC	60	53,506	
		0	
		0	
		0	
		53,506	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUI PMENT							
6 MOVABLE EQUI PMENT							
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 RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	457,300					457,300	
2 LAND IMPROVEMENTS	569,176				52,878	516,298	
3 BUILDINGS & FIXTURE	29,031,300				782,672	28,248,628	
4 BUILDING IMPROVEMEN							
5 FIXED EQUI PMENT							
6 MOVABLE EQUI PMENT							
7 SUBTOTAL	30,057,776				835,550	29,222,226	
8 RECONCILING ITEMS							
9 TOTAL	30,057,776				835,550	29,222,226	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED GROSS ASSETS	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	29,222,226		29,222,226	1.000000			
4	NEW CAP REL COSTS-MV							
5	TOTAL	29,222,226		29,222,226	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,477,098						2,477,098
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,477,098						2,477,098

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,389,586						2,389,586
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,389,586						2,389,586

* 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/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
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	B	-119,633	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-8,220	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	-12,147	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,285,640			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,767,922			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-69,276	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-560	OPERATING ROOM	37	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-60,158	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-7,843	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' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 OTHER REVENUE	B	-19,021	PHYSICAL THERAPY	50	
39 OTHER REVENUE	B	-19,886	ADMINISTRATIVE & GENERAL	6	
40					
41					
42 ENTERTAINMENT	A	-2,004	ADMINISTRATIVE & GENERAL	6	
43 1970 BLDG	A	-1,973	NEW CAP REL COSTS-BLDG &	3	9
44 PHYSICIAN RECRUITMENT	A	-17,917	ADMINISTRATIVE & GENERAL	6	
45 DONATIONS	A	-2,083	LABORATORY	44	
46 CRNA ADJUSTMENT	A	-202,043	OPERATING ROOM	37	
46.01 OTHER REVENUE	B	-12	NURSING ADMINISTRATION	14	
46.02 OTHER REVENUE	B	-50	SOCIAL SERVICE	18	
46.03 OTHER REVENUE	B	-1,595	RADIOLOGY-DIAGNOSTIC	41	
46.04 OTHER REVENUE	B	-150,900	ADMINISTRATIVE & GENERAL	6	
47 LOBBYING	A	-1,159	ADMINISTRATIVE & GENERAL	6	
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-214,198			

(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	9
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	281,997	26,124	255,873	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,900,174	256,636	1,643,538	
3	100 1	OCC. HEALTH ST. VINCENT HEALTH - CHG	10,482	10,482		
4	100 3	ALEXANDRIA CLINIC ST. VINCENT HEALTH - CHG	10,085	10,085		
4.01	100 4	MERCY CLINIC ST. VINCENT HEALTH - CHG	7,545	7,545		
4.02	100 6	FOUNDATION ST. VINCENT HEALTH - CHG	282	282		
4.03	100 7	PSYCH SERVICES ST. VINCENT HEALTH - CHG	1,262	1,262		
4.04	100 8	MARKETING ST. VINCENT HEALTH - CHG	9,875	9,875		
4.05	100	INTERNAL MEDICINE ST. VINCENT HEALTH - CHG	12,277	12,277		
4.06	14	NURSING ADMINISTRATION ST. VINCENT HEALTH - CHG	260	260		
4.07	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH - CHG	86,442	86,442		
4.08	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT HEALTH - CHG	17,778	17,778		
4.09	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH - CHG	196,368	196,368		
4.10	6	ADMINISTRATIVE & GENERAL ST. VINCENT HEALTH - CHG	776,201	776,201		
4.16	3	NEW CAP REL COSTS-BLDG & ASCENSION INTEREST	469,018	482,541	-13,523	9
4.17	6	ADMINISTRATIVE & GENERAL ASCENSION INTEREST	32,225	33,154	-929	
4.19	6	ADMINISTRATIVE & GENERAL ASCENSION MAINTENANCE	396,133	305,241	90,892	
4.21						
4.22						
4.23	5	EMPLOYEE BENEFITS SELF INSURANCE	1,854,814	1,969,244	-114,430	
4.24	5	EMPLOYEE BENEFITS PENSION	347,370	440,869	-93,499	
5		TOTALS	6,410,588	4,642,666	1,767,922	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	100.00	ASCENSION	100.00	ADMINISTRATION
3	B	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
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.
 OTHER - FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1308
 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 16	PHARMACY	5,094	5,094					
2 18	SOCIAL SERVICES	27,523	11,521	16,002				
3 25	ROUTINE	16,834	16,834					
4 37	OPERATING ROOM	52,444	33,433	19,011				
5 41	RADIOLOGY	540,000	540,000					
6 49	RESPIRATORY THERAPY	22,920	22,920					
7 61	EMERGENCY	1,024,776	619,067	405,709				
8 6	MEDICAL DIRECTOR	87,843	36,771	51,072				
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,777,434	1,285,640	491,794				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1308
 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 16	PHARMACY							5,094
2 18	SOCIAL SERVICES							11,521
3 25	ROUTINE							16,834
4 37	OPERATING ROOM							33,433
5 41	RADIOLOGY							540,000
6 49	RESPIRATORY THERAPY							22,920
7 61	EMERGENCY							619,067
8 6	MEDICAL DIRECTOR							36,771
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,285,640

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	24				
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	360				
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	56				
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	4.85				
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE					
			SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4
9	TOTAL HOURS WORKED			88.00		
10	AHSEA (SEE INSTRUCTIONS)			62.63		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	31.32		31.32		
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)	5,511
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)	5,511
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)	5,511

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)	62.63
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	22,547
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	22,547

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)	1,754
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	1,754
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	272
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	2,026

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)	

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 2,026
 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) 22,547
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 2,026
 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) 24,573
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 9,716

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

PROVIDER NO: 15-1308

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

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

OCCUPATIONAL 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 - 9,716
(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) 9,716

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)

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	96
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	1,440
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	298
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	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		525.00			
10		60.20			
11	30.10	30.10			
12					
12.01					
13					
13.01					

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)	31,605
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)	31,605
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)	31,605

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)	86,688
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	86,688

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)	8,970
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,970
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,445
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,415

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) 10,415
 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) 86,688
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 10,415
 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) 97,103
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 48,240

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

PROVIDER NO: 15-1308

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 - 48,240

(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) 48,240

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

PROVIDER NO: 15-1308
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/8/2008
 NOT A CMS WORKSHEET

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	NOT 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	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	PATIENT DAYS	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	PATIENT REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	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 &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	2,477,098			2,477,098			
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	3,474,035			18,381		3,492,416	
007 ADMINISTRATIVE & GENERAL	4,574,406			400,452		540,905	5,515,763
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	966,293			404,159		120,049	1,490,501
010 LAUNDRY & LINEN SERVICE	41,439					10,424	51,863
011 HOUSEKEEPING	356,756			53,773		89,738	500,267
012 DIETARY	65,955			36,128		25,057	127,140
013 CAFETERIA	253,586			59,714		46,987	360,287
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	130,656			7,769		36,262	174,687
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	1,267,398			18,457		102,228	1,388,083
018 MEDICAL RECORDS & LIBRARY	263,061			66,467		55,790	385,318
019 SOCIAL SERVICE	217,954			19,828		55,958	293,740
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS	1,417,404			195,592		425,373	2,038,369
026 ADULTS & PEDIATRICS	181,778			17,543		55,570	254,891
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	1,122,601			201,356		247,879	1,571,836
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	1,598,971			125,216		344,670	2,068,857
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,114,023			55,778			1,169,801
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	674,348			24,221		187,534	886,103
051 PHYSICAL THERAPY	403,916			162,232		112,008	678,156
052 OCCUPATIONAL THERAPY	20,883			11,095			31,978
053 SPEECH PATHOLOGY	31,975						31,975
054 ELECTROCARDIOLOGY							
055 01 ONCOLOGY	218,504			27,267		51,298	297,069
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	285,639						285,639
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DI STINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	33,609			11,780		9,911	55,300
063 EMERGENCY	1,370,005			164,974		589,641	2,124,620
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
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 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS	22,562,293			2,082,182		3,107,282	21,782,243
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP							
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC							
084 NONPAID WORKERS							
085 INTERNAL MEDICINE	284,247			51,843		76,954	413,044

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINISTRATIVE & GENERAL	5,515,763													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	442,571		1,933,072											
010 LAUNDRY & LINEN SERVICE	15,400			67,263										
011 HOUSEKEEPING	148,543		62,841	6,678	718,329									
012 DIETARY	37,751		42,221	1,717		208,829								
013 CAFETERIA	106,979		69,784	2,653									539,703	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	51,869		9,079											11,091
016 CENTRAL SERVICES & SUPPLY														
017 PHARMACY	412,161		21,570		4,107									19,067
018 MEDICAL RECORDS & LIBRARY	114,412		77,677											24,942
019 SOCIAL SERVICE	87,220		23,172											13,793
020 NONPHYSICIAN ANESTHETISTS														
021 NURSING SCHOOL														
022 I&R SERVICES-SALARY & FRI														
023 I&R SERVICES-OTHER PRGM C														
024 PARAMEDICAL PRGM														
025 INPAT ROUTINE SRVC CNTRS														
026 ADULTS & PEDIATRICS	605,249		228,579	23,658	210,160	200,185							138,669	
027 INTENSIVE CARE UNIT	75,684		20,502	1,022	6,071	8,644							11,901	
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	466,722		235,315	7,312	71,779								53,465	
039 RECOVERY ROOM														
040 DELIVERY ROOM & LABOR ROO														
041 ANESTHESIOLOGY														
042 RADIOLOGY-DIAGNOSTIC	614,302		146,333	8,225	94,634								82,962	
043 RADIOLOGY-THERAPEUTIC														
044 RADIOISOTOPE														
045 LABORATORY	347,347		65,185											
046 PBP CLINICAL LAB SERVICES														
047 WHOLE BLOOD & PACKED RED														
048 BLOOD STORING, PROCESSING														
049 INTRAVENOUS THERAPY														
050 RESPIRATORY THERAPY	263,109		28,305	1,106									47,879	
051 PHYSICAL THERAPY	201,364		189,592	2,840	37,318								30,058	
052 OCCUPATIONAL THERAPY	9,495		12,966											
053 SPEECH PATHOLOGY	9,494													
054 ELECTROCARDIOLOGY														
055 01 ONCOLOGY	88,208		31,866	8	28,212								11,602	
056 ELECTROENCEPHALOGRAPHY														
057 MEDICAL SUPPLIES CHARGED	84,814													
058 DRUGS CHARGED TO PATIENTS														
059 RENAL DIALYSIS														
060 ASC (NON-DI STINCT PART)														
061 OUTPAT SERVICE COST CNTRS														
062 CLINIC	16,420		13,767	6	21,784								2,341	
063 EMERGENCY	630,859		192,797	11,707	120,346								90,110	
064 OBSERVATION BEDS (NON-DIS														
065 OTHER REIMBURS COST CNTRS														
066 HOME PROGRAM DIALYSIS														
067 AMBULANCE SERVICES														
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 OTHER ORGAN ACQUISITION														
077 AMBULATORY SURGICAL CENTE														
078 HOSPICE														
079 SUBTOTALS	4,829,973		1,471,551	66,932	594,411	208,829							537,880	
080 NONREIMBURS COST CENTERS														
081 GIFT, FLOWER, COFFEE SHOP														
082 RESEARCH														
083 PHYSICIANS' PRIVATE OFFIC														
084 NONPAID WORKERS														
085 INTERNAL MEDICINE	122,644		60,587	126	18,570									

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
100	01 NONREIMBURS COST CENTERS							
	01 OCC. HEALTH	95,835		62,841		32,319		
100	02 OTHER NONREIMBURSABLE COS							
	03 ALEXANDRIA CLINIC	143,040		116,426	83	28,926		
	04 MERCY CLINIC	110,148		47,888	122	16,963		
100	05 OTHER NONREIMBURSABLE COS	58,832		70,289				
	06 FOUNDATION	21,802		31,035		13,213		
	07 PSYCH SERVICES	88,776		43,556		13,927		
	08 MARKETING	44,713		28,899				1,823
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,515,763		1,933,072	67,263	718,329	208,829	539,703

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & 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		246,726						
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY		8,884		1,853,872				
018 MEDICAL RECORDS & LIBRARY					602,349			
020 SOCIAL SERVICE		5,341					423,266	
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		64,701			29,039		410,543	
028 INTENSIVE CARE UNIT		5,545			5,320			
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY								
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 01 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM						79,079		
042 RECOVERY ROOM		23,174						
043 DELIVERY ROOM & LABOR ROO								
044 ANESTHESIOLOGY								
045 RADIOLOGY-DIAGNOSTIC		38,656			192,470			
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY					72,990			
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING								
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY		22,309			38,062			
054 PHYSICAL THERAPY		14,191			16,221			
055 OCCUPATIONAL THERAPY					1,175			
056 SPEECH PATHOLOGY					1,438			
057 ELECTROCARDIOLOGY								
058 01 ONCOLOGY		7,302			3,847			
059 ELECTROENCEPHALOGRAPHY								
060 MEDICAL SUPPLIES CHARGED					19,644			
061 DRUGS CHARGED TO PATIENTS				1,853,872	65,898			
062 RENAL DIALYSIS								
064 ASC (NON-DI STINCT PART)								
065 OUTPAT SERVICE COST CNTRS								
066 CLINIC		2,549			2,295			
067 EMERGENCY		41,987			74,871		12,723	
068 OBSERVATION BEDS (NON-DIS								
069 OTHER REIMBURS COST CNTRS								
070 HOME PROGRAM DIALYSIS								
071 AMBULANCE SERVICES								
072 DURABLE MEDICAL EQUIP-REN								
073 DURABLE MEDICAL EQUIP-SOL								
074 CORF								
075 I&R SERVICES-NOT APPRVD P								
076 HOME HEALTH AGENCY								
077 LUNG ACQUISITION								
078 SPEC PURPOSE COST CENTERS								
079 KIDNEY ACQUISITION								
080 OTHER ORGAN ACQUISITION								
082 AMBULATORY SURGICAL CENTE								
083 HOSPICE								
086 SUBTOTALS		234,639		1,853,872	602,349		423,266	
089 NONREIMBURS COST CENTERS								
090 GIFT, FLOWER, COFFEE SHOP								
091 RESEARCH								
092 PHYSICIANS' PRIVATE OFFIC								
093 NONPAID WORKERS								
095 INTERNAL MEDICINE								

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
NONREIMBURS COST CENTERS							
100 01 OCC. HEALTH			5,526				
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC			6,561				
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		246,726		1,853,872	602,349	423,266	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & 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							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS					3,949,152		3,949,152
027 ADULTS & PEDIATRICS					389,580		389,580
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					2,508,682		2,508,682
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC					3,246,439		3,246,439
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					1,655,323		1,655,323
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					1,286,873		1,286,873
054 PHYSICAL THERAPY					1,169,740		1,169,740
055 OCCUPATIONAL THERAPY					55,614		55,614
056 SPEECH PATHOLOGY					42,907		42,907
057 ELECTROCARDIOLOGY							
058 01 ONCOLOGY					468,114		468,114
059 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					390,097		390,097
061 DRUGS CHARGED TO PATIENTS					1,919,770		1,919,770
062 RENAL DIALYSIS							
064 ASC (NON-DI STINCT PART)							
065 OUTPAT SERVICE COST CNTRS							
066 CLINIC					114,462		114,462
067 EMERGENCY					3,300,020		3,300,020
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
086 SUBTOTALS					20,496,773		20,496,773
089 NONREIMBURS COST CENTERS							
090 GIFT, FLOWER, COFFEE SHOP							
091 RESEARCH							
092 PHYSICIANS' PRIVATE OFFIC							
093 NONPAID WORKERS							
095 INTERNAL MEDICINE					614,971		614,971

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
100 01 OCC. HEALTH					519,277		519,277
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC					770,209		770,209
100 04 MERCY CLINIC					552,640		552,640
100 05 OTHER NONREIMBURSABLE COS					327,256		327,256
100 06 FOUNDATION					139,476		139,476
100 07 PSYCH SERVICES					445,241		445,241
100 08 MARKETING					226,020		226,020
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					24,091,863		24,091,863

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1308
 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	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	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 &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				18,381		18,381	18,381
007 ADMINISTRATIVE & GENERAL				400,452		400,452	2,848
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				404,159		404,159	632
010 LAUNDRY & LINEN SERVICE							55
011 HOUSEKEEPING				53,773		53,773	472
012 DIETARY				36,128		36,128	132
013 CAFETERIA				59,714		59,714	247
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				7,769		7,769	191
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				18,457		18,457	538
018 MEDICAL RECORDS & LIBRARY				66,467		66,467	294
019 SOCIAL SERVICE				19,828		19,828	295
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				195,592		195,592	2,239
026 ADULTS & PEDIATRICS				17,543		17,543	293
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				201,356		201,356	1,305
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC				125,216		125,216	1,815
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY				55,778		55,778	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY				24,221		24,221	987
051 PHYSICAL THERAPY				162,232		162,232	590
052 OCCUPATIONAL THERAPY				11,095		11,095	
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 01 ONCOLOGY				27,267		27,267	270
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC				11,780		11,780	52
063 EMERGENCY				164,974		164,974	3,098
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
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 OTHER ORGAN ACQUISITION							
077 AMBULATORY SURGICAL CENTE							
078 HOSPICE							
079 SUBTOTALS				2,082,182		2,082,182	16,353
080 NONREIMBURS COST CENTERS							
081 GIFT, FLOWER, COFFEE SHOP							
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFIC							
084 NONPAID WORKERS							
085 INTERNAL MEDICINE				51,843		51,843	405

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1308
 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	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
100 01 OCC. HEALTH				53,773		53,773	236
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC				99,624		99,624	436
100 04 MERCY CLINIC				40,977		40,977	376
100 05 OTHER NONREIMBURSABLE COS				60,145		60,145	171
100 06 FOUNDATION				26,556		26,556	58
100 07 PSYCH SERVICES				37,270		37,270	302
100 08 MARKETING				24,728		24,728	44
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,477,098		2,477,098	18,381

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-1308

FROM 7/ 1/2007

WORKSHEET B

|

TO 6/30/2008

PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
100	01 NONREIMBURS COST CENTERS							
	01 OCC. HEALTH	7,007		14,211		3,574		
100	02 OTHER NONREIMBURSABLE COS							
	03 ALEXANDRIA CLINIC	10,459		26,329	1	3,199		
	04 MERCY CLINIC	8,054		10,829	2	1,876		
100	05 OTHER NONREIMBURSABLE COS	4,302		15,895				
	06 FOUNDATION	1,594		7,018		1,461		
	07 PSYCH SERVICES	6,491		9,850		1,540		
	08 MARKETING	3,269		6,535				282
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	403,300		437,151	1,181	79,434	48,598	83,611

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-1308

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

PREPARED 12/ 8/2008
WORKSHEET B
PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		15,524					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY		559	57,977				
018	MEDICAL RECORDS & LIBRARY				96,557			
019	SOCIAL SERVICE		336			34,213		
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		4,071		4,655	33,185		
027	INTENSIVE CARE UNIT		349		853			
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	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM		1,458		12,675			
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC		2,432		30,857			
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY				11,699			
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY		1,404		6,101			
051	PHYSICAL THERAPY		893		2,600			
052	OCCUPATIONAL THERAPY				188			
053	SPEECH PATHOLOGY				231			
054	ELECTROCARDIOLOGY							
055	ONCOLOGY		459		617			
056	ELECTROENCEPHALOGRAPHY							
057	MEDICAL SUPPLIES CHARGED				3,149			
058	DRUGS CHARGED TO PATIENTS			57,977	10,563			
059	RENAL DIALYSIS							
060	ASC (NON-DI STINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC		160		368			
063	EMERGENCY		2,642		12,001	1,028		
064	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
066	HOME PROGRAM DIALYSIS							
067	AMBULANCE SERVICES							
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	OTHER ORGAN ACQUISITION							
077	AMBULATORY SURGICAL CENTE							
078	HOSPICE							
079	SUBTOTALS		14,763		57,977	96,557	34,213	
080	NONREIMBURS COST CENTERS							
081	GIFT, FLOWER, COFFEE SHOP							
082	RESEARCH							
083	PHYSICIANS' PRIVATE OFFIC							
084	NONPAID WORKERS							
085	INTERNAL MEDICINE							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS				427,415		427,415
027	ADULTS & PEDIATRICS				33,753		33,753
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
033	SURGICAL INTENSIVE CARE U						
034	SUBPROVIDER						
035	NURSERY						
036	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	01 ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM				320,486		320,486
042	RECOVERY ROOM						
043	DELIVERY ROOM & LABOR ROO						
044	ANESTHESIOLOGY						
045	RADIOLOGY-DIAGNOSTIC				261,790		261,790
046	RADIOLOGY-THERAPEUTIC						
047	RADIOISOTOPE						
048	LABORATORY				107,616		107,616
049	PBP CLINICAL LAB SERVICES						
050	WHOLE BLOOD & PACKED RED						
051	BLOOD STORING, PROCESSING						
052	INTRAVENOUS THERAPY						
053	RESPIRATORY THERAPY				65,788		65,788
054	PHYSICAL THERAPY				232,747		232,747
055	OCCUPATIONAL THERAPY				14,909		14,909
056	SPEECH PATHOLOGY				925		925
057	ELECTROCARDIOLOGY						
058	01 ONCOLOGY				47,186		47,186
059	ELECTROENCEPHALOGRAPHY						
060	MEDICAL SUPPLIES CHARGED				9,351		9,351
061	DRUGS CHARGED TO PATIENTS				68,540		68,540
062	RENAL DIALYSIS						
063	ASC (NON-DI STINCT PART)						
064	OUTPAT SERVICE COST CNTRS						
065	CLINIC				19,446		19,446
066	EMERGENCY				300,939		300,939
067	OBSERVATION BEDS (NON-DIS						
068	OTHER REIMBURS COST CNTRS						
069	HOME PROGRAM DIALYSIS						
070	AMBULANCE SERVICES						
071	DURABLE MEDICAL EQUIP-REN						
072	DURABLE MEDICAL EQUIP-SOL						
073	CORF						
074	I&R SERVICES-NOT APPRVD P						
075	HOME HEALTH AGENCY						
076	LUNG ACQUISITION						
077	SPEC PURPOSE COST CENTERS						
078	KIDNEY ACQUISITION						
079	OTHER ORGAN ACQUISITION						
080	AMBULATORY SURGICAL CENTE						
081	HOSPICE						
082	SUBTOTALS				1,910,891		1,910,891
083	NONREIMBURS COST CENTERS						
084	GIFT, FLOWER, COFFEE SHOP						
085	RESEARCH						
086	PHYSICIANS' PRIVATE OFFIC						
087	NONPAID WORKERS						
088	INTERNAL MEDICINE				76,972		76,972

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	() IATION
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			97,568			
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS				724	11,363,208	
007 ADMINISTRATIVE & GENE			15,773		1,759,932	-5,515,763
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			15,919		390,601	
010 LAUNDRY & LINEN SERVI					33,915	
011 HOUSEKEEPING			2,118		291,980	
012 DIETARY			1,423		81,528	
013 CAFETERIA			2,352		152,882	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			306		117,985	
016 CENTRAL SERVICES & SU						
017 PHARMACY				727	332,618	
018 MEDICAL RECORDS & LIB			2,618		181,522	
019 SOCIAL SERVICE			781		182,068	
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			7,704		1,384,030	
026 ADULTS & PEDIATRICS			691		180,806	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
032 NURSERY						
033 SKILLED NURSING FACIL						
034 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C			7,931		806,521	
038 OPERATING ROOM						
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			4,932		1,121,447	
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY			2,197			
046 PBP CLINICAL LAB SERV						
047 WHOLE BLOOD & PACKED						
048 BLOOD STORING, PROCES						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				954	610,177	
051 PHYSICAL THERAPY				6,390	364,437	
052 OCCUPATIONAL THERAPY				437		
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY						
055 01 ONCOLOGY			1,074		166,909	
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR						
058 DRUGS CHARGED TO PATI						
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PAR						
061 OUTPAT SERVICE COST C						
062 CLINIC			464		32,248	
063 EMERGENCY			6,498		1,918,499	
064 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
072 HOME HEALTH AGENCY						
073 LUNG ACQUISITION						
074 SPEC PURPOSE COST CEN						
075 KIDNEY ACQUISITION						
076 OTHER ORGAN ACQUISITI						
077 AMBULATORY SURGICAL C						
078 HOSPICE						
079 SUBTOTALS			82,013		10,110,105	-5,515,763
080 NONREIMBURS COST CENT						
081 GIFT, FLOWER, COFFEE						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILI- ATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
097 NONREIMBURS COST CENT						
098 RESEARCH						
099 PHYSICIANS' PRIVATE O						
100 NONPAID WORKERS						
100 INTERNAL MEDICINE			2,042		250,383	
100 01 OCC. HEALTH			2,118		146,090	
100 02 OTHER NONREIMBURSABLE						
100 03 ALEXANDRIA CLINIC			3,924		269,510	
100 04 MERCY CLINIC			1,614		232,127	
100 05 OTHER NONREIMBURSABLE			2,369		105,381	
100 06 FOUNDATION			1,046		35,985	
100 07 PSYCH SERVICES			1,468		186,362	
100 08 MARKETING			974		27,265	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			2,477,098		3,492,416	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			25.388427		.307344	
(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					18,381	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001618	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	D(HOURS)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	18,576,100						
008 OPERATION OF PLANT	1,490,501		65,152				
009 LAUNDRY & LINEN SERVICE	51,863			162,621			
010 HOUSEKEEPING	500,267		2,118	16,145	4,023		
011 DIETARY	127,140		1,423	4,152		4,542	
012 CAFETERIA	360,287		2,352	6,413			277,770
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	174,687		306				5,708
015 CENTRAL SERVICES & SU							
016 PHARMACY	1,388,083		727		23		9,813
017 MEDICAL RECORDS & LIB	385,318		2,618				12,837
018 SOCIAL SERVICE	293,740		781				7,099
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	2,038,369		7,704	57,196	1,177	4,354	71,370
027 INTENSIVE CARE UNIT	254,891		691	2,470	34	188	6,125
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACIL							
034 NURSING FACILITY							
035 ICU/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	1,571,836		7,931	17,678	402		27,517
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,068,857		4,932	19,885	530		42,698
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,169,801		2,197				
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	886,103		954	2,675			24,642
051 PHYSICAL THERAPY	678,156		6,390	6,867	209		15,470
052 OCCUPATIONAL THERAPY	31,978		437				
053 SPEECH PATHOLOGY	31,975						
054 ELECTROCARDIOLOGY							
055 ONCOLOGY	297,069		1,074	20	158		5,971
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR	285,639						
058 DRUGS CHARGED TO PATI							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PAR							
061 OUTPAT SERVICE COST C							
062 CLINIC	55,300		464	15	122		1,205
063 EMERGENCY	2,124,620		6,498	28,305	674		46,377
064 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CEN							
075 KIDNEY ACQUISITION							
076 OTHER ORGAN ACQUISITI							
077 AMBULATORY SURGICAL C							
078 HOSPICE							
079 SUBTOTALS	16,266,480		49,597	161,821	3,329	4,542	276,832
080 NONREIMBURS COST CENT							
081 GIFT, FLOWER, COFFEE							

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	D(HOURS)
		6	7	8	9	10	11	12
097	NONREIMBURS COST CENT							
098	RESEARCH							
099	PHYSICIANS' PRIVATE O							
100	NONPAID WORKERS							
100	INTERNAL MEDICINE	413,044		2,042	305	104		
100	01 OCC. HEALTH	322,756		2,118		181		
100	02 OTHER NONREIMBURSABLE							
100	03 ALEXANDRIA CLINIC	481,734		3,924	200	162		
100	04 MERCY CLINIC	370,958		1,614	295	95		
100	05 OTHER NONREIMBURSABLE	198,135		2,369				
100	06 FOUNDATION	73,426		1,046		74		
100	07 PSYCH SERVICES	298,982		1,468		78		
100	08 MARKETING	150,585		974				938
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	5,515,763		1,933,072	67,263	718,329	208,829	539,703
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				.413618		45.977323	
	(WRKSHT B, PT I)	.296928		29.670187		178.555556		1.942985
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	403,300		437,151	1,181	79,434	48,598	83,611
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.007262		10.699692	
	(WRKSHT B, PT III)	.021711		6.709710		19.744966		.301008

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT)SING HRS	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	R(PATIENT)UE	REVENUE(TIME SPENT)	(ASSIGNED) TIME
NONREIMBURS COST CENT	13	14	15	16	17	18	20
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH		6,104					
100 02 OTHER NONREIMBURSABLE							
100 03 ALEXANDRIA CLINIC							
100 04 MERCY CLINIC		7,247					
100 05 OTHER NONREIMBURSABLE							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		246,726		1,853,872	602,349	423,266	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.905340		18,538.720000	.013301	84.822846	
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)		15,524		57,977	96,557	34,213	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.056964		579.770000	.002132	6.856313	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	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				
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				
035 SKILLED NURSING FACIL				
036 NURSING FACILITY				
01 ICF/MR				
037 OTHER LONG TERM CARE				
038 ANCILLARY SRVC COST C				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
044 RADIOLOGY-THERAPEUTIC				
045 RADIOISOTOPE				
046 LABORATORY				
047 PBP CLINICAL LAB SERV				
048 WHOLE BLOOD & PACKED				
049 BLOOD STORING, PROCES				
050 INTRAVENOUS THERAPY				
051 RESPIRATORY THERAPY				
052 PHYSICAL THERAPY				
053 OCCUPATIONAL THERAPY				
054 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
01 ONCOLOGY				
056 ELECTROENCEPHALOGRAPH				
057 MEDICAL SUPPLIES CHAR				
058 DRUGS CHARGED TO PATI				
060 RENAL DIALYSIS				
061 ASC (NON-DISTINCT PAR				
062 OUTPAT SERVICE COST C				
064 CLINIC				
065 EMERGENCY				
066 OBSERVATION BEDS (NON				
067 OTHER REIMBURS COST C				
068 HOME PROGRAM DIALYSIS				
069 AMBULANCE SERVICES				
070 DURABLE MEDICAL EQUIP				
071 DURABLE MEDICAL EQUIP				
072 CORF				
073 I&R SERVICES-NOT APPR				
074 HOME HEALTH AGENCY				
075 LUNG ACQUISITION				
076 SPEC PURPOSE COST CEN				
077 KIDNEY ACQUISITION				
078 OTHER ORGAN ACQUISITI				
079 AMBULATORY SURGICAL C				
080 HOSPICE				
081 SUBTOTALS				
082 NONREIMBURS COST CENT				
083 GIFT, FLOWER, COFFEE				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	21	22	23	24
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 INTERNAL MEDICINE				
100 01 OCC. HEALTH				
100 02 OTHER NONREIMBURSABLE				
100 03 ALEXANDRIA CLINIC				
100 04 MERCY CLINIC				
100 05 OTHER NONREIMBURSABLE				
100 06 FOUNDATION				
100 07 PSYCH SERVICES				
100 08 MARKETING				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				
105 COST TO BE ALLOCATED (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,949,152		3,949,152		
26	INTENSIVE CARE UNIT	389,580		389,580		
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	2,508,682		2,508,682		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,246,439		3,246,439		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,655,323		1,655,323		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,286,873		1,286,873		
50	PHYSICAL THERAPY	1,169,740		1,169,740		
51	OCCUPATIONAL THERAPY	55,614		55,614		
52	SPEECH PATHOLOGY	42,907		42,907		
53	ELECTROCARDIOLOGY					
01	ONCOLOGY	468,114		468,114		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	390,097		390,097		
56	DRUGS CHARGED TO PATIENTS	1,919,770		1,919,770		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	114,462		114,462		
61	EMERGENCY	3,300,020		3,300,020		
62	OBSERVATION BEDS (NON-DIS	292,085		292,085		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,788,858		20,788,858		
102	LESS OBSERVATION BEDS	292,085		292,085		
103	TOTAL	20,496,773		20,496,773		

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	2,183,235		2,183,235			
26	INTENSIVE CARE UNIT	399,951		399,951			
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	937,337	5,007,980	5,945,317	.421959	.421959	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,414,564	13,054,332	14,468,896	.224374	.224374	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,199,886	4,287,679	5,487,565	.301650	.301650	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,592,363	1,269,202	2,861,565	.449710	.449710	
50	PHYSICAL THERAPY	288,256	931,280	1,219,536	.959168	.959168	
51	OCCUPATIONAL THERAPY	27,211	61,092	88,303	.629809	.629809	
52	SPEECH PATHOLOGY	32,412	75,734	108,146	.396751	.396751	
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	39,456	249,743	289,199	1.618657	1.618657	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	871,336	605,570	1,476,906	.264131	.264131	
56	DRUGS CHARGED TO PATIENTS	2,242,230	2,712,101	4,954,331	.387493	.387493	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	842	171,677	172,519	.663475	.663475	
61	EMERGENCY	287,006	5,341,986	5,628,992	.586254	.586254	
62	OBSERVATION BEDS (NON-DIS		373,588	373,588	.781837	.781837	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	11,516,085	34,141,964	45,658,049			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,516,085	34,141,964	45,658,049			

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	2,508,682	320,486	2,188,196			2,508,682
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,246,439	261,790	2,984,649			3,246,439
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,655,323	107,616	1,547,707			1,655,323
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,286,873	65,788	1,221,085			1,286,873
51	PHYSICAL THERAPY	1,169,740	232,747	936,993			1,169,740
52	OCCUPATIONAL THERAPY	55,614	14,909	40,705			55,614
53	SPEECH PATHOLOGY	42,907	925	41,982			42,907
54	ELECTROCARDIOLOGY						
55	ONCOLOGY	468,114	47,186	420,928			468,114
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	390,097	9,351	380,746			390,097
58	DRUGS CHARGED TO PATIENTS	1,919,770	68,540	1,851,230			1,919,770
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	114,462	19,446	95,016			114,462
63	EMERGENCY	3,300,020	300,939	2,999,081			3,300,020
64	OBSERVATION BEDS (NON-DIS	292,085		292,085			292,085
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	16,450,126	1,449,723	15,000,403			16,450,126
	LESS OBSERVATION BEDS	292,085		292,085			292,085
	TOTAL	16,158,041	1,449,723	14,708,318			16,158,041

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	5,945,317	.421959	.421959
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	14,468,896	.224374	.224374
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	5,487,565	.301650	.301650
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,861,565	.449710	.449710
51	PHYSICAL THERAPY	1,219,536	.959168	.959168
52	OCCUPATIONAL THERAPY	88,303	.629809	.629809
53	SPEECH PATHOLOGY	108,146	.396751	.396751
54	ELECTROCARDIOLOGY			
55	ONCOLOGY	289,199	1.618657	1.618657
56	ELECTROENCEPHALOGRAPHY			
57	MEDICAL SUPPLIES CHARGED	1,476,906	.264131	.264131
58	DRUGS CHARGED TO PATIENTS	4,954,331	.387493	.387493
59	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	172,519	.663475	.663475
63	EMERGENCY	5,628,992	.586254	.586254
64	OBSERVATION BEDS (NON-DIS	373,588	.781837	.781837
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	43,074,863		
	LESS OBSERVATION BEDS	373,588		
	TOTAL	42,701,275		

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	2,508,682	320,486	2,188,196			2,508,682
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,246,439	261,790	2,984,649			3,246,439
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,655,323	107,616	1,547,707			1,655,323
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,286,873	65,788	1,221,085			1,286,873
51	PHYSICAL THERAPY	1,169,740	232,747	936,993			1,169,740
52	OCCUPATIONAL THERAPY	55,614	14,909	40,705			55,614
53	SPEECH PATHOLOGY	42,907	925	41,982			42,907
53	ELECTROCARDIOLOGY						
54	01 ONCOLOGY	468,114	47,186	420,928			468,114
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	390,097	9,351	380,746			390,097
57	DRUGS CHARGED TO PATIENTS	1,919,770	68,540	1,851,230			1,919,770
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	114,462	19,446	95,016			114,462
62	EMERGENCY	3,300,020	300,939	2,999,081			3,300,020
63	OBSERVATION BEDS (NON-DIS	292,085		292,085			292,085
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,450,126	1,449,723	15,000,403			16,450,126
102	LESS OBSERVATION BEDS	292,085		292,085			292,085
103	TOTAL	16,158,041	1,449,723	14,708,318			16,158,041

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	5,945,317	.421959	.421959
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	14,468,896	.224374	.224374
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	5,487,565	.301650	.301650
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,861,565	.449710	.449710
51	PHYSICAL THERAPY	1,219,536	.959168	.959168
52	OCCUPATIONAL THERAPY	88,303	.629809	.629809
53	SPEECH PATHOLOGY	108,146	.396751	.396751
54	ELECTROCARDIOLOGY			
55	ONCOLOGY	289,199	1.618657	1.618657
56	ELECTROENCEPHALOGRAPHY			
57	MEDICAL SUPPLIES CHARGED	1,476,906	.264131	.264131
58	DRUGS CHARGED TO PATIENTS	4,954,331	.387493	.387493
59	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	172,519	.663475	.663475
63	EMERGENCY	5,628,992	.586254	.586254
64	OBSERVATION BEDS (NON-DIS	373,588	.781837	.781837
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	43,074,863		
	LESS OBSERVATION BEDS	373,588		
	TOTAL	42,701,275		

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					
	OPERATING ROOM	2,508,682	5,945,317			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,246,439	14,468,896			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,655,323	5,487,565			
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,286,873	2,861,565			
50	PHYSICAL THERAPY	1,169,740	1,219,536			
51	OCCUPATIONAL THERAPY	55,614	88,303			
52	SPEECH PATHOLOGY	42,907	108,146			
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	468,114	289,199			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	390,097	1,476,906			
56	DRUGS CHARGED TO PATIENTS	1,919,770	4,954,331			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	114,462	172,519			
61	EMERGENCY	3,300,020	5,628,992			
62	OBSERVATION BEDS (NON-DIS	292,085	373,588			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	16,450,126	43,074,863			

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.387493
2	PROGRAM VACCINE CHARGES		145
3	PROGRAM COSTS		56

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	343
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	851.56
85	OBSERVATION BED COST	292,085

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				

TITLE XIX - I/P 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		343
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	-	1.23
85	OBSERVATION BED COST		-422

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				

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,499,494		2,988,249
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	44,807		
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		108,404	
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	44,807		-108,404
4 TOTAL INTERIM PAYMENTS		2,544,301		2,879,845
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,746,760		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	18,430		
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	18,430		NONE
4 TOTAL INTERIM PAYMENTS		1,765,190		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1308	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART II
15-1308		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,975,134
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,975,134
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,004,885

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY 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 LIA BLE 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	3,004,885
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	322,776
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,682,109
23	COINSURANCE	
24	SUBTOTAL	2,682,109
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	85,009
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	85,009
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	65,325
26	SUBTOTAL	2,767,118
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	2,767,118
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,544,301
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	222,817
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	30,293

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
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	279,310	
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	SUBTOTAL	279,310	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	279,310	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	738,194	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	738,194	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	738,194	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	458,884	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	279,310	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	279,310	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	279,310	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	279,310	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	279,310	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	279,310	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	279,310	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	279,310	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2008
15-1308	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
-		

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 PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,788,980	39,067		
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,713,207			
5 OTHER RECEIVABLES	568,407			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,669,860			
7 INVENTORY	210,273			
8 PREPAID EXPENSES	122,461			
9 OTHER CURRENT ASSETS	-39,067			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	7,694,401	39,067		
FIXED ASSETS				
12 LAND	457,300			
12.01 LAND IMPROVEMENTS	516,298			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	28,248,628			
14.01 LESS ACCUMULATED DEPRECIATION	-15,399,508			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
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	13,822,718			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	67,400			
26 TOTAL OTHER ASSETS	67,400			
27 TOTAL ASSETS	21,584,519	39,067		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	356,586			
29 SALARIES, WAGES & FEES PAYABLE	1,179,819			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	151,661			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,293,889			
36 TOTAL CURRENT LIABILITIES	2,981,955			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	12,076,083			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-114,195			
42 TOTAL LONG-TERM LIABILITIES	11,961,888			
43 TOTAL LIABILITIES	14,943,843			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,640,676			
45 SPECIFIC PURPOSE FUND		39,067		
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	6,640,676	39,067		
52 TOTAL LIABILITIES AND FUND BALANCES	21,584,519	39,067		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		6,726,447		47,619
2 NET INCOME (LOSS)		-520,719		
3 TOTAL		6,205,728		47,619
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 TRANSFERS FROM AFFILIATES		10,017		
6 RESTRICTED CONTR USED FOR		17,728		
7 DEFERRED PENSION COSTS		299,176		
8 OTHER UNRESTRICTED ACTIVITY		108,027		
9 CONTRIBUTIONS AND GRANT R			59,023	
10 OTHER RESTRICTED ACTIVITY			1,545	
11 TOTAL ADDITIONS		434,948		60,568
12 SUBTOTAL		6,640,676		108,187
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 NET ASSETS RELEASED FROM			69,120	
15				
16				
17				
18 TOTAL DEDUCTIONS				69,120
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		6,640,676		39,067

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 TRANSFERS FROM AFFILIATES				
6 RESTRICTED CONTR USED FOR				
7 DEFERRED PENSION COSTS				
8 OTHER UNRESTRICTED ACTIVITY				
9 CONTRIBUTIONS AND GRANT R				
10 OTHER RESTRICTED ACTIVITY				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
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	1,785,156		1,785,156
2 00 SUBPROVIDER			
4 00 SWING BED - SNF	482,976		482,976
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	2,268,132		2,268,132
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	403,608		403,608
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	403,608		403,608
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,671,740		2,671,740
17 00 ANCILLARY SERVICES	8,839,978	34,946,978	43,786,956
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 PROFESSIONAL FEES		5,265,664	5,265,664
25 00 TOTAL PATIENT REVENUES	11,511,718	40,212,642	51,724,360

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		24,306,061	
ADD (SPECIFY)			
27 00 BAD DEBTS	5,389,225		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,389,225	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		29,695,286	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	51,724,360
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	23,021,799
3	NET PATIENT REVENUES	28,702,561
4	LESS: TOTAL OPERATING EXPENSES	29,695,286
5	NET INCOME FROM SERVICE TO PATIENTS	-992,725
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	127,853
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	69,276
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	560
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	60,158
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	7,843
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	21,394
23	GOVERNMENTAL APPROPRIATIONS	
24		
24.01	NET ASSETS RELEASED	51,392
24.02	GAIN ON SALE	400
24.05	MISC	206,352
25	TOTAL OTHER INCOME	545,228
26	TOTAL OTHER EXPENSES	-447,497
27	UNREALIZED GAINS/LOSSES	73,222
28		
29		
30	TOTAL OTHER EXPENSES	73,222
31	NET INCOME (OR LOSS) FOR THE PERIOD	-520,719