

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0048 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 12:02

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: REID HOSPITAL & HEALTH CARE SERVICES 15-0048 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, C, D, E. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL with corresponding numerical values.

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: 1401 CHESTER BOULEVARD P.O. BOX:  
 1.01 CITY: RICHMOND STATE: IN ZIP CODE: 47374- COUNTY: WAYNE

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           | REID HOSPITAL & HEALTH CARE SERVICES | 15-0048    | 7/1/1966       | 4                             | 5     | 6   |
| 03.00     | SUBPROVIDER        | SUBPROVIDER                          | 15-S048    | 1/1/2001       | N                             | P     | N   |
| 03.01     | SUBPROVIDER 2      | REHAB UNIT                           | 15-T048    | 1/1/2003       | N                             | P     | N   |
| 12.00     | HOSP-BASED HOSPICE | HOSPICE                              | 15-1524    | 11/3/1993      |                               |       |     |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

|       |                |   |
|-------|----------------|---|
| 19    | HOSPITAL       | 1 |
| 20    | SUBPROVIDER    | 4 |
| 20.01 | SUBPROVIDER 11 | 5 |

OTHER INFORMATION

|       |   |     |        |
|-------|---|-----|--------|
| 21    | INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  |     |        |
| 21.01 | DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  | Y   | N      |
| 21.02 | HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).   |     |        |
| 21.03 | ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. |     | N 0015 |
| 21.04 | FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL  | 2   |        |
| 21.05 | FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL  | 2   |        |
| 21.06 | DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.   | N   |        |
| 21.07 | DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)   | N   | Y      |
| 21.08 | WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART 1, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.   | 3   | N      |
| 22    | ARE YOU CLASSIFIED AS A REFERRAL CENTER?  | Y   |        |
| 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 DATE IN COL. 3.  | / / | / /    |
| 23.02 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.   | / / | / /    |
| 23.03 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.   | / / | / /    |
| 23.04 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE 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 DATE IN COL. 3.  | / / | / /    |
| 23.07 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.   | / / | / /    |
| 24    | IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)  |     | / /    |
| 24.01 | IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).   |     | / /    |

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 1

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 1/1/2010 ENDING: 12/31/2010

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N







| PART II - WAGE DATA  | AMOUNT REPORTED<br>1 | RECLASS OF SALARIES<br>2 | ADJUSTED SALARIES<br>3 | PAID HOURS RELATED TO SALARY<br>4 | AVERAGE HOURLY WAGE<br>5 | DATA SOURCE<br>6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES   |                      |                          |                        |                                   |                          |                  |
| 1 TOTAL SALARY   | 96,556,455           |                          | 96,556,455             | 3,561,312.00                      | 27.11                    |                  |
| 2 NON-PHYSICIAN ANESTHETIST PART A                         |                      |                          |                        |                                   |                          |                  |
| 3 NON-PHYSICIAN ANESTHETIST PART B                         |                      |                          |                        |                                   |                          |                  |
| 4 PHYSICIAN - PART A                                       |                      |                          |                        |                                   |                          |                  |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)        |                      |                          |                        |                                   |                          |                  |
| 5 PHYSICIAN - PART B                                       |                      |                          |                        |                                   |                          |                  |
| 5.01 NON-PHYSICIAN - PART B                                |                      |                          |                        |                                   |                          |                  |
| 6 INTERNS & RESIDENTS (APPRVD)                             |                      |                          |                        |                                   |                          |                  |
| 6.01 CONTRACT SERVICES, I&R                                |                      |                          |                        |                                   |                          |                  |
| 7 HOME OFFICE PERSONNEL                                    |                      |                          |                        |                                   |                          |                  |
| 8 SNF  |                      |                          |                        |                                   |                          |                  |
| 8.01 EXCLUDED AREA SALARIES                                | 24,654,206           | 61,194                   | 24,715,400             | 483,623.00                        | 51.10                    |                  |
| OTHER WAGES & RELATED COSTS                                |                      |                          |                        |                                   |                          |                  |
| 9 CONTRACT LABOR:  | 6,072,184            |                          | 6,072,184              | 135,125.00                        | 44.94                    |                  |
| 9.01 PHARMACY SERVICES UNDER CONTRACT                      |                      |                          |                        |                                   |                          |                  |
| 9.02 LABORATORY SERVICES UNDER CONTRACT                    |                      |                          |                        |                                   |                          |                  |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT            |                      |                          |                        |                                   |                          |                  |
| 10 CONTRACT LABOR: PHYS PART A                             | 131,496              |                          | 131,496                | 419.00                            | 313.83                   |                  |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) |                      |                          |                        |                                   |                          |                  |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS               |                      |                          |                        |                                   |                          |                  |
| 12 HOME OFFICE: PHYS PART A                                |                      |                          |                        |                                   |                          |                  |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)       |                      |                          |                        |                                   |                          |                  |
| WAGE RELATED COSTS   |                      |                          |                        |                                   |                          |                  |
| 13 WAGE-RELATED COSTS (CORE)                               | 15,790,483           |                          | 15,790,483             |                                   |                          | CMS 339          |
| 14 WAGE-RELATED COSTS (OTHER)                              |                      |                          |                        |                                   |                          | CMS 339          |
| 15 EXCLUDED AREAS  | 5,433,285            |                          | 5,433,285              |                                   |                          | CMS 339          |
| 16 NON-PHYS ANESTHETIST PART A                             |                      |                          |                        |                                   |                          | CMS 339          |
| 17 NON-PHYS ANESTHETIST PART B                             |                      |                          |                        |                                   |                          | CMS 339          |
| 18 PHYSICIAN PART A  |                      |                          |                        |                                   |                          | CMS 339          |
| 18.01 PART A TEACHING PHYSICIANS                           |                      |                          |                        |                                   |                          | CMS 339          |
| 19 PHYSICIAN PART B  |                      |                          |                        |                                   |                          | CMS 339          |
| 19.01 WAGE-RELATED COSTS (RHC/FOHC)                        |                      |                          |                        |                                   |                          | CMS 339          |
| 20 INTERNS & RESIDENTS (APPRVD)                            |                      |                          |                        |                                   |                          | CMS 339          |
| OVERHEAD COSTS - DIRECT SALARIES                           |                      |                          |                        |                                   |                          |                  |
| 21 EMPLOYEE BENEFITS                                       | 1,358,523            | 193,241                  | 1,551,764              | 41,191.00                         | 37.67                    |                  |
| 22 ADMINISTRATIVE & GENERAL                                | 11,741,305           | -225,410                 | 11,515,895             | 467,548.00                        | 24.63                    |                  |
| 22.01 A & G UNDER CONTRACT                                 | 48,890               |                          | 48,890                 | 500.00                            | 97.78                    |                  |
| 23 MAINTENANCE & REPAIRS                                   |                      |                          |                        |                                   |                          |                  |
| 24 OPERATION OF PLANT                                      | 1,559,036            |                          | 1,559,036              | 76,794.00                         | 20.30                    |                  |
| 25 LAUNDRY & LINEN SERVICE                                 | 367,708              | -30,273                  | 337,435                | 27,453.00                         | 12.29                    |                  |
| 26 HOUSEKEEPING  | 1,667,804            |                          | 1,667,804              | 126,922.00                        | 13.14                    |                  |
| 26.01 HOUSEKEEPING UNDER CONTRACT                          |                      |                          |                        |                                   |                          |                  |
| 27 DIETARY   | 2,615,266            | -1,158,630               | 1,456,636              | 100,174.00                        | 14.54                    |                  |
| 27.01 DIETARY UNDER CONTRACT                               |                      |                          |                        |                                   |                          |                  |
| 28 CAFETERIA   |                      | 1,158,630                | 1,158,630              | 79,679.00                         | 14.54                    |                  |
| 29 MAINTENANCE OF PERSONNEL                                |                      |                          |                        |                                   |                          |                  |
| 30 NURSING ADMINISTRATION                                  | 670,386              | 225,410                  | 895,796                | 21,158.00                         | 42.34                    |                  |
| 31 CENTRAL SERVICE AND SUPPLY                              | 632,736              |                          | 632,736                | 41,207.00                         | 15.36                    |                  |
| 32 PHARMACY  | 2,651,060            |                          | 2,651,060              | 88,430.00                         | 29.98                    |                  |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY               | 3,313,010            |                          | 3,313,010              | 177,813.00                        | 18.63                    |                  |
| 34 SOCIAL SERVICE  | 1,942,843            |                          | 1,942,843              | 70,332.00                         | 27.62                    |                  |
| 35 OTHER GENERAL SERVICE                                   |                      |                          |                        |                                   |                          |                  |
| PART III - HOSPITAL WAGE INDEX SUMMARY                     |                      |                          |                        |                                   |                          |                  |
| 1 NET SALARIES   | 96,605,345           |                          | 96,605,345             | 3,561,812.00                      | 27.12                    |                  |
| 2 EXCLUDED AREA SALARIES                                   | 24,654,206           | 61,194                   | 24,715,400             | 483,623.00                        | 51.10                    |                  |
| 3 SUBTOTAL SALARIES  | 71,951,139           | -61,194                  | 71,889,945             | 3,078,189.00                      | 23.35                    |                  |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS                     | 6,203,680            |                          | 6,203,680              | 135,544.00                        | 45.77                    |                  |
| 5 SUBTOTAL WAGE-RELATED COSTS                              | 15,790,483           |                          | 15,790,483             |                                   | 21.96                    |                  |
| 6 TOTAL  | 93,945,302           | -61,194                  | 93,884,108             | 3,213,733.00                      | 29.21                    |                  |
| 7 NET SALARIES   |                      |                          |                        |                                   |                          |                  |
| 8 EXCLUDED AREA SALARIES                                   |                      |                          |                        |                                   |                          |                  |
| 9 SUBTOTAL SALARIES  |                      |                          |                        |                                   |                          |                  |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS                    |                      |                          |                        |                                   |                          |                  |
| 11 SUBTOTAL WAGE-RELATED COSTS                             |                      |                          |                        |                                   |                          |                  |
| 12 TOTAL   |                      |                          |                        |                                   |                          |                  |
| 13 TOTAL OVERHEAD COSTS                                    | 28,568,567           | 162,968                  | 28,731,535             | 1,319,201.00                      | 21.78                    |                  |

HOSPICE IDENTIFICATION DATA

|              |               |           |
|--------------|---------------|-----------|
| PROVIDER NO: | PERIOD:       | PREPARED  |
| 15-0048      | FROM 1/1/2010 | 5/26/2011 |
| HOSPICE NO:  | TO 12/31/2010 | WORKSHEET |
| 15-1524      |               | S-9       |

HOSPICE 1

PART I - ENROLLMENT DAYS

|                          | TITLE XVIII<br>UNDUPLICATED<br>MEDI CARE DAYS<br>1 | TITLE XIX<br>UNDUPLICATED<br>MEDI CAID DAYS<br>2 | TITLE XVIII<br>UNDUPLICATED<br>SNF DAYS<br>3 | TITLE XIX<br>UNDUPLICATED<br>NF DAYS<br>4 |
|--------------------------|--|--|--|---|
| 1 CONTINUOUS HOME CARE   | 6,884  | 104  | 1,818  | 103                                       |
| 2 ROUTINE HOME CARE      | 39   |  |  |   |
| 3 INPATIENT RESPIRE CARE |  |  |  |   |
| 4 GENERAL INPATIENT CARE |  |  |  |   |
| 5 TOTAL HOSPICE DAYS     | 6,923  | 104  | 1,818  | 103                                       |

PART I - ENROLLMENT DAYS (CONTINUED)

|                          | OTHER<br>UNDUPLICATED<br>DAYS<br>5 | TOTAL<br>UNDUPLICATED<br>DAYS<br>6 |
|--------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE   | 137                                | 7,125                              |
| 2 ROUTINE HOME CARE      |                                    | 39                                 |
| 3 INPATIENT RESPIRE CARE |                                    |                                    |
| 4 GENERAL INPATIENT CARE |                                    |                                    |
| 5 TOTAL HOSPICE DAYS     | 137                                | 7,164                              |

PART II - CENSUS DATA

|  | TITLE XVIII<br>1 | TITLE XIX<br>2 | TITLE XVIII<br>SNF<br>3 | TITLE XIX<br>NF<br>4 |
|--|------------------|----------------|-------------------------|----------------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE                                  | 148              | 9              | 16                      | 1                    |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS<br>BILLABLE TO MEDICARE |                  |                |                         |                      |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                          | 46.78            | 11.56          | 113.63                  | 103.00               |
| 9 UNDUPLICATED CENSUS COUNT  | 148              | 9              | 16                      | 1                    |

PART II - CENSUS DATA (CONTINUED)

|  | OTHER<br>5 | TOTAL<br>6 |
|--|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE                                  | 29         | 186        |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS<br>BILLABLE TO MEDICARE |            |            |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                          | 4.72       | 38.52      |
| 9 UNDUPLICATED CENSUS COUNT  | 29         | 186        |

DESCRIPTION

|                                |   |
|--------------------------------|---|
| UNCOMPENSATED CARE INFORMATION |   |
| 1                              | DO YOU HAVE A WRITTEN CHARITY CARE POLICY?  |
| 2                              | ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04   |
| 2.01                           | IS IT AT THE TIME OF ADMISSION?   |
| 2.02                           | IS IT AT THE TIME OF FIRST BILLING?   |
| 2.03                           | IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?   |
| 2.04                           |   |
| 3                              | ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?  |
| 4                              | ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?   |
| 5                              | ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?   |
| 6                              | ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?  |
| 7                              | ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?  |
| 8                              | DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01   |
| 8.01                           | DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?  |
| 9                              | IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04  |
| 9.01                           | IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?   |
| 9.02                           | IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?  |
| 9.03                           | IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?  |
| 9.04                           | IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?   |
| 10                             | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF? |
| 11                             | IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04   |
| 11.01                          | IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?   |
| 11.02                          | IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?  |
| 11.03                          | IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?  |
| 11.04                          | IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?  |
| 12                             | ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?  |
| 13                             | IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?  |
| 14                             | IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02   |
| 14.01                          | DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?  |
| 14.02                          | WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?   |
| 15                             | DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?  |
| 16                             | ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?   |
| UNCOMPENSATED CARE REVENUES    |   |
| 17                             | REVENUE FROM UNCOMPENSATED CARE   |
| 17.01                          | GROSS MEDICAID REVENUES      9,131,994  |
| 18                             | REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS      1,364,129   |
| 19                             | REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)   |
| 20                             | RESTRICTED GRANTS      399,685  |
| 21                             | NON-RESTRICTED GRANTS      53,654   |
| 22                             | TOTAL GROSS UNCOMPENSATED CARE REVENUES      10,949,462   |
| UNCOMPENSATED CARE COST        |   |
| 23                             | TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS      5,466,902   |
| 24                             | COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)      .451918   |
| 25                             | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)      2,470,591   |
| 26                             | TOTAL SCHIP CHARGES FROM YOUR RECORDS   |
| 27                             | TOTAL SCHIP COST, (LINE 24 * LINE 26)   |
| 28                             | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS      50,135,758  |

DESCRIPTION

|    |  |            |
|----|--|------------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)                                  | 22,657,251 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS                             | 43,592,646 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30)                                    | 19,700,301 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL<br>(SUM OF LINES 25, 27, AND 29) | 25,127,842 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0048  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION                   | SALARIES<br>1 | OTHER<br>2  | TOTAL<br>3  | RECLASS-<br>IFICATIONS<br>4 | RECLASSIFIED<br>TRIAL BALANCE<br>5 |
|-------------|---|---------------|-------------|-------------|-----------------------------|------------------------------------|
|             | GENERAL SERVICE COST CNTR                 |               |             |             |                             |                                    |
| 3           | 0300 NEW CAP REL COSTS-BLDG & FIXT        |               | 10,605,922  | 10,605,922  | 18,005,187                  | 28,611,109                         |
| 3.01        | 0301 NEW CAP BLDG & FIXT - OFFSITE BLDGS  |               |             |             | 464,685                     | 464,685                            |
| 4           | 0400 NEW CAP REL COSTS-MVBLE EQUIP        |               |             |             |                             |                                    |
| 5           | 0500 EMPLOYEE BENEFITS                    | 1,358,523     | 23,313,524  | 24,672,047  | 726,398                     | 25,398,445                         |
| 6.01        | 0610 NONPATIENT TELEPHONES                | 239,968       | 19,717      | 259,685     |                             | 259,685                            |
| 6.02        | 0620 DATA PROCESSING                      | 3,835,269     | 13,854,704  | 17,689,973  | -10,330                     | 17,679,643                         |
| 6.03        | 0630 PURCHASING, RECEIVING AND STORES     | 955,827       | 518,990     | 1,474,817   | -4,626                      | 1,470,191                          |
| 6.04        | 0640 ADMITTING                            | 916,821       | 182,047     | 1,098,868   |                             | 1,098,868                          |
| 6.05        | 0650 CASHIERING/ACCOUNTS RECEIVABLE       | 1,607,516     | 2,405,908   | 4,013,424   | -50,963                     | 3,962,461                          |
| 6.06        | 0660 OTHER ADMINISTRATIVE AND GENERAL     | 4,185,904     | 6,164,318   | 10,350,222  | -918,118                    | 9,432,104                          |
| 8           | 0800 OPERATION OF PLANT                   | 1,559,036     | 2,309,378   | 3,868,414   | -2,781                      | 3,865,633                          |
| 9           | 0900 LAUNDRY & LINEN SERVICE              | 367,708       | 420,776     | 788,484     | -64,008                     | 724,476                            |
| 10          | 1000 HOUSEKEEPING                         | 1,667,804     | 525,017     | 2,192,821   |                             | 2,192,821                          |
| 11          | 1100 DIETARY                              | 2,615,266     | 2,350,498   | 4,965,764   | -2,886,146                  | 2,079,618                          |
| 12          | 1200 CAFETERIA                            |               |             |             | 2,882,919                   | 2,882,919                          |
| 14          | 1400 NURSING ADMINISTRATION               | 670,386       | 107,703     | 778,089     | 225,410                     | 1,003,499                          |
| 15          | 1500 CENTRAL SERVICES & SUPPLY            | 632,736       | 2,333,794   | 2,966,530   | -5,965                      | 2,960,565                          |
| 16          | 1600 PHARMACY                             | 2,651,060     | 13,213,832  | 15,864,892  | -2,083                      | 15,862,809                         |
| 17          | 1700 MEDICAL RECORDS & LIBRARY            | 3,313,010     | 685,145     | 3,998,155   | -8,380                      | 3,989,775                          |
| 18          | 1800 SOCIAL SERVICE                       | 1,371,375     | 834,120     | 2,205,495   |                             | 2,205,495                          |
| 18.01       | 1080 INSERVICE EDUCATION                  | 571,468       | 643,852     | 1,215,320   |                             | 1,215,320                          |
| 24          | 2400 PARAMED ED PRGM                      | 210,188       | 43,395      | 253,583     | -8,224                      | 245,359                            |
|             | INPAT ROUTINE SRVC CNTRS                  |               |             |             |                             |                                    |
| 25          | 2500 ADULTS & PEDIATRICS                  | 10,977,413    | 4,940,764   | 15,918,177  | -16,779                     | 15,901,398                         |
| 26          | 2600 INTENSIVE CARE UNIT                  | 4,894,859     | 1,430,807   | 6,325,666   |                             | 6,325,666                          |
| 31          | 3100 SUBPROVIDER                          | 2,206,232     | 650,450     | 2,856,682   |                             | 2,856,682                          |
| 31.01       | 3101 SUBPROVIDER 2                        | 1,105,457     | 461,790     | 1,567,247   |                             | 1,567,247                          |
| 33          | 3300 NURSERY                              | 450,090       | 72,757      | 522,847     |                             | 522,847                            |
|             | ANCILLARY SRVC COST CNTRS                 |               |             |             |                             |                                    |
| 37          | 3700 OPERATING ROOM                       | 828,779       | 38,679,980  | 39,508,759  | -8,556,024                  | 30,952,735                         |
| 39          | 3900 DELIVERY ROOM & LABOR ROOM           | 872,927       | 201,869     | 1,074,796   |                             | 1,074,796                          |
| 41          | 4100 RADIOLOGY-DIAGNOSTIC                 | 6,540,467     | 9,099,947   | 15,640,414  | -162,617                    | 15,477,797                         |
| 44          | 4400 LABORATORY                           | 3,320,836     | 5,565,888   | 8,886,724   | -16,142                     | 8,870,582                          |
| 47          | 4700 BLOOD STORING, PROCESSING & TRANS.   | 220,304       | 1,681,303   | 1,901,607   |                             | 1,901,607                          |
| 49          | 4900 RESPIRATORY THERAPY                  | 1,644,681     | 443,153     | 2,087,834   |                             | 2,087,834                          |
| 50          | 5000 PHYSICAL THERAPY                     | 3,662,180     | 889,319     | 4,551,499   | -267,329                    | 4,284,170                          |
| 53          | 5300 ELECTROCARDIOLOGY                    | 940,626       | 2,656,326   | 3,596,952   | -387,925                    | 3,209,027                          |
| 54          | 5400 ELECTROENCEPHALOGRAPHY               | 196,062       | 51,603      | 247,665     |                             | 247,665                            |
| 54.01       | 5401 CARDIAC REHAB                        | 218,584       | 91,617      | 310,201     | -37,939                     | 272,262                            |
| 54.02       | 5402 EMG & ENG                            | 120,795       | 38,609      | 159,404     |                             | 159,404                            |
| 54.03       | 5403 O/P CHEMICAL DEPENDENCY              | 299,881       | 74,413      | 374,294     |                             | 374,294                            |
| 54.04       | 5404 CARDIAC CATH                         | 1,272,825     | 8,639,216   | 9,912,041   | -4,777,819                  | 5,134,222                          |
| 54.06       | 5406 O/P PSYCHIATRIC                      | 127,622       | 59,755      | 187,377     |                             | 187,377                            |
| 55          | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS |               |             |             |                             |                                    |
| 55.30       | 5530 IMPL. DEV. CHARGED TO PATIENT        |               |             |             | 13,356,214                  | 13,356,214                         |
| 56          | 5600 DRUGS CHARGED TO PATIENTS            |               |             |             |                             |                                    |
| 57          | 5700 RENAL DIALYSIS                       |               | 734,391     | 734,391     |                             | 734,391                            |
|             | OUTPAT SERVICE COST CNTRS                 |               |             |             |                             |                                    |
| 61          | 6100 EMERGENCY                            | 5,023,284     | 6,175,420   | 11,198,704  | -432,390                    | 10,766,314                         |
| 62          | 6200 OBSERVATION BEDS (NON-DISTINCT PART) |               |             |             |                             |                                    |
| 63          | 4950 PATIENT CARE CENTER - OCC            | 1,141,113     | 257,799     | 1,398,912   | -91,605                     | 1,307,307                          |
|             | OTHER REIMBURS COST CNTRS                 |               |             |             |                             |                                    |
| 66          | 6600 DURABLE MEDICAL EQUIP-RENTED         | 629,244       | 1,089,095   | 1,718,339   | -22,004                     | 1,696,335                          |
|             | SPEC PURPOSE COST CENTERS                 |               |             |             |                             |                                    |
| 88          | 8800 INTEREST EXPENSE                     |               |             |             |                             |                                    |
| 93          | 9300 HOSPICE                              | 633,908       | 650,503     | 1,284,411   |                             | 1,284,411                          |
| 95          | 9500 SUBTOTALS                            | 76,058,034    | 165,169,414 | 241,227,448 | 16,930,616                  | 258,158,064                        |
|             | NONREIMBURS COST CENTERS                  |               |             |             |                             |                                    |
| 96          | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN  |               |             |             |                             |                                    |
| 98          | 9800 PHYSICIANS' PRIVATE OFFICES          | 5,216,213     | 5,033,296   | 10,249,509  | -464,685                    | 9,784,824                          |
| 100         | 7950 RENTAL SPACE                         |               | 18,312,232  | 18,312,232  | -16,539,147                 | 1,773,085                          |
| 100.01      | 7951 FOUNDATION                           | 326,037       | 251,964     | 578,001     |                             | 578,001                            |
| 100.02      | 7952 RETAIL SERVICES                      | 71,849        | 21,272      | 93,121      |                             | 93,121                             |
| 100.03      | 7953 REID CONTRACTED SERVICES             | 395,646       | 23,260      | 418,906     | 64,008                      | 482,914                            |
| 100.04      | 7954 REID PHYSICIAN ASSOC.                | 14,488,676    | 10,471,635  | 24,960,311  | -50,436                     | 24,909,875                         |
| 100.05      | 7955 OTHER NON REIMBURSABLE COST CENTERS  |               |             |             | 59,644                      | 59,644                             |
| 100.06      | 7956 VACANT SPACE                         |               |             |             |                             |                                    |
| 101         | TOTAL                                     | 96,556,455    | 199,283,073 | 295,839,528 | -0-                         | 295,839,528                        |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0048  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION                   | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
|             |   | 6           | 7                      |
|             | GENERAL SERVICE COST CNTR                 |             |                        |
| 3           | 0300 NEW CAP REL COSTS-BLDG & FIXT        | -10,745,005 | 17,866,104             |
| 3.01        | 0301 NEW CAP BLDG & FIXT - OFFSITE BLDGS  |             | 464,685                |
| 4           | 0400 NEW CAP REL COSTS-MVBLE EQUIP        |             |                        |
| 5           | 0500 EMPLOYEE BENEFITS                    | 924,482     | 26,322,927             |
| 6.01        | 0610 NONPATIENT TELEPHONES                |             | 259,685                |
| 6.02        | 0620 DATA PROCESSING                      | -421,970    | 17,257,673             |
| 6.03        | 0630 PURCHASING, RECEIVING AND STORES     | -397,255    | 1,072,936              |
| 6.04        | 0640 ADMITTING                            |             | 1,098,868              |
| 6.05        | 0650 CASHIERING/ACCOUNTS RECEIVABLE       | -640        | 3,961,821              |
| 6.06        | 0660 OTHER ADMINISTRATIVE AND GENERAL     | -2,200,838  | 7,231,266              |
| 8           | 0800 OPERATION OF PLANT                   | -38,209     | 3,827,424              |
| 9           | 0900 LAUNDRY & LINEN SERVICE              |             | 724,476                |
| 10          | 1000 HOUSEKEEPING                         |             | 2,192,821              |
| 11          | 1100 DIETARY                              | -365,157    | 1,714,461              |
| 12          | 1200 CAFETERIA                            | -2,659,310  | 223,609                |
| 14          | 1400 NURSING ADMINISTRATION               | -325        | 1,003,174              |
| 15          | 1500 CENTRAL SERVICES & SUPPLY            | -14,723     | 2,945,842              |
| 16          | 1600 PHARMACY                             | -216,903    | 15,645,906             |
| 17          | 1700 MEDICAL RECORDS & LIBRARY            | -98,042     | 3,891,733              |
| 18          | 1800 SOCIAL SERVICE                       |             | 2,205,495              |
| 18.01       | 1080 INSERVICE EDUCATION                  | -377,617    | 837,703                |
| 24          | 2400 PARAMED PRGM                         | -24,720     | 220,639                |
|             | INPAT ROUTINE SRVC CNTRS                  |             |                        |
| 25          | 2500 ADULTS & PEDIATRICS                  | -3,569,600  | 12,331,798             |
| 26          | 2600 INTENSIVE CARE UNIT                  | -22,406     | 6,303,260              |
| 31          | 3100 SUBPROVIDER                          |             | 2,856,682              |
| 31.01       | 3101 SUBPROVIDER 2                        | -15,144     | 1,552,103              |
| 33          | 3300 NURSERY                              | -18         | 522,829                |
|             | ANCILLARY SRVC COST CNTRS                 |             |                        |
| 37          | 3700 OPERATING ROOM                       | -8,620,119  | 22,332,616             |
| 39          | 3900 DELIVERY ROOM & LABOR ROOM           |             | 1,074,796              |
| 41          | 4100 RADIOLOGY-DIAGNOSTIC                 | -64,165     | 15,413,632             |
| 44          | 4400 LABORATORY                           | -833,511    | 8,037,071              |
| 47          | 4700 BLOOD STORING, PROCESSING & TRANS.   |             | 1,901,607              |
| 49          | 4900 RESPIRATORY THERAPY                  | -726        | 2,087,108              |
| 50          | 5000 PHYSICAL THERAPY                     | -13,310     | 4,270,860              |
| 53          | 5300 ELECTROCARDIOLOGY                    | -169,423    | 3,039,604              |
| 54          | 5400 ELECTROENCEPHALOGRAPHY               |             | 247,665                |
| 54.01       | 5401 CARDIAC REHAB                        | -5,091      | 267,171                |
| 54.02       | 5402 EMG & ENG                            |             | 159,404                |
| 54.03       | 5403 O/P CHEMICAL DEPENDENCY              | -320        | 373,974                |
| 54.04       | 5404 CARDIAC CATH                         |             | 5,134,222              |
| 54.06       | 5406 O/P PSYCHIATRIC                      |             | 187,377                |
| 55          | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS |             |                        |
| 55.30       | 5530 IMPL. DEV. CHARGED TO PATIENT        |             | 13,356,214             |
| 56          | 5600 DRUGS CHARGED TO PATIENTS            |             |                        |
| 57          | 5700 RENAL DIALYSIS                       |             | 734,391                |
|             | OUTPAT SERVICE COST CNTRS                 |             |                        |
| 61          | 6100 EMERGENCY                            | -4,729,122  | 6,037,192              |
| 62          | 6200 OBSERVATION BEDS (NON-DISTINCT PART) |             |                        |
| 63          | 4950 PATIENT CARE CENTER - OCC            |             | 1,307,307              |
|             | OTHER REIMBURS COST CNTRS                 |             |                        |
| 66          | 6600 DURABLE MEDICAL EQUIP-RENTED         | -458,534    | 1,237,801              |
|             | SPEC PURPOSE COST CENTERS                 |             |                        |
| 88          | 8800 INTEREST EXPENSE                     |             | -0-                    |
| 93          | 9300 HOSPICE                              |             | 1,284,411              |
| 95          | SUBTOTALS                                 | -35,137,721 | 223,020,343            |
|             | NONREIMBURS COST CENTERS                  |             |                        |
| 96          | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN  |             |                        |
| 98          | 9800 PHYSICIANS' PRIVATE OFFICES          |             | 9,784,824              |
| 100         | 7950 RENTAL SPACE                         |             | 1,773,085              |
| 100.01      | 7951 FOUNDATION                           |             | 578,001                |
| 100.02      | 7952 RETAIL SERVICES                      |             | 93,121                 |
| 100.03      | 7953 REID CONTRACTED SERVICES             |             | 482,914                |
| 100.04      | 7954 REID PHYSICIAN ASSOC.                |             | 24,909,875             |
| 100.05      | 7955 OTHER NON REIMBURSABLE COST CENTERS  |             | 59,644                 |
| 100.06      | 7956 VACANT SPACE                         |             |                        |
| 101         | TOTAL                                     | -35,137,721 | 260,701,807            |



RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION | INCREASE    |                  |                 |             |            |
|---------------------------------|-------------|------------------|-----------------|-------------|------------|
|                                 | CODE<br>(1) | COST CENTER<br>2 | LINE<br>NO<br>3 | SALARY<br>4 | OTHER<br>5 |
| 1                               |             |                  |                 |             |            |
| 2                               |             |                  |                 |             |            |
| 3                               |             |                  |                 |             |            |
| 4                               |             |                  |                 |             |            |
| 5                               |             |                  |                 |             |            |
| 6                               |             |                  |                 |             |            |
| 7                               |             |                  |                 |             |            |
| 8                               |             |                  |                 |             |            |
| 9                               |             |                  |                 |             |            |
| 10                              |             |                  |                 |             |            |
| 11                              |             |                  |                 |             |            |
| 12                              |             |                  |                 |             |            |
| 13                              |             |                  |                 |             |            |
| 14                              |             |                  |                 |             |            |
| 15                              |             |                  |                 |             |            |
| 16                              |             |                  |                 |             |            |
| 17                              |             |                  |                 |             |            |
| 18                              |             |                  |                 |             |            |
| 19                              |             |                  |                 |             |            |
| 20                              |             |                  |                 |             |            |
| 21                              |             |                  |                 |             |            |
| 22                              |             |                  |                 |             |            |
| 23                              |             |                  |                 |             |            |
| 24                              |             |                  |                 |             |            |
| 25                              |             |                  |                 |             |            |
| 26                              |             |                  |                 |             |            |
| 27                              |             |                  |                 |             |            |
| 28                              |             |                  |                 |             |            |
| 29                              |             |                  |                 |             |            |
| 30                              |             |                  |                 |             |            |
| 31                              |             |                  |                 |             |            |
| 32                              |             |                  |                 |             |            |
| 33                              |             |                  |                 |             |            |
| 34                              |             |                  |                 |             |            |
| 35                              |             |                  |                 |             |            |
| 1                               |             |                  |                 |             |            |
| 2                               |             |                  |                 |             |            |
| 3                               |             |                  |                 |             |            |
| 4                               |             |                  |                 |             |            |
| 5                               |             |                  |                 |             |            |
| 6                               |             |                  |                 |             |            |
| 7                               |             |                  |                 |             |            |
| 8                               |             |                  |                 |             |            |
| 36                              |             |                  |                 |             |            |

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

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION  | CODE<br>(1) | COST CENTER<br>6 | DECREASE  |  | SALARY<br>8 | OTHER<br>9 | A-7<br>REF<br>10 |
|----------------------------------|-------------|------------------|-----------|--|-------------|------------|------------------|
|                                  |             |                  | LINE<br>7 |  |             |            |                  |
| 1 DIETARY RECLASS                | A           |                  | 11        |  | 1,158,630   | 1,724,289  |                  |
| 2 LAUNDRY RECLASS                | B           |                  | 9         |  | 30,273      | 33,735     |                  |
| 3 VP OF NURSING SALARY RECLASS   | D           |                  | 6.06      |  | 225,410     |            |                  |
| 4 QUAKER HILL RENT RECLASS       | E           |                  | 8         |  |             | 2,781      |                  |
| 5 OCC MED RECLASS                | F           |                  | 61        |  | 224,162     | 208,228    |                  |
| 6                                |             |                  |           |  |             |            |                  |
| 7 PROPERTY INSURANCE RECLASS     | H           |                  | 6.06      |  |             | 264,148    | 12               |
| 8 WORKERS COMPENSATION RECLASS   | I           |                  | 6.06      |  |             | 359,854    |                  |
| 9 BUILDING RENTAL RECLASS        | K           |                  | 53        |  |             | 380,157    | 10               |
| 10                               |             |                  | 98        |  |             | 10,293     | 10               |
| 11                               |             |                  | 100       |  |             | 2,832,804  |                  |
| 12                               |             |                  | 100.04    |  |             | 50,436     |                  |
| 13 BUILDING DEPRECIATION RECLASS | L           |                  | 5         |  |             | 6,202      | 9                |
| 14                               |             |                  | 6.02      |  |             | 10,330     | 9                |
| 15                               |             |                  | 6.05      |  |             | 49,939     |                  |
| 16                               |             |                  | 6.06      |  |             | 68,706     |                  |
| 17                               |             |                  | 11        |  |             | 3,227      |                  |
| 18                               |             |                  | 16        |  |             | 2,083      |                  |
| 19                               |             |                  | 17        |  |             | 8,380      |                  |
| 20                               |             |                  | 24        |  |             | 8,224      |                  |
| 21                               |             |                  | 25        |  |             | 16,779     |                  |
| 22                               |             |                  | 37        |  |             | 3,596      |                  |
| 23                               |             |                  | 41        |  |             | 114,867    |                  |
| 24                               |             |                  | 50        |  |             | 267,329    |                  |
| 25                               |             |                  | 53        |  |             | 302        |                  |
| 26                               |             |                  | 54.01     |  |             | 37,939     |                  |
| 27                               |             |                  | 63        |  |             | 91,605     |                  |
| 28                               |             |                  | 66        |  |             | 22,004     |                  |
| 29                               |             |                  | 98        |  |             | 383,244    |                  |
| 30                               |             |                  | 100       |  |             | 13,702,516 |                  |
| 31 PROPERTY TAX RECLASS          | N           |                  | 6.03      |  |             | 4,626      | 13               |
| 32                               |             |                  | 6.05      |  |             | 1,024      | 13               |
| 33                               |             |                  | 37        |  |             | 12,081     |                  |
| 34                               |             |                  | 41        |  |             | 17,707     |                  |
| 35                               |             |                  | 44        |  |             | 16,142     |                  |
| 1 PROPERTY TAX RECLASS           | N           |                  | 53        |  |             | 5,426      |                  |
| 2                                |             |                  | 98        |  |             | 71,148     |                  |
| 3                                |             |                  | 100       |  |             | 6,608      |                  |
| 4 IMPLANTABLE DEVICES            | O           |                  | 15        |  |             | 5,965      |                  |
| 5                                |             |                  | 37        |  |             | 8,540,347  |                  |
| 6                                |             |                  | 41        |  |             | 30,043     |                  |
| 7                                |             |                  | 53        |  |             | 2,040      |                  |
| 8                                |             |                  | 54.04     |  |             | 4,777,819  |                  |
| 36 TOTAL RECLASSIFICATIONS       |             |                  |           |  | 1,638,475   | 34,154,973 |                  |

(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:  
150048

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DIETARY RECLASS

| ----- INCREASE -----               |             |      |           | ----- DECREASE ----- |      |           |           |
|------------------------------------|-------------|------|-----------|----------------------|------|-----------|-----------|
| LINE                               | COST CENTER | LINE | AMOUNT    | COST CENTER          | LINE | AMOUNT    |           |
| 1.00                               | CAFETERIA   | 12   | 2,882,919 | DIETARY              | 11   | 2,882,919 |           |
| TOTAL RECLASSIFICATIONS FOR CODE A |             |      | 2,882,919 |                      |      |           | 2,882,919 |

RECLASS CODE: B  
EXPLANATION : LAUNDRY RECLASS

| ----- INCREASE -----               |                          |        |        | ----- DECREASE -----    |      |        |        |
|------------------------------------|--------------------------|--------|--------|-------------------------|------|--------|--------|
| LINE                               | COST CENTER              | LINE   | AMOUNT | COST CENTER             | LINE | AMOUNT |        |
| 1.00                               | REID CONTRACTED SERVICES | 100.03 | 64,008 | LAUNDRY & LINEN SERVICE | 9    | 64,008 |        |
| TOTAL RECLASSIFICATIONS FOR CODE B |                          |        | 64,008 |                         |      |        | 64,008 |

RECLASS CODE: D  
EXPLANATION : VP OF NURSING SALARY RECLASS

| ----- INCREASE -----               |                        |      |         | ----- DECREASE -----           |      |         |         |
|------------------------------------|------------------------|------|---------|--------------------------------|------|---------|---------|
| LINE                               | COST CENTER            | LINE | AMOUNT  | COST CENTER                    | LINE | AMOUNT  |         |
| 1.00                               | NURSING ADMINISTRATION | 14   | 225,410 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 225,410 |         |
| TOTAL RECLASSIFICATIONS FOR CODE D |                        |      | 225,410 |                                |      |         | 225,410 |

RECLASS CODE: E  
EXPLANATION : QUAKER HILL RENT RECLASS

| ----- INCREASE -----               |              |      |        | ----- DECREASE ----- |      |        |       |
|------------------------------------|--------------|------|--------|----------------------|------|--------|-------|
| LINE                               | COST CENTER  | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |       |
| 1.00                               | RENTAL SPACE | 100  | 2,781  | OPERATION OF PLANT   | 8    | 2,781  |       |
| TOTAL RECLASSIFICATIONS FOR CODE E |              |      | 2,781  |                      |      |        | 2,781 |

RECLASS CODE: F  
EXPLANATION : OCC MED RECLASS

| ----- INCREASE -----               |                                |        |         | ----- DECREASE ----- |      |         |         |
|------------------------------------|--------------------------------|--------|---------|----------------------|------|---------|---------|
| LINE                               | COST CENTER                    | LINE   | AMOUNT  | COST CENTER          | LINE | AMOUNT  |         |
| 1.00                               | OTHER NON REIMBURSABLE COST CE | 100.05 | 59,644  | EMERGENCY            | 61   | 432,390 |         |
| 2.00                               | EMPLOYEE BENEFITS              | 5      | 372,746 |                      |      | 0       |         |
| TOTAL RECLASSIFICATIONS FOR CODE F |                                |        | 432,390 |                      |      |         | 432,390 |

RECLASS CODE: H  
EXPLANATION : PROPERTY INSURANCE RECLASS

| ----- INCREASE -----               |                               |      |         | ----- DECREASE -----           |      |         |         |
|------------------------------------|-------------------------------|------|---------|--------------------------------|------|---------|---------|
| LINE                               | COST CENTER                   | LINE | AMOUNT  | COST CENTER                    | LINE | AMOUNT  |         |
| 1.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3    | 264,148 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 264,148 |         |
| TOTAL RECLASSIFICATIONS FOR CODE H |                               |      | 264,148 |                                |      |         | 264,148 |

RECLASS CODE: I  
EXPLANATION : WORKERS COMPENSATION RECLASS

| ----- INCREASE -----               |                   |      |         | ----- DECREASE -----           |      |         |         |
|------------------------------------|-------------------|------|---------|--------------------------------|------|---------|---------|
| LINE                               | COST CENTER       | LINE | AMOUNT  | COST CENTER                    | LINE | AMOUNT  |         |
| 1.00                               | EMPLOYEE BENEFITS | 5    | 359,854 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 359,854 |         |
| TOTAL RECLASSIFICATIONS FOR CODE I |                   |      | 359,854 |                                |      |         | 359,854 |

RECLASS CODE: K  
EXPLANATION : BUILDING RENTAL RECLASS

| ----- INCREASE -----               |                               |      |           | ----- DECREASE -----        |        |           |           |
|------------------------------------|-------------------------------|------|-----------|-----------------------------|--------|-----------|-----------|
| LINE                               | COST CENTER                   | LINE | AMOUNT    | COST CENTER                 | LINE   | AMOUNT    |           |
| 1.00                               | NEW CAP BLDG & FIXT - OFFSITE | 3.01 | 10,293    | ELECTROCARDIOLOGY           | 53     | 380,157   |           |
| 2.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3    | 3,263,397 | PHYSICIANS' PRIVATE OFFICES | 98     | 10,293    |           |
| 3.00                               |                               |      | 0         | RENTAL SPACE                | 100    | 2,832,804 |           |
| 4.00                               |                               |      | 0         | REID PHYSICIAN ASSOC.       | 100.04 | 50,436    |           |
| TOTAL RECLASSIFICATIONS FOR CODE K |                               |      | 3,273,690 |                             |        |           | 3,273,690 |

RECLASS CODE: L  
EXPLANATION : BUILDING DEPRECIATION RECLASS

| ----- INCREASE ----- |                               |      |            | ----- DECREASE ----- |      |        |  |
|----------------------|-------------------------------|------|------------|----------------------|------|--------|--|
| LINE                 | COST CENTER                   | LINE | AMOUNT     | COST CENTER          | LINE | AMOUNT |  |
| 1.00                 | NEW CAP REL COSTS-BLDG & FIXT | 3    | 14,414,028 | EMPLOYEE BENEFITS    | 5    | 6,202  |  |

RECLASSIFICATIONS

|                        |   |  |
|------------------------|---|--|
| PROVIDER NO:<br>150048 | PERIOD:<br>FROM 1/1/2010<br>TO 12/31/2010 | PREPARED 5/26/2011<br>WORKSHEET A-6<br>NOT A CMS WORKSHEET |
|------------------------|---|--|

RECLASS CODE: L  
EXPLANATION : BUILDING DEPRECIATION RECLASS

| ----- INCREASE -----               |                               |      |            | ----- DECREASE -----           |       |            |  |
|------------------------------------|-------------------------------|------|------------|--------------------------------|-------|------------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT     | COST CENTER                    | LINE  | AMOUNT     |  |
| 2.00                               | NEW CAP BLDG & FIXT - OFFSITE | 3.01 | 383,244    | DATA PROCESSING                | 6.02  | 10,330     |  |
| 3.00                               |                               |      | 0          | CASHIERING/ACCOUNTS RECEIVABLE | 6.05  | 49,939     |  |
| 4.00                               |                               |      | 0          | OTHER ADMINISTRATIVE AND GENER | 6.06  | 68,706     |  |
| 5.00                               |                               |      | 0          | DIETARY                        | 11    | 3,227      |  |
| 6.00                               |                               |      | 0          | PHARMACY                       | 16    | 2,083      |  |
| 7.00                               |                               |      | 0          | MEDICAL RECORDS & LIBRARY      | 17    | 8,380      |  |
| 8.00                               |                               |      | 0          | PARAMEDICAL PRGM               | 24    | 8,224      |  |
| 9.00                               |                               |      | 0          | ADULTS & PEDIATRICS            | 25    | 16,779     |  |
| 10.00                              |                               |      | 0          | OPERATING ROOM                 | 37    | 3,596      |  |
| 11.00                              |                               |      | 0          | RADIOLOGY-DIAGNOSTIC           | 41    | 114,867    |  |
| 12.00                              |                               |      | 0          | PHYSICAL THERAPY               | 50    | 267,329    |  |
| 13.00                              |                               |      | 0          | ELECTROCARDIOLOGY              | 53    | 302        |  |
| 14.00                              |                               |      | 0          | CARDIAC REHAB                  | 54.01 | 37,939     |  |
| 15.00                              |                               |      | 0          | PATIENT CARE CENTER - OCC      | 63    | 91,605     |  |
| 16.00                              |                               |      | 0          | DURABLE MEDICAL EQUIP-RENTED   | 66    | 22,004     |  |
| 17.00                              |                               |      | 0          | PHYSICIANS' PRIVATE OFFICES    | 98    | 383,244    |  |
| 18.00                              |                               |      | 0          | RENTAL SPACE                   | 100   | 13,702,516 |  |
| TOTAL RECLASSIFICATIONS FOR CODE L |                               |      | 14,797,272 | 14,797,272                     |       |            |  |

RECLASS CODE: N  
EXPLANATION : PROPERTY TAX RECLASS

| ----- INCREASE -----               |                               |      |         | ----- DECREASE -----           |      |        |  |
|------------------------------------|-------------------------------|------|---------|--------------------------------|------|--------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT  | COST CENTER                    | LINE | AMOUNT |  |
| 1.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3    | 63,614  | PURCHASING, RECEIVING AND STOR | 6.03 | 4,626  |  |
| 2.00                               | NEW CAP BLDG & FIXT - OFFSITE | 3.01 | 71,148  | CASHIERING/ACCOUNTS RECEIVABLE | 6.05 | 1,024  |  |
| 3.00                               |                               |      | 0       | OPERATING ROOM                 | 37   | 12,081 |  |
| 4.00                               |                               |      | 0       | RADIOLOGY-DIAGNOSTIC           | 41   | 17,707 |  |
| 5.00                               |                               |      | 0       | LABORATORY                     | 44   | 16,142 |  |
| 6.00                               |                               |      | 0       | ELECTROCARDIOLOGY              | 53   | 5,426  |  |
| 7.00                               |                               |      | 0       | PHYSICIANS' PRIVATE OFFICES    | 98   | 71,148 |  |
| 8.00                               |                               |      | 0       | RENTAL SPACE                   | 100  | 6,608  |  |
| TOTAL RECLASSIFICATIONS FOR CODE N |                               |      | 134,762 | 134,762                        |      |        |  |

RECLASS CODE: O  
EXPLANATION : IMPLANTABLE DEVICES

| ----- INCREASE -----               |                               |       |            | ----- DECREASE -----      |       |           |  |
|------------------------------------|-------------------------------|-------|------------|---------------------------|-------|-----------|--|
| LINE                               | COST CENTER                   | LINE  | AMOUNT     | COST CENTER               | LINE  | AMOUNT    |  |
| 1.00                               | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 13,356,214 | CENTRAL SERVICES & SUPPLY | 15    | 5,965     |  |
| 2.00                               |                               |       | 0          | OPERATING ROOM            | 37    | 8,540,347 |  |
| 3.00                               |                               |       | 0          | RADIOLOGY-DIAGNOSTIC      | 41    | 30,043    |  |
| 4.00                               |                               |       | 0          | ELECTROCARDIOLOGY         | 53    | 2,040     |  |
| 5.00                               |                               |       | 0          | CARDIAC CATH              | 54.04 | 4,777,819 |  |
| TOTAL RECLASSIFICATIONS FOR CODE O |                               |       | 13,356,214 | 13,356,214                |       |           |  |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION            | BEGINNING BALANCES<br>1 | PURCHASES<br>2 | ACQUISITIONS<br>DONATION<br>3 | TOTAL<br>4 | DI SPOSALS AND RETIREMENTS<br>5 | ENDING BALANCE<br>6 | FULLY DEPRECIATED ASSETS<br>7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND                 |                         |                |                               |            |                                 |                     |                               |
| 2 LAND IMPROVEMENTS    |                         |                |                               |            |                                 |                     |                               |
| 3 BUILDINGS & FIXTURE  |                         |                |                               |            |                                 |                     |                               |
| 4 BUILDING IMPROVEMENT |                         |                |                               |            |                                 |                     |                               |
| 5 FIXED EQUIPMENT      |                         |                |                               |            |                                 |                     |                               |
| 6 MOVABLE EQUIPMENT    |                         |                |                               |            |                                 |                     |                               |
| 7 SUBTOTAL             |                         |                |                               |            |                                 |                     |                               |
| 8 RECONCILING ITEMS    |                         |                |                               |            |                                 |                     |                               |
| 9 TOTAL                |                         |                |                               |            |                                 |                     |                               |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION            | BEGINNING BALANCES<br>1 | PURCHASES<br>2 | ACQUISITIONS<br>DONATION<br>3 | TOTAL<br>4 | DI SPOSALS AND RETIREMENTS<br>5 | ENDING BALANCE<br>6 | FULLY DEPRECIATED ASSETS<br>7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND                 | 9,544,290               | 160,751        |                               | 160,751    |                                 | 9,705,041           |                               |
| 2 LAND IMPROVEMENTS    | 29,290,715              | 2,210,259      |                               | 2,210,259  |                                 | 31,500,974          |                               |
| 3 BUILDINGS & FIXTURE  | 100,859,723             | 5,353,333      |                               | 5,353,333  | 288,961                         | 105,924,095         |                               |
| 4 BUILDING IMPROVEMENT | 6,507,236               |                |                               |            | 333,535                         | 6,173,701           |                               |
| 5 FIXED EQUIPMENT      | 99,162,707              | 2,619,041      |                               | 2,619,041  |                                 | 101,781,748         |                               |
| 6 MOVABLE EQUIPMENT    | 124,138,122             | 3,631,180      |                               | 3,631,180  | 1,857,759                       | 125,911,543         |                               |
| 7 SUBTOTAL             | 369,502,793             | 13,974,564     |                               | 13,974,564 | 2,480,255                       | 380,997,102         |                               |
| 8 RECONCILING ITEMS    |                         |                |                               |            |                                 |                     |                               |
| 9 TOTAL                | 369,502,793             | 13,974,564     |                               | 13,974,564 | 2,480,255                       | 380,997,102         |                               |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| *    | DESCRIPTION          | COMPUTATION OF RATIOS |                    |                        | ALLOCATION OF OTHER CAPITAL |           |       | TOTAL |                             |
|------|----------------------|-----------------------|--------------------|------------------------|-----------------------------|-----------|-------|-------|-----------------------------|
|      |                      | GROSS ASSETS          | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO                       | INSURANCE | TAXES |       | OTHER CAPITAL RELATED COSTS |
|      |                      | 1                     | 2                  | 3                      | 4                           | 5         | 6     | 7     | 8                           |
| 3    | NEW CAP REL COSTS-BL | 380,997,102           |                    | 380,997,102            | 1.000000                    |           |       |       |                             |
| 3 01 | NEW CAP BLDG & FIXT  |                       |                    |                        |                             |           |       |       |                             |
| 4    | NEW CAP REL COSTS-MV |                       |                    |                        |                             |           |       |       |                             |
| 5    | TOTAL                | 380,997,102           |                    | 380,997,102            | 1.000000                    |           |       |       |                             |

| *    | DESCRIPTION          | SUMMARY OF OLD AND NEW CAPITAL |           |             |           |         |                            | TOTAL (1)  |
|------|----------------------|--------------------------------|-----------|-------------|-----------|---------|----------------------------|------------|
|      |                      | DEPRECIATION                   | LEASE     | INTEREST    | INSURANCE | TAXES   | OTHER CAPITAL RELATED COST |            |
|      |                      | 9                              | 10        | 11          | 12        | 13      | 14                         | 15         |
| 3    | NEW CAP REL COSTS-BL | 25,016,529                     | 3,263,397 | -10,741,584 | 264,148   | 63,614  |                            | 17,866,104 |
| 3 01 | NEW CAP BLDG & FIXT  | 383,244                        | 10,293    |             |           | 71,148  |                            | 464,685    |
| 4    | NEW CAP REL COSTS-MV |                                |           |             |           |         |                            |            |
| 5    | TOTAL                | 25,399,773                     | 3,273,690 | -10,741,584 | 264,148   | 134,762 |                            | 18,330,789 |

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

| *    | DESCRIPTION          | SUMMARY OF OLD AND NEW CAPITAL |       |          |           |       |                            | TOTAL (1)  |
|------|----------------------|--------------------------------|-------|----------|-----------|-------|----------------------------|------------|
|      |                      | DEPRECIATION                   | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST |            |
|      |                      | 9                              | 10    | 11       | 12        | 13    | 14                         | 15         |
| 3    | NEW CAP REL COSTS-BL | 10,605,922                     |       |          |           |       |                            | 10,605,922 |
| 3 01 | NEW CAP BLDG & FIXT  |                                |       |          |           |       |                            |            |
| 4    | NEW CAP REL COSTS-MV |                                |       |          |           |       |                            |            |
| 5    | TOTAL                | 10,605,922                     |       |          |           |       |                            | 10,605,922 |

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

ADJUSTMENTS TO EXPENSES

| DESCRIPTION (1)                            | (2)<br>BASIS/CODE | AMOUNT      | EXPENSE CLASSIFICATION ON<br>WORKSHEET A TO/FROM WHICH THE<br>AMOUNT IS TO BE ADJUSTED<br>COST CENTER | LINE NO | WKST.<br>A-7<br>REF.<br>5 |
|--|-------------------|-------------|---|---------|---------------------------|
|  | 1                 | 2           | 3   | 4       | 5                         |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES      |                   |             | **COST CENTER DELETED**   | 1       |                           |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP      |                   |             | **COST CENTER DELETED**   | 2       |                           |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES      | B                 | -4,678,366  | NEW CAP REL COSTS-BLDG &  | 3       | 11                        |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP      |                   |             | NEW CAP REL COSTS-MVBLE E   | 4       |                           |
| 5 INVESTMENT INCOME-OTHER                  |                   |             |   |         |                           |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS       |                   |             |   |         |                           |
| 7 REFUNDS AND REBATES OF EXPENSES          | B                 | -298,268    | PURCHASING, RECEIVING AND   | 6.03    |                           |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS     |                   |             |   |         |                           |
| 9 TELEPHONE SERVICES                       |                   |             |   |         |                           |
| 10 TELEVISION AND RADIO SERVICE            |                   |             |   |         |                           |
| 11 PARKING LOT                             |                   |             |   |         |                           |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT     | A-8-2             | -14,522,945 |   |         |                           |
| 13 SALE OF SCRAP, WASTE, ETC.              |                   |             |   |         |                           |
| 14 RELATED ORGANIZATION TRANSACTIONS       | A-8-1             | -3,232,803  |   |         |                           |
| 15 LAUNDRY AND LINEN SERVICE               |                   |             |   |         |                           |
| 16 CAFETERIA--EMPLOYEES AND GUESTS         | B                 | -1,949,996  | CAFETERIA   | 12      |                           |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS   |                   |             |   |         |                           |
| 18 SALE OF MED AND SURG SUPPLIES           |                   |             |   |         |                           |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS    |                   |             |   |         |                           |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS     | B                 | -1,352      | RADIOLOGY-DIAGNOSTIC  | 41      |                           |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)  |                   |             |   |         |                           |
| 22 VENDING MACHINES                        |                   |             |   |         |                           |
| 23 INCOME FROM IMPOSITION OF INTEREST      |                   |             |   |         |                           |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS     |                   |             |   |         |                           |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY      | A-8-3/A-8-4       |             | RESPIRATORY THERAPY   | 49      |                           |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY         | A-8-3/A-8-4       |             | PHYSICAL THERAPY  | 50      |                           |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY     | A-8-3             |             |   |         |                           |
| 28 UTILIZATION REVIEW-PHYSIAN COMP         |                   |             | **COST CENTER DELETED**   | 89      |                           |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES     |                   |             | **COST CENTER DELETED**   | 1       |                           |
| 30 DEPRECIATION-OLD MOVABLE EQUIP          |                   |             | **COST CENTER DELETED**   | 2       |                           |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES     |                   |             | NEW CAP REL COSTS-BLDG &  | 3       |                           |
| 32 DEPRECIATION-NEW MOVABLE EQUIP          |                   |             | NEW CAP REL COSTS-MVBLE E   | 4       |                           |
| 33 NON-PHYSICIAN ANESTHETIST               |                   |             | **COST CENTER DELETED**   | 20      |                           |
| 34 PHYSICIANS' ASSISTANT                   |                   |             |   |         |                           |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY     | A-8-4             |             | **COST CENTER DELETED**   | 51      |                           |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY         | A-8-4             |             | **COST CENTER DELETED**   | 52      |                           |
| 37 MASSAGE THERAPY                         | B                 | -104,842    | EMPLOYEE BENEFITS   | 5       |                           |
| 38 MI SC OTC                               | B                 | -1,375      | EMPLOYEE BENEFITS   | 5       |                           |
| 39 MI SC OPERATING INCOME                  | B                 | -16,640     | EMPLOYEE BENEFITS   | 5       |                           |
| 40 MI SC OPERATING INCOME                  | B                 | -108        | DATA PROCESSING   | 6.02    |                           |
| 41 CONTRACT SERVICE                        | B                 | -98,984     | PURCHASING, RECEIVING AND   | 6.03    |                           |
| 42 MI SC OPERATING INCOME                  | B                 | -640        | CASHIERING/ACCOUNTS RECEI   | 6.05    |                           |
| 43 MEDICAL STAFF APPLICATION FEES          | B                 | -2,200      | OTHER ADMINISTRATIVE AND  | 6.06    |                           |
| 44 MI SC OTC                               | B                 | -11         | OTHER ADMINISTRATIVE AND  | 6.06    |                           |
| 45 MI SC OPERATING INCOME                  | B                 | -43,613     | OTHER ADMINISTRATIVE AND  | 6.06    |                           |
| 46 PURCHASE DISCOUNTS                      | B                 | -183,037    | OTHER ADMINISTRATIVE AND  | 6.06    |                           |
| 47 REBATE ON BROKERAGE FEE                 | B                 | -100        | OTHER ADMINISTRATIVE AND  | 6.06    |                           |
| 48 MI SC OPERATING INCOME                  | B                 | -1,886      | OPERATION OF PLANT  | 8       |                           |
| 49 COFFEE KIOSK                            | B                 | -136,694    | DIETARY   | 11      |                           |
| 49.01 MI SC OPERATING INCOME               | B                 | -5,886      | DIETARY   | 11      |                           |
| 49.02 NOURISH YOU/OP NUTRITIONAL COUNSELIN | B                 | -52,542     | DIETARY   | 11      |                           |
| 49.03 PURCHASE DISCOUNTS                   | B                 | -678        | DIETARY   | 11      |                           |
| 49.04 VENDING REVENUE                      | B                 | -11,027     | DIETARY   | 11      |                           |
| 49.05 OP DIABETES                          | B                 | -153,230    | DIETARY   | 11      |                           |
| 49.06 CATERING INCOME                      | B                 | -340,736    | CAFETERIA   | 12      |                           |
| 49.07 GUEST MEALS                          | B                 | -33,703     | CAFETERIA   | 12      |                           |
| 49.08 HEAD START                           | B                 | -290,359    | CAFETERIA   | 12      |                           |
| 49.09 MEALS ON WHEELS                      | B                 | -44,516     | CAFETERIA   | 12      |                           |
| 49.10 PURCHASE DISCOUNTS                   | B                 | -14,723     | CENTRAL SERVICES & SUPPLY   | 15      |                           |
| 49.11 CONTRACT SERVICE                     | B                 | -15,000     | PHARMACY  | 16      |                           |
| 49.12 PHARMACY MANUFACTURER DISPLAY        | B                 | -13,175     | PHARMACY  | 16      |                           |
| 49.13 PHARMACY CLERKSHIP                   | B                 | -800        | PHARMACY  | 16      |                           |
| 49.14 RETURNS OUTDATED                     | B                 | -159,223    | PHARMACY  | 16      |                           |
| 49.15 VOLUME REBATES                       | B                 | -28,498     | PHARMACY  | 16      |                           |
| 49.16 MEDICAL REPORTS                      | B                 | -92,252     | MEDICAL RECORDS & LIBRARY   | 17      |                           |
| 49.17 MI SC OPERATING INCOME               | B                 | -5,790      | MEDICAL RECORDS & LIBRARY   | 17      |                           |
| 49.18 MI SC OPERATING INCOME               | B                 | -5,563      | INSERVICE EDUCATION   | 18.01   |                           |
| 49.19 X-RAY SCHOOL TUITION                 | B                 | -24,179     | PARAMED PRGM  | 24      |                           |
| 49.20 MI SC OPERATING INCOME               | B                 | -1,094      | OPERATING ROOM  | 37      |                           |
| 49.21 MI SC OPERATING INCOME               | B                 | -9,621      | RADIOLOGY-DIAGNOSTIC  | 41      |                           |
| 49.22 RADIOLOGISTIC INC. SERVICES          | B                 | -2,200      | RADIOLOGY-DIAGNOSTIC  | 41      |                           |
| 49.23 X-RAY BILLING FEES                   | B                 | -50,992     | RADIOLOGY-DIAGNOSTIC  | 41      |                           |
| 49.24 MI SC OPERATING INCOME               | B                 | -3,789      | LABORATORY  | 44      |                           |
| 49.25 POOL WATER TESTING                   | B                 | -24,860     | LABORATORY  | 44      |                           |
| 49.26 MI SC OPERATING INCOME               | B                 | -726        | RESPIRATORY THERAPY   | 49      |                           |
| 49.27 RENTAL - ORPRO                       | B                 | -2,368      | PHYSICAL THERAPY  | 50      |                           |
| 49.28 PROPERTY RENTAL                      | B                 | -10,236     | PHYSICAL THERAPY  | 50      |                           |
| 49.29 MI SC OPERATING INCOME               | B                 | -13,850     | ELECTROCARDIOLOGY   | 53      |                           |
| 49.30 MI SC OPERATING INCOME               | B                 | -8,289      | EMERGENCY   | 61      |                           |
| 49.31 PROPERTY RENTAL                      | B                 | -13         | EMERGENCY   | 61      |                           |
| 49.32 MI SC OTC                            | B                 | -429,419    | DURABLE MEDICAL EQUIP-REN   | 66      |                           |
| 49.33 PHYSICIAN LOAN FORGIVENESS           | B                 | -144,392    | EMPLOYEE BENEFITS   | 5       |                           |
| 49.34 SELF INSURANCE                       | A                 | 1,371,355   | EMPLOYEE BENEFITS   | 5       |                           |
| 49.35 AHA LIVES 1991                       | A                 | -3,333      | NEW CAP REL COSTS-BLDG &  | 3       | 9                         |

| DESCRIPTION (1)                            | (2)<br>BASIS/CODE | AMOUNT      | EXPENSE CLASSIFICATION ON<br>WORKSHEET A TO/FROM WHICH THE<br>AMOUNT IS TO BE ADJUSTED |         | WKST.<br>A-7<br>REF. |
|--|-------------------|-------------|--|---------|----------------------|
|  |                   |             | COST CENTER  | LINE NO |                      |
|  | 1                 | 2           | 3  | 4       | 5                    |
| 49.36 COMMUNITY EDUCATION EXPENSE          | A                 | -267,672    | INSERVICE EDUCATION  | 18.01   |                      |
| 49.37 NON-ALLOWABLE LOBBYING EXPENSE       | A                 | -12,218     | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.38 MEDICAL STAFF DEVELOPMENT            | A                 | -662,449    | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.39 LLC PHYSICIAN MINORITY INTEREST      | A                 | -1,243      | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.40 NON-ALLOWABLE ADVERTISING EXPENSE    | A                 | -1,116,906  | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.41 PHYSICIAN AND EMPLOYEE RELOCATION EX | A                 | -32,547     | EMPLOYEE BENEFITS  | 5       |                      |
| 49.42 MARKETING / PROMOTIONS               | A                 | -9,506      | EMPLOYEE BENEFITS  | 5       |                      |
| 49.43 MARKETING / PROMOTIONS               | A                 | -125,834    | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.44 MARKETING / PROMOTIONS               | A                 | -1,606      | DIETARY  | 11      |                      |
| 49.45 MARKETING / PROMOTIONS               | A                 | -250        | NURSING ADMINISTRATION   | 14      |                      |
| 49.46 MARKETING / PROMOTIONS               | A                 | -37,500     | INSERVICE EDUCATION  | 18.01   |                      |
| 49.47 MARKETING / PROMOTIONS               | A                 | -37         | ADULTS & PEDIATRICS  | 25      |                      |
| 49.48 MARKETING / PROMOTIONS               | A                 | -77         | PHYSICAL THERAPY   | 50      |                      |
| 49.49 MARKETING / PROMOTIONS               | A                 | -5,091      | CARDIAC REHAB  | 54.01   |                      |
| 49.50 LI FELINE EXPENSE                    | A                 | -14,782     | DURABLE MEDICAL EQUIP-REN  | 66      |                      |
| 49.51 LI FELINE EXPENSE                    | A                 | -14,333     | DURABLE MEDICAL EQUIP-REN  | 66      |                      |
| 49.52 LI FELINE EXPENSE                    | A                 | -88         | NEW CAP REL COSTS-BLDG &   | 3       | 9                    |
| 49.53 COMMUNITY RECOG / APPRECIATION       | A                 | -12,047     | EMPLOYEE BENEFITS  | 5       |                      |
| 49.54 COMMUNITY RECOG / APPRECIATION       | A                 | -3          | PURCHASING, RECEIVING AND  | 6.03    |                      |
| 49.55 COMMUNITY RECOG / APPRECIATION       | A                 | -53,227     | OTHER ADMINISTRATIVE AND   | 6.06    |                      |
| 49.56 COMMUNITY RECOG / APPRECIATION       | A                 | -3,494      | DIETARY  | 11      |                      |
| 49.57 COMMUNITY RECOG / APPRECIATION       | A                 | -75         | NURSING ADMINISTRATION   | 14      |                      |
| 49.58 COMMUNITY RECOG / APPRECIATION       | A                 | -207        | PHARMACY   | 16      |                      |
| 49.59 COMMUNITY RECOG / APPRECIATION       | A                 | -66,882     | INSERVICE EDUCATION  | 18.01   |                      |
| 49.60 COMMUNITY RECOG / APPRECIATION       | A                 | -541        | PARAMED ED PRGM  | 24      |                      |
| 49.61 COMMUNITY RECOG / APPRECIATION       | A                 | -5,943      | ADULTS & PEDIATRICS  | 25      |                      |
| 49.62 COMMUNITY RECOG / APPRECIATION       | A                 | -23         | INTENSIVE CARE UNIT  | 26      |                      |
| 49.63 COMMUNITY RECOG / APPRECIATION       | A                 | -222        | SUBPROVIDER 2  | 31.01   |                      |
| 49.64 COMMUNITY RECOG / APPRECIATION       | A                 | -18         | NURSERY  | 33      |                      |
| 49.65 COMMUNITY RECOG / APPRECIATION       | A                 | -1,696      | OPERATING ROOM   | 37      |                      |
| 49.66 COMMUNITY RECOG / APPRECIATION       | A                 | -629        | PHYSICAL THERAPY   | 50      |                      |
| 49.67 COMMUNITY RECOG / APPRECIATION       | A                 | -27         | ELECTROCARDIOLOGY  | 53      |                      |
| 49.68 COMMUNITY RECOG / APPRECIATION       | A                 | -320        | O/P CHEMICAL DEPENDENCY  | 54.03   |                      |
| 49.69 COMMUNITY RECOG / APPRECIATION       | A                 | -481        | EMERGENCY  | 61      |                      |
| 49.70 DEPREC ON PATIENT ENTERTAINMENT SYST | A                 | -746        | DATA PROCESSING  | 6.02    |                      |
| 49.71 DEPREC ON PATIENT ENTERTAINMENT SYST | A                 | -105,948    | ADULTS & PEDIATRICS  | 25      |                      |
| 49.72 DEPREC ON PATIENT ENTERTAINMENT SYST | A                 | -22,383     | INTENSIVE CARE UNIT  | 26      |                      |
| 49.73 DEPREC ON PATIENT ENTERTAINMENT SYST | A                 | -14,922     | SUBPROVIDER 2  | 31.01   |                      |
| 49.74 CABLE TV                             | A                 | -36,323     | OPERATION OF PLANT   | 8       |                      |
| 49.75 PATIENT ENTERTAINMENT SYSTEM MAINTEN | A                 | -421,116    | DATA PROCESSING  | 6.02    |                      |
| 49.76 UNNECESSARY BORROWING                | A                 | -6,063,218  | NEW CAP REL COSTS-BLDG &   | 3       | 11                   |
| 49.77 PHYSICIAN RECRUITMENT EXPENSE        | A                 | -125,524    | EMPLOYEE BENEFITS  | 5       |                      |
| 49.78                                      |                   |             |  |         |                      |
| 50 TOTAL (SUM OF LINES 1 THRU 49)          |                   | -35,137,721 |  |         |                      |

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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS  | AMOUNT OF ALLOWABLE COST | AMOUNT     | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. |  |
|----------|-------------|----------------|--------------------------|------------|------------------|---------------------|--|
| 1        | 2           | 3              | 4                        | 5          | 6                |                     |  |
| 1        | 37          | OPERATING ROOM | REID OUTPATIENT SURGERY  | 17,680,934 | 20,913,737       | -3,232,803          |  |
| 2        |             |                |                          |            |                  |                     |  |
| 3        |             |                |                          |            |                  |                     |  |
| 4        |             |                |                          |            |                  |                     |  |
| 5        |             | TOTALS         |                          | 17,680,934 | 20,913,737       | -3,232,803          |  |

\* 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          | A    | REID O/P SURGERY & ENDO |   | 55.00                   | 0.00             | OUTPATIENT SURGERY |
| 2          |      |                         |   | 0.00                    | 0.00             |                    |
| 3          |      |                         |   | 0.00                    | 0.00             |                    |
| 4          |      |                         |   | 0.00                    | 0.00             |                    |
| 5          |      |                         |   | 0.00                    | 0.00             |                    |

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





COST ALLOCATION STATISTICS

| LINE NO. | COST CENTER DESCRIPTION             | STATISTICS CODE | STATISTICS DESCRIPTION |          |             |
|----------|-------------------------------------|-----------------|------------------------|----------|-------------|
|          | GENERAL SERVICE COST                |                 |                        |          |             |
| 3        | NEW CAP REL COSTS-BLDG & FIXT       | 1               | SQUARE                 | FEET     | ENTERED     |
| 3.01     | NEW CAP BLDG & FIXT - OFFSITE BLDGS | 3               | SQUARE                 | FEET     | ENTERED     |
| 4        | NEW CAP REL COSTS-MVBLE EQUIP       | 4               | SQUARE                 | FEET     | ENTERED     |
| 5        | EMPLOYEE BENEFITS                   | 5               | GROSS                  | SALARIES | ENTERED     |
| 6.01     | NONPATIENT TELEPHONES               | 7               | PHONES                 |          | ENTERED     |
| 6.02     | DATA PROCESSING                     | 8               | TERMINALS              |          | ENTERED     |
| 6.03     | PURCHASING, RECEIVING AND STORES    | 9               | SUPPLY                 | EXPENSE  | ENTERED     |
| 6.04     | ADMITTING                           | 10              | TOTAL                  | REVENUE  | ENTERED     |
| 6.05     | CASHIERING/ACCOUNTS RECEIVABLE      | 10              | TOTAL                  | REVENUE  | ENTERED     |
| 6.06     | OTHER ADMINISTRATIVE AND GENERAL    | -11             | ACCUM.                 | COST     | NOT ENTERED |
| 8        | OPERATION OF PLANT                  | 13              | SQUARE                 | FEET     | ENTERED     |
| 9        | LAUNDRY & LINEN SERVICE             | 14              | POUNDS OF              | LAUNDRY  | ENTERED     |
| 10       | HOUSEKEEPING                        | 15              | HOURS OF               | SERVICE  | ENTERED     |
| 11       | DIETARY                             | 16              | MEALS                  | SERVED   | ENTERED     |
| 12       | CAFETERIA                           | 17              | MANHOURS               |          | ENTERED     |
| 14       | NURSING ADMINISTRATION              | 19              | MANHOURS               |          | ENTERED     |
| 15       | CENTRAL SERVICES & SUPPLY           | 20              | MED                    | SUPPLIES | ENTERED     |
| 16       | PHARMACY                            | 21              | DRUGS                  |          | ENTERED     |
| 17       | MEDICAL RECORDS & LIBRARY           | 10              | TOTAL                  | REVENUE  | ENTERED     |
| 18       | SOCIAL SERVICE                      | 23              | TIME                   | SPENT    | ENTERED     |
| 18.01    | INSERVICE EDUCATION                 | 24              | IN HOUSE               | ED       | ENTERED     |
| 24       | PARAMED ED PRGM                     | 30              | TIME                   | SPEND    | ENTERED     |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION                                   | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP BLDG & FIXT - OFF 3.01 | NEW CAP REL C OSTS-MVBLE E FITS 4 | EMPLOYEE BENE FITS 5 | NONPATIENT TELEPHONES 6.01 | DATA PROCESSING 6.02 |
|---|----------------------------------|-----------------------------|--------------------------------|-----------------------------------|----------------------|----------------------------|----------------------|
| 003 GENERAL SERVICE COST CNTR                             |                                  |                             |                                |                                   |                      |                            |                      |
| 003 01 NEW CAP REL COSTS-BLDG & NEW CAP BLDG & FIXT - OFF | 17,866,104                       | 17,866,104                  | 464,685                        |                                   |                      |                            |                      |
| 004 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS           | 26,322,927                       | 76,580                      |                                |                                   | 26,399,507           |                            |                      |
| 006 01 NONPATIENT TELEPHONES                              | 259,685                          | 86,048                      |                                |                                   | 66,546               | 412,279                    |                      |
| 006 02 DATA PROCESSING                                    | 17,257,673                       | 302,029                     | 4,371                          |                                   | 1,063,566            | 39,996                     | 18,667,635           |
| 006 03 PURCHASING, RECEIVING AND                          | 1,072,936                        | 385,858                     |                                |                                   | 265,062              | 5,400                      | 255,721              |
| 006 04 ADMINISTRATION                                     | 1,098,868                        | 3,550                       | 5,640                          |                                   | 254,245              | 13,670                     | 383,582              |
| 006 05 CASHIERING/ACCOUNTS RECEIVABLE                     | 3,961,821                        | 20,094                      | 23,356                         |                                   | 445,783              | 22,783                     | 652,089              |
| 006 06 OTHER ADMINISTRATIVE AND OPERATIONS                | 7,231,266                        | 681,797                     | 2,730                          |                                   | 1,160,801            | 19,407                     | 1,061,242            |
| 008 OPERATION OF PLANT                                    | 3,827,424                        | 4,483,097                   | 5,715                          |                                   | 432,339              | 9,113                      | 396,368              |
| 009 LAUNDRY & LINEN SERVICE                               | 724,476                          | 304,125                     |                                |                                   | 101,970              | 1,013                      | 25,572               |
| 010 HOUSEKEEPING  | 2,192,821                        | 189,822                     |                                |                                   | 462,502              | 1,181                      | 76,716               |
| 011 DIETARY   | 1,714,461                        | 320,028                     |                                |                                   | 725,245              | 14,682                     | 460,298              |
| 012 CAFETERIA   | 223,609                          | 233,265                     |                                |                                   |                      |                            |                      |
| 014 NURSING ADMINISTRATION                                | 1,003,174                        | 48,201                      |                                |                                   | 185,906              | 3,206                      | 140,647              |
| 015 CENTRAL SERVICES & SUPPLY                             | 2,945,842                        | 207,377                     |                                |                                   | 175,465              | 1,688                      | 166,219              |
| 016 PHARMACY  | 15,645,906                       | 180,281                     |                                |                                   | 735,171              | 7,257                      | 473,084              |
| 017 MEDICAL RECORDS & LIBRARY                             | 3,891,733                        | 86,467                      | 19,599                         |                                   | 918,737              | 11,813                     | 767,163              |
| 018 SOCIAL SERVICE  | 2,205,495                        | 22,313                      |                                |                                   | 380,299              | 5,738                      | 242,935              |
| 018 01 IN-SERVICE EDUCATION                               | 837,703                          | 264,208                     |                                |                                   | 158,475              | 6,413                      | 1,495,968            |
| 024 PARAMEDICAL PROGRAM                                   | 220,639                          | 42,161                      |                                |                                   | 58,288               | 506                        | 89,502               |
| 025 INPATIENT ROUTINE SERVICE CENTERS                     |                                  |                             |                                |                                   |                      |                            |                      |
| 025 ADULTS & PEDIATRICS                                   | 12,331,798                       | 2,612,023                   |                                |                                   | 3,044,168            | 43,369                     | 1,828,405            |
| 026 INTENSIVE CARE UNIT                                   | 6,303,260                        | 608,521                     |                                |                                   | 1,357,403            | 8,607                      | 409,154              |
| 031 SUBPROVIDER   | 2,856,682                        | 550,803                     |                                |                                   | 611,815              | 3,206                      | 242,935              |
| 031 01 SUBPROVIDER 2                                      | 1,552,103                        | 441,283                     |                                |                                   | 306,556              | 4,894                      | 217,363              |
| 033 NURSERY   | 522,829                          | 66,101                      |                                |                                   | 124,815              |                            |                      |
| 037 ANCILLARY SERVICE CENTERS                             |                                  |                             |                                |                                   |                      |                            |                      |
| 037 OPERATING ROOM  | 22,332,616                       | 1,163,910                   | 9,083                          |                                   | 229,830              | 27,845                     | 1,444,824            |
| 039 DELIVERY ROOM & LABOR ROOM                            | 1,074,796                        | 204,049                     |                                |                                   | 242,073              | 7,088                      | 358,009              |
| 041 RADIOLOGY-DIAGNOSTIC                                  | 15,413,632                       | 1,370,054                   |                                |                                   | 1,813,750            | 24,133                     | 1,432,038            |
| 044 LABORATORY  | 8,037,071                        | 327,252                     |                                |                                   | 920,908              | 10,126                     | 664,875              |
| 047 BLOOD STORAGE, PROCESSING                             | 1,901,607                        | 19,700                      |                                |                                   | 61,093               |                            | 63,930               |
| 049 RESPIRATORY THERAPY                                   | 2,087,108                        | 30,573                      |                                |                                   | 456,090              | 1,519                      | 153,433              |
| 050 PHYSICAL THERAPY                                      | 4,270,860                        | 168,397                     | 135,859                        |                                   | 1,015,566            | 15,357                     | 1,022,884            |
| 053 ELECTROCARDIOLOGY                                     | 3,039,604                        | 437,511                     |                                |                                   | 260,847              | 1,519                      | 396,368              |
| 054 ELECTROENCEPHALOGRAPHY                                | 247,665                          |                             | 10,148                         |                                   | 54,370               | 338                        | 38,358               |
| 054 01 CARDIAC REHAB                                      | 267,171                          | 117,237                     |                                |                                   | 60,616               | 2,194                      | 63,930               |
| 054 02 EMG & ENG  | 159,404                          | 13,191                      |                                |                                   | 33,498               |                            | 12,786               |
| 054 03 O/P CHEMICAL DEPENDENCY                            | 373,974                          | 9,985                       | 5,071                          |                                   | 83,161               | 1,519                      | 76,716               |
| 054 04 CARDIAC CATH                                       | 5,134,222                        | 339,407                     |                                |                                   | 352,970              | 5,063                      | 217,363              |
| 054 06 O/P PSYCHIATRIC                                    | 187,377                          | 110,851                     |                                |                                   | 35,391               | 2,363                      | 115,074              |
| 055 MEDICAL SUPPLIES CHARGED                              |                                  |                             |                                |                                   |                      |                            |                      |
| 055 30 IMPL. DEV. CHARGED TO PATIENTS                     | 13,356,214                       |                             |                                |                                   |                      |                            |                      |
| 056 DRUGS CHARGED TO PATIENTS                             |                                  |                             |                                |                                   |                      |                            |                      |
| 057 RENAL DIALYSIS  | 734,391                          | 36,737                      |                                |                                   |                      | 844                        | 25,572               |
| 061 OUTPATIENT SERVICE COST CENTERS                       |                                  |                             |                                |                                   |                      |                            |                      |
| 061 EMERGENCY   | 6,037,192                        | 551,247                     |                                |                                   | 1,393,017            | 13,163                     | 869,451              |
| 062 OBSERVATION BEDS (NON-DISCHARGED)                     |                                  |                             |                                |                                   |                      |                            |                      |
| 063 PATIENT CARE CENTER - OCCUPANCY                       | 1,307,307                        | 241,402                     |                                |                                   | 316,444              | 9,282                      | 421,940              |
| 066 OTHER REIMBURSED COST CENTERS                         |                                  |                             |                                |                                   |                      |                            |                      |
| 066 DURABLE MEDICAL EQUIPMENT-RENTAL PURPOSE COST CENTERS | 1,237,801                        | 33,038                      | 629                            |                                   | 174,497              | 3,713                      | 153,433              |
| 093 HOSPICE   | 1,284,411                        | 10,972                      |                                |                                   | 175,790              | 1,856                      | 102,288              |
| 095 SUBTOTALS   | 223,020,343                      | 17,401,545                  | 222,201                        |                                   | 20,715,068           | 351,864                    | 17,018,235           |
| 096 NONREIMBURSED COST CENTERS                            |                                  |                             |                                |                                   |                      |                            |                      |
| 096 GIFT, FLOWER, COFFEE SHOP                             |                                  |                             |                                |                                   |                      |                            |                      |
| 098 PHYSICIANS' PRIVATE OFFICE                            | 9,784,824                        | 334,846                     | 208,255                        |                                   | 1,446,518            | 38,983                     | 1,559,898            |
| 100 RENTAL SPACE  | 1,773,085                        |                             | 11,675                         |                                   |                      | 16,707                     |                      |
| 100 01 FOUNDATION   | 578,001                          | 9,616                       |                                |                                   | 90,414               | 1,181                      | 63,930               |
| 100 02 RETAIL SERVICES                                    | 93,121                           | 57,694                      |                                |                                   | 19,925               |                            | 25,572               |
| 100 03 REID CONTRACTED SERVICES                           | 482,914                          | 9,344                       |                                |                                   | 109,717              |                            |                      |
| 100 04 REID PHYSICIAN ASSOC.                              | 24,909,875                       |                             |                                |                                   | 4,017,865            | 3,544                      |                      |
| 100 05 OTHER NON REIMBURSABLE COST CENTERS                | 59,644                           | 13,117                      | 22,554                         |                                   |                      |                            |                      |
| 100 06 VACANT SPACE                                       |                                  | 39,942                      |                                |                                   |                      |                            |                      |
| 101 CROSS FOOT ADJUSTMENT                                 |                                  |                             |                                |                                   |                      |                            |                      |
| 102 NEGATIVE COST CENTER                                  |                                  |                             |                                |                                   |                      |                            |                      |
| 103 TOTAL   | 260,701,807                      | 17,866,104                  | 464,685                        |                                   | 26,399,507           | 412,279                    | 18,667,635           |

| COST CENTER DESCRIPTION          | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVABLE | SUBTOTAL    | OTHER ADMINISTRATIVE | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|----------------------------------|---------------------------|----------------|--------------------------------|-------------|----------------------|--------------------|-------------------------|
|                                  | 6.03                      | 6.04           | 6.05                           | 6a.05       | 6.06                 | 8                  | 9                       |
| 003 GENERAL SERVICE COST CNTR    |                           |                |                                |             |                      |                    |                         |
| 003 01 NEW CAP BLDG & FIXT - OFF |                           |                |                                |             |                      |                    |                         |
| 004 NEW CAP REL COSTS-MVBLE E    |                           |                |                                |             |                      |                    |                         |
| 005 EMPLOYEE BENEFITS            |                           |                |                                |             |                      |                    |                         |
| 006 01 NONPATIENT TELEPHONES     |                           |                |                                |             |                      |                    |                         |
| 006 02 DATA PROCESSING           |                           |                |                                |             |                      |                    |                         |
| 006 03 PURCHASING, RECEIVING AND | 1,984,977                 |                |                                |             |                      |                    |                         |
| 006 04 ADMINISTRATION            | 899                       | 1,760,454      |                                |             |                      |                    |                         |
| 006 05 CASHIERING/ACCOUNTS RECEI | 1,665                     |                | 5,127,591                      |             |                      |                    |                         |
| 006 06 OTHER ADMINISTRATIVE AND  | 4,171                     |                |                                | 10,161,414  | 10,161,414           |                    |                         |
| 008 OPERATION OF PLANT           | 7,496                     |                |                                | 9,161,552   | 371,574              | 9,533,126          |                         |
| 009 LAUNDRY & LINEN SERVICE      | 16,591                    |                |                                | 1,173,747   | 47,605               | 226,888            | 1,448,240               |
| 010 HOUSEKEEPING                 | 9,470                     |                |                                | 2,932,512   | 118,937              | 135,250            |                         |
| 011 DIETARY                      | 6,735                     |                |                                | 3,241,449   | 131,467              | 210,554            |                         |
| 012 CAFETERIA                    |                           |                |                                | 456,874     | 18,530               | 174,024            |                         |
| 014 NURSING ADMINISTRATION       | 371                       |                |                                | 1,381,505   | 56,031               | 35,960             |                         |
| 015 CENTRAL SERVICES & SUPPLY    | 115,127                   |                |                                | 3,611,718   | 146,484              | 154,710            |                         |
| 016 PHARMACY                     | 33,791                    |                |                                | 17,075,490  | 692,548              | 129,492            |                         |
| 017 MEDICAL RECORDS & LIBRARY    | 1,455                     |                |                                | 5,696,967   | 231,058              | 120,424            |                         |
| 018 SOCIAL SERVICE               | 811                       |                |                                | 2,857,591   | 115,898              | 16,646             |                         |
| 018 01 INSERVICE EDUCATION       | 573                       |                |                                | 2,763,340   | 112,076              | 171,228            |                         |
| 024 PARAMED ED PRGM              | 125                       |                |                                | 411,221     | 16,678               | 2,336              |                         |
| 025 INPAT ROUTINE SRVC CNTRS     |                           |                |                                |             |                      |                    |                         |
| 025 ADULTS & PEDIATRICS          | 40,068                    | 104,158        | 303,324                        | 20,307,313  | 823,624              | 1,928,261          | 410,824                 |
| 026 INTENSIVE CARE UNIT          | 37,390                    | 29,384         | 85,571                         | 8,839,290   | 358,504              | 453,978            | 118,735                 |
| 031 SUBPROVIDER                  | 5,942                     | 21,415         | 62,362                         | 4,355,160   | 176,637              | 410,918            | 78,475                  |
| 031 01 SUBPROVIDER 2             | 2,115                     | 7,080          | 20,618                         | 2,552,012   | 103,505              | 329,212            | 35,342                  |
| 033 NURSERY                      | 2,022                     | 5,548          | 16,157                         | 737,472     | 29,910               | 49,314             | 70,722                  |
| 037 ANCILLARY SRVC COST CNTRS    |                           |                |                                |             |                      |                    |                         |
| 037 OPERATING ROOM               | 663,080                   | 342,867        | 999,360                        | 27,213,415  | 1,103,722            | 556,247            | 269,810                 |
| 039 DELIVERY ROOM & LABOR ROO    | 6,067                     | 19,852         | 57,813                         | 1,969,747   | 79,889               | 152,227            |                         |
| 041 RADIOLOGY-DIAGNOSTIC         | 88,926                    | 268,538        | 782,025                        | 21,193,096  | 859,550              | 791,890            | 132,354                 |
| 044 LABORATORY                   | 192,813                   | 190,083        | 553,550                        | 10,896,678  | 441,947              | 237,335            | 327                     |
| 047 BLOOD STORING, PROCESSING    | 107,258                   | 10,646         | 31,004                         | 2,195,238   | 89,034               | 14,697             |                         |
| 049 RESPIRATORY THERAPY          | 11,961                    | 29,514         | 85,949                         | 2,856,147   | 115,840              | 16,996             |                         |
| 050 PHYSICAL THERAPY             | 3,826                     | 29,404         | 85,629                         | 6,747,782   | 273,677              | 960,396            | 17,842                  |
| 053 ELECTROCARDIOLOGY            | 10,882                    | 74,911         | 218,153                        | 4,439,795   | 180,069              | 12,397             |                         |
| 054 ELECTROENCEPHALOGRAPHY       | 529                       | 6,724          | 19,581                         | 377,713     | 15,319               | 62,355             | 6,524                   |
| 054 01 CARDIAC REHAB             | 846                       | 2,440          | 7,105                          | 521,539     | 21,153               |                    |                         |
| 054 02 EMG & ENG                 | 457                       | 4,296          | 12,510                         | 236,142     | 9,577                |                    |                         |
| 054 03 O/P CHEMICAL DEPENDENCY   | 173                       | 3,251          | 9,469                          | 563,319     | 22,847               | 38,609             |                         |
| 054 04 CARDIAC CATH              | 472,852                   | 137,350        | 399,985                        | 7,059,212   | 286,308              | 87,904             | 56,364                  |
| 054 06 O/P PSYCHIATRIC           | 314                       | 2,198          | 6,401                          | 459,969     | 18,655               | 82,699             |                         |
| 055 MEDICAL SUPPLIES CHARGED     |                           | 748            | 2,178                          | 2,926       | 119                  |                    |                         |
| 055 30 IMPL. DEV. CHARGED TO PAT |                           |                |                                | 13,356,214  | 541,701              |                    |                         |
| 056 DRUGS CHARGED TO PATIENTS    |                           | 158,175        | 460,629                        | 618,804     | 25,097               |                    |                         |
| 057 RENAL DIALYSIS               | 1,493                     | 1,690          | 4,923                          | 805,650     | 32,676               | 27,407             |                         |
| 061 OUTPAT SERVICE COST CNTRS    |                           |                |                                |             |                      |                    |                         |
| 061 EMERGENCY                    | 23,944                    | 130,257        | 379,330                        | 9,397,601   | 381,148              | 411,249            | 236,550                 |
| 062 OBSERVATION BEDS (NON-DIS    |                           |                |                                |             |                      |                    |                         |
| 063 PATIENT CARE CENTER - OCC    | 1,971                     | 5,764          | 16,784                         | 2,320,894   | 94,131               |                    | 13,249                  |
| 066 OTHER REIMBURS COST CNTRS    |                           |                |                                |             |                      |                    |                         |
| 066 DURABLE MEDICAL EQUIP-REN    | 49,966                    | 13,752         | 40,047                         | 1,706,876   | 69,227               | 12,066             |                         |
| 093 SPEC PURPOSE COST CENTERS    |                           |                |                                |             |                      |                    |                         |
| 093 HOSPICE                      | 14,971                    | 6,112          | 17,798                         | 1,614,198   | 65,469               |                    |                         |
| 095 SUBTOTALS                    | 1,939,146                 | 1,606,157      | 4,678,255                      | 214,269,582 | 8,278,221            | 8,013,669          | 1,447,118               |
| 096 NONREIMBURS COST CENTERS     |                           |                |                                |             |                      |                    |                         |
| 096 GIFT, FLOWER, COFFEE SHOP    |                           |                |                                |             |                      |                    |                         |
| 098 PHYSICIANS' PRIVATE OFFIC    | 39,709                    | 62,414         | 181,758                        | 13,657,205  | 553,909              | 1,279,602          |                         |
| 100 RENTAL SPACE                 | 4,778                     |                |                                | 1,806,245   | 73,258               | 71,736             | 1,122                   |
| 100 01 FOUNDATION                | 639                       |                |                                | 743,781     | 30,166               | 7,174              |                         |
| 100 02 RETAIL SERVICES           | 705                       |                |                                | 197,017     | 7,991                | 12,581             |                         |
| 100 03 REID CONTRACTED SERVICES  |                           |                |                                | 601,975     | 24,415               |                    |                         |
| 100 04 REID PHYSICIAN ASSOC.     |                           | 91,883         | 267,578                        | 29,290,745  | 1,187,968            |                    |                         |
| 100 05 OTHER NON REIMBURSABLE CO |                           |                |                                | 95,315      | 3,866                | 148,364            |                         |
| 100 06 VACANT SPACE              |                           |                |                                | 39,942      | 1,620                |                    |                         |
| 101 CROSS FOOT ADJUSTMENT        |                           |                |                                |             |                      |                    |                         |
| 102 NEGATIVE COST CENTER         |                           |                |                                |             |                      |                    |                         |
| 103 TOTAL                        | 1,984,977                 | 1,760,454      | 5,127,591                      | 260,701,807 | 10,161,414           | 9,533,126          | 1,448,240               |

| COST CENTER DESCRIPTION          | HOUSEKEEPING | DIETARY   | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY   | MEDICAL RECORDS & LIBRARY |
|----------------------------------|--------------|-----------|-----------|------------------------|---------------------------|------------|---------------------------|
|                                  | 10           | 11        | 12        | 14                     | 15                        | 16         | 17                        |
| 003 GENERAL SERVICE COST CNTR    |              |           |           |                        |                           |            |                           |
| 003 01 NEW CAP BLDG & FIXT - OFF |              |           |           |                        |                           |            |                           |
| 004 NEW CAP REL COSTS-MVBLE E    |              |           |           |                        |                           |            |                           |
| 005 EMPLOYEE BENEFITS            |              |           |           |                        |                           |            |                           |
| 006 01 NONPATIENT TELEPHONES     |              |           |           |                        |                           |            |                           |
| 006 02 DATA PROCESSING           |              |           |           |                        |                           |            |                           |
| 006 03 PURCHASING, RECEIVING AND |              |           |           |                        |                           |            |                           |
| 006 04 ADMINITTING               |              |           |           |                        |                           |            |                           |
| 006 05 CASHIERING/ACCOUNTS RECEI |              |           |           |                        |                           |            |                           |
| 006 06 OTHER ADMINISTRATIVE AND  |              |           |           |                        |                           |            |                           |
| 008 OPERATION OF PLANT           |              |           |           |                        |                           |            |                           |
| 009 LAUNDRY & LINEN SERVICE      |              |           |           |                        |                           |            |                           |
| 010 HOUSEKEEPING                 | 3,186,699    |           |           |                        |                           |            |                           |
| 011 DIETARY                      | 96,129       | 3,679,599 |           |                        |                           |            |                           |
| 012 CAFETERIA                    |              |           | 649,428   |                        |                           |            |                           |
| 014 NURSING ADMINISTRATION       | 103,350      |           | 4,687     | 1,581,533              |                           |            |                           |
| 015 CENTRAL SERVICES & SUPPLY    | 34,977       |           | 10,123    |                        | 3,958,012                 |            |                           |
| 016 PHARMACY                     | 48,741       |           | 21,723    |                        |                           | 17,967,994 |                           |
| 017 MEDICAL RECORDS & LIBRARY    |              |           | 43,680    |                        |                           |            | 6,092,129                 |
| 018 SOCIAL SERVICE               |              |           | 12,277    |                        |                           |            |                           |
| 018 01 INSERVICE EDUCATION       | 40,844       |           | 5,001     |                        |                           | 494        |                           |
| 024 PARAMED ED PRGM              |              |           | 1,458     |                        |                           |            |                           |
| 025 INPAT ROUTINE SRVC CNTRS     |              |           |           |                        |                           |            |                           |
| 025 ADULTS & PEDIATRICS          | 1,003,263    | 2,226,307 | 99,579    | 456,024                | 557                       | 32,515     | 360,380                   |
| 026 INTENSIVE CARE UNIT          | 240,097      | 648,366   | 37,641    | 172,380                | 26,787                    | 15,290     | 101,668                   |
| 031 SUBPROVIDER                  | 150,286      | 606,232   | 20,595    | 94,316                 |                           | 6,354      | 74,093                    |
| 031 01 SUBPROVIDER 2             | 81,461       | 198,694   | 8,809     | 40,342                 |                           | 2,330      | 24,496                    |
| 033 NURSERY                      | 12,637       |           | 3,200     | 14,653                 |                           |            | 19,196                    |
| 037 ANCILLARY SRVC COST CNTRS    |              |           |           |                        |                           |            |                           |
| 037 OPERATING ROOM               | 261,760      |           | 34,059    | 155,977                | 1,918,399                 | 199,987    | 1,187,359                 |
| 039 DELIVERY ROOM & LABOR ROO    | 89,811       |           | 7,222     | 33,076                 | 67                        | 3,201      | 68,688                    |
| 041 RADIOLOGY-DIAGNOSTIC         | 138,326      |           | 56,742    | 259,853                | 8,330                     | 526,239    | 929,127                   |
| 044 LABORATORY                   | 93,195       |           | 36,331    |                        | 408                       | 9          | 657,675                   |
| 047 BLOOD STORING, PROCESSING    | 4,513        |           | 1,935     |                        | 332,736                   |            | 36,835                    |
| 049 RESPIRATORY THERAPY          | 11,960       |           | 13,686    | 62,675                 |                           | 36,838     | 102,116                   |
| 050 PHYSICAL THERAPY             | 200,156      |           | 32,046    |                        | 4,078                     | 176        | 101,736                   |
| 053 ELECTROCARDIOLOGY            | 42,874       |           | 9,359     |                        | 9,583                     | 356,427    | 259,188                   |
| 054 ELECTROENCEPHALOGRAPHY       | 20,535       |           | 1,640     |                        |                           |            | 23,264                    |
| 054 01 CARDIAC REHAB             |              |           | 2,147     | 9,831                  |                           | 5          | 8,441                     |
| 054 02 EMG & ENG                 |              |           | 1,218     |                        |                           |            | 14,864                    |
| 054 03 O/P CHEMICAL DEPENDENCY   | 9,026        |           | 3,512     |                        |                           | 66         | 11,250                    |
| 054 04 CARDIAC CATH              | 56,639       |           | 11,010    | 50,423                 | 1,321,233                 | 5,602      | 475,224                   |
| 054 06 O/P PSYCHIATRIC           | 29,335       |           | 1,362     | 6,238                  |                           |            | 7,605                     |
| 055 MEDICAL SUPPLIES CHARGED     |              |           |           |                        | 209,518                   |            | 2,588                     |
| 055 30 IMPL. DEV. CHARGED TO PAT |              |           |           |                        |                           |            |                           |
| 056 DRUGS CHARGED TO PATIENTS    |              |           |           |                        |                           | 15,505,385 | 547,276                   |
| 057 RENAL DIALYSIS               | 48,967       |           |           |                        |                           |            | 5,849                     |
| 061 OUTPAT SERVICE COST CNTRS    |              |           |           |                        |                           |            |                           |
| 061 EMERGENCY                    | 280,263      |           | 49,294    | 225,745                | 1,769                     | 71,521     | 450,684                   |
| 062 OBSERVATION BEDS (NON-DIS    |              |           |           |                        |                           |            |                           |
| 063 PATIENT CARE CENTER - OCC    |              |           | 12,885    |                        |                           | 8,064      | 19,942                    |
| 066 OTHER REIMBURS COST CNTRS    |              |           |           |                        |                           |            |                           |
| 066 DURABLE MEDICAL EQUIP-REN    |              |           | 8,648     |                        | 124,547                   | 6          | 47,581                    |
| 066 SPEC PURPOSE COST CENTERS    |              |           |           |                        |                           |            |                           |
| 093 HOSPICE                      | 6,318        |           | 5,474     |                        |                           | 216,809    | 21,146                    |
| 095 SUBTOTALS                    | 3,105,463    | 3,679,599 | 557,343   | 1,581,533              | 3,958,012                 | 16,987,318 | 5,558,271                 |
| 096 NONREIMBURS COST CENTERS     |              |           |           |                        |                           |            |                           |
| 096 GIFT, FLOWER, COFFEE SHOP    |              |           |           |                        |                           |            |                           |
| 098 PHYSICIANS' PRIVATE OFFIC    | 49,193       |           | 82,336    |                        |                           | 191,728    | 215,948                   |
| 100 RENTAL SPACE                 | 18,504       |           | 132       |                        |                           |            |                           |
| 100 01 FOUNDATION                | 4,513        |           | 2,628     |                        |                           |            |                           |
| 100 02 RETAIL SERVICES           |              |           | 1,045     |                        |                           |            |                           |
| 100 03 REID CONTRACTED SERVICES  |              |           | 1,142     |                        |                           |            |                           |
| 100 04 REID PHYSICIAN ASSOC.     |              |           | 314       |                        |                           | 788,948    | 317,910                   |
| 100 05 OTHER NON REIMBURSABLE CO | 9,026        |           | 4,454     |                        |                           |            |                           |
| 100 06 VACANT SPACE              |              |           | 34        |                        |                           |            |                           |
| 101 CROSS FOOT ADJUSTMENT        |              |           |           |                        |                           |            |                           |
| 102 NEGATIVE COST CENTER         |              |           |           |                        |                           |            |                           |
| 103 TOTAL                        | 3,186,699    | 3,679,599 | 649,428   | 1,581,533              | 3,958,012                 | 17,967,994 | 6,092,129                 |

| COST CENTER DESCRIPTION          | SOCIAL SERVICE | INSERVICE CATION | EDU PARAMED ED PR | SUBTOTAL    | I&R COST POST STEP-DOWN ADJ | TOTAL       |
|----------------------------------|----------------|------------------|-------------------|-------------|-----------------------------|-------------|
|                                  | 18             | 18.01            | 24                | 25          | 26                          | 27          |
| 003 GENERAL SERVICE COST CNTR    |                |                  |                   |             |                             |             |
| 003 01 NEW CAP BLDG & FIXT - OFF |                |                  |                   |             |                             |             |
| 004 NEW CAP REL COSTS-MVBLE E    |                |                  |                   |             |                             |             |
| 005 EMPLOYEE BENEFITS            |                |                  |                   |             |                             |             |
| 006 01 NONPATIENT TELEPHONES     |                |                  |                   |             |                             |             |
| 006 02 DATA PROCESSING           |                |                  |                   |             |                             |             |
| 006 03 PURCHASING, RECEIVING AND |                |                  |                   |             |                             |             |
| 006 04 ADMITTING                 |                |                  |                   |             |                             |             |
| 006 05 CASHIERING/ACCOUNTS RECEI |                |                  |                   |             |                             |             |
| 006 06 OTHER ADMINISTRATIVE AND  |                |                  |                   |             |                             |             |
| 008 OPERATION OF PLANT           |                |                  |                   |             |                             |             |
| 009 LAUNDRY & LINEN SERVICE      |                |                  |                   |             |                             |             |
| 010 HOUSEKEEPING                 |                |                  |                   |             |                             |             |
| 011 DIETARY                      |                |                  |                   |             |                             |             |
| 012 CAFETERIA                    |                |                  |                   |             |                             |             |
| 014 NURSING ADMINISTRATION       |                |                  |                   |             |                             |             |
| 015 CENTRAL SERVICES & SUPPLY    |                |                  |                   |             |                             |             |
| 016 PHARMACY                     |                |                  |                   |             |                             |             |
| 017 MEDICAL RECORDS & LIBRARY    |                |                  |                   |             |                             |             |
| 018 SOCIAL SERVICE               | 3,002,412      |                  |                   |             |                             |             |
| 018 01 INSERVICE EDUCATION       |                | 3,092,983        |                   |             |                             |             |
| 024 PARAMED ED PRGM              |                | 20,987           | 452,680           |             |                             |             |
| 025 INPAT ROUTINE SRVC CNTRS     |                |                  |                   |             |                             |             |
| 025 ADULTS & PEDIATRICS          | 1,626,472      | 795,587          |                   | 30,070,706  |                             | 30,070,706  |
| 026 INTENSIVE CARE UNIT          | 386,237        | 382,481          |                   | 11,781,454  |                             | 11,781,454  |
| 031 SUBPROVIDER                  |                | 178,136          |                   | 6,151,202   |                             | 6,151,202   |
| 031 01 SUBPROVIDER 2             |                | 112,063          |                   | 3,488,266   |                             | 3,488,266   |
| 033 NURSERY                      |                | 15,062           |                   | 952,166     |                             | 952,166     |
| 037 ANCILLARY SRVC COST CNTRS    |                |                  |                   |             |                             |             |
| 037 OPERATING ROOM               |                | 16,167           |                   | 32,916,902  |                             | 32,916,902  |
| 039 DELIVERY ROOM & LABOR ROO    | 15,907         | 33,539           |                   | 2,453,374   |                             | 2,453,374   |
| 041 RADIOLOGY-DIAGNOSTIC         |                | 173,417          | 452,680           | 25,521,604  |                             | 25,521,604  |
| 044 LABORATORY                   |                | 112,364          |                   | 12,476,269  |                             | 12,476,269  |
| 047 BLOOD STORING, PROCESSING    |                | 7,832            |                   | 2,682,820   |                             | 2,682,820   |
| 049 RESPIRATORY THERAPY          |                | 83,746           |                   | 3,300,004   |                             | 3,300,004   |
| 050 PHYSICAL THERAPY             |                | 134,757          |                   | 8,472,646   |                             | 8,472,646   |
| 053 ELECTROCARDIOLOGY            |                | 36,049           |                   | 5,345,741   |                             | 5,345,741   |
| 054 ELECTROENCEPHALOGRAPHY       |                | 7,531            |                   | 514,881     |                             | 514,881     |
| 054 01 CARDIAC REHAB             |                | 8,234            |                   | 571,350     |                             | 571,350     |
| 054 02 EMG & ENG                 |                | 2,008            |                   | 263,809     |                             | 263,809     |
| 054 03 O/P CHEMICAL DEPENDENCY   |                | 18,075           |                   | 666,704     |                             | 666,704     |
| 054 04 CARDIAC CATH              |                | 60,751           |                   | 9,470,670   |                             | 9,470,670   |
| 054 06 O/P PSYCHIATRIC           |                | 4,519            |                   | 610,382     |                             | 610,382     |
| 055 MEDICAL SUPPLIES CHARGED     |                |                  |                   | 215,151     |                             | 215,151     |
| 055 30 IMPL. DEV. CHARGED TO PAT |                |                  |                   | 13,897,915  |                             | 13,897,915  |
| 056 DRUGS CHARGED TO PATIENTS    |                |                  |                   | 16,696,562  |                             | 16,696,562  |
| 057 RENAL DIALYSIS               |                |                  |                   | 920,549     |                             | 920,549     |
| 061 OUTPAT SERVICE COST CNTRS    |                |                  |                   |             |                             |             |
| 061 EMERGENCY                    | 973,796        | 426,061          |                   | 12,905,681  |                             | 12,905,681  |
| 062 OBSERVATION BEDS (NON-DIS    |                |                  |                   |             |                             |             |
| 063 PATIENT CARE CENTER - OCC    |                | 42,777           |                   | 2,511,942   |                             | 2,511,942   |
| 066 OTHER REIMBURS COST CNTRS    |                |                  |                   |             |                             |             |
| 066 DURABLE MEDICAL EQUIP-REN    |                | 18,476           |                   | 1,987,427   |                             | 1,987,427   |
| 066 SPEC PURPOSE COST CENTERS    |                |                  |                   |             |                             |             |
| 093 HOSPICE                      |                | 36,049           |                   | 1,965,463   |                             | 1,965,463   |
| 095 SUBTOTALS                    | 3,002,412      | 2,726,668        | 452,680           | 208,811,640 |                             | 208,811,640 |
| 096 NONREIMBURS COST CENTERS     |                |                  |                   |             |                             |             |
| 096 GIFT, FLOWER, COFFEE SHOP    |                |                  |                   |             |                             |             |
| 098 PHYSICIANS' PRIVATE OFFIC    |                | 3,715            |                   | 16,033,636  |                             | 16,033,636  |
| 100 RENTAL SPACE                 |                |                  |                   | 1,970,997   |                             | 1,970,997   |
| 100 01 FOUNDATION                |                | 7,431            |                   | 795,693     |                             | 795,693     |
| 100 02 RETAIL SERVICES           |                | 2,812            |                   | 221,446     |                             | 221,446     |
| 100 03 REID CONTRACTED SERVICES  |                |                  |                   | 627,532     |                             | 627,532     |
| 100 04 REID PHYSICIAN ASSOC.     |                | 343,721          |                   | 31,929,606  |                             | 31,929,606  |
| 100 05 OTHER NON REIMBURSABLE CO |                | 8,636            |                   | 269,661     |                             | 269,661     |
| 100 06 VACANT SPACE              |                |                  |                   | 41,596      |                             | 41,596      |
| 101 CROSS FOOT ADJUSTMENT        |                |                  |                   |             |                             |             |
| 102 NEGATIVE COST CENTER         |                |                  |                   |             |                             |             |
| 103 TOTAL                        | 3,002,412      | 3,092,983        | 452,680           | 260,701,807 |                             | 260,701,807 |

| COST CENTER DESCRIPTION          | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP BLDG & FIXT - OFF 3.01 | NEW CAP REL C OSTS-MVBLE E 4 | SUBTOTAL 4a | EMPLOYEE BENEFITS 5 | NONPATIENT TELEPHONES 6.01 |
|----------------------------------|----------------------------------|-----------------------------|--------------------------------|------------------------------|-------------|---------------------|----------------------------|
| 003 GENERAL SERVICE COST CNTR    |                                  |                             |                                |                              |             |                     |                            |
| 003 01 NEW CAP BLDG & FIXT - OFF |                                  |                             |                                |                              |             |                     |                            |
| 004 NEW CAP REL COSTS-MVBLE E    |                                  |                             |                                |                              |             |                     |                            |
| 005 EMPLOYEE BENEFITS            | 10,833                           | 76,580                      |                                |                              | 87,413      | 87,413              |                            |
| 006 01 NONPATIENT TELEPHONES     | 3,695                            | 86,048                      |                                |                              | 89,743      | 220                 | 89,963                     |
| 006 02 DATA PROCESSING           | 3,939,270                        | 302,029                     | 4,371                          |                              | 4,245,670   | 3,521               | 8,727                      |
| 006 03 PURCHASING, RECEIVING AND | 110,844                          | 385,858                     |                                |                              | 496,702     | 877                 | 1,178                      |
| 006 04 ADMINITTING               | 17,408                           | 3,550                       | 5,640                          |                              | 26,598      | 842                 | 2,983                      |
| 006 05 CASHIERING/ACCOUNTS RECEI | 48,428                           | 20,094                      | 23,356                         |                              | 91,878      | 1,476               | 4,971                      |
| 006 06 OTHER ADMINISTRATIVE AND  | 124,555                          | 681,797                     | 2,730                          |                              | 809,082     | 3,843               | 4,235                      |
| 008 OPERATION OF PLANT           | 64,856                           | 4,483,097                   | 5,715                          |                              | 4,553,668   | 1,431               | 1,989                      |
| 009 LAUNDRY & LINEN SERVICE      | 97,011                           | 304,125                     |                                |                              | 401,136     | 338                 | 221                        |
| 010 HOUSEKEEPING                 | 22,825                           | 189,822                     |                                |                              | 212,647     | 1,531               | 258                        |
| 011 DIETARY                      | 239,330                          | 320,028                     |                                |                              | 559,358     | 2,401               | 3,204                      |
| 012 CAFETERIA                    |                                  | 233,265                     |                                |                              | 233,265     |                     |                            |
| 014 NURSING ADMINISTRATION       | 11,560                           | 48,201                      |                                |                              | 59,761      | 615                 | 700                        |
| 015 CENTRAL SERVICES & SUPPLY    | 306,898                          | 207,377                     |                                |                              | 514,275     | 581                 | 368                        |
| 016 PHARMACY                     | 340,224                          | 180,281                     |                                |                              | 520,505     | 2,434               | 1,583                      |
| 017 MEDICAL RECORDS & LIBRARY    | 33,073                           | 86,467                      | 19,599                         |                              | 139,139     | 3,041               | 2,578                      |
| 018 01 INSERVICE EDUCATION       | 55,787                           | 264,208                     |                                |                              | 319,995     | 525                 | 1,399                      |
| 024 PARAMED PRGM                 | 5,693                            | 42,161                      |                                |                              | 47,854      | 193                 | 110                        |
| 025 INPAT ROUTINE SRVC CNTRS     |                                  |                             |                                |                              |             |                     |                            |
| 026 ADULTS & PEDIATRICS          | 534,580                          | 2,612,023                   |                                |                              | 3,146,603   | 10,077              | 9,465                      |
| 026 INTENSIVE CARE UNIT          | 441,645                          | 608,521                     |                                |                              | 1,050,166   | 4,493               | 1,878                      |
| 031 SUBPROVIDER                  | 32,139                           | 550,803                     |                                |                              | 582,942     | 2,025               | 700                        |
| 031 01 SUBPROVIDER 2             | 46,283                           | 441,283                     |                                |                              | 487,566     | 1,015               | 1,068                      |
| 033 NURSERY                      | 6,383                            | 66,101                      |                                |                              | 72,484      | 413                 |                            |
| 037 ANCILLARY SRVC COST CNTRS    |                                  |                             |                                |                              |             |                     |                            |
| 039 OPERATING ROOM               | 1,704,365                        | 1,163,910                   | 9,083                          |                              | 2,877,358   | 761                 | 6,076                      |
| 041 DELIVERY ROOM & LABOR ROO    | 28,134                           | 204,049                     |                                |                              | 232,183     | 801                 | 1,547                      |
| 044 RADIOLOGY-DIAGNOSTIC         | 4,137,361                        | 1,370,054                   |                                |                              | 5,507,415   | 6,004               | 5,266                      |
| 047 LABORATORY                   | 203,005                          | 327,252                     |                                |                              | 530,257     | 3,049               | 2,209                      |
| 049 BLOOD STORING, PROCESSING    | 21,236                           | 19,700                      |                                |                              | 40,936      | 202                 |                            |
| 050 RESPIRATORY THERAPY          | 88,589                           | 30,573                      |                                |                              | 119,162     | 1,510               | 331                        |
| 053 PHYSICAL THERAPY             | 107,247                          | 168,397                     | 135,859                        |                              | 411,503     | 3,362               | 3,351                      |
| 054 ELECTROCARDIOLOGY            | 321,764                          | 437,511                     |                                |                              | 759,275     | 863                 | 331                        |
| 054 ELECTROENCEPHALOGRAPHY       | 16,810                           |                             | 10,148                         |                              | 26,958      | 180                 | 74                         |
| 054 01 CARDIAC REHAB             | 50,295                           | 117,237                     |                                |                              | 167,532     | 201                 | 479                        |
| 054 02 EMG & ENG                 | 19,215                           | 13,191                      |                                |                              | 32,406      | 111                 |                            |
| 054 03 O/P CHEMICAL DEPENDENCY   | 2,979                            | 9,985                       | 5,071                          |                              | 18,035      | 275                 | 331                        |
| 054 04 CARDIAC CATH              | 1,192,357                        | 339,407                     |                                |                              | 1,531,764   | 1,168               | 1,105                      |
| 054 06 O/P PSYCHIATRIC           | 10,366                           | 110,851                     |                                |                              | 121,217     | 117                 | 516                        |
| 055 MEDICAL SUPPLIES CHARGED     |                                  |                             |                                |                              |             |                     |                            |
| 055 30 IMPL. DEV. CHARGED TO PAT |                                  |                             |                                |                              |             |                     |                            |
| 056 DRUGS CHARGED TO PATIENTS    |                                  |                             |                                |                              |             |                     |                            |
| 057 RENAL DIALYSIS               | 5,020                            | 36,737                      |                                |                              | 41,757      |                     | 184                        |
| 061 OUTPAT SERVICE COST CNTRS    |                                  |                             |                                |                              |             |                     |                            |
| 062 EMERGENCY                    | 441,526                          | 551,247                     |                                |                              | 992,773     | 4,611               | 2,872                      |
| 063 OBSERVATION BEDS (NON-DIS    |                                  |                             |                                |                              |             |                     |                            |
| 066 PATIENT CARE CENTER - OCC    | 31,308                           | 241,402                     |                                |                              | 272,710     | 1,048               | 2,025                      |
| 066 OTHER REIMBURS COST CNTRS    |                                  |                             |                                |                              |             |                     |                            |
| 093 DURABLE MEDICAL EQUIP-REN    | 86,999                           | 33,038                      | 629                            |                              | 120,666     | 578                 | 810                        |
| 095 SPEC PURPOSE COST CENTERS    |                                  |                             |                                |                              |             |                     |                            |
| 095 HOSPICE                      | 996                              | 10,972                      |                                |                              | 11,968      | 582                 | 405                        |
| 095 SUBTOTALS                    | 14,962,892                       | 17,401,545                  | 222,201                        |                              | 32,586,638  | 68,574              | 76,779                     |
| 096 NONREIMBURS COST CENTERS     |                                  |                             |                                |                              |             |                     |                            |
| 098 GIFT, FLOWER, COFFEE SHOP    |                                  |                             |                                |                              |             |                     |                            |
| 100 PHYSICIANS' PRIVATE OFFIC    | 269,128                          | 334,846                     | 208,255                        |                              | 812,229     | 4,788               | 8,507                      |
| 100 RENTAL SPACE                 | 1,232,317                        |                             | 11,675                         |                              | 1,243,992   |                     | 3,646                      |
| 100 01 FOUNDATION                | 6,402                            | 9,616                       |                                |                              | 16,018      | 299                 | 258                        |
| 100 02 RETAIL SERVICES           | 1,208                            | 57,694                      |                                |                              | 58,902      | 66                  |                            |
| 100 03 REID CONTRACTED SERVICES  |                                  | 9,344                       |                                |                              | 9,344       | 363                 |                            |
| 100 04 REID PHYSICIAN ASSOC.     | 1,799,277                        |                             |                                |                              | 1,799,277   | 13,323              | 773                        |
| 100 05 OTHER NON REIMBURSABLE CO |                                  | 13,117                      | 22,554                         |                              | 35,671      |                     |                            |
| 100 06 VACANT SPACE              |                                  | 39,942                      |                                |                              | 39,942      |                     |                            |
| 101 CROSS FOOT ADJUSTMENTS       |                                  |                             |                                |                              |             |                     |                            |
| 102 NEGATIVE COST CENTER         |                                  |                             |                                |                              |             |                     |                            |
| 103 TOTAL                        | 18,271,224                       | 17,866,104                  | 464,685                        |                              | 36,602,013  | 87,413              | 89,963                     |

| COST CENTER DESCRIPTION          | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVABLE | OTHER ADMINISTRATIVE | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE |
|----------------------------------|-----------------|---------------------------|----------------|--------------------------------|----------------------|--------------------|-------------------------|
|                                  | 6.02            | 6.03                      | 6.04           | 6.05                           | 6.06                 | 8                  | 9                       |
| 003 GENERAL SERVICE COST CNTR    |                 |                           |                |                                |                      |                    |                         |
| 003 01 NEW CAP BLDG & FIXT - OFF |                 |                           |                |                                |                      |                    |                         |
| 004 NEW CAP REL COSTS-MVBLE E    |                 |                           |                |                                |                      |                    |                         |
| 005 EMPLOYEE BENEFITS            |                 |                           |                |                                |                      |                    |                         |
| 006 01 NONPATIENT TELEPHONES     |                 |                           |                |                                |                      |                    |                         |
| 006 02 DATA PROCESSING           | 4,257,918       |                           |                |                                |                      |                    |                         |
| 006 03 PURCHASING, RECEIVING AND | 58,328          | 557,085                   |                |                                |                      |                    |                         |
| 006 04 ADMINISTRATION            | 87,491          | 252                       | 118,166        |                                |                      |                    |                         |
| 006 05 CASHIERING/ACCOUNTS RECEI | 148,735         | 467                       |                | 247,527                        |                      |                    |                         |
| 006 06 OTHER ADMINISTRATIVE AND  | 242,060         | 1,171                     |                |                                | 1,060,391            |                    |                         |
| 008 OPERATION OF PLANT           | 90,408          | 2,104                     |                |                                | 38,772               | 4,688,372          |                         |
| 009 LAUNDRY & LINEN SERVICE      | 5,833           | 4,656                     |                |                                | 4,967                | 111,583            | 528,734                 |
| 010 HOUSEKEEPING                 | 17,498          | 2,658                     |                |                                | 12,410               | 66,516             |                         |
| 011 DIETARY                      | 104,990         | 1,890                     |                |                                | 13,718               | 103,550            |                         |
| 012 CAFETERIA                    |                 |                           |                |                                | 1,933                | 85,585             |                         |
| 014 NURSING ADMINISTRATION       | 32,080          | 104                       |                |                                | 5,847                | 17,685             |                         |
| 015 CENTRAL SERVICES & SUPPLY    | 37,913          | 32,311                    |                |                                | 15,285               | 76,086             |                         |
| 016 PHARMACY                     | 107,906         | 9,484                     |                |                                | 72,263               | 63,684             |                         |
| 017 MEDICAL RECORDS & LIBRARY    | 174,983         | 408                       |                |                                | 24,110               | 59,224             |                         |
| 018 SOCIAL SERVICE               | 55,411          | 228                       |                |                                | 12,093               | 8,187              |                         |
| 018 01 INSERVICE EDUCATION       | 341,217         | 161                       |                |                                | 11,694               | 84,210             |                         |
| 024 PARAMED PRGM                 | 20,415          | 35                        |                |                                | 1,740                | 1,149              |                         |
| 025 INPAT ROUTINE SRVC CNTRS     |                 |                           |                |                                |                      |                    |                         |
| 025 ADULTS & PEDIATRICS          | 417,042         | 11,245                    | 6,991          | 14,659                         | 85,941               | 948,313            | 149,985                 |
| 026 INTENSIVE CARE UNIT          | 93,324          | 10,494                    | 1,972          | 4,135                          | 37,408               | 223,265            | 43,349                  |
| 031 SUBPROVIDER                  | 55,411          | 1,668                     | 1,437          | 3,014                          | 18,431               | 202,089            | 28,650                  |
| 031 01 SUBPROVIDER 2             | 49,578          | 594                       | 475            | 996                            | 10,800               | 161,906            | 12,903                  |
| 033 NURSERY                      |                 | 568                       | 372            | 781                            | 3,121                | 24,252             | 25,820                  |
| 037 ANCILLARY SRVC COST CNTRS    |                 |                           |                |                                |                      |                    |                         |
| 037 OPERATING ROOM               | 329,551         | 186,090                   | 23,019         | 48,023                         | 115,167              | 273,561            | 98,504                  |
| 039 DELIVERY ROOM & LABOR ROO    | 81,659          | 1,703                     | 1,333          | 2,794                          | 8,336                | 74,865             |                         |
| 041 RADIOLOGY-DIAGNOSTIC         | 326,635         | 24,957                    | 18,024         | 37,793                         | 89,689               | 389,450            | 48,321                  |
| 044 LABORATORY                   | 151,652         | 54,114                    | 12,758         | 26,751                         | 46,115               | 116,721            | 119                     |
| 047 BLOOD STORING, PROCESSING    | 14,582          | 30,102                    | 715            | 1,498                          | 9,290                | 7,228              |                         |
| 049 RESPIRATORY THERAPY          | 34,997          | 3,357                     | 1,981          | 4,154                          | 12,087               | 8,359              |                         |
| 050 PHYSICAL THERAPY             | 233,311         | 1,074                     | 1,974          | 4,138                          | 28,557               | 472,321            | 6,514                   |
| 053 ELECTROCARDIOLOGY            | 90,408          | 3,054                     | 5,028          | 10,543                         | 18,789               | 6,097              |                         |
| 054 ELECTROENCEPHALOGRAPHY       | 8,749           | 148                       | 451            | 946                            | 1,598                | 30,666             | 2,382                   |
| 054 01 CARDIAC REHAB             | 14,582          | 237                       | 164            | 343                            | 2,207                |                    |                         |
| 054 02 EMG & ENG                 | 2,916           | 128                       | 288            | 605                            | 999                  |                    |                         |
| 054 03 O/P CHEMICAL DEPENDENCY   | 17,498          | 48                        | 218            | 458                            | 2,384                | 18,988             |                         |
| 054 04 CARDIAC CATH              | 49,578          | 132,707                   | 9,219          | 19,330                         | 29,875               | 43,231             | 20,578                  |
| 054 06 O/P PSYCHIATRIC           | 26,247          | 88                        | 148            | 309                            | 1,947                | 40,671             |                         |
| 055 MEDICAL SUPPLIES CHARGED     |                 |                           | 50             | 105                            | 12                   |                    |                         |
| 055 30 IMPL. DEV. CHARGED TO PAT |                 |                           |                |                                | 56,523               |                    |                         |
| 056 DRUGS CHARGED TO PATIENTS    |                 |                           | 10,617         | 22,261                         | 2,619                |                    |                         |
| 057 RENAL DIALYSIS               | 5,833           | 419                       | 113            | 238                            | 3,410                | 13,479             |                         |
| 061 OUTPAT SERVICE COST CNTRS    |                 |                           |                |                                |                      |                    |                         |
| 061 EMERGENCY                    | 198,314         | 6,720                     | 8,743          | 18,332                         | 39,771               | 202,251            | 86,362                  |
| 062 OBSERVATION BEDS (NON-DIS    |                 |                           |                |                                |                      |                    |                         |
| 063 PATIENT CARE CENTER - OCC    | 96,241          | 553                       | 387            | 811                            | 9,822                |                    | 4,837                   |
| 066 OTHER REIMBURS COST CNTRS    |                 |                           |                |                                |                      |                    |                         |
| 066 DURABLE MEDICAL EQUIP-REN    | 34,997          | 14,023                    | 923            | 1,935                          | 7,223                | 5,934              |                         |
| 093 SPEC PURPOSE COST CENTERS    |                 |                           |                |                                |                      |                    |                         |
| 093 HOSPICE                      | 23,331          | 4,202                     | 410            | 860                            | 6,831                |                    |                         |
| 095 SUBTOTALS                    | 3,881,704       | 544,222                   | 107,810        | 225,812                        | 863,784              | 3,941,106          | 528,324                 |
| 096 NONREIMBURS COST CENTERS     |                 |                           |                |                                |                      |                    |                         |
| 096 GIFT, FLOWER, COFFEE SHOP    |                 |                           |                |                                |                      |                    |                         |
| 098 PHYSICIANS' PRIVATE OFFIC    | 355,799         | 11,145                    | 4,189          | 8,784                          | 57,797               | 629,306            |                         |
| 100 RENTAL SPACE                 |                 | 1,341                     |                |                                | 7,644                | 35,280             | 410                     |
| 100 01 FOUNDATION                | 14,582          | 179                       |                |                                | 3,148                | 3,528              |                         |
| 100 02 RETAIL SERVICES           | 5,833           | 198                       |                |                                | 834                  | 6,187              |                         |
| 100 03 REID CONTRACTED SERVICES  |                 |                           |                |                                | 2,548                |                    |                         |
| 100 04 REID PHYSICIAN ASSOC.     |                 |                           | 6,167          | 12,931                         | 124,064              |                    |                         |
| 100 05 OTHER NON REIMBURSABLE CO |                 |                           |                |                                | 403                  | 72,965             |                         |
| 100 06 VACANT SPACE              |                 |                           |                |                                | 169                  |                    |                         |
| 101 CROSS FOOT ADJUSTMENTS       |                 |                           |                |                                |                      |                    |                         |
| 102 NEGATIVE COST CENTER         |                 |                           |                |                                |                      |                    |                         |
| 103 TOTAL                        | 4,257,918       | 557,085                   | 118,166        | 247,527                        | 1,060,391            | 4,688,372          | 528,734                 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION                    | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|--|--------------|---------|-----------|------------------------|---------------------------|----------|---------------------------|
|  | 10           | 11      | 12        | 14                     | 15                        | 16       | 17                        |
| 003 GENERAL SERVICE COST CNTR              |              |         |           |                        |                           |          |                           |
| 003 01 NEW CAP REL COSTS-BLDG & FIXT - OFF |              |         |           |                        |                           |          |                           |
| 004 NEW CAP REL COSTS-MVBLE E              |              |         |           |                        |                           |          |                           |
| 005 EMPLOYEE BENEFITS                      |              |         |           |                        |                           |          |                           |
| 006 01 NONPATIENT TELEPHONES               |              |         |           |                        |                           |          |                           |
| 006 02 DATA PROCESSING                     |              |         |           |                        |                           |          |                           |
| 006 03 PURCHASING, RECEIVING AND           |              |         |           |                        |                           |          |                           |
| 006 04 ADMINISTRATION                      |              |         |           |                        |                           |          |                           |
| 006 05 CASHIERING/ACCOUNTS RECEI           |              |         |           |                        |                           |          |                           |
| 006 06 OTHER ADMINISTRATIVE AND            |              |         |           |                        |                           |          |                           |
| 008 OPERATION OF PLANT                     |              |         |           |                        |                           |          |                           |
| 009 LAUNDRY & LINEN SERVICE                |              |         |           |                        |                           |          |                           |
| 010 HOUSEKEEPING                           | 313,518      |         |           |                        |                           |          |                           |
| 011 DIETARY                                | 9,457        | 798,568 |           |                        |                           |          |                           |
| 012 CAFETERIA                              |              |         | 320,783   |                        |                           |          |                           |
| 014 NURSING ADMINISTRATION                 | 10,168       |         | 2,315     | 129,275                |                           |          |                           |
| 015 CENTRAL SERVICES & SUPPLY              | 3,441        |         | 5,000     |                        | 685,260                   |          |                           |
| 016 PHARMACY                               | 4,795        |         | 10,730    |                        |                           | 793,384  |                           |
| 017 MEDICAL RECORDS & LIBRARY              |              |         | 21,576    |                        |                           |          | 425,059                   |
| 018 SOCIAL SERVICE                         |              |         | 6,064     |                        |                           |          |                           |
| 018 01 INSERVICE EDUCATION                 | 4,018        |         | 2,470     |                        |                           | 22       |                           |
| 024 PARAMEDICAL PRGM                       |              |         | 720       |                        |                           |          |                           |
| 025 INPAT ROUTINE SRVC CNTRS               |              |         |           |                        |                           |          |                           |
| 025 ADULTS & PEDIATRICS                    | 98,705       | 483,166 | 49,184    | 37,273                 | 96                        | 1,436    | 25,129                    |
| 026 INTENSIVE CARE UNIT                    | 23,622       | 140,712 | 18,593    | 14,090                 | 4,638                     | 675      | 7,089                     |
| 031 SUBPROVIDER                            | 14,786       | 131,568 | 10,173    | 7,709                  |                           | 281      | 5,167                     |
| 031 01 SUBPROVIDER 2                       | 8,014        | 43,122  | 4,351     | 3,298                  |                           | 103      | 1,708                     |
| 033 NURSERY                                | 1,243        |         | 1,580     | 1,198                  |                           |          | 1,339                     |
| 037 ANCILLARY SRVC COST CNTRS              |              |         |           |                        |                           |          |                           |
| 037 OPERATING ROOM                         | 25,753       |         | 16,824    | 12,750                 | 332,140                   | 8,831    | 83,049                    |
| 039 DELIVERY ROOM & LABOR ROO              | 8,836        |         | 3,568     | 2,704                  | 12                        | 141      | 4,790                     |
| 041 RADIOLOGY-DIAGNOSTIC                   | 13,609       |         | 28,028    | 21,241                 | 1,442                     | 23,236   | 64,788                    |
| 044 LABORATORY                             | 9,169        |         | 17,946    |                        | 71                        |          | 45,860                    |
| 047 BLOOD STORING, PROCESSING              | 444          |         | 956       |                        | 57,607                    |          | 2,569                     |
| 049 RESPIRATORY THERAPY                    | 1,177        |         | 6,760     | 5,123                  |                           | 1,627    | 7,121                     |
| 050 PHYSICAL THERAPY                       | 19,692       |         | 15,829    |                        | 706                       | 8        | 7,094                     |
| 053 ELECTROCARDIOLOGY                      | 4,218        |         | 4,623     |                        | 1,659                     | 15,738   | 18,073                    |
| 054 ELECTROENCEPHALOGRAPHY                 | 2,020        |         | 810       |                        |                           |          | 1,622                     |
| 054 01 CARDIAC REHAB                       |              |         | 1,060     | 804                    |                           |          | 589                       |
| 054 02 EMG & ENG                           |              |         | 602       |                        |                           |          | 1,036                     |
| 054 03 O/P CHEMICAL DEPENDENCY             | 888          |         | 1,735     |                        |                           | 3        | 784                       |
| 054 04 CARDIAC CATH                        | 5,572        |         | 5,439     | 4,122                  | 228,746                   | 247      | 33,137                    |
| 054 06 O/P PSYCHIATRIC                     | 2,886        |         | 673       | 510                    |                           |          | 530                       |
| 055 MEDICAL SUPPLIES CHARGED               |              |         |           |                        | 36,274                    |          | 180                       |
| 055 30 IMPL. DEV. CHARGED TO PAT           |              |         |           |                        |                           |          |                           |
| 056 DRUGS CHARGED TO PATIENTS              |              |         |           |                        |                           | 684,647  | 38,162                    |
| 057 RENAL DIALYSIS                         | 4,818        |         |           |                        |                           |          | 408                       |
| 061 OUTPAT SERVICE COST CNTRS              |              |         |           |                        |                           |          |                           |
| 061 EMERGENCY                              | 27,573       |         | 24,349    | 18,453                 | 306                       | 3,158    | 31,426                    |
| 062 OBSERVATION BEDS (NON-DIS              |              |         |           |                        |                           |          |                           |
| 063 PATIENT CARE CENTER - OCC              |              |         | 6,364     |                        |                           | 356      | 1,391                     |
| 066 OTHER REIMBURS COST CNTRS              |              |         |           |                        |                           |          |                           |
| 066 DURABLE MEDICAL EQUIP-REN              |              |         | 4,272     |                        | 21,563                    |          | 3,318                     |
| 066 SPEC PURPOSE COST CENTERS              |              |         |           |                        |                           |          |                           |
| 093 HOSPICE                                | 622          |         | 2,704     |                        |                           | 9,573    | 1,474                     |
| 095 SUBTOTALS                              | 305,526      | 798,568 | 275,298   | 129,275                | 685,260                   | 750,082  | 387,833                   |
| 096 NONREIMBURS COST CENTERS               |              |         |           |                        |                           |          |                           |
| 096 GIFT, FLOWER, COFFEE SHOP              |              |         |           |                        |                           |          |                           |
| 098 PHYSICIANS' PRIVATE OFFIC              | 4,840        |         | 40,670    |                        |                           | 8,466    | 15,058                    |
| 100 RENTAL SPACE                           | 1,820        |         | 65        |                        |                           |          |                           |
| 100 01 FOUNDATION                          | 444          |         | 1,298     |                        |                           |          |                           |
| 100 02 RETAIL SERVICES                     |              |         | 516       |                        |                           |          |                           |
| 100 03 REID CONTRACTED SERVICES            |              |         | 564       |                        |                           |          |                           |
| 100 04 REID PHYSICIAN ASSOC.               |              |         | 155       |                        |                           | 34,836   | 22,168                    |
| 100 05 OTHER NON REIMBURSABLE CO           | 888          |         | 2,200     |                        |                           |          |                           |
| 100 06 VACANT SPACE                        |              |         | 17        |                        |                           |          |                           |
| 101 CROSS FOOT ADJUSTMENTS                 |              |         |           |                        |                           |          |                           |
| 102 NEGATIVE COST CENTER                   |              |         |           |                        |                           |          |                           |
| 103 TOTAL                                  | 313,518      | 798,568 | 320,783   | 129,275                | 685,260                   | 793,384  | 425,059                   |

| COST CENTER DESCRIPTION                    | SOCIAL SERVICE | INSERVICE EDUCATION | PARAMED ED PRGM | SUBTOTAL   | POST STEPDOWN ADJUSTMENT | TOTAL      |
|--|----------------|---------------------|-----------------|------------|--------------------------|------------|
|  | 18             | 18.01               | 24              | 25         | 26                       | 27         |
| 003 GENERAL SERVICE COST CNTR              |                |                     |                 |            |                          |            |
| 003 01 NEW CAP REL COSTS-BLDG & FIXT - OFF |                |                     |                 |            |                          |            |
| 004 NEW CAP REL COSTS-MVBLE E              |                |                     |                 |            |                          |            |
| 005 EMPLOYEE BENEFITS                      |                |                     |                 |            |                          |            |
| 006 01 NONPATIENT TELEPHONES               |                |                     |                 |            |                          |            |
| 006 02 DATA PROCESSING                     |                |                     |                 |            |                          |            |
| 006 03 PURCHASING, RECEIVING AND           |                |                     |                 |            |                          |            |
| 006 04 ADMINITTING                         |                |                     |                 |            |                          |            |
| 006 05 CASHIERING/ACCOUNTS RECEI           |                |                     |                 |            |                          |            |
| 006 06 OTHER ADMINISTRATIVE AND            |                |                     |                 |            |                          |            |
| 008 OPERATION OF PLANT                     |                |                     |                 |            |                          |            |
| 009 LAUNDRY & LINEN SERVICE                |                |                     |                 |            |                          |            |
| 010 HOUSEKEEPING                           |                |                     |                 |            |                          |            |
| 011 DIETARY                                |                |                     |                 |            |                          |            |
| 012 CAFETERIA                              |                |                     |                 |            |                          |            |
| 014 NURSING ADMINISTRATION                 |                |                     |                 |            |                          |            |
| 015 CENTRAL SERVICES & SUPPLY              |                |                     |                 |            |                          |            |
| 016 PHARMACY                               |                |                     |                 |            |                          |            |
| 017 MEDICAL RECORDS & LIBRARY              |                |                     |                 |            |                          |            |
| 018 SOCIAL SERVICE                         | 106,807        |                     |                 |            |                          |            |
| 018 01 INSERVICE EDUCATION                 |                | 765,711             |                 |            |                          |            |
| 024 PARAMED ED PRGM                        |                | 5,196               | 77,412          |            |                          |            |
| 025 INPAT ROUTINE SRVC CNTRS               |                |                     |                 |            |                          |            |
| 025 ADULTS & PEDIATRICS                    | 57,859         | 196,959             |                 | 5,750,128  |                          | 5,750,128  |
| 026 INTENSIVE CARE UNIT                    | 13,740         | 94,688              |                 | 1,788,331  |                          | 1,788,331  |
| 031 SUBPROVIDER                            |                | 44,100              |                 | 1,110,151  |                          | 1,110,151  |
| 031 01 SUBPROVIDER 2                       |                | 27,743              |                 | 815,240    |                          | 815,240    |
| 033 NURSERY                                |                | 3,729               |                 | 136,900    |                          | 136,900    |
| 037 ANCILLARY SRVC COST CNTRS              |                |                     |                 |            |                          |            |
| 037 OPERATING ROOM                         |                | 4,002               |                 | 4,441,459  |                          | 4,441,459  |
| 039 DELIVERY ROOM & LABOR ROO              | 566            | 8,303               |                 | 434,141    |                          | 434,141    |
| 041 RADIOLOGY-DIAGNOSTIC                   |                | 42,932              |                 | 6,648,830  |                          | 6,648,830  |
| 044 LABORATORY                             |                | 27,817              |                 | 1,044,608  |                          | 1,044,608  |
| 047 BLOOD STORING, PROCESSING              |                | 1,939               |                 | 168,068    |                          | 168,068    |
| 049 RESPIRATORY THERAPY                    |                | 20,733              |                 | 228,479    |                          | 228,479    |
| 050 PHYSICAL THERAPY                       |                | 33,361              |                 | 1,242,795  |                          | 1,242,795  |
| 053 ELECTROCARDIOLOGY                      |                | 8,924               |                 | 947,623    |                          | 947,623    |
| 054 ELECTROENCEPHALOGRAPHY                 |                | 1,864               |                 | 78,468     |                          | 78,468     |
| 054 01 CARDIAC REHAB                       |                | 2,038               |                 | 190,236    |                          | 190,236    |
| 054 02 EMG & ENG                           |                | 497                 |                 | 39,588     |                          | 39,588     |
| 054 03 O/P CHEMICAL DEPENDENCY             |                | 4,475               |                 | 66,120     |                          | 66,120     |
| 054 04 CARDIAC CATH                        |                | 15,040              |                 | 2,130,858  |                          | 2,130,858  |
| 054 06 O/P PSYCHIATRIC                     |                | 1,119               |                 | 196,978    |                          | 196,978    |
| 055 MEDICAL SUPPLIES CHARGED               |                |                     |                 | 36,621     |                          | 36,621     |
| 055 30 IMPL. DEV. CHARGED TO PAT           |                |                     |                 | 56,523     |                          | 56,523     |
| 056 DRUGS CHARGED TO PATIENTS              |                |                     |                 | 758,306    |                          | 758,306    |
| 057 RENAL DIALYSIS                         |                |                     |                 | 70,659     |                          | 70,659     |
| 061 OUTPAT SERVICE COST CNTRS              |                |                     |                 |            |                          |            |
| 061 EMERGENCY                              | 34,642         | 105,477             |                 | 1,806,133  |                          | 1,806,133  |
| 062 OBSERVATION BEDS (NON-DIS              |                |                     |                 |            |                          |            |
| 063 PATIENT CARE CENTER - OCC              |                | 10,590              |                 | 407,135    |                          | 407,135    |
| 066 OTHER REIMBURS COST CNTRS              |                |                     |                 |            |                          |            |
| 066 DURABLE MEDICAL EQUIP-REN              |                | 4,574               |                 | 220,816    |                          | 220,816    |
| 066 SPEC PURPOSE COST CENTERS              |                |                     |                 |            |                          |            |
| 093 HOSPICE                                |                | 8,924               |                 | 71,886     |                          | 71,886     |
| 095 SUBTOTALS                              | 106,807        | 675,024             |                 | 30,887,080 |                          | 30,887,080 |
| 096 NONREIMBURS COST CENTERS               |                |                     |                 |            |                          |            |
| 096 GIFT, FLOWER, COFFEE SHOP              |                |                     |                 |            |                          |            |
| 098 PHYSICIANS' PRIVATE OFFIC              |                | 920                 |                 | 1,962,498  |                          | 1,962,498  |
| 100 RENTAL SPACE                           |                |                     |                 | 1,294,198  |                          | 1,294,198  |
| 100 01 FOUNDATION                          |                | 1,840               |                 | 41,594     |                          | 41,594     |
| 100 02 RETAIL SERVICES                     |                | 696                 |                 | 73,232     |                          | 73,232     |
| 100 03 REID CONTRACTED SERVICES            |                |                     |                 | 12,819     |                          | 12,819     |
| 100 04 REID PHYSICIAN ASSOC.               |                | 85,093              |                 | 2,098,787  |                          | 2,098,787  |
| 100 05 OTHER NON REIMBURSABLE CO           |                | 2,138               |                 | 114,265    |                          | 114,265    |
| 100 06 VACANT SPACE                        |                |                     |                 | 40,128     |                          | 40,128     |
| 101 CROSS FOOT ADJUSTMENTS                 |                |                     | 77,412          | 77,412     |                          | 77,412     |
| 102 NEGATIVE COST CENTER                   |                |                     |                 |            |                          |            |
| 103 TOTAL                                  | 106,807        | 765,711             | 77,412          | 36,602,013 |                          | 36,602,013 |

| COST CENTER DESCRIPTION      | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | C NEW CAP BLDG & FIXT - OFF (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (SQUARE FEET) | C EMPLOYEE BENEFITS (GROSS SALARIES) | NONPATIENT TELEPHONES (PHONES) | TE DATA PROCESSING (TERMINALS) |
|------------------------------|--|---|---------------------------------------|--------------------------------------|--------------------------------|--------------------------------|
|                              | 3                                      | 3.01                                      | 4                                     | 5                                    | 6.01                           | 6.02                           |
| 003 GENERAL SERVICE COST     |  |   |                                       |                                      |                                |                                |
| 003 01 NEW CAP REL COSTS-BLD | 724,631                                |   |                                       |                                      |                                |                                |
| 004 01 NEW CAP BLDG & FIXT - |  | 155,226                                   |                                       |                                      |                                |                                |
| 005 01 NEW CAP REL COSTS-MVB |  |   | 708,898                               |                                      |                                |                                |
| 006 01 EMPLOYEE BENEFITS     | 3,106                                  |   | 3,106                                 | 95,197,932                           |                                |                                |
| 006 01 NONPATIENT TELEPHONES | 3,490                                  |   | 3,490                                 | 239,968                              | 2,443                          |                                |
| 006 02 DATA PROCESSING       | 12,250                                 | 1,460                                     | 12,250                                | 3,835,269                            | 237                            | 1,460                          |
| 006 03 PURCHASING, RECEIVING | 15,650                                 |   | 15,650                                | 955,827                              | 32                             | 20                             |
| 006 04 ADMITTING             | 144                                    | 1,884                                     | 144                                   | 916,821                              | 81                             | 30                             |
| 006 05 CASHIERING/ACCOUNTS R | 815                                    | 7,802                                     | 815                                   | 1,607,516                            | 135                            | 51                             |
| 006 06 OTHER ADMINISTRATIVE  | 27,653                                 | 912                                       | 27,653                                | 4,185,904                            | 115                            | 83                             |
| 008 OPERATION OF PLANT       | 181,830                                | 1,909                                     | 181,830                               | 1,559,036                            | 54                             | 31                             |
| 009 LAUNDRY & LINEN SERVI    | 12,335                                 |   | 12,335                                | 367,708                              | 6                              | 2                              |
| 010 HOUSEKEEPING             | 7,699                                  |   | 7,699                                 | 1,667,804                            | 7                              | 6                              |
| 011 DIETARY                  | 12,980                                 |   | 12,980                                | 2,615,266                            | 87                             | 36                             |
| 012 CAFETERIA                | 9,461                                  |   | 9,461                                 |                                      |                                |                                |
| 014 NURSING ADMINISTRATIO    | 1,955                                  |   | 1,955                                 | 670,386                              | 19                             | 11                             |
| 015 CENTRAL SERVICES & SU    | 8,411                                  |   | 8,411                                 | 632,736                              | 10                             | 13                             |
| 016 PHARMACY                 | 7,312                                  |   | 7,312                                 | 2,651,060                            | 43                             | 37                             |
| 017 MEDICAL RECORDS & LIB    | 3,507                                  | 6,547                                     | 3,507                                 | 3,313,010                            | 70                             | 60                             |
| 018 SOCIAL SERVICE           | 905                                    |   | 905                                   | 1,371,375                            | 34                             | 19                             |
| 018 01 INSERVICE EDUCATION   | 10,716                                 |   | 10,716                                | 571,468                              | 38                             | 117                            |
| 024 PARAMED ED PRGM          | 1,710                                  |   | 1,710                                 | 210,188                              | 3                              | 7                              |
| 025 INPAT ROUTINE SRVC CN    | 105,941                                |   | 105,941                               | 10,977,413                           | 257                            | 143                            |
| 026 ADULTS & PEDIATRICS      | 24,681                                 |   | 24,681                                | 4,894,859                            | 51                             | 32                             |
| 031 INTENSIVE CARE UNIT      | 22,340                                 |   | 22,340                                | 2,206,232                            | 19                             | 19                             |
| 031 01 SUBPROVIDER 2         | 17,898                                 |   | 17,898                                | 1,105,457                            | 29                             | 17                             |
| 033 NURSERY                  | 2,681                                  |   | 2,681                                 | 450,090                              |                                |                                |
| 037 ANCILLARY SRVC COST C    |  |   |                                       |                                      |                                |                                |
| 039 OPERATING ROOM           | 47,207                                 | 3,034                                     | 47,207                                | 828,779                              | 165                            | 113                            |
| 041 DELIVERY ROOM & LABOR    | 8,276                                  |   | 8,276                                 | 872,927                              | 42                             | 28                             |
| 044 RADIOLOGY-DIAGNOSTIC     | 55,568                                 |   | 55,568                                | 6,540,467                            | 143                            | 112                            |
| 047 LABORATORY               | 13,273                                 |   | 13,273                                | 3,320,836                            | 60                             | 52                             |
| 049 BLOOD STORING, PROCES    | 799                                    |   | 799                                   | 220,304                              |                                | 5                              |
| 050 RESPIRATORY THERAPY      | 1,240                                  |   | 1,240                                 | 1,644,681                            | 9                              | 12                             |
| 053 PHYSICAL THERAPY         | 6,830                                  | 45,383                                    | 6,830                                 | 3,662,180                            | 91                             | 80                             |
| 054 ELECTROCARDIOLOGY        | 17,745                                 |   | 17,745                                | 940,626                              | 9                              | 31                             |
| 054 ELECTROENCEPHALOGRAPH    |  | 3,390                                     |                                       | 196,062                              | 2                              | 3                              |
| 054 01 CARDIAC REHAB         | 4,755                                  |   | 4,755                                 | 218,584                              | 13                             | 5                              |
| 054 02 EMG & ENG             | 535                                    |   | 535                                   | 120,795                              |                                | 1                              |
| 054 03 O/P CHEMICAL DEPENDEN | 405                                    | 1,694                                     | 405                                   | 299,881                              | 9                              | 6                              |
| 054 04 CARDIAC CATH          | 13,766                                 |   | 13,766                                | 1,272,825                            | 30                             | 17                             |
| 054 06 O/P PSYCHIATRIC       | 4,496                                  |   | 4,496                                 | 127,622                              | 14                             | 9                              |
| 055 MEDICAL SUPPLIES CHAR    |  |   |                                       |                                      |                                |                                |
| 055 30 IMPL. DEV. CHARGED TO |  |   |                                       |                                      |                                |                                |
| 056 DRUGS CHARGED TO PATI    |  |   |                                       |                                      |                                |                                |
| 057 RENAL DIALYSIS           | 1,490                                  |   | 1,490                                 |                                      | 5                              | 2                              |
| 061 OUTPAT SERVICE COST C    |  |   |                                       |                                      |                                |                                |
| 062 EMERGENCY                | 22,358                                 |   | 22,358                                | 5,023,284                            | 78                             | 68                             |
| 063 OBSERVATION BEDS (NON    | 9,791                                  |   | 9,791                                 | 1,141,113                            | 55                             | 33                             |
| 066 PATIENT CARE CENTER -    |  |   |                                       |                                      |                                |                                |
| 066 01 OTHER REIMBURS COST C | 1,340                                  | 210                                       | 1,340                                 | 629,244                              | 22                             | 12                             |
| 093 DURABLE MEDICAL EQUIP    |  |   |                                       |                                      |                                |                                |
| 093 01 SPEC PURPOSE COST CEN | 445                                    |   | 445                                   | 633,908                              | 11                             | 8                              |
| 095 HOSPICE                  | 705,789                                | 74,225                                    | 705,789                               | 74,699,511                           | 2,085                          | 1,331                          |
| 096 SUBTOTALS                |  |   |                                       |                                      |                                |                                |
| 096 01 NONREIMBURS COST CENT |  |   |                                       |                                      |                                |                                |
| 096 02 GIFT, FLOWER, COFFEE  |  |   |                                       |                                      |                                |                                |
| 098 PHYSICIANS' PRIVATE O    | 13,581                                 | 69,567                                    |                                       | 5,216,213                            | 231                            | 122                            |
| 100 RENTAL SPACE             |  | 3,900                                     |                                       |                                      | 99                             |                                |
| 100 01 FOUNDATION            | 390                                    |   | 390                                   | 326,037                              | 7                              | 5                              |
| 100 02 RETAIL SERVICES       | 2,340                                  |   | 2,340                                 | 71,849                               |                                | 2                              |
| 100 03 REID CONTRACTED SERVI | 379                                    |   | 379                                   | 395,646                              |                                |                                |
| 100 04 REID PHYSICIAN ASSOC. |  |   |                                       | 14,488,676                           | 21                             |                                |
| 100 05 OTHER NON REIMBURSABL | 532                                    | 7,534                                     |                                       |                                      |                                |                                |
| 100 06 VACANT SPACE          | 1,620                                  |   |                                       |                                      |                                |                                |
| 101 CROSS FOOT ADJUSTMENT    |  |   |                                       |                                      |                                |                                |
| 102 NEGATIVE COST CENTER     |  |   |                                       |                                      |                                |                                |
| 103 COST TO BE ALLOCATED     | 17,866,104                             | 464,685                                   |                                       | 26,399,507                           | 412,279                        | 18,667,635                     |
| 104 (WRKSHT B, PART I)       |  |   |                                       |                                      |                                |                                |
| 104 01 UNIT COST MULTIPLIER  | 24.655451                              |   |                                       |                                      | 168.759312                     |                                |
| 104 02 (WRKSHT B, PT I)      |  | 2.993603                                  |                                       | .277312                              |                                | 12,786.051370                  |
| 105 COST TO BE ALLOCATED     |  |   |                                       |                                      |                                |                                |
| 105 01 (WRKSHT B, PART II)   |  |   |                                       |                                      |                                |                                |
| 106 UNIT COST MULTIPLIER     |  |   |                                       |                                      |                                |                                |
| 106 01 (WRKSHT B, PT II)     |  |   |                                       |                                      |                                |                                |
| 107 COST TO BE ALLOCATED     |  |   |                                       | 87,413                               | 89,963                         | 4,257,918                      |
| 107 01 (WRKSHT B, PART III)  |  |   |                                       |                                      |                                |                                |
| 108 UNIT COST MULTIPLIER     |  |   |                                       |                                      | 36.824806                      |                                |
| 108 01 (WRKSHT B, PT III)    |  |   |                                       | .000918                              |                                | 2,916.382192                   |

| COST CENTER DESCRIPTION      | PURCHASING, RECEIVING AND |                 | CASHIERING/ACCOUNTS RECEIVABLE |                | OTHER ADMINISTRATIVE AND OPERATIONS PLANT |               | LAUNDRY & LINEN SERVICE |
|------------------------------|---------------------------|-----------------|--------------------------------|----------------|---|---------------|-------------------------|
|                              | (SUPPLY EXPENSE)          | (TOTAL REVENUE) | (TOTAL REVENUE)                | RECONCILIATION | (ACCUM. COST)                             | (SQUARE FEET) | (POUNDS OF LAUNDRY)     |
|                              | 6.03                      | 6.04            | 6.05                           | 6a.06          | 6.06                                      | 8             | 9                       |
| 003 GENERAL SERVICE COST     |                           |                 |                                |                |   |               |                         |
| 003 01 NEW CAP BLDG & FIXT - |                           |                 |                                |                |   |               |                         |
| 004 NEW CAP REL COSTS-MVB    |                           |                 |                                |                |   |               |                         |
| 005 EMPLOYEE BENEFITS        |                           |                 |                                |                |   |               |                         |
| 006 01 NONPATIENT TELEPHONES |                           |                 |                                |                |   |               |                         |
| 006 02 DATA PROCESSING       |                           |                 |                                |                |   |               |                         |
| 006 03 PURCHASING, RECEIVING | 30,289,910                |                 |                                |                |   |               |                         |
| 006 04 ADMINISTRATION        | 13,714                    | 544,604,614     |                                |                |   |               |                         |
| 006 05 CASHIERING/ACCOUNTS R | 25,409                    |                 | 544,604,614                    |                |   |               |                         |
| 006 06 OTHER ADMINISTRATIVE  | 63,645                    |                 |                                | -10,161,414    | 250,540,393                               |               |                         |
| 008 OPERATION OF PLANT       | 114,380                   |                 |                                |                | 9,161,552                                 | 518,279       |                         |
| 009 LAUNDRY & LINEN SERVI    | 253,165                   |                 |                                |                | 1,173,747                                 | 12,335        | 571,599                 |
| 010 HOUSEKEEPING             | 144,507                   |                 |                                |                | 2,932,512                                 | 7,353         |                         |
| 011 DIETARY                  | 102,769                   |                 |                                |                | 3,241,449                                 | 11,447        |                         |
| 012 CAFETERIA                |                           |                 |                                |                | 456,874                                   | 9,461         |                         |
| 014 NURSING ADMINISTRATION   | 5,665                     |                 |                                |                | 1,381,505                                 | 1,955         |                         |
| 015 CENTRAL SERVICES & SU    | 1,756,773                 |                 |                                |                | 3,611,718                                 | 8,411         |                         |
| 016 PHARMACY                 | 515,633                   |                 |                                |                | 17,075,490                                | 7,040         |                         |
| 017 MEDICAL RECORDS & LIB    | 22,201                    |                 |                                |                | 5,696,967                                 | 6,547         |                         |
| 018 SOCIAL SERVICE           | 12,377                    |                 |                                |                | 2,857,591                                 | 905           |                         |
| 018 01 INSERVICE EDUCATION   | 8,751                     |                 |                                |                | 2,763,340                                 | 9,309         |                         |
| 024 PARAMED ED PRGM          | 1,906                     |                 |                                |                | 411,221                                   | 127           |                         |
| 025 INPAT ROUTINE SRVC CN    |                           |                 |                                |                |   |               |                         |
| 025 ADULTS & PEDIATRICS      | 611,416                   | 32,217,088      | 32,217,088                     |                | 20,307,313                                | 104,832       | 162,146                 |
| 026 INTENSIVE CARE UNIT      | 570,547                   | 9,088,843       | 9,088,843                      |                | 8,839,290                                 | 24,681        | 46,863                  |
| 031 SUBPROVIDER              | 90,674                    | 6,623,726       | 6,623,726                      |                | 4,355,160                                 | 22,340        | 30,973                  |
| 031 01 SUBPROVIDER 2         | 32,279                    | 2,189,880       | 2,189,880                      |                | 2,552,012                                 | 17,898        | 13,949                  |
| 033 NURSERY                  | 30,860                    | 1,716,049       | 1,716,049                      |                | 737,472                                   | 2,681         | 27,913                  |
| 037 ANCILLARY SRVC COST C    |                           |                 |                                |                |   |               |                         |
| 037 OPERATING ROOM           | 10,118,473                | 106,130,691     | 106,130,691                    |                | 27,213,415                                | 30,241        | 106,490                 |
| 039 DELIVERY ROOM & LABOR    | 92,575                    | 6,140,573       | 6,140,573                      |                | 1,969,747                                 | 8,276         |                         |
| 041 RADIOLOGY-DIAGNOSTIC     | 1,356,958                 | 83,061,635      | 83,061,635                     |                | 21,193,096                                | 43,052        | 52,238                  |
| 044 LABORATORY               | 2,942,234                 | 58,794,477      | 58,794,477                     |                | 10,896,678                                | 12,903        | 129                     |
| 047 BLOOD STORING, PROCES    | 1,636,699                 | 3,292,998       | 3,292,998                      |                | 2,195,238                                 | 799           |                         |
| 049 RESPIRATORY THERAPY      | 182,518                   | 9,128,900       | 9,128,900                      |                | 2,856,147                                 | 924           |                         |
| 050 PHYSICAL THERAPY         | 58,387                    | 9,094,953       | 9,094,953                      |                | 6,747,782                                 | 52,213        | 7,042                   |
| 053 ELECTROCARDIOLOGY        | 166,052                   | 23,170,769      | 23,170,769                     |                | 4,439,795                                 | 674           |                         |
| 054 ELECTROENCEPHALOGRAPH    | 8,065                     | 2,079,730       | 2,079,730                      |                | 377,713                                   | 3,390         | 2,575                   |
| 054 01 CARDIAC REHAB         | 12,913                    | 754,598         | 754,598                        |                | 521,539                                   |               |                         |
| 054 02 EMG & ENG             | 6,967                     | 1,328,781       | 1,328,781                      |                | 236,142                                   |               |                         |
| 054 03 O/P CHEMICAL DEPENDEN | 2,633                     | 1,005,698       | 1,005,698                      |                | 563,319                                   | 2,099         |                         |
| 054 04 CARDIAC CATH          | 7,215,476                 | 42,483,795      | 42,483,795                     |                | 7,059,212                                 | 4,779         | 22,246                  |
| 054 06 O/P PSYCHIATRIC       | 4,788                     | 679,889         | 679,889                        |                | 459,969                                   | 4,496         |                         |
| 055 MEDICAL SUPPLIES CHAR    |                           | 231,383         | 231,383                        |                | 2,926                                     |               |                         |
| 055 30 IMPL. DEV. CHARGED TO |                           |                 |                                |                | 13,356,214                                |               |                         |
| 056 DRUGS CHARGED TO PATI    |                           | 48,925,059      | 48,925,059                     |                | 618,804                                   |               |                         |
| 057 RENAL DIALYSIS           | 22,781                    | 522,865         | 522,865                        |                | 805,650                                   | 1,490         |                         |
| 061 OUTPAT SERVICE COST C    |                           |                 |                                |                |   |               |                         |
| 061 EMERGENCY                | 365,379                   | 40,289,972      | 40,289,972                     |                | 9,397,601                                 | 22,358        | 93,363                  |
| 062 OBSERVATION BEDS (NON    |                           |                 |                                |                |   |               |                         |
| 063 PATIENT CARE CENTER -    | 30,069                    | 1,782,735       | 1,782,735                      |                | 2,320,894                                 |               | 5,229                   |
| 063 OTHER REIMBURS COST C    |                           |                 |                                |                |   |               |                         |
| 066 DURABLE MEDICAL EQUIP    | 762,453                   | 4,253,578       | 4,253,578                      |                | 1,706,876                                 | 656           |                         |
| 066 SPEC PURPOSE COST CEN    |                           |                 |                                |                |   |               |                         |
| 093 HOSPICE                  | 228,443                   | 1,890,371       | 1,890,371                      |                | 1,614,198                                 |               |                         |
| 095 SUBTOTALS                | 29,590,534                | 496,879,036     | 496,879,036                    | -10,161,414    | 204,108,168                               | 435,672       | 571,156                 |
| 096 NONREIMBURS COST CENT    |                           |                 |                                |                |   |               |                         |
| 096 GIFT, FLOWER, COFFEE     |                           |                 |                                |                |   |               |                         |
| 098 PHYSICIANS' PRIVATE O    | 605,946                   | 19,305,187      | 19,305,187                     |                | 13,657,205                                | 69,567        |                         |
| 100 RENTAL SPACE             | 72,909                    |                 |                                |                | 1,806,245                                 | 3,900         | 443                     |
| 100 01 FOUNDATION            | 9,757                     |                 |                                |                | 743,781                                   | 390           |                         |
| 100 02 RETAIL SERVICES       | 10,764                    |                 |                                |                | 197,017                                   | 684           |                         |
| 100 03 REID CONTRACTED SERVI |                           |                 |                                |                | 601,975                                   |               |                         |
| 100 04 REID PHYSICIAN ASSOC. |                           | 28,420,391      | 28,420,391                     |                | 29,290,745                                |               |                         |
| 100 05 OTHER NON REIMBURSABL |                           |                 |                                |                | 95,315                                    | 8,066         |                         |
| 100 06 VACANT SPACE          |                           |                 |                                |                | 39,942                                    |               |                         |
| 101 CROSS FOOT ADJUSTMENT    |                           |                 |                                |                |   |               |                         |
| 102 NEGATIVE COST CENTER     |                           |                 |                                |                |   |               |                         |
| 103 COST TO BE ALLOCATED     | 1,984,977                 | 1,760,454       | 5,127,591                      |                | 10,161,414                                | 9,533,126     | 1,448,240               |
| (WRKSHT B, PART I)           |                           |                 |                                |                |   |               |                         |
| 104 UNIT COST MULTIPLIER     |                           | .003233         |                                |                |   | 18.393811     |                         |
| (WRKSHT B, PT I)             | .065533                   |                 | .009415                        |                | .040558                                   |               | 2.533664                |
| 105 COST TO BE ALLOCATED     |                           |                 |                                |                |   |               |                         |
| (WRKSHT B, PART II)          |                           |                 |                                |                |   |               |                         |
| 106 UNIT COST MULTIPLIER     |                           |                 |                                |                |   |               |                         |
| (WRKSHT B, PT II)            |                           |                 |                                |                |   |               |                         |
| 107 COST TO BE ALLOCATED     | 557,085                   | 118,166         | 247,527                        |                | 1,060,391                                 | 4,688,372     | 528,734                 |
| (WRKSHT B, PART III)         |                           |                 |                                |                |   |               |                         |
| 108 UNIT COST MULTIPLIER     |                           | .000217         |                                |                |   | 9.046039      |                         |
| (WRKSHT B, PT III)           | .018392                   |                 | .000455                        |                | .004232                                   |               | .925009                 |

| COST CENTER DESCRIPTION      | HOUSEKEEPING (HOURS OF SERVICE) | DIETARY (MEALS SERVED) | CAFETERIA (MANHOURS) | NURSING ADMINISTRATION (MANHOURS) | CENTRAL SERVICES & SUPPLY (MED SUPPLIES) | PHARMACY (DRUGS) | MEDICAL RECORDS & LIBRARY (TOTAL REVENUE) |
|------------------------------|---------------------------------|------------------------|----------------------|-----------------------------------|--|------------------|---|
|                              | 10                              | 11                     | 12                   | 14                                | 15                                       | 16               | 17  |
| 003 GENERAL SERVICE COST     |                                 |                        |                      |                                   |  |                  |   |
| 003 01 NEW CAP REL COSTS-BLD |                                 |                        |                      |                                   |  |                  |   |
| 004 NEW CAP BLDG & FIXT -    |                                 |                        |                      |                                   |  |                  |   |
| 005 NEW CAP REL COSTS-MVB    |                                 |                        |                      |                                   |  |                  |   |
| 006 EMPLOYEE BENEFITS        |                                 |                        |                      |                                   |  |                  |   |
| 006 01 NONPATIENT TELEPHONES |                                 |                        |                      |                                   |  |                  |   |
| 006 02 DATA PROCESSING       |                                 |                        |                      |                                   |  |                  |   |
| 006 03 PURCHASING, RECEIVING |                                 |                        |                      |                                   |  |                  |   |
| 006 04 ADMITTING             |                                 |                        |                      |                                   |  |                  |   |
| 006 05 CASHIERING/ACCOUNTS R |                                 |                        |                      |                                   |  |                  |   |
| 006 06 OTHER ADMINISTRATIVE  |                                 |                        |                      |                                   |  |                  |   |
| 008 OPERATION OF PLANT       |                                 |                        |                      |                                   |  |                  |   |
| 009 LAUNDRY & LINEN SERVI    |                                 |                        |                      |                                   |  |                  |   |
| 010 HOUSEKEEPING             | 14,122                          |                        |                      |                                   |  |                  |   |
| 011 DIETARY                  | 426                             | 50,390                 |                      |                                   |  |                  |   |
| 012 CAFETERIA                |                                 |                        | 2,643,679            |                                   |  |                  |   |
| 014 NURSING ADMINISTRATION   | 458                             |                        | 19,078               | 1,405,827                         |  |                  |   |
| 015 CENTRAL SERVICES & SU    | 155                             |                        | 41,207               |                                   | 18,559,457                               |                  |   |
| 016 PHARMACY                 | 216                             |                        | 88,430               |                                   |  | 13,852,698       |   |
| 017 MEDICAL RECORDS & LIB    |                                 |                        | 177,813              |                                   |  |                  | 544,604,614                               |
| 018 SOCIAL SERVICE           |                                 |                        | 49,975               |                                   |  |                  |   |
| 018 01 INSERVICE EDUCATION   | 181                             |                        | 20,357               |                                   |  | 381              |   |
| 024 PARAMED ED PRGM          |                                 |                        | 5,936                |                                   |  |                  |   |
| 025 INPAT ROUTINE SRVC CN    |                                 |                        |                      |                                   |  |                  |   |
| 025 ADULTS & PEDIATRICS      | 4,446                           | 30,488                 | 405,360              | 405,360                           | 2,610                                    | 25,068           | 32,217,088                                |
| 026 INTENSIVE CARE UNIT      | 1,064                           | 8,879                  | 153,229              | 153,229                           | 125,606                                  | 11,788           | 9,088,843                                 |
| 031 SUBPROVIDER              | 666                             | 8,302                  | 83,838               | 83,838                            |  | 4,899            | 6,623,726                                 |
| 031 01 SUBPROVIDER 2         | 361                             | 2,721                  | 35,860               | 35,860                            |  | 1,796            | 2,189,880                                 |
| 033 NURSERY                  | 56                              |                        | 13,025               | 13,025                            |  |                  | 1,716,049                                 |
| 037 ANCILLARY SRVC COST C    |                                 |                        |                      |                                   |  |                  |   |
| 037 OPERATING ROOM           | 1,160                           |                        | 138,648              | 138,648                           | 8,995,537                                | 154,183          | 106,130,691                               |
| 039 DELIVERY ROOM & LABOR    | 398                             |                        | 29,401               | 29,401                            | 312                                      | 2,468            | 6,140,573                                 |
| 041 RADIOLOGY-DIAGNOSTIC     | 613                             |                        | 230,984              | 230,984                           | 39,059                                   | 405,712          | 83,061,635                                |
| 044 LABORATORY               | 413                             |                        | 147,896              |                                   | 1,915                                    | 7                | 58,794,477                                |
| 047 BLOOD STORING, PROCES    | 20                              |                        | 7,876                |                                   | 1,560,228                                |                  | 3,292,998                                 |
| 049 RESPIRATORY THERAPY      | 53                              |                        | 55,712               | 55,712                            |  | 28,401           | 9,128,900                                 |
| 050 PHYSICAL THERAPY         | 887                             |                        | 130,454              |                                   | 19,122                                   | 136              | 9,094,953                                 |
| 053 ELECTROCARDIOLOGY        | 190                             |                        | 38,100               |                                   | 44,935                                   | 274,793          | 23,170,769                                |
| 054 ELECTROENCEPHALOGRAPH    | 91                              |                        | 6,675                |                                   |  |                  | 2,079,730                                 |
| 054 01 CARDIAC REHAB         |                                 |                        | 8,739                | 8,739                             |  | 4                | 754,598                                   |
| 054 02 EMG & ENG             |                                 |                        | 4,959                |                                   |  |                  | 1,328,781                                 |
| 054 03 O/P CHEMICAL DEPENDEN | 40                              |                        | 14,295               |                                   |  | 51               | 1,005,698                                 |
| 054 04 CARDIAC CATH          | 251                             |                        | 44,821               | 44,821                            | 6,195,381                                | 4,319            | 42,483,795                                |
| 054 06 O/P PSYCHIATRIC       | 130                             |                        | 5,545                | 5,545                             |  |                  | 679,889                                   |
| 055 MEDICAL SUPPLIES CHAR    |                                 |                        |                      |                                   | 982,447                                  |                  | 231,383                                   |
| 055 30 IMPL. DEV. CHARGED TO |                                 |                        |                      |                                   |  |                  |   |
| 056 DRUGS CHARGED TO PATI    |                                 |                        |                      |                                   |  | 11,954,110       | 48,925,059                                |
| 057 RENAL DIALYSIS           | 217                             |                        |                      |                                   |  |                  | 522,865                                   |
| 061 OUTPAT SERVICE COST C    |                                 |                        |                      |                                   |  |                  |   |
| 061 EMERGENCY                | 1,242                           |                        | 200,665              | 200,665                           | 8,295                                    | 55,140           | 40,289,972                                |
| 062 OBSERVATION BEDS (NON    |                                 |                        |                      |                                   |  |                  |   |
| 063 PATIENT CARE CENTER -    |                                 |                        | 52,451               |                                   |  | 6,217            | 1,782,735                                 |
| 063 OTHER REIMBURS COST C    |                                 |                        |                      |                                   |  |                  |   |
| 066 DURABLE MEDICAL EQUIP    |                                 |                        | 35,206               |                                   | 584,010                                  | 5                | 4,253,578                                 |
| 066 SPEC PURPOSE COST CEN    |                                 |                        |                      |                                   |  |                  |   |
| 093 HOSPICE                  | 28                              |                        | 22,284               |                                   |  | 167,152          | 1,890,371                                 |
| 095 SUBTOTALS                | 13,762                          | 50,390                 | 2,268,819            | 1,405,827                         | 18,559,457                               | 13,096,630       | 496,879,036                               |
| 096 NONREIMBURS COST CENT    |                                 |                        |                      |                                   |  |                  |   |
| 096 GIFT, FLOWER, COFFEE     |                                 |                        |                      |                                   |  |                  |   |
| 098 PHYSICIANS' PRIVATE O    | 218                             |                        | 335,170              |                                   |  | 147,816          | 19,305,187                                |
| 100 RENTAL SPACE             | 82                              |                        | 536                  |                                   |  |                  |   |
| 100 01 FOUNDATION            | 20                              |                        | 10,700               |                                   |  |                  |   |
| 100 02 RETAIL SERVICES       |                                 |                        | 4,255                |                                   |  |                  |   |
| 100 03 REID CONTRACTED SERVI |                                 |                        | 4,650                |                                   |  |                  |   |
| 100 04 REID PHYSICIAN ASSOC. |                                 |                        | 1,278                |                                   |  | 608,252          | 28,420,391                                |
| 100 05 OTHER NON REIMBURSABL | 40                              |                        | 18,132               |                                   |  |                  |   |
| 100 06 VACANT SPACE          |                                 |                        | 139                  |                                   |  |                  |   |
| 101 CROSS FOOT ADJUSTMENT    |                                 |                        |                      |                                   |  |                  |   |
| 102 NEGATIVE COST CENTER     |                                 |                        |                      |                                   |  |                  |   |
| 103 COST TO BE ALLOCATED     | 3,186,699                       | 3,679,599              | 649,428              | 1,581,533                         | 3,958,012                                | 17,967,994       | 6,092,129                                 |
| (WRKSHT B, PART I)           |                                 |                        |                      |                                   |  |                  |   |
| 104 UNIT COST MULTIPLIER     |                                 | 73.022405              |                      | 1.124984                          |  | 1.297075         |   |
| (WRKSHT B, PT I)             | 225.654936                      |                        | .245653              |                                   | .213261                                  |                  | .011186                                   |
| 105 COST TO BE ALLOCATED     |                                 |                        |                      |                                   |  |                  |   |
| (WRKSHT B, PART II)          |                                 |                        |                      |                                   |  |                  |   |
| 106 UNIT COST MULTIPLIER     |                                 |                        |                      |                                   |  |                  |   |
| (WRKSHT B, PT II)            |                                 |                        |                      |                                   |  |                  |   |
| 107 COST TO BE ALLOCATED     | 313,518                         | 798,568                | 320,783              | 129,275                           | 685,260                                  | 793,384          | 425,059                                   |
| (WRKSHT B, PART III)         |                                 |                        |                      |                                   |  |                  |   |
| 108 UNIT COST MULTIPLIER     |                                 | 15.847748              |                      | .091957                           |  | .057273          |   |
| (WRKSHT B, PT III)           | 22.200680                       |                        | .121340              |                                   | .036922                                  |                  | .000780                                   |

| COST CENTER DESCRIPTION      | SOCIAL SERVICE | INSERVICE EDUCATION | PARAMED PRGM |
|------------------------------|----------------|---------------------|--------------|
|                              | (TIME SPENT)   | (IN HOUSE)ED        | (TIME)SPEND  |
| GENERAL SERVICE COST         | 18             | 18.01               | 24           |
| 003 NEW CAP REL COSTS-BLD    |                |                     |              |
| 003 01 NEW CAP BLDG & FIXT - |                |                     |              |
| 004 NEW CAP REL COSTS-MVB    |                |                     |              |
| 005 EMPLOYEE BENEFITS        |                |                     |              |
| 006 01 NONPATIENT TELEPHONES |                |                     |              |
| 006 02 DATA PROCESSING       |                |                     |              |
| 006 03 PURCHASING, RECEIVING |                |                     |              |
| 006 04 ADMINITTING           |                |                     |              |
| 006 05 CASHIERING/ACCOUNTS R |                |                     |              |
| 006 06 OTHER ADMINISTRATIVE  |                |                     |              |
| 008 OPERATION OF PLANT       |                |                     |              |
| 009 LAUNDRY & LINEN SERVI    |                |                     |              |
| 010 HOUSEKEEPING             |                |                     |              |
| 011 DIETARY                  |                |                     |              |
| 012 CAFETERIA                |                |                     |              |
| 014 NURSING ADMINISTRATIO    |                |                     |              |
| 015 CENTRAL SERVICES & SU    |                |                     |              |
| 016 PHARMACY                 |                |                     |              |
| 017 MEDICAL RECORDS & LIB    |                |                     |              |
| 018 SOCIAL SERVICE           | 6,040          |                     |              |
| 018 01 INSERVICE EDUCATION   |                | 30,802              |              |
| 024 PARAMED ED PRGM          |                | 209                 | 100          |
| INPAT ROUTINE SRVC CN        |                |                     |              |
| 025 ADULTS & PEDIATRICS      | 3,272          | 7,923               |              |
| 026 INTENSIVE CARE UNIT      | 777            | 3,809               |              |
| 031 SUBPROVIDER              |                | 1,774               |              |
| 031 01 SUBPROVIDER 2         |                | 1,116               |              |
| 033 NURSERY                  |                | 150                 |              |
| ANCILLARY SRVC COST C        |                |                     |              |
| 037 OPERATING ROOM           |                | 161                 |              |
| 039 DELIVERY ROOM & LABOR    | 32             | 334                 |              |
| 041 RADIOLOGY-DIAGNOSTIC     |                | 1,727               | 100          |
| 044 LABORATORY               |                | 1,119               |              |
| 047 BLOOD STORING, PROCES    |                | 78                  |              |
| 049 RESPIRATORY THERAPY      |                | 834                 |              |
| 050 PHYSICAL THERAPY         |                | 1,342               |              |
| 053 ELECTROCARDIOLOGY        |                | 359                 |              |
| 054 ELECTROENCEPHALOGRAPH    |                | 75                  |              |
| 054 01 CARDIAC REHAB         |                | 82                  |              |
| 054 02 EMG & ENG             |                | 20                  |              |
| 054 03 O/P CHEMICAL DEPENDEN |                | 180                 |              |
| 054 04 CARDIAC CATH          |                | 605                 |              |
| 054 06 O/P PSYCHIATRIC       |                | 45                  |              |
| 055 MEDICAL SUPPLIES CHAR    |                |                     |              |
| 055 30 IMPL. DEV. CHARGED TO |                |                     |              |
| 056 DRUGS CHARGED TO PATI    |                |                     |              |
| 057 RENAL DIALYSIS           |                |                     |              |
| OUTPAT SERVICE COST C        |                |                     |              |
| 061 EMERGENCY                | 1,959          | 4,243               |              |
| 062 OBSERVATION BEDS (NON    |                |                     |              |
| 063 PATIENT CARE CENTER -    |                | 426                 |              |
| OTHER REIMBURS COST C        |                |                     |              |
| 066 DURABLE MEDICAL EQUIP    |                | 184                 |              |
| SPEC PURPOSE COST CEN        |                |                     |              |
| 093 HOSPICE                  |                | 359                 |              |
| 095 SUBTOTALS                | 6,040          | 27,154              | 100          |
| NONREIMBURS COST CENT        |                |                     |              |
| 096 GIFT, FLOWER, COFFEE     |                |                     |              |
| 098 PHYSICIANS' PRIVATE O    |                | 37                  |              |
| 100 RENTAL SPACE             |                |                     |              |
| 100 01 FOUNDATION            |                | 74                  |              |
| 100 02 RETAIL SERVICES       |                | 28                  |              |
| 100 03 REID CONTRACTED SERVI |                |                     |              |
| 100 04 REID PHYSICIAN ASSOC. |                | 3,423               |              |
| 100 05 OTHER NON REIMBURSABL |                | 86                  |              |
| 100 06 VACANT SPACE          |                |                     |              |
| 101 CROSS FOOT ADJUSTMENT    |                |                     |              |
| 102 NEGATIVE COST CENTER     |                |                     |              |
| 103 COST TO BE ALLOCATED     | 3,002,412      | 3,092,983           | 452,680      |
| (PER WRKSHT B, PART          |                |                     |              |
| 104 UNIT COST MULTIPLIER     |                | 100.415006          |              |
| (WRKSHT B, PT I)             | 497.088079     |                     | 4,526.800000 |
| 105 COST TO BE ALLOCATED     |                |                     |              |
| (PER WRKSHT B, PART          |                |                     |              |
| 106 UNIT COST MULTIPLIER     |                |                     |              |
| (WRKSHT B, PT I I)           |                |                     |              |
| 107 COST TO BE ALLOCATED     | 106,807        | 765,711             | 77,412       |
| (PER WRKSHT B, PART          |                |                     |              |
| 108 UNIT COST MULTIPLIER     |                | 24.859133           |              |
| (WRKSHT B, PT I I I)         | 17.683278      |                     | 774.120000   |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | WKST B, PT I<br>COL. 27<br>1 | THERAPY<br>ADJUSTMENT<br>2 | TOTAL<br>COSTS<br>3 | RCE<br>DI ALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
|                    | INPAT ROUTINE SRVC CNTRS     |                              |                            |                     |                          |                     |
| 25                 | ADULTS & PEDIATRICS          | 30,070,706                   |                            | 30,070,706          |                          | 30,070,706          |
| 26                 | INTENSIVE CARE UNIT          | 11,781,454                   |                            | 11,781,454          |                          | 11,781,454          |
| 31                 | SUBPROVIDER                  | 6,151,202                    |                            | 6,151,202           |                          | 6,151,202           |
| 31                 | 01 SUBPROVIDER 2             | 3,488,266                    |                            | 3,488,266           |                          | 3,488,266           |
| 33                 | NURSERY                      | 952,166                      |                            | 952,166             |                          | 952,166             |
|                    | ANCILLARY SRVC COST CNTRS    |                              |                            |                     |                          |                     |
| 37                 | OPERATING ROOM               | 32,916,902                   |                            | 32,916,902          |                          | 32,916,902          |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,453,374                    |                            | 2,453,374           |                          | 2,453,374           |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 25,521,604                   |                            | 25,521,604          |                          | 25,521,604          |
| 44                 | LABORATORY                   | 12,476,269                   |                            | 12,476,269          |                          | 12,476,269          |
| 47                 | BLOOD STORING, PROCESSING    | 2,682,820                    |                            | 2,682,820           |                          | 2,682,820           |
| 49                 | RESPIRATORY THERAPY          | 3,300,004                    |                            | 3,300,004           |                          | 3,300,004           |
| 50                 | PHYSICAL THERAPY             | 8,472,646                    |                            | 8,472,646           |                          | 8,472,646           |
| 53                 | ELECTROCARDIOLOGY            | 5,345,741                    |                            | 5,345,741           |                          | 5,345,741           |
| 54                 | ELECTROENCEPHALOGRAPHY       | 514,881                      |                            | 514,881             |                          | 514,881             |
| 54                 | 01 CARDIAC REHAB             | 571,350                      |                            | 571,350             |                          | 571,350             |
| 54                 | 02 EMG & ENG                 | 263,809                      |                            | 263,809             |                          | 263,809             |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   | 666,704                      |                            | 666,704             |                          | 666,704             |
| 54                 | 04 CARDIAC CATH              | 9,470,670                    |                            | 9,470,670           |                          | 9,470,670           |
| 54                 | 06 O/P PSYCHIATRIC           | 610,382                      |                            | 610,382             |                          | 610,382             |
| 55                 | MEDICAL SUPPLIES CHARGED     | 215,151                      |                            | 215,151             |                          | 215,151             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 13,897,915                   |                            | 13,897,915          |                          | 13,897,915          |
| 56                 | DRUGS CHARGED TO PATIENTS    | 16,696,562                   |                            | 16,696,562          |                          | 16,696,562          |
| 57                 | RENAL DIALYSIS               | 920,549                      |                            | 920,549             |                          | 920,549             |
|                    | OUTPAT SERVICE COST CNTRS    |                              |                            |                     |                          |                     |
| 61                 | EMERGENCY                    | 12,905,681                   |                            | 12,905,681          | 99,306                   | 13,004,987          |
| 62                 | OBSERVATION BEDS (NON-DIS    | 2,833,941                    |                            | 2,833,941           |                          | 2,833,941           |
| 63                 | PATIENT CARE CENTER - OCC    | 2,511,942                    |                            | 2,511,942           |                          | 2,511,942           |
|                    | OTHER REIMBURS COST CNTRS    |                              |                            |                     |                          |                     |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 1,987,427                    |                            | 1,987,427           |                          | 1,987,427           |
| 101                | SUBTOTAL                     | 209,680,118                  |                            | 209,680,118         | 99,306                   | 209,779,424         |
| 102                | LESS OBSERVATION BEDS        | 2,833,941                    |                            | 2,833,941           |                          | 2,833,941           |
| 103                | TOTAL                        | 206,846,177                  |                            | 206,846,177         | 99,306                   | 206,945,483         |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | INPATIENT<br>CHARGES<br>6 | OUTPATIENT<br>CHARGES<br>7 | TOTAL<br>CHARGES<br>8 | COST OR<br>OTHER RATIO<br>9 | TEFRA INPAT-<br>IENT RATIO<br>10 | PPS INPAT-<br>IENT RATIO<br>11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS     |                           |                            |                       |                             |                                  |                                |
| 25                 | ADULTS & PEDIATRICS          | 25,881,702                |                            | 25,881,702            |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT          | 8,995,568                 |                            | 8,995,568             |                             |                                  |                                |
| 31                 | SUBPROVIDER                  | 6,622,142                 |                            | 6,622,142             |                             |                                  |                                |
| 31                 | 01 SUBPROVIDER 2             | 2,170,872                 |                            | 2,170,872             |                             |                                  |                                |
| 33                 | NURSERY                      | 1,622,807                 |                            | 1,622,807             |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM               | 32,240,214                | 47,126,714                 | 79,366,928            | .414743                     | .414743                          | .414743                        |
| 39                 | DELIVERY ROOM & LABOR ROO    | 5,014,940                 | 768,080                    | 5,783,020             | .424238                     | .424238                          | .424238                        |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 19,579,452                | 61,400,316                 | 80,979,768            | .315160                     | .315160                          | .315160                        |
| 44                 | LABORATORY                   | 27,123,752                | 28,078,339                 | 55,202,091            | .226011                     | .226011                          | .226011                        |
| 47                 | BLOOD STORING, PROCESSING    | 2,482,309                 | 768,179                    | 3,250,488             | .825359                     | .825359                          | .825359                        |
| 49                 | RESPIRATORY THERAPY          | 7,973,658                 | 1,054,076                  | 9,027,734             | .365541                     | .365541                          | .365541                        |
| 50                 | PHYSICAL THERAPY             | 3,457,330                 | 5,603,758                  | 9,061,088             | .935058                     | .935058                          | .935058                        |
| 53                 | ELECTROCARDIOLOGY            | 4,110,583                 | 17,280,573                 | 21,391,156            | .249904                     | .249904                          | .249904                        |
| 54                 | ELECTROENCEPHALOGRAPHY       | 3,201                     | 1,991,566                  | 1,994,767             | .258116                     | .258116                          | .258116                        |
| 54                 | 01 CARDIAC REHAB             | 1,013                     | 753,585                    | 754,598               | .757158                     | .757158                          | .757158                        |
| 54                 | 02 EMG & ENG                 | 182,472                   | 1,085,961                  | 1,268,433             | .207980                     | .207980                          | .207980                        |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                           | 1,005,698                  | 1,005,698             | .662927                     | .662927                          | .662927                        |
| 54                 | 04 CARDIAC CATH              | 14,053,224                | 20,889,170                 | 34,942,394            | .271037                     | .271037                          | .271037                        |
| 54                 | 06 O/P PSYCHIATRIC           | 79,371                    | 600,464                    | 679,835               | .897838                     | .897838                          | .897838                        |
| 55                 | MEDICAL SUPPLIES CHARGED     | 207,731                   | 20,983                     | 228,714               | .940699                     | .940699                          | .940699                        |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 15,853,521                | 3,221,095                  | 19,074,616            | .728608                     | .728608                          | .728608                        |
| 56                 | DRUGS CHARGED TO PATIENTS    | 29,642,702                | 18,342,430                 | 47,985,132            | .347953                     | .347953                          | .347953                        |
| 57                 | RENAL DIALYSIS               | 510,703                   | 12,162                     | 522,865               | 1.760586                    | 1.760586                         | 1.760586                       |
|                    | OUTPAT SERVICE COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 61                 | EMERGENCY                    | 9,777,160                 | 19,951,047                 | 29,728,207            | .434122                     | .434122                          | .437463                        |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,058,817                 | 3,162,502                  | 4,221,319             | .671340                     | .671340                          | .671340                        |
| 63                 | PATIENT CARE CENTER - OCC    | 7,760                     | 1,698,292                  | 1,706,052             | 1.472371                    | 1.472371                         | 1.472371                       |
|                    | OTHER REIMBURS COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 1,627                     | 4,237,912                  | 4,239,539             | .468784                     | .468784                          | .468784                        |
| 101                | SUBTOTAL                     | 218,654,631               | 239,052,902                | 457,707,533           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS        |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL                        | 218,654,631               | 239,052,902                | 457,707,533           |                             |                                  |                                |





| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS    |  |   |   |                           |  |  |
|                    | OPERATING ROOM               | 32,916,902                                 | 4,441,459   | 28,475,443                                    |                           |  | 32,916,902   |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,453,374                                  | 434,141   | 2,019,233                                     |                           |  | 2,453,374  |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 25,521,604                                 | 6,648,830   | 18,872,774                                    |                           |  | 25,521,604   |
| 44                 | LABORATORY                   | 12,476,269                                 | 1,044,608   | 11,431,661                                    |                           |  | 12,476,269   |
| 47                 | BLOOD STORING, PROCESSING    | 2,682,820                                  | 168,068   | 2,514,752                                     |                           |  | 2,682,820  |
| 49                 | RESPIRATORY THERAPY          | 3,300,004                                  | 228,479   | 3,071,525                                     |                           |  | 3,300,004  |
| 50                 | PHYSICAL THERAPY             | 8,472,646                                  | 1,242,795   | 7,229,851                                     |                           |  | 8,472,646  |
| 53                 | ELECTROCARDIOLOGY            | 5,345,741                                  | 947,623   | 4,398,118                                     |                           |  | 5,345,741  |
| 54                 | ELECTROENCEPHALOGRAPHY       | 514,881                                    | 78,468  | 436,413                                       |                           |  | 514,881  |
| 54                 | 01 CARDIAC REHAB             | 571,350                                    | 190,236   | 381,114                                       |                           |  | 571,350  |
| 54                 | 02 EMG & ENG                 | 263,809                                    | 39,588  | 224,221                                       |                           |  | 263,809  |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   | 666,704                                    | 66,120  | 600,584                                       |                           |  | 666,704  |
| 54                 | 04 CARDIAC CATH              | 9,470,670                                  | 2,130,858   | 7,339,812                                     |                           |  | 9,470,670  |
| 54                 | 06 O/P PSYCHIATRIC           | 610,382                                    | 196,978   | 413,404                                       |                           |  | 610,382  |
| 55                 | MEDICAL SUPPLIES CHARGED     | 215,151                                    | 36,621  | 178,530                                       |                           |  | 215,151  |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 13,897,915                                 | 56,523  | 13,841,392                                    |                           |  | 13,897,915   |
| 56                 | DRUGS CHARGED TO PATIENTS    | 16,696,562                                 | 758,306   | 15,938,256                                    |                           |  | 16,696,562   |
| 57                 | RENAL DIALYSIS               | 920,549                                    | 70,659  | 849,890                                       |                           |  | 920,549  |
|                    | OUTPAT SERVICE COST CNTRS    |  |   |   |                           |  |  |
| 61                 | EMERGENCY                    | 12,905,681                                 | 1,806,133   | 11,099,548                                    |                           |  | 12,905,681   |
| 62                 | OBSERVATION BEDS (NON-DIS    | 2,833,941                                  | 541,906   | 2,292,035                                     |                           |  | 2,833,941  |
| 63                 | PATIENT CARE CENTER - OCC    | 2,511,942                                  | 407,135   | 2,104,807                                     |                           |  | 2,511,942  |
|                    | OTHER REIMBURS COST CNTRS    |  |   |   |                           |  |  |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 1,987,427                                  | 220,816   | 1,766,611                                     |                           |  | 1,987,427  |
| 101                | SUBTOTAL                     | 157,236,324                                | 21,756,350  | 135,479,974                                   |                           |  | 157,236,324  |
| 102                | LESS OBSERVATION BEDS        | 2,833,941                                  | 541,906   | 2,292,035                                     |                           |  | 2,833,941  |
| 103                | TOTAL                        | 154,402,383                                | 21,214,444  | 133,187,939                                   |                           |  | 154,402,383  |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRGRATIO | I/P PT B COST<br>TO CHRGRATIO |
|--------------------|------------------------------|------------------|-----------------------------|-------------------------------|
|                    |                              | 7                | 8                           | 9                             |
| 37                 | ANCILLARY SRVC COST CNTRS    |                  |                             |                               |
|                    | OPERATING ROOM               | 79,366,928       | .414743                     | .414743                       |
| 39                 | DELIVERY ROOM & LABOR ROO    | 5,783,020        | .424238                     | .424238                       |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 80,979,768       | .315160                     | .315160                       |
| 44                 | LABORATORY                   | 55,202,091       | .226011                     | .226011                       |
| 47                 | BLOOD STORING, PROCESSING    | 3,250,488        | .825359                     | .825359                       |
| 49                 | RESPIRATORY THERAPY          | 9,027,734        | .365541                     | .365541                       |
| 50                 | PHYSICAL THERAPY             | 9,061,088        | .935058                     | .935058                       |
| 53                 | ELECTROCARDIOLOGY            | 21,391,156       | .249904                     | .249904                       |
| 54                 | ELECTROENCEPHALOGRAPHY       | 1,994,767        | .258116                     | .258116                       |
| 54                 | 01 CARDIAC REHAB             | 754,598          | .757158                     | .757158                       |
| 54                 | 02 EMG & ENG                 | 1,268,433        | .207980                     | .207980                       |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   | 1,005,698        | .662927                     | .662927                       |
| 54                 | 04 CARDIAC CATH              | 34,942,394       | .271037                     | .271037                       |
| 54                 | 06 O/P PSYCHIATRIC           | 679,835          | .897838                     | .897838                       |
| 55                 | MEDICAL SUPPLIES CHARGED     | 228,714          | .940699                     | .940699                       |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 19,074,616       | .728608                     | .728608                       |
| 56                 | DRUGS CHARGED TO PATIENTS    | 47,985,132       | .347953                     | .347953                       |
| 57                 | RENAL DIALYSIS               | 522,865          | 1.760586                    | 1.760586                      |
|                    | OUTPAT SERVICE COST CNTRS    |                  |                             |                               |
| 61                 | EMERGENCY                    | 29,728,207       | .434122                     | .434122                       |
| 62                 | OBSERVATION BEDS (NON-DIS    | 4,221,319        | .671340                     | .671340                       |
| 63                 | PATIENT CARE CENTER - OCC    | 1,706,052        | 1.472371                    | 1.472371                      |
|                    | OTHER REIMBURS COST CNTRS    |                  |                             |                               |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 4,239,539        | .468784                     | .468784                       |
| 101                | SUBTOTAL                     | 412,414,442      |                             |                               |
| 102                | LESS OBSERVATION BEDS        | 4,221,319        |                             |                               |
| 103                | TOTAL                        | 408,193,123      |                             |                               |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS    |  |   |   |                           |  |  |
|                    | OPERATING ROOM               | 32,916,902                                 | 4,441,459   | 28,475,443                                    |                           |  | 32,916,902   |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,453,374                                  | 434,141   | 2,019,233                                     |                           |  | 2,453,374  |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 25,521,604                                 | 6,648,830   | 18,872,774                                    |                           |  | 25,521,604   |
| 44                 | LABORATORY                   | 12,476,269                                 | 1,044,608   | 11,431,661                                    |                           |  | 12,476,269   |
| 47                 | BLOOD STORING, PROCESSING    | 2,682,820                                  | 168,068   | 2,514,752                                     |                           |  | 2,682,820  |
| 49                 | RESPIRATORY THERAPY          | 3,300,004                                  | 228,479   | 3,071,525                                     |                           |  | 3,300,004  |
| 50                 | PHYSICAL THERAPY             | 8,472,646                                  | 1,242,795   | 7,229,851                                     |                           |  | 8,472,646  |
| 53                 | ELECTROCARDIOLOGY            | 5,345,741                                  | 947,623   | 4,398,118                                     |                           |  | 5,345,741  |
| 54                 | ELECTROENCEPHALOGRAPHY       | 514,881                                    | 78,468  | 436,413                                       |                           |  | 514,881  |
| 54                 | 01 CARDIAC REHAB             | 571,350                                    | 190,236   | 381,114                                       |                           |  | 571,350  |
| 54                 | 02 EMG & ENG                 | 263,809                                    | 39,588  | 224,221                                       |                           |  | 263,809  |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   | 666,704                                    | 66,120  | 600,584                                       |                           |  | 666,704  |
| 54                 | 04 CARDIAC CATH              | 9,470,670                                  | 2,130,858   | 7,339,812                                     |                           |  | 9,470,670  |
| 54                 | 06 O/P PSYCHIATRIC           | 610,382                                    | 196,978   | 413,404                                       |                           |  | 610,382  |
| 55                 | MEDICAL SUPPLIES CHARGED     | 215,151                                    | 36,621  | 178,530                                       |                           |  | 215,151  |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 13,897,915                                 | 56,523  | 13,841,392                                    |                           |  | 13,897,915   |
| 56                 | DRUGS CHARGED TO PATIENTS    | 16,696,562                                 | 758,306   | 15,938,256                                    |                           |  | 16,696,562   |
| 57                 | RENAL DIALYSIS               | 920,549                                    | 70,659  | 849,890                                       |                           |  | 920,549  |
|                    | OUTPAT SERVICE COST CNTRS    |  |   |   |                           |  |  |
| 61                 | EMERGENCY                    | 12,905,681                                 | 1,806,133   | 11,099,548                                    |                           |  | 12,905,681   |
| 62                 | OBSERVATION BEDS (NON-DIS    | 2,833,941                                  | 541,906   | 2,292,035                                     |                           |  | 2,833,941  |
| 63                 | PATIENT CARE CENTER - OCC    | 2,511,942                                  | 407,135   | 2,104,807                                     |                           |  | 2,511,942  |
|                    | OTHER REIMBURS COST CNTRS    |  |   |   |                           |  |  |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 1,987,427                                  | 220,816   | 1,766,611                                     |                           |  | 1,987,427  |
| 101                | SUBTOTAL                     | 157,236,324                                | 21,756,350  | 135,479,974                                   |                           |  | 157,236,324  |
| 102                | LESS OBSERVATION BEDS        | 2,833,941                                  | 541,906   | 2,292,035                                     |                           |  | 2,833,941  |
| 103                | TOTAL                        | 154,402,383                                | 21,214,444  | 133,187,939                                   |                           |  | 154,402,383  |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRGRATIO | I/P PT B COST<br>TO CHRGRATIO |
|--------------------|------------------------------|------------------|-----------------------------|-------------------------------|
|                    |                              | 7                | 8                           | 9                             |
| 37                 | ANCILLARY SRVC COST CNTRS    |                  |                             |                               |
|                    | OPERATING ROOM               | 79,366,928       | .414743                     | .414743                       |
| 39                 | DELIVERY ROOM & LABOR ROO    | 5,783,020        | .424238                     | .424238                       |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 80,979,768       | .315160                     | .315160                       |
| 44                 | LABORATORY                   | 55,202,091       | .226011                     | .226011                       |
| 47                 | BLOOD STORING, PROCESSING    | 3,250,488        | .825359                     | .825359                       |
| 49                 | RESPIRATORY THERAPY          | 9,027,734        | .365541                     | .365541                       |
| 50                 | PHYSICAL THERAPY             | 9,061,088        | .935058                     | .935058                       |
| 53                 | ELECTROCARDIOLOGY            | 21,391,156       | .249904                     | .249904                       |
| 54                 | ELECTROENCEPHALOGRAPHY       | 1,994,767        | .258116                     | .258116                       |
| 54                 | 01 CARDIAC REHAB             | 754,598          | .757158                     | .757158                       |
| 54                 | 02 EMG & ENG                 | 1,268,433        | .207980                     | .207980                       |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   | 1,005,698        | .662927                     | .662927                       |
| 54                 | 04 CARDIAC CATH              | 34,942,394       | .271037                     | .271037                       |
| 54                 | 06 O/P PSYCHIATRIC           | 679,835          | .897838                     | .897838                       |
| 55                 | MEDICAL SUPPLIES CHARGED     | 228,714          | .940699                     | .940699                       |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 19,074,616       | .728608                     | .728608                       |
| 56                 | DRUGS CHARGED TO PATIENTS    | 47,985,132       | .347953                     | .347953                       |
| 57                 | RENAL DIALYSIS               | 522,865          | 1.760586                    | 1.760586                      |
|                    | OUTPAT SERVICE COST CNTRS    |                  |                             |                               |
| 61                 | EMERGENCY                    | 29,728,207       | .434122                     | .434122                       |
| 62                 | OBSERVATION BEDS (NON-DIS    | 4,221,319        | .671340                     | .671340                       |
| 63                 | PATIENT CARE CENTER - OCC    | 1,706,052        | 1.472371                    | 1.472371                      |
|                    | OTHER REIMBURS COST CNTRS    |                  |                             |                               |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 4,239,539        | .468784                     | .468784                       |
| 101                | SUBTOTAL                     | 412,414,442      |                             |                               |
| 102                | LESS OBSERVATION BEDS        | 4,221,319        |                             |                               |
| 103                | TOTAL                        | 408,193,123      |                             |                               |

TITLE V - O/P

HOSPITAL

| Cost Center Description                           | Cost/Charge Ratio (C, Pt I, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic | All Other (1) |
|---|-------------------------------------|------------------------------------|----------------------|-----------------------------|---------------|
|   | 1                                   | 2                                  | 3                    | 4                           | 5             |
| (A) ANCILLARY SRVC COST CNTRS                     |                                     |                                    |                      |                             |               |
| 37 OPERATING ROOM                                 | .414743                             |                                    |                      |                             |               |
| 39 DELIVERY ROOM & LABOR ROOM                     | .424238                             |                                    |                      |                             |               |
| 41 RADIOLOGY-DIAGNOSTIC                           | .315160                             |                                    |                      |                             |               |
| 44 LABORATORY                                     | .226011                             |                                    |                      |                             |               |
| 47 BLOOD STORING, PROCESSING & TRANS.             | .825359                             |                                    |                      |                             |               |
| 49 RESPIRATORY THERAPY                            | .365541                             |                                    |                      |                             |               |
| 50 PHYSICAL THERAPY                               | .935058                             |                                    |                      |                             |               |
| 53 ELECTROCARDIOLOGY                              | .249904                             |                                    |                      |                             |               |
| 54 ELECTROENCEPHALOGRAPHY                         | .258116                             |                                    |                      |                             |               |
| 54 01 CARDIAC REHAB                               | .757158                             |                                    |                      |                             |               |
| 54 02 EMG & ENG                                   | .207980                             |                                    |                      |                             |               |
| 54 03 O/P CHEMICAL DEPENDENCY                     | .662927                             |                                    |                      |                             |               |
| 54 04 CARDIAC CATH                                | .271037                             |                                    |                      |                             |               |
| 54 06 O/P PSYCHIATRIC                             | .897838                             |                                    |                      |                             |               |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS           | .940699                             |                                    |                      |                             |               |
| 55 30 IMPL. DEV. CHARGED TO PATIENT               | .728608                             |                                    |                      |                             |               |
| 56 DRUGS CHARGED TO PATIENTS                      | .347953                             |                                    |                      |                             |               |
| 57 RENAL DIALYSIS                                 | 1.760586                            |                                    |                      |                             |               |
| OUTPAT SERVICE COST CNTRS                         |                                     |                                    |                      |                             |               |
| 61 EMERGENCY                                      | .434122                             |                                    |                      |                             |               |
| 62 OBSERVATION BEDS (NON-DISTINCT PART)           | .671340                             |                                    |                      |                             |               |
| 63 PATIENT CARE CENTER - OCC                      | 1.472371                            |                                    |                      |                             |               |
| OTHER REIMBURS COST CNTRS                         |                                     |                                    |                      |                             |               |
| 66 DURABLE MEDICAL EQUIP-RENTED                   | .468784                             |                                    |                      |                             |               |
| 101 SUBTOTAL                                      |                                     |                                    |                      |                             |               |
| 102 CRNA CHARGES                                  |                                     |                                    |                      |                             |               |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES |                                     |                                    |                      |                             |               |
| 104 NET CHARGES                                   |                                     |                                    |                      |                             |               |

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





| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | -----<br>CAPITAL REL<br>COST (B, 11)<br>1 | OLD CAPITAL<br>SWING BED<br>ADJUSTMENT<br>2 | -----<br>REDUCED CAP<br>RELATED COST<br>3 | -----<br>CAPITAL REL<br>COST (B, 111)<br>4 | NEW CAPITAL<br>SWING BED<br>ADJUSTMENT<br>5 | -----<br>REDUCED CAP<br>RELATED COST<br>6 |
|--------------------|--------------------------|---|---|---|--|---|---|
|                    | INPAT ROUTINE SRVC CNTRS |   |   |   |  |   |   |
| 25                 | ADULTS & PEDIATRICS      |   |   |   | 5,750,128                                  |   | 5,750,128                                 |
| 26                 | INTENSIVE CARE UNIT      |   |   |   | 1,788,331                                  |   | 1,788,331                                 |
| 31                 | SUBPROVIDER              |   |   |   | 1,110,151                                  |   | 1,110,151                                 |
| 31 01              | SUBPROVIDER 2            |   |   |   | 815,240                                    |   | 815,240                                   |
| 33                 | NURSERY                  |   |   |   | 136,900                                    |   | 136,900                                   |
| 101                | TOTAL                    |   |   |   | 9,600,750                                  |   | 9,600,750                                 |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | TOTAL<br>PATIENT DAYS<br>7 | INPATIENT<br>PROGRAM DAYS<br>8 | OLD CAPITAL<br>PER DIEM<br>9 | INPAT PROGRAM<br>OLD CAP CST<br>10 | NEW CAPITAL<br>PER DIEM<br>11 | INPAT PROGRAM<br>NEW CAP CST<br>12 |
|--------------------|--------------------------|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS |                            |                                |                              |                                    |                               |                                    |
| 25                 | ADULTS & PEDIATRICS      | 34,528                     | 17,604                         |                              |                                    | 166.54                        | 2,931,770                          |
| 26                 | INTENSIVE CARE UNIT      | 7,577                      | 3,816                          |                              |                                    | 236.02                        | 900,652                            |
| 31                 | SUBPROVIDER              | 8,544                      | 5,742                          |                              |                                    | 129.93                        | 746,058                            |
| 31                 | 01 SUBPROVIDER 2         | 2,801                      | 1,881                          |                              |                                    | 291.05                        | 547,465                            |
| 33                 | NURSERY                  | 1,719                      |                                |                              |                                    | 79.64                         |                                    |
| 101                | TOTAL                    | 55,169                     | 29,043                         |                              |                                    |                               | 5,125,945                          |





| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                         | NONPHYSICIAN<br>ANESTHETIST<br>1 | MED ED NRS<br>SCHOOL COST<br>2 | MED ED ALLIED<br>HEALTH COST<br>2.01 | MED ED ALL<br>OTHER COSTS<br>2.02 | SWING BED<br>ADJ AMOUNT<br>3 | TOTAL<br>COSTS<br>4 |
|--------------------|---|----------------------------------|--------------------------------|--------------------------------------|-----------------------------------|------------------------------|---------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS |                                  |                                |                                      |                                   |                              |                     |
| 26                 | INTENSIVE CARE UNIT                             |                                  |                                |                                      |                                   |                              |                     |
| 31                 | SUBPROVIDER                                     |                                  |                                |                                      |                                   |                              |                     |
| 31                 | 01 SUBPROVIDER 2                                |                                  |                                |                                      |                                   |                              |                     |
| 33                 | NURSERY   |                                  |                                |                                      |                                   |                              |                     |
| 101                | TOTAL   |                                  |                                |                                      |                                   |                              |                     |

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

PROVIDER NO: 15-0048  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET D  
PART III

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION | TOTAL<br>PATIENT DAYS | PER DIEM | INPAT PROG<br>DAYS | INPAT PROG<br>PASS THRU COST |
|--------------------|-------------------------|-----------------------|----------|--------------------|------------------------------|
|                    |                         | 5                     | 6        | 7                  | 8                            |
| 25                 | ADULTS & PEDIATRICS     | 34,528                |          | 17,604             |                              |
| 26                 | INTENSIVE CARE UNIT     | 7,577                 |          | 3,816              |                              |
| 31                 | SUBPROVIDER             | 8,544                 |          | 5,742              |                              |
| 31                 | 01 SUBPROVIDER 2        | 2,801                 |          | 1,881              |                              |
| 33                 | NURSERY                 | 1,719                 |          |                    |                              |
| 101                | TOTAL                   | 55,169                |          | 29,043             |                              |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | NONPHYSICIAN<br>ANESTHETIST | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01    | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|------------------------------|-----------------------------|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | OPERATING ROOM               |                             |      |                           |   |                              |         |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |      |                           |   |                              |         |                           |      |                                |      |
| 44                 | LABORATORY                   |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |
| 47                 | BLOOD STORING, PROCESSING    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY          |                             |      |                           |   |                              |         |                           |      |                                |      |
| 50                 | PHYSICAL THERAPY             |                             |      |                           |   |                              |         |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY            |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 01 CARDIAC REHAB             |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 02 EMG & ENG                 |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 04 CARDIAC CATH              |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 06 O/P PSYCHIATRIC           |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |      |                           |   |                              |         |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 57                 | RENAL DIALYSIS               |                             |      |                           |   |                              |         |                           |      |                                |      |
| 61                 | OUTPAT SERVICE COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | EMERGENCY                    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 63                 | PATIENT CARE CENTER - OCC    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | OTHER REIMBURS COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 101                | TOTAL                        |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                     | TOTAL<br>COSTS<br>3 | O/P<br>PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM |                     |                                   | 79,366,928            |                                  |  | 17,676,436                |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO                   |                     |                                   | 5,783,020             |                                  |  | 60,450                    |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC                        | 452,680             | 452,680                           | 80,979,768            | .005590                          | .005590                                | 10,892,504                | 60,889                            |
| 44                 | LABORATORY                                  |                     |                                   | 55,202,091            |                                  |  | 15,028,460                |                                   |
| 47                 | BLOOD STORING, PROCESSING                   |                     |                                   | 3,250,488             |                                  |  | 1,460,610                 |                                   |
| 49                 | RESPIRATORY THERAPY                         |                     |                                   | 9,027,734             |                                  |  | 4,820,012                 |                                   |
| 50                 | PHYSICAL THERAPY                            |                     |                                   | 9,061,088             |                                  |  | 1,114,229                 |                                   |
| 53                 | ELECTROCARDIOLOGY                           |                     |                                   | 21,391,156            |                                  |  | 2,574,320                 |                                   |
| 54                 | ELECTROENCEPHALOGRAPHY                      |                     |                                   | 1,994,767             |                                  |  | 3,128                     |                                   |
| 54                 | 01 CARDIAC REHAB                            |                     |                                   | 754,598               |                                  |  | 990                       |                                   |
| 54                 | 02 EMG & ENG                                |                     |                                   | 1,268,433             |                                  |  | 96,112                    |                                   |
| 54                 | 03 O/P CHEMICAL DEPENDENCY                  |                     |                                   | 1,005,698             |                                  |  |                           |                                   |
| 54                 | 04 CARDIAC CATH                             |                     |                                   | 34,942,394            |                                  |  | 9,031,104                 |                                   |
| 54                 | 06 O/P PSYCHIATRIC                          |                     |                                   | 679,835               |                                  |  | 10,150                    |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED                    |                     |                                   | 228,714               |                                  |  | 110,308                   |                                   |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT                |                     |                                   | 19,074,616            |                                  |  | 8,968,967                 |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS                   |                     |                                   | 47,985,132            |                                  |  | 15,648,676                |                                   |
| 57                 | RENAL DIALYSIS                              |                     |                                   | 522,865               |                                  |  | 368,024                   |                                   |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY      |                     |                                   | 29,728,207            |                                  |  | 5,440,648                 |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS                   |                     |                                   | 4,221,319             |                                  |  |                           |                                   |
| 63                 | PATIENT CARE CENTER - OCC                   |                     |                                   | 1,706,052             |                                  |  | 7,760                     |                                   |
| 66                 | OTHER REIMBURS COST CNTRS                   |                     |                                   |                       |                                  |  | 236                       |                                   |
| 101                | DURABLE MEDICAL EQUIP-REN<br>TOTAL          | 452,680             | 452,680                           | 412,414,442           |                                  |  | 93,313,124                | 60,889                            |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM               | 18,209,135                  |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO    | 9,370                       |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 22,851,925                  |                                      |                                      | 127,742                            |                             |                             |
| 44                 | LABORATORY                   | 1,415,103                   |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING    | 345,545                     |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY          | 419,300                     |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY             | 631                         |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY            | 7,978,758                   |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY       | 667,304                     |                                      |                                      |                                    |                             |                             |
| 54                 | 01 CARDIAC REHAB             | 426,418                     |                                      |                                      |                                    |                             |                             |
| 54                 | 02 EMG & ENG                 | 336,273                     |                                      |                                      |                                    |                             |                             |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 04 CARDIAC CATH              | 8,516,270                   |                                      |                                      |                                    |                             |                             |
| 54                 | 06 O/P PSYCHIATRIC           | 153,342                     |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED     | 6,369                       |                                      |                                      |                                    |                             |                             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 3,221,095                   |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS    | 5,508,800                   |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS               | 8,847                       |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                    | 4,746,647                   |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |                                      |                                      |                                    |                             |                             |
| 63                 | PATIENT CARE CENTER - OCC    | 618,023                     |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 66                 | DURABLE MEDICAL EQUIP-REN    | 3,004                       |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                        | 75,442,159                  |                                      |                                      | 127,742                            |                             |                             |











TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | CAPITAL<br>COSTS<br>6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
|                    | OPERATING ROOM               |                                  | 4,441,459                        | 79,366,928            | 9,839                         |                                    |                       |
| 39                 | DELIVERY ROOM & LABOR ROO    |                                  | 434,141                          | 5,783,020             |                               |                                    |                       |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                                  | 6,648,830                        | 80,979,768            | 353,294                       |                                    |                       |
| 44                 | LABORATORY                   |                                  | 1,044,608                        | 55,202,091            | 858,774                       |                                    |                       |
| 47                 | BLOOD STORING, PROCESSING    |                                  | 168,068                          | 3,250,488             | 6,721                         |                                    |                       |
| 49                 | RESPIRATORY THERAPY          |                                  | 228,479                          | 9,027,734             | 206,349                       |                                    |                       |
| 50                 | PHYSICAL THERAPY             |                                  | 1,242,795                        | 9,061,088             | 163,100                       |                                    |                       |
| 53                 | ELECTROCARDIOLOGY            |                                  | 947,623                          | 21,391,156            | 32,303                        |                                    |                       |
| 54                 | ELECTROENCEPHALOGRAPHY       |                                  | 78,468                           | 1,994,767             |                               |                                    |                       |
| 54                 | 01 CARDIAC REHAB             |                                  | 190,236                          | 754,598               |                               |                                    |                       |
| 54                 | 02 EMG & ENG                 |                                  | 39,588                           | 1,268,433             | 11,569                        |                                    |                       |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                                  | 66,120                           | 1,005,698             |                               |                                    |                       |
| 54                 | 04 CARDIAC CATH              |                                  | 2,130,858                        | 34,942,394            |                               |                                    |                       |
| 54                 | 06 O/P PSYCHIATRIC           |                                  | 196,978                          | 679,835               | 17,114                        |                                    |                       |
| 55                 | MEDICAL SUPPLIES CHARGED     |                                  | 36,621                           | 228,714               | 7,166                         |                                    |                       |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                                  | 56,523                           | 19,074,616            |                               |                                    |                       |
| 56                 | DRUGS CHARGED TO PATIENTS    |                                  | 758,306                          | 47,985,132            | 863,131                       |                                    |                       |
| 57                 | RENAL DIALYSIS               |                                  | 70,659                           | 522,865               | 13,161                        |                                    |                       |
|                    | OUTPAT SERVICE COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
| 61                 | EMERGENCY                    |                                  | 1,806,133                        | 29,728,207            | 129,736                       |                                    |                       |
| 62                 | OBSERVATION BEDS (NON-DIS    |                                  | 541,906                          | 4,221,319             |                               |                                    |                       |
| 63                 | PATIENT CARE CENTER - OCC    |                                  | 407,135                          | 1,706,052             |                               |                                    |                       |
|                    | OTHER REIMBURS COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                                  | 220,816                          | 4,239,539             |                               |                                    |                       |
| 101                | TOTAL                        |                                  | 21,756,350                       | 412,414,442           | 2,672,257                     |                                    |                       |



TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | NONPHYSICIAN<br>ANESTHETIST | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01    | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|------------------------------|-----------------------------|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | OPERATING ROOM               |                             |      |                           |   |                              |         |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |      |                           |   |                              |         |                           |      |                                |      |
| 44                 | LABORATORY                   |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |
| 47                 | BLOOD STORING, PROCESSING    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY          |                             |      |                           |   |                              |         |                           |      |                                |      |
| 50                 | PHYSICAL THERAPY             |                             |      |                           |   |                              |         |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY            |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 01 CARDIAC REHAB             |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 02 EMG & ENG                 |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 04 CARDIAC CATH              |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 06 O/P PSYCHIATRIC           |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |      |                           |   |                              |         |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 57                 | RENAL DIALYSIS               |                             |      |                           |   |                              |         |                           |      |                                |      |
| 61                 | OUTPAT SERVICE COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | EMERGENCY                    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 63                 | PATIENT CARE CENTER - OCC    |                             |      |                           |   |                              |         |                           |      |                                |      |
|                    | OTHER REIMBURS COST CNTRS    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 101                | TOTAL                        |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                     | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM |                     |                                | 79,366,928            |                                  |  | 9,839                     |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO                   |                     |                                | 5,783,020             |                                  |  |                           |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC                        | 452,680             | 452,680                        | 80,979,768            | .005590                          | .005590                                | 353,294                   | 1,975                             |
| 44                 | LABORATORY                                  |                     |                                | 55,202,091            |                                  |  | 858,774                   |                                   |
| 47                 | BLOOD STORING, PROCESSING                   |                     |                                | 3,250,488             |                                  |  | 6,721                     |                                   |
| 49                 | RESPIRATORY THERAPY                         |                     |                                | 9,027,734             |                                  |  | 206,349                   |                                   |
| 50                 | PHYSICAL THERAPY                            |                     |                                | 9,061,088             |                                  |  | 163,100                   |                                   |
| 53                 | ELECTROCARDIOLOGY                           |                     |                                | 21,391,156            |                                  |  | 32,303                    |                                   |
| 54                 | ELECTROENCEPHALOGRAPHY                      |                     |                                | 1,994,767             |                                  |  |                           |                                   |
| 54                 | 01 CARDIAC REHAB                            |                     |                                | 754,598               |                                  |  |                           |                                   |
| 54                 | 02 EMG & ENG                                |                     |                                | 1,268,433             |                                  |  | 11,569                    |                                   |
| 54                 | 03 O/P CHEMICAL DEPENDENCY                  |                     |                                | 1,005,698             |                                  |  |                           |                                   |
| 54                 | 04 CARDIAC CATH                             |                     |                                | 34,942,394            |                                  |  |                           |                                   |
| 54                 | 06 O/P PSYCHIATRIC                          |                     |                                | 679,835               |                                  |  | 17,114                    |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED                    |                     |                                | 228,714               |                                  |  | 7,166                     |                                   |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT                |                     |                                | 19,074,616            |                                  |  |                           |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS                   |                     |                                | 47,985,132            |                                  |  | 863,131                   |                                   |
| 57                 | RENAL DIALYSIS                              |                     |                                | 522,865               |                                  |  | 13,161                    |                                   |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY      |                     |                                | 29,728,207            |                                  |  | 129,736                   |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS                   |                     |                                | 4,221,319             |                                  |  |                           |                                   |
| 63                 | PATIENT CARE CENTER - OCC                   |                     |                                | 1,706,052             |                                  |  |                           |                                   |
| 66                 | OTHER REIMBURS COST CNTRS                   |                     |                                | 4,239,539             |                                  |  |                           |                                   |
| 101                | DURABLE MEDICAL EQUIP-REN<br>TOTAL          | 452,680             | 452,680                        | 412,414,442           |                                  |  | 2,672,257                 | 1,975                             |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM               |                             |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                   |                             |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING    |                             |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY             |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY            |                             | 60                                   |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 01 CARDIAC REHAB             |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 02 EMG & ENG                 |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 04 CARDIAC CATH              |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 06 O/P PSYCHIATRIC           |                             |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |                                      |                                      |                                    |                             |                             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS               |                             |                                      |                                      |                                    |                             |                             |
| 61                 | OUTPAT SERVICE COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | EMERGENCY                    |                             |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |                                      |                                      |                                    |                             |                             |
| 63                 | PATIENT CARE CENTER - OCC    |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                        |                             | 60                                   |                                      |                                    |                             |                             |



TITLE XVIII, PART B

SUBPROVIDER 1

| Cost Center Description                               | All Other (1) | PPS Services<br>FYB to 12/31 | Non-PPS<br>Services | PPS Services<br>1/1 to FYE | Outpatient<br>Ambulatory<br>Surgical Ctr |
|---|---------------|------------------------------|---------------------|----------------------------|--|
|   | 5             | 5.01                         | 5.02                | 5.03                       | 6  |
| (A) ANCILLARY SRVC COST CNTRS                         |               |                              |                     |                            |  |
| 37 OPERATING ROOM                                     |               |                              |                     |                            |  |
| 39 DELIVERY ROOM & LABOR ROOM                         |               |                              |                     |                            |  |
| 41 RADIOLOGY-DIAGNOSTIC                               |               |                              |                     |                            |  |
| 44 LABORATORY   |               |                              |                     |                            |  |
| 47 BLOOD STORING, PROCESSING & TRANS.                 |               |                              |                     |                            |  |
| 49 RESPIRATORY THERAPY                                |               |                              |                     |                            |  |
| 50 PHYSICAL THERAPY                                   |               |                              |                     |                            |  |
| 53 ELECTROCARDIOLOGY                                  |               | 60                           |                     |                            |  |
| 54 ELECTROENCEPHALOGRAPHY                             |               |                              |                     |                            |  |
| 54 01 CARDIAC REHAB                                   |               |                              |                     |                            |  |
| 54 02 EMG & ENG                                       |               |                              |                     |                            |  |
| 54 03 O/P CHEMICAL DEPENDENCY                         |               |                              |                     |                            |  |
| 54 04 CARDIAC CATH                                    |               |                              |                     |                            |  |
| 54 06 O/P PSYCHIATRIC                                 |               |                              |                     |                            |  |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS               |               |                              |                     |                            |  |
| 55 30 IMPL. DEV. CHARGED TO PATIENT                   |               |                              |                     |                            |  |
| 56 DRUGS CHARGED TO PATIENTS                          |               |                              |                     |                            |  |
| 57 RENAL DIALYSIS                                     |               |                              |                     |                            |  |
| 61 OUTPAT SERVICE COST CNTRS                          |               |                              |                     |                            |  |
| 62 EMERGENCY  |               |                              |                     |                            |  |
| 63 OBSERVATION BEDS (NON-DISTINCT PART)               |               |                              |                     |                            |  |
| 63 PATIENT CARE CENTER - OCC                          |               |                              |                     |                            |  |
| 66 OTHER REIMBURS COST CNTRS                          |               |                              |                     |                            |  |
| 101 DURABLE MEDICAL EQUIP-RENTED                      |               |                              |                     |                            |  |
| 102 SUBTOTAL  |               | 60                           |                     |                            |  |
| 103 CRNA CHARGES                                      |               |                              |                     |                            |  |
| 104 LESS PBP CLINIC LAB SVCS-<br>PROGRAM ONLY CHARGES |               |                              |                     |                            |  |
| NET CHARGES   |               | 60                           |                     |                            |  |

(A) WORKSHEET A LINE NUMBERS

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







TITLE XVIII, PART A SUBPROVIDER 2 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | CAPITAL<br>COSTS<br>6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
|                    | OPERATING ROOM               |                                  | 4,441,459                        | 79,366,928            | 14,541                        |                                    |                       |
| 39                 | DELIVERY ROOM & LABOR ROO    |                                  | 434,141                          | 5,783,020             |                               |                                    |                       |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                                  | 6,648,830                        | 80,979,768            | 82,435                        |                                    |                       |
| 44                 | LABORATORY                   |                                  | 1,044,608                        | 55,202,091            | 212,352                       |                                    |                       |
| 47                 | BLOOD STORING, PROCESSING    |                                  | 168,068                          | 3,250,488             | 9,614                         |                                    |                       |
| 49                 | RESPIRATORY THERAPY          |                                  | 228,479                          | 9,027,734             | 76,550                        |                                    |                       |
| 50                 | PHYSICAL THERAPY             |                                  | 1,242,795                        | 9,061,088             | 1,064,852                     |                                    |                       |
| 53                 | ELECTROCARDIOLOGY            |                                  | 947,623                          | 21,391,156            | 9,115                         |                                    |                       |
| 54                 | ELECTROENCEPHALOGRAPHY       |                                  | 78,468                           | 1,994,767             |                               |                                    |                       |
| 54                 | 01 CARDIAC REHAB             |                                  | 190,236                          | 754,598               |                               |                                    |                       |
| 54                 | 02 EMG & ENG                 |                                  | 39,588                           | 1,268,433             | 1,195                         |                                    |                       |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                                  | 66,120                           | 1,005,698             |                               |                                    |                       |
| 54                 | 04 CARDIAC CATH              |                                  | 2,130,858                        | 34,942,394            |                               |                                    |                       |
| 54                 | 06 O/P PSYCHIATRIC           |                                  | 196,978                          | 679,835               |                               |                                    |                       |
| 55                 | MEDICAL SUPPLIES CHARGED     |                                  | 36,621                           | 228,714               | 587                           |                                    |                       |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                                  | 56,523                           | 19,074,616            |                               |                                    |                       |
| 56                 | DRUGS CHARGED TO PATIENTS    |                                  | 758,306                          | 47,985,132            | 272,512                       |                                    |                       |
| 57                 | RENAL DIALYSIS               |                                  | 70,659                           | 522,865               |                               |                                    |                       |
|                    | OUTPAT SERVICE COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
| 61                 | EMERGENCY                    |                                  | 1,806,133                        | 29,728,207            |                               |                                    |                       |
| 62                 | OBSERVATION BEDS (NON-DIS    |                                  | 541,906                          | 4,221,319             |                               |                                    |                       |
| 63                 | PATIENT CARE CENTER - OCC    |                                  | 407,135                          | 1,706,052             |                               |                                    |                       |
|                    | OTHER REIMBURS COST CNTRS    |                                  |                                  |                       |                               |                                    |                       |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                                  | 220,816                          | 4,239,539             | 1,391                         |                                    |                       |
| 101                | TOTAL                        |                                  | 21,756,350                       | 412,414,442           | 1,745,144                     |                                    |                       |



TITLE XVIII, PART A SUBPROVIDER 2 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                     | NONPHYSICIAN<br>ANESTHETIST | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01    | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|---|-----------------------------|------|---------------------------|---|------------------------------|---------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM |                             |      |                           |   |                              |         |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC                        |                             |      |                           |   |                              |         |                           |      |                                |      |
| 44                 | LABORATORY                                  |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |
| 47                 | BLOOD STORING, PROCESSING                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY                         |                             |      |                           |   |                              |         |                           |      |                                |      |
| 50                 | PHYSICAL THERAPY                            |                             |      |                           |   |                              |         |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY                           |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY                      |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 01 CARDIAC REHAB                            |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 02 EMG & ENG                                |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 03 O/P CHEMICAL DEPENDENCY                  |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 04 CARDIAC CATH                             |                             |      |                           |   |                              |         |                           |      |                                |      |
| 54                 | 06 O/P PSYCHIATRIC                          |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED                    |                             |      |                           |   |                              |         |                           |      |                                |      |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT                |                             |      |                           |   |                              |         |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 57                 | RENAL DIALYSIS                              |                             |      |                           |   |                              |         |                           |      |                                |      |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY      |                             |      |                           |   |                              |         |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 63                 | PATIENT CARE CENTER - OCC                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 66                 | OTHER REIMBURS COST CNTRS                   |                             |      |                           |   |                              |         |                           |      |                                |      |
| 101                | DURABLE MEDICAL EQUIP-REN<br>TOTAL          |                             |      |                           |   |                              | 452,680 |                           |      |                                |      |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                     | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|---|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM |                     |                                | 79,366,928            |                                  |  | 14,541                    |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO                   |                     |                                | 5,783,020             |                                  |  |                           |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC                        | 452,680             | 452,680                        | 80,979,768            | .005590                          | .005590                                | 82,435                    | 461                               |
| 44                 | LABORATORY                                  |                     |                                | 55,202,091            |                                  |  | 212,352                   |                                   |
| 47                 | BLOOD STORING, PROCESSING                   |                     |                                | 3,250,488             |                                  |  | 9,614                     |                                   |
| 49                 | RESPIRATORY THERAPY                         |                     |                                | 9,027,734             |                                  |  | 76,550                    |                                   |
| 50                 | PHYSICAL THERAPY                            |                     |                                | 9,061,088             |                                  |  | 1,064,852                 |                                   |
| 53                 | ELECTROCARDIOLOGY                           |                     |                                | 21,391,156            |                                  |  | 9,115                     |                                   |
| 54                 | ELECTROENCEPHALOGRAPHY                      |                     |                                | 1,994,767             |                                  |  |                           |                                   |
| 54                 | 01 CARDIAC REHAB                            |                     |                                | 754,598               |                                  |  |                           |                                   |
| 54                 | 02 EMG & ENG                                |                     |                                | 1,268,433             |                                  |  | 1,195                     |                                   |
| 54                 | 03 O/P CHEMICAL DEPENDENCY                  |                     |                                | 1,005,698             |                                  |  |                           |                                   |
| 54                 | 04 CARDIAC CATH                             |                     |                                | 34,942,394            |                                  |  |                           |                                   |
| 54                 | 06 O/P PSYCHIATRIC                          |                     |                                | 679,835               |                                  |  |                           |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED                    |                     |                                | 228,714               |                                  |  | 587                       |                                   |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT                |                     |                                | 19,074,616            |                                  |  |                           |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS                   |                     |                                | 47,985,132            |                                  |  | 272,512                   |                                   |
| 57                 | RENAL DIALYSIS                              |                     |                                | 522,865               |                                  |  |                           |                                   |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY      |                     |                                | 29,728,207            |                                  |  |                           |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS                   |                     |                                | 4,221,319             |                                  |  |                           |                                   |
| 63                 | PATIENT CARE CENTER - OCC                   |                     |                                | 1,706,052             |                                  |  |                           |                                   |
| 66                 | OTHER REIMBURS COST CNTRS                   |                     |                                | 4,239,539             |                                  |  | 1,391                     |                                   |
| 101                | DURABLE MEDICAL EQUIP-REN<br>TOTAL          | 452,680             | 452,680                        | 412,414,442           |                                  |  | 1,745,144                 | 461                               |

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM               |                             |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                   |                             |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING    |                             |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY             |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY            |                             |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 01 CARDIAC REHAB             |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 02 EMG & ENG                 |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 03 O/P CHEMICAL DEPENDENCY   |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 04 CARDIAC CATH              |                             |                                      |                                      |                                    |                             |                             |
| 54                 | 06 O/P PSYCHIATRIC           |                             |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |                                      |                                      |                                    |                             |                             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |                                      |                                      |                                    |                             |                             |
| 57                 | RENAL DIALYSIS               |                             |                                      |                                      |                                    |                             |                             |
| 61                 | OUTPAT SERVICE COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | EMERGENCY                    |                             |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |                                      |                                      |                                    |                             |                             |
| 63                 | PATIENT CARE CENTER - OCC    |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 66                 | DURABLE MEDICAL EQUIP-REN    |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                        |                             |                                      |                                      |                                    |                             |                             |











TITLE XIX - O/P

HOSPITAL

| Cost Center Description                           | Cost/Charge Ratio (C, Pt I, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic | All Other (1) |
|---|-------------------------------------|------------------------------------|----------------------|-----------------------------|---------------|
|   | 1                                   | 2                                  | 3                    | 4                           | 5             |
| (A) ANCILLARY SRVC COST CNTRS                     |                                     |                                    |                      |                             |               |
| 37 OPERATING ROOM                                 | . 414743                            |                                    |                      |                             | 2, 703, 450   |
| 39 DELIVERY ROOM & LABOR ROOM                     | . 424238                            |                                    |                      |                             | 79, 086       |
| 41 RADIOLOGY-DIAGNOSTIC                           | . 315160                            |                                    |                      |                             | 3, 996, 887   |
| 44 LABORATORY                                     | . 226011                            |                                    |                      |                             | 1, 593, 938   |
| 47 BLOOD STORING, PROCESSING & TRANS.             | . 825359                            |                                    |                      |                             | 191, 082      |
| 49 RESPIRATORY THERAPY                            | . 365541                            |                                    |                      |                             | 82, 282       |
| 50 PHYSICAL THERAPY                               | . 935058                            |                                    |                      |                             | 689, 492      |
| 53 ELECTROCARDIOLOGY                              | . 249904                            |                                    |                      |                             | 711, 782      |
| 54 ELECTROENCEPHALOGRAPHY                         | . 258116                            |                                    |                      |                             | 159, 452      |
| 54 01 CARDIAC REHAB                               | . 757158                            |                                    |                      |                             | 24, 891       |
| 54 02 EMG & ENG                                   | . 207980                            |                                    |                      |                             | 97, 002       |
| 54 03 O/P CHEMICAL DEPENDENCY                     | . 662927                            |                                    |                      |                             |               |
| 54 04 CARDIAC CATH                                | . 271037                            |                                    |                      |                             | 918, 975      |
| 54 06 O/P PSYCHIATRIC                             | . 897838                            |                                    |                      |                             | 17, 669       |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS           | . 940699                            |                                    |                      |                             | 506           |
| 55 30 IMPL. DEV. CHARGED TO PATIENT               | . 728608                            |                                    |                      |                             |               |
| 56 DRUGS CHARGED TO PATIENTS                      | . 347953                            |                                    |                      |                             | 1, 291, 565   |
| 57 RENAL DIALYSIS                                 | 1. 760586                           |                                    |                      |                             | 951           |
| OUTPAT SERVICE COST CNTRS                         |                                     |                                    |                      |                             |               |
| 61 EMERGENCY                                      | . 434122                            |                                    |                      |                             | 1, 934, 834   |
| 62 OBSERVATION BEDS (NON-DISTINCT PART)           | . 671340                            |                                    |                      |                             |               |
| 63 PATIENT CARE CENTER - OCC                      | 1. 472371                           |                                    |                      |                             | 130, 341      |
| OTHER REIMBURS COST CNTRS                         |                                     |                                    |                      |                             |               |
| 66 DURABLE MEDICAL EQUIP-RENTED                   | . 468784                            |                                    |                      |                             | 269, 118      |
| 101 SUBTOTAL                                      |                                     |                                    |                      |                             | 14, 893, 303  |
| 102 CRNA CHARGES                                  |                                     |                                    |                      |                             |               |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES |                                     |                                    |                      |                             |               |
| 104 NET CHARGES                                   |                                     |                                    |                      |                             | 14, 893, 303  |

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







TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

|    |   |  |  |  |  |            |
|----|---|--|--|--|--|------------|
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM        |  |  |  |  | 870.91     |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST                  |  |  |  |  | 15,331,500 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM |  |  |  |  |            |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST            |  |  |  |  | 15,331,500 |

|    | TOTAL<br>I/P COST<br>1  | TOTAL<br>I/P DAYS<br>2 | AVERAGE<br>PER DIEM<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |
|----|---|------------------------|--------------------------|----------------------|----------------------|
| 42 | NURSERY (TITLE V & XIX ONLY)<br>INTENSIVE CARE TYPE INPATIENT<br>HOSPITAL UNITS |                        |                          |                      |                      |
| 43 | 11,781,454  | 7,577                  | 1,554.90                 | 3,816                | 5,933,498            |
| 44 | CORONARY CARE UNIT  |                        |                          |                      |                      |
| 45 | BURN INTENSIVE CARE UNIT  |                        |                          |                      |                      |
| 46 | SURGICAL INTENSIVE CARE UNIT  |                        |                          |                      |                      |
| 47 | OTHER SPECIAL CARE  |                        |                          |                      |                      |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST  |                        |                          |                      |                      |
| 49 | TOTAL PROGRAM INPATIENT COSTS   |                        |                          |                      |                      |

PASS THROUGH COST ADJUSTMENTS

|    |  |  |  |  |  |            |
|----|--|--|--|--|--|------------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  |  |  |  |  | 3,832,422  |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  |  |  |  |  | 3,928,435  |
| 52 | TOTAL PROGRAM EXCLUDABLE COST  |  |  |  |  | 7,760,857  |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN<br>ANESTHETIST, AND MEDICAL EDUCATION COSTS |  |  |  |  | 49,944,696 |

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

|    |  |           |
|----|--|-----------|
| 83 | TOTAL OBSERVATION BED DAYS                       | 3,254     |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 870.91    |
| 85 | OBSERVATION BED COST                             | 2,833,941 |

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       | 30,070,706   |                              | 2,833,941                  |                                   |
| 87    | NEW CAPITAL-RELATED COST       | 5,750,128    | .191220                      | 2,833,941                  | 541,906                           |
| 88    | NON PHYSICIAN ANESTHETIST      | 30,070,706   |                              | 2,833,941                  |                                   |
| 89    | MEDICAL EDUCATION              | 30,070,706   |                              | 2,833,941                  |                                   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 30,070,706   |                              | 2,833,941                  |                                   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  | 30,070,706   |                              | 2,833,941                  |                                   |





TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

|    |  |        |
|----|--|--------|
| 83 | TOTAL OBSERVATION BED DAYS                       |        |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 719.94 |
| 85 | OBSERVATION BED COST                             |        |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------|----------------------------|-----------------------------------|
|       | 1                              | 2            | 3                            | 4                          | 5                                 |
| 86    | OLD CAPITAL-RELATED COST       | 6,151,202    |                              |                            |                                   |
| 87    | NEW CAPITAL-RELATED COST       | 1,110,151    | 6,151,202                    |                            |                                   |
| 88    | NON PHYSICIAN ANESTHETIST      | 6,151,202    | .180477                      |                            |                                   |
| 89    | MEDICAL EDUCATION              | 6,151,202    |                              |                            |                                   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 6,151,202    |                              |                            |                                   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  | 6,151,202    |                              |                            |                                   |





TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

|    |  |          |
|----|--|----------|
| 83 | TOTAL OBSERVATION BED DAYS                       |          |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,245.36 |
| 85 | OBSERVATION BED COST                             |          |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1<br>DIVIDED BY<br>COLUMN 2 | TOTAL<br>OBSERVATION<br>BED COST | OBSERVATION BED<br>PASS THROUGH<br>COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
|       | 1                              | 2            | 3                                  | 4                                | 5                                       |
| 86    | OLD CAPITAL-RELATED COST       | 3,488,266    |                                    |                                  |   |
| 87    | NEW CAPITAL-RELATED COST       | 815,240      | .233709                            |                                  |   |
| 88    | NON PHYSICIAN ANESTHETIST      | 3,488,266    |                                    |                                  |   |
| 89    | MEDICAL EDUCATION              | 3,488,266    |                                    |                                  |   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | 3,488,266    |                                    |                                  |   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  | 3,488,266    |                                    |                                  |   |



TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

|  | TOTAL<br>I/P COST<br>1 | TOTAL<br>I/P DAYS<br>2 | AVERAGE<br>PER DIEM<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLE V & XIX ONLY)<br>INTENSIVE CARE TYPE INPATIENT<br>HOSPITAL UNITS |                        | 1,719                  |                          |                      |                      |
| 43 INTENSIVE CARE UNIT   |                        | 7,577                  |                          |                      |                      |
| 44 CORONARY CARE UNIT  |                        |                        |                          |                      |                      |
| 45 BURN INTENSIVE CARE UNIT  |                        |                        |                          |                      |                      |
| 46 SURGICAL INTENSIVE CARE UNIT  |                        |                        |                          |                      |                      |
| 47 OTHER SPECIAL CARE  |                        |                        |                          |                      |                      |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST  |                        |                        |                          |                      | 1<br>3,694,787       |
| 49 TOTAL PROGRAM INPATIENT COSTS   |                        |                        |                          |                      | 3,694,787            |

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,694,787

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 1,942  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

|    |   |   |
|----|---|---|
| 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                       | 3,254 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM |       |
| 85 | OBSERVATION BED COST                             |       |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------|----------------------------|-----------------------------------|
|       | 1                              | 2            | 3                            | 4                          | 5                                 |
| 86    | OLD CAPITAL-RELATED COST       |              |                              |                            |                                   |
| 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 SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

|  | TOTAL<br>I/P COST<br>1 | TOTAL<br>I/P DAYS<br>2 | AVERAGE<br>PER DIEM<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>5 |
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLE V & XIX ONLY)                    |                        |                        |                          |                      |                      |
| 43 INTENSIVE CARE TYPE INPATIENT<br>HOSPITAL UNITS |                        |                        |                          |                      |                      |
| 44 INTENSIVE CARE UNIT                             |                        |                        |                          |                      |                      |
| 45 CORONARY CARE UNIT                              |                        |                        |                          |                      |                      |
| 46 BURN INTENSIVE CARE UNIT                        |                        |                        |                          |                      |                      |
| 47 SURGICAL INTENSIVE CARE UNIT                    |                        |                        |                          |                      |                      |
| 47 OTHER SPECIAL CARE                              |                        |                        |                          |                      | 1                    |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST        |                        |                        |                          |                      | 80,811               |
| 49 TOTAL PROGRAM INPATIENT COSTS                   |                        |                        |                          |                      | 80,811               |

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 80,811

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 49  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------|----------------------------|-----------------------------------|
|       | 1                              | 2            | 3                            | 4                          | 5                                 |
| 86    | OLD CAPITAL-RELATED COST       |              |                              |                            |                                   |
| 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 SUBPROVIDER II PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|                                      | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|--------------------------------------|------|--------------|------------------------------|----------------------------|-----------------------------------|
|                                      | 1    | 2            | 3                            | 4                          | 5                                 |
| 86 OLD CAPITAL-RELATED COST          |      |              |                              |                            |                                   |
| 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 XVIII, PART A |  | HOSPITAL              |                   | PPS            |  |
|---------------------|--|-----------------------|-------------------|----------------|--|
| WKST A              | COST CENTER DESCRIPTION                                    | RATIO COST TO CHARGES | INPATIENT CHARGES | INPATIENT COST |  |
| LINE NO.            |  | 1                     | 2                 | 3              |  |
| 25                  | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS               |                       | 14,755,821        |                |  |
| 26                  | INTENSIVE CARE UNIT  |                       | 500,430           |                |  |
| 31                  | SUBPROVIDER  |                       |                   |                |  |
| 31                  | 01 SUBPROVIDER 2   |                       |                   |                |  |
| 37                  | ANCILLARY SRVC COST CNTRS OPERATING ROOM                   | .414743               | 17,676,436        | 7,331,178      |  |
| 39                  | DELIVERY ROOM & LABOR ROOM                                 | .424238               | 60,450            | 25,645         |  |
| 41                  | RADIOLOGY-DIAGNOSTIC                                       | .315160               | 10,892,504        | 3,432,882      |  |
| 44                  | LABORATORY   | .226011               | 15,028,460        | 3,396,597      |  |
| 47                  | BLOOD STORING, PROCESSING & TRANS.                         | .825359               | 1,460,610         | 1,205,528      |  |
| 49                  | RESPIRATORY THERAPY  | .365541               | 4,820,012         | 1,761,912      |  |
| 50                  | PHYSICAL THERAPY   | .935058               | 1,114,229         | 1,041,869      |  |
| 53                  | ELECTROCARDIOLOGY  | .249904               | 2,574,320         | 643,333        |  |
| 54                  | ELECTROENCEPHALOGRAPHY                                     | .258116               | 3,128             | 807            |  |
| 54                  | 01 CARDIAC REHAB   | .757158               | 990               | 750            |  |
| 54                  | 02 EMG & ENG   | .207980               | 96,112            | 19,989         |  |
| 54                  | 03 O/P CHEMICAL DEPENDENCY                                 | .662927               |                   |                |  |
| 54                  | 04 CARDIAC CATH  | .271037               | 9,031,104         | 2,447,763      |  |
| 54                  | 06 O/P PSYCHIATRIC   | .897838               | 10,150            | 9,113          |  |
| 55                  | MEDICAL SUPPLIES CHARGED TO PATIENTS                       | .940699               | 110,308           | 103,767        |  |
| 55                  | 30 IMPL. DEV. CHARGED TO PATIENT                           | .728608               | 8,968,967         | 6,534,861      |  |
| 56                  | DRUGS CHARGED TO PATIENTS                                  | .347953               | 15,648,676        | 5,445,004      |  |
| 57                  | RENAL DIALYSIS   | 1.760586              | 368,024           | 647,938        |  |
| 61                  | OUTPAT SERVICE COST CNTRS EMERGENCY                        | .437463               | 5,440,648         | 2,380,082      |  |
| 62                  | OBSERVATION BEDS (NON-DISTINCT PART)                       | .671340               |                   |                |  |
| 63                  | PATIENT CARE CENTER - OCC                                  | 1.472371              | 7,760             | 11,426         |  |
|                     | OTHER REIMBURS COST CNTRS                                  |                       |                   |                |  |
| 66                  | DURABLE MEDICAL EQUIP-RENTED                               | .468784               | 236               | 111            |  |
| 101                 | TOTAL  |                       | 93,313,124        | 36,440,555     |  |
| 102                 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES |                       |                   |                |  |
| 103                 | NET CHARGES  |                       | 93,313,124        |                |  |

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                       | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS               |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER   |                               | 4,597,927                 |                        |
| 31 01              | SUBPROVIDER 2   |                               |                           |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                   | .414743                       | 9,839                     | 4,081                  |
| 39                 | DELIVERY ROOM & LABOR ROOM                                    | .424238                       |                           |                        |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .315160                       | 353,294                   | 111,344                |
| 44                 | LABORATORY  | .226011                       | 858,774                   | 194,092                |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                            | .825359                       | 6,721                     | 5,547                  |
| 49                 | RESPIRATORY THERAPY   | .365541                       | 206,349                   | 75,429                 |
| 50                 | PHYSICAL THERAPY  | .935058                       | 163,100                   | 152,508                |
| 53                 | ELECTROCARDIOLOGY   | .249904                       | 32,303                    | 8,073                  |
| 54                 | ELECTROENCEPHALOGRAPHY  | .258116                       |                           |                        |
| 54 01              | CARDIAC REHAB   | .757158                       |                           |                        |
| 54 02              | EMG & ENG   | .207980                       | 11,569                    | 2,406                  |
| 54 03              | O/P CHEMICAL DEPENDENCY                                       | .662927                       |                           |                        |
| 54 04              | CARDIAC CATH  | .271037                       |                           |                        |
| 54 06              | O/P PSYCHIATRIC   | .897838                       | 17,114                    | 15,366                 |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                          | .940699                       | 7,166                     | 6,741                  |
| 55 30              | IMPL. DEV. CHARGED TO PATIENT                                 | .728608                       |                           |                        |
| 56                 | DRUGS CHARGED TO PATIENTS                                     | .347953                       | 863,131                   | 300,329                |
| 57                 | RENAL DIALYSIS  | 1.760586                      | 13,161                    | 23,171                 |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY                        | .437463                       | 129,736                   | 56,755                 |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)                          | .671340                       |                           |                        |
| 63                 | PATIENT CARE CENTER - OCC<br>OTHER REIMBURS COST CNTRS        | 1.472371                      |                           |                        |
| 66                 | DURABLE MEDICAL EQUIP-RENTED                                  | .468784                       |                           |                        |
| 101                | TOTAL   |                               | 2,672,257                 | 955,842                |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES |                               |                           |                        |
| 103                | NET CHARGES   |                               | 2,672,257                 |                        |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                       | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
|                    | TITLE XVIII, PART A   |                               |                           |                        |
|                    | SUBPROVIDER 2   |                               |                           |                        |
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS               |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER   |                               |                           |                        |
| 31                 | 01 SUBPROVIDER 2  |                               | 1,483,396                 |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                   | .414743                       | 14,541                    | 6,031                  |
| 39                 | DELIVERY ROOM & LABOR ROOM                                    | .424238                       |                           |                        |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .315160                       | 82,435                    | 25,980                 |
| 44                 | LABORATORY  | .226011                       | 212,352                   | 47,994                 |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                            | .825359                       | 9,614                     | 7,935                  |
| 49                 | RESPIRATORY THERAPY   | .365541                       | 76,550                    | 27,982                 |
| 50                 | PHYSICAL THERAPY  | .935058                       | 1,064,852                 | 995,698                |
| 53                 | ELECTROCARDIOLOGY   | .249904                       | 9,115                     | 2,278                  |
| 54                 | ELECTROENCEPHALOGRAPHY  | .258116                       |                           |                        |
| 54                 | 01 CARDIAC REHAB  | .757158                       |                           |                        |
| 54                 | 02 EMG & ENG  | .207980                       | 1,195                     | 249                    |
| 54                 | 03 O/P CHEMICAL DEPENDENCY                                    | .662927                       |                           |                        |
| 54                 | 04 CARDIAC CATH   | .271037                       |                           |                        |
| 54                 | 06 O/P PSYCHIATRIC  | .897838                       |                           |                        |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                          | .940699                       | 587                       | 552                    |
| 55                 | 30 IMPL. DEV. CHARGED TO PATIENT                              | .728608                       |                           |                        |
| 56                 | DRUGS CHARGED TO PATIENTS                                     | .347953                       | 272,512                   | 94,821                 |
| 57                 | RENAL DIALYSIS  | 1.760586                      |                           |                        |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY                        | .437463                       |                           |                        |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)                          | .671340                       |                           |                        |
| 63                 | PATIENT CARE CENTER - OCC<br>OTHER REIMBURS COST CNTRS        | 1.472371                      |                           |                        |
| 66                 | DURABLE MEDICAL EQUIP-RENTED                                  | .468784                       | 1,391                     | 652                    |
| 101                | TOTAL   |                               | 1,745,144                 | 1,210,172              |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES |                               |                           |                        |
| 103                | NET CHARGES   |                               | 1,745,144                 |                        |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                       | RATIO COST<br>TO CHARGES<br>1 | INPATIENT CHARGES |           |
|--------------------|---|-------------------------------|-------------------|-----------|
|                    |   |                               | 2                 | 3         |
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS               |                               | 2,193,058         |           |
| 26                 | INTENSIVE CARE UNIT   |                               | 800,637           |           |
| 31                 | SUBPROVIDER   |                               |                   |           |
| 31 01              | SUBPROVIDER 2   |                               |                   |           |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                   | .414743                       | 1,743,729         | 723,199   |
| 39                 | DELIVERY ROOM & LABOR ROOM                                    | .424238                       | 424,576           | 180,121   |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .315160                       | 1,357,125         | 427,712   |
| 44                 | LABORATORY  | .226011                       | 1,868,760         | 422,360   |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                            | .825359                       | 154,529           | 127,542   |
| 49                 | RESPIRATORY THERAPY   | .365541                       | 585,302           | 213,952   |
| 50                 | PHYSICAL THERAPY  | .935058                       | 68,303            | 63,867    |
| 53                 | ELECTROCARDIOLOGY   | .249904                       | 204,509           | 51,108    |
| 54                 | ELECTROENCEPHALOGRAPHY  | .258116                       |                   |           |
| 54 01              | CARDIAC REHAB   | .757158                       |                   |           |
| 54 02              | EMG & ENG   | .207980                       | 14,705            | 3,058     |
| 54 03              | O/P CHEMICAL DEPENDENCY                                       | .662927                       |                   |           |
| 54 04              | CARDIAC CATH  | .271037                       | 1,085,455         | 294,198   |
| 54 06              | O/P PSYCHIATRIC   | .897838                       | 17,918            | 16,087    |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                          | .940699                       | 11,465            | 10,785    |
| 55 30              | IMPL. DEV. CHARGED TO PATIENT                                 | .728608                       |                   |           |
| 56                 | DRUGS CHARGED TO PATIENTS                                     | .347953                       | 2,235,109         | 777,713   |
| 57                 | RENAL DIALYSIS  | 1.760586                      | 29,002            | 51,061    |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY                        | .434122                       | 763,428           | 331,421   |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)                          | .671340                       | 898               | 603       |
| 63                 | PATIENT CARE CENTER - OCC<br>OTHER REIMBURS COST CNTRS        | 1.472371                      |                   |           |
| 66                 | DURABLE MEDICAL EQUIP-RENTED                                  | .468784                       |                   |           |
| 101                | TOTAL   |                               | 10,564,813        | 3,694,787 |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES |                               |                   |           |
| 103                | NET CHARGES   |                               | 10,564,813        |           |



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX      SUBPROVIDER 2

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                       | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS               |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER   |                               |                           |                        |
| 31 01              | SUBPROVIDER 2   |                               | 61,776                    |                        |
| 37                 | ANCILLARY SRVC COST CNTRS<br>OPERATING ROOM                   | .414743                       |                           |                        |
| 39                 | DELIVERY ROOM & LABOR ROOM                                    | .424238                       |                           |                        |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .315160                       | 790                       | 249                    |
| 44                 | LABORATORY  | .226011                       | 7,271                     | 1,643                  |
| 47                 | BLOOD STORING, PROCESSING & TRANS.                            | .825359                       |                           |                        |
| 49                 | RESPIRATORY THERAPY   | .365541                       |                           |                        |
| 50                 | PHYSICAL THERAPY  | .935058                       | 45,343                    | 42,398                 |
| 53                 | ELECTROCARDIOLOGY   | .249904                       |                           |                        |
| 54                 | ELECTROENCEPHALOGRAPHY  | .258116                       |                           |                        |
| 54 01              | CARDIAC REHAB   | .757158                       |                           |                        |
| 54 02              | EMG & ENG   | .207980                       |                           |                        |
| 54 03              | O/P CHEMICAL DEPENDENCY                                       | .662927                       |                           |                        |
| 54 04              | CARDIAC CATH  | .271037                       |                           |                        |
| 54 06              | O/P PSYCHIATRIC   | .897838                       |                           |                        |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                          | .940699                       |                           |                        |
| 55 30              | IMPL. DEV. CHARGED TO PATIENT                                 | .728608                       |                           |                        |
| 56                 | DRUGS CHARGED TO PATIENTS                                     | .347953                       | 20,536                    | 7,146                  |
| 57                 | RENAL DIALYSIS  | 1.760586                      |                           |                        |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY                        | .434122                       |                           |                        |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)                          | .671340                       |                           |                        |
| 63                 | PATIENT CARE CENTER - OCC<br>OTHER REIMBURS COST CNTRS        | 1.472371                      |                           |                        |
| 66                 | DURABLE MEDICAL EQUIP-RENTED                                  | .468784                       |                           |                        |
| 101                | TOTAL   |                               | 73,940                    | 51,436                 |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES |                               |                           |                        |
| 103                | NET CHARGES   |                               | 73,940                    |                        |

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

| DESCRIPTION  | 1  | 1.01                     |
|--|--|--------------------------|
| DRG AMOUNT   |  |                          |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1   | 40,265,672                                 |                          |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1  |  |                          |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1   |  |                          |
| MANAGED CARE PATIENTS  |  |                          |
| 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST  | 2,870,632                                  |                          |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1   |  |                          |
| 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1  |  |                          |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)  |  |                          |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.   |  |                          |
| 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.  |  |                          |
| 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97   |  |                          |
| 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)  | 1,074,967                                  |                          |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD   | 145.08                                     |                          |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT  |  |                          |
| 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I   |  |                          |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)  |  |                          |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT   |  |                          |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.   |  |                          |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)  |  |                          |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)   |  |                          |
|  | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 |                          |
|  | E-3 PT 6 LN 15 PLUS LN 3.06                |                          |
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)   |  |                          |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS   |  |                          |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.   |  |                          |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1   |  |                          |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09  |  |                          |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10  |  |                          |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.   |  |                          |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)   |  |                          |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE  |  |                          |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE |  |                          |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).  |  |                          |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)  |  |                          |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)   |  |                          |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)  |  |                          |
| 3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1   |  |                          |
| 3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)   |  |                          |
| 3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1  |  |                          |
|  | SUM OF LINES 3.21 - 3.23                   | PLUS E-3, PT VI, LINE 23 |
| 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).  |  |                          |
| DISPROPORTIONATE SHARE ADJUSTMENT  |  |                          |
| 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)  | 5.21                                       |                          |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I   | 15.80                                      |                          |
| 4.02 SUM OF LINES 4 AND 4.01   | 21.01                                      |                          |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)   | 6.55                                       |                          |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)  | 2,637,402                                  |                          |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES  |  |                          |
| 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)  |  |                          |
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)  |  |                          |





PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

|  |   |        |
|--|---|--------|
| 1  | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)   | 4,202  |
| 1.01   | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).   | 15     |
| 1.02   | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.   |        |
| 1.03   | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.  |        |
| 1.04   | LINE 1.01 TIMES LINE 1.03.  |        |
| 1.05   | LINE 1.02 DIVIDED BY LINE 1.04.   |        |
| 1.06   | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)  |        |
| 1.07   | OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101  |        |
| 2  | INTERNS AND RESIDENTS   |        |
| 3  | ORGAN ACQUISITIONS  |        |
| 4  | COST OF TEACHING PHYSICIANS   |        |
| 5  | TOTAL COST (SEE INSTRUCTIONS)   | 4,202  |
| COMPUTATION OF LESSER OF COST OR CHARGES                             |   |        |
| REASONABLE CHARGES   |   |        |
| 6  | ANCILLARY SERVICE CHARGES   | 12,077 |
| 7  | INTERNS AND RESIDENTS SERVICE CHARGES   |        |
| 8  | ORGAN ACQUISITION CHARGES   |        |
| 9  | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  |        |
| 10   | TOTAL REASONABLE CHARGES  | 12,077 |
| CUSTOMARY CHARGES  |   |        |
| 11   | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS   |        |
| 12   | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). |        |
| 13   | RATIO OF LINE 11 TO LINE 12   |        |
| 14   | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  | 12,077 |
| 15   | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  | 7,875  |
| 16   | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  |        |
| 17   | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)   | 4,202  |
| 17.01  | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)  |        |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT                              |   |        |
| 18   | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  |        |
| 18.01  | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)   |        |
| 19   | SUBTOTAL (SEE INSTRUCTIONS)   | 4,202  |
| 20   | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)   |        |
| 21   | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS  |        |
| 22   | ESRD DIRECT MEDICAL EDUCATION COSTS   |        |
| 23   | SUBTOTAL  | 4,202  |
| 24   | PRIMARY PAYER PAYMENTS  |        |
| 25   | SUBTOTAL  | 4,202  |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) |   |        |
| 26   | COMPOSITE RATE ESRD   |        |
| 27   | BAD DEBTS (SEE INSTRUCTIONS)  |        |
| 27.01  | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  |        |
| 27.02  | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  |        |
| 28   | SUBTOTAL  | 4,202  |
| 29   | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.   |        |
| 30   | OTHER ADJUSTMENTS (SPECIFY)   |        |
| 30.99  | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)   |        |
| 31   | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.  |        |
| 32   | SUBTOTAL  | 4,202  |
| 33   | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |        |
| 34   | INTERIM PAYMENTS  | 6,341  |
| 34.01  | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |        |
| 35   | BALANCE DUE PROVIDER/PROGRAM  | -2,139 |
| 36   | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2   |        |
| TO BE COMPLETED BY CONTRACTOR  |   |        |
| 50   | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)  |        |
| 51   | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)   |        |
| 52   | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY  |        |
| 53   | TIME VALUE OF MONEY (SEE INSTRUCTIONS)  |        |
| 54   | TOTAL (SUM OF LINES 51 AND 53)  |        |



TITLE XVII HOSPITAL

| DESCRIPTION  | INPATIENT-PART A |             | PART B          |             |
|--|------------------|-------------|-----------------|-------------|
|  | MM/DD/YYYY<br>1  | AMOUNT<br>2 | MM/DD/YYYY<br>3 | AMOUNT<br>4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |                  | 50,250,877  |                 | 20,007,933  |
| 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  | 8/23/2010        | 1,334,644   | 12/31/2010      | 10,067      |
| ADJUSTMENTS TO PROVIDER .02  | 12/31/2010       | 2,474,455   |                 |             |
| ADJUSTMENTS TO PROVIDER .03  |                  |             |                 |             |
| ADJUSTMENTS TO PROVIDER .04  |                  |             |                 |             |
| ADJUSTMENTS TO PROVIDER .05  |                  |             |                 |             |
| ADJUSTMENTS TO PROVIDER .49  |                  |             |                 |             |
| ADJUSTMENTS TO PROGRAM .50   | 12/31/2010       | 1,550,934   | 8/23/2010       | 101,664     |
| ADJUSTMENTS TO PROGRAM .51   |                  |             |                 |             |
| ADJUSTMENTS TO PROGRAM .52   |                  |             |                 |             |
| ADJUSTMENTS TO PROGRAM .53   |                  |             |                 |             |
| ADJUSTMENTS TO PROGRAM .54   |                  |             |                 |             |
| ADJUSTMENTS TO PROGRAM .99   |                  | 2,258,165   |                 | -91,597     |
| SUBTOTAL   |                  | 52,509,042  |                 | 19,916,336  |
| 4 TOTAL INTERIM PAYMENTS   |                  |             |                 |             |
| TO BE COMPLETED BY INTERMEDIARY  |                  |             |                 |             |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                  |             |                 |             |
| TENTATIVE TO PROVIDER .01  |                  |             |                 |             |
| TENTATIVE TO PROVIDER .02  |                  |             |                 |             |
| TENTATIVE TO PROVIDER .03  |                  |             |                 |             |
| TENTATIVE TO PROGRAM .50   |                  |             |                 |             |
| TENTATIVE TO PROGRAM .51   |                  |             |                 |             |
| TENTATIVE TO PROGRAM .52   |                  |             |                 |             |
| TENTATIVE TO PROGRAM .99   |                  | NONE        |                 | NONE        |
| SUBTOTAL   |                  |             |                 |             |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  | 302,689     |                 | 1,130,718   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  | 52,206,353  |                 | 21,047,054  |

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 SUBPROVIDER 1

| 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  |                  | 4,651,597 |            | 6,341  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.                      |                  | NONE      |            | NONE   |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                  |           |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .01       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .02       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .03       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .04       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .05       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .49       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .50       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .51       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .52       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .53       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .54       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .99       |            |        |
| SUBTOTAL   |                  | NONE      |            | NONE   |
| 4 TOTAL INTERIM PAYMENTS   |                  | 4,651,597 |            | 6,341  |
| 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       |            |        |
| 6 DETERMINED NET SETTLEMENT  |                  | NONE      |            | NONE   |
| AMOUNT (BALANCE DUE)   |                  | 1,975     |            |        |
| BASED ON COST REPORT (1)   |                  |           |            | 2,139  |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  | 4,653,572 |            | 4,202  |

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 SUBPROVIDER 2

| DESCRIPTION  | INPATIENT-PART A |           | PART B     |        |
|--|------------------|-----------|------------|--------|
|  | MM/DD/YYYY       | AMOUNT    | MM/DD/YYYY | AMOUNT |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  | 1                | 2,442,718 | 3          | 686    |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.                      |                  | NONE      |            | NONE   |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                  |           |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .01       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .02       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .03       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .04       |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .05       |            |        |
| ADJUSTMENTS TO PROGRAM   | 8/23/2010        | 10,901    |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .51       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .52       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .53       |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .54       |            |        |
| SUBTOTAL   |                  | -10,901   |            | NONE   |
| 4 TOTAL INTERIM PAYMENTS   |                  | 2,431,817 |            | 686    |
| TO BE COMPLETED BY INTERMEDIARY  |                  |           |            |        |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                  |           |            |        |
| TENTATIVE TO PROVIDER  |                  | .01       |            |        |
| TENTATIVE TO PROVIDER  |                  | .02       |            |        |
| TENTATIVE TO PROVIDER  |                  | .03       |            |        |
| TENTATIVE TO PROGRAM   |                  | .50       |            |        |
| TENTATIVE TO PROGRAM   |                  | .51       |            |        |
| TENTATIVE TO PROGRAM   |                  | .52       |            |        |
| SUBTOTAL   |                  | NONE      |            | NONE   |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  | 374       |            | 234    |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  | 2,432,191 |            | 452    |

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.





PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 2

|   |  |           |
|---|--|-----------|
| 1                                       | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)   |           |
| 1.01                                    | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)  |           |
| 1.02                                    | ENTER FROM THE PS&R, THE IRF PPS PAYMENT   | 2,174,562 |
| 1.03                                    | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)   | .0124     |
| 1.04                                    | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)  | 46,653    |
| 1.05                                    | OUTLIER PAYMENTS   | 241,283   |
| 1.06                                    | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)                                       | 2,462,498 |
| 1.07                                    | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)  |           |
| INPATIENT PSYCHIATRIC FACILITY (IPF)    |  |           |
| 1.08                                    | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)                               |           |
| 1.09                                    | NET IPF PPS OUTLIER PAYMENTS   |           |
| 1.10                                    | NET IPF PPS ECT PAYMENTS   |           |
| 1.11                                    | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)            |           |
| 1.12                                    | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.13                                    | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.14                                    | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)         |           |
| 1.15                                    | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.16                                    | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  |           |
| 1.17                                    | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .                 |           |
| 1.18                                    | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).  |           |
| 1.19                                    | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)   |           |
| 1.20                                    | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)   |           |
| 1.21                                    | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)  |           |
| 1.22                                    | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) |           |
| 1.23                                    | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)  |           |
| INPATIENT REHABILITATION FACILITY (IRF) |  |           |
| 1.35                                    | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)          |           |
| 1.36                                    | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |           |
| 1.37                                    | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)       |           |
| 1.38                                    | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |           |
| 1.39                                    | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.40                                    | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  | 7.673973  |
| 1.41                                    | MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |           |
| 1.42                                    | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).  |           |
| 2                                       | ORGAN ACQUISITION  |           |
| 3                                       | COST OF TEACHING PHYSICIANS  |           |
| 4                                       | SUBTOTAL (SEE INSTRUCTIONS)  | 2,462,498 |
| 5                                       | PRIMARY PAYER PAYMENTS   |           |
| 6                                       | SUBTOTAL   | 2,462,498 |
| 7                                       | DEDUCTIBLES  | 30,768    |
| 8                                       | SUBTOTAL   | 2,431,730 |
| 9                                       | COINSURANCE  |           |
| 10                                      | SUBTOTAL   | 2,431,730 |
| 11                                      | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)   |           |
| 11.01                                   | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   |           |
| 11.02                                   | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |           |
| 12                                      | SUBTOTAL   | 2,431,730 |
| 13                                      | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |           |
| 13.01                                   | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)  | 461       |
| 14                                      | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION                       |           |
| 15                                      | OTHER ADJUSTMENTS (SPECIFY)  |           |
| 15.99                                   | OUTLIER RECONCILIATION ADJUSTMENT  |           |
| 16                                      | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS   |           |

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

|  |   |           |
|--|---|-----------|
| RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS |   |           |
| 17   | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)   | 2,432,191 |
| 18   | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 19   | INTERIM PAYMENTS  | 2,431,817 |
| 19.01  | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 20   | BALANCE DUE PROVIDER/PROGRAM  | 374       |
| 21   | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. |           |

|                     |  |  |
|---------------------|--|--|
| ----- FI ONLY ----- |  |  |
| 50                  | ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS). |  |
| 51                  | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)        |  |
| 52                  | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY                 |  |
| 53                  | TIME VALUE OF MONEY (SEE INSTRUCTIONS).                            |  |

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

|       | TITLE XIX  | HOSPITAL | TITLE V OR<br>TITLE XIX<br>1 | TITLE XVIII<br>SNF PPS<br>2 |
|-------|--|----------|------------------------------|-----------------------------|
|       | COMPUTATION OF NET COST OF COVERED SERVICE   |          |                              |                             |
| 1     | INPATIENT HOSPITAL/SNF/NF SERVICES   |          | 3,694,787                    |                             |
| 2     | MEDICAL AND OTHER SERVICES   |          | 5,739,768                    |                             |
| 3     | INTERNS AND RESIDENTS (SEE INSTRUCTIONS)   |          |                              |                             |
| 4     | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)   |          |                              |                             |
| 5     | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)   |          |                              |                             |
| 6     | SUBTOTAL   |          | 9,434,555                    |                             |
| 7     | INPATIENT PRIMARY PAYER PAYMENTS   |          |                              |                             |
| 8     | OUTPATIENT PRIMARY PAYER PAYMENTS  |          |                              |                             |
| 9     | SUBTOTAL   |          | 9,434,555                    |                             |
|       | COMPUTATION OF LESSER OF COST OR CHARGES   |          |                              |                             |
|       | REASONABLE CHARGES   |          |                              |                             |
| 10    | ROUTINE SERVICE CHARGES  |          | 2,993,695                    |                             |
| 11    | ANCILLARY SERVICE CHARGES  |          | 25,458,116                   |                             |
| 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   |          | 28,451,811                   |                             |
|       | 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)   |          | 28,451,811                   |                             |
| 21    | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST   |          | 19,017,256                   |                             |
| 22    | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES   |          |                              |                             |
| 23    | COST OF COVERED SERVICES   |          | 9,434,555                    |                             |
|       | 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   |          | 9,434,555                    |                             |
| 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   |          | 9,434,555                    |                             |
| 33    | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)   |          |                              |                             |
|       | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |          |                              |                             |
| 34    | EXCESS OF REASONABLE COST  |          |                              |                             |
| 35    | SUBTOTAL   |          | 9,434,555                    |                             |
| 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)  |          | 9,434,555                    |                             |
| 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   |          | 9,434,555                    |                             |
| 53    | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)   |          |                              |                             |
| 54    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |          |                              |                             |
| 55    | TOTAL AMOUNT PAYABLE TO THE PROVIDER   |          | 9,434,555                    |                             |
| 56    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  |          |                              |                             |
| 57    | INTERIM PAYMENTS   |          | 9,434,555                    |                             |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |          |                              |                             |
| 58    | BALANCE DUE PROVIDER/PROGRAM   |          |                              |                             |

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.

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

|       | TITLE XIX  | SUBPROVIDER 1 | TITLE V OR<br>TITLE XIX<br>1 | TITLE XVIII<br>SNF PPS<br>2 |
|-------|--|---------------|------------------------------|-----------------------------|
|       | COMPUTATION OF NET COST OF COVERED SERVICE   |               |                              |                             |
| 1     | INPATIENT HOSPITAL/SNF/NF SERVICES   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 2     | MEDICAL AND OTHER SERVICES   |               |                              |                             |
| 3     | INTERNS AND RESIDENTS (SEE INSTRUCTIONS)   |               |                              |                             |
| 4     | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)   |               |                              |                             |
| 5     | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)   |               |                              |                             |
| 6     | SUBTOTAL   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 7     | INPATIENT PRIMARY PAYER PAYMENTS   |               |                              |                             |
| 8     | OUTPATIENT PRIMARY PAYER PAYMENTS  |               |                              |                             |
| 9     | SUBTOTAL   |               |                              |                             |
|       |  |               | 80,811                       |                             |
|       | COMPUTATION OF LESSER OF COST OR CHARGES   |               |                              |                             |
|       | REASONABLE CHARGES   |               |                              |                             |
| 10    | ROUTINE SERVICE CHARGES  |               |                              |                             |
|       |  |               | 379,368                      |                             |
| 11    | ANCILLARY SERVICE CHARGES  |               |                              |                             |
|       |  |               | 224,583                      |                             |
| 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   |               |                              |                             |
|       |  |               | 603,951                      |                             |
|       | 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)   |               |                              |                             |
|       |  |               | 603,951                      |                             |
| 21    | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST   |               |                              |                             |
|       |  |               | 523,140                      |                             |
| 22    | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES   |               |                              |                             |
| 23    | COST OF COVERED SERVICES   |               |                              |                             |
|       |  |               | 80,811                       |                             |
|       | 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   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 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   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 33    | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)   |               |                              |                             |
|       | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |               |                              |                             |
| 34    | EXCESS OF REASONABLE COST  |               |                              |                             |
| 35    | SUBTOTAL   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 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)  |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 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   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 53    | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)   |               |                              |                             |
| 54    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |               |                              |                             |
| 55    | TOTAL AMOUNT PAYABLE TO THE PROVIDER   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 56    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  |               |                              |                             |
| 57    | INTERIM PAYMENTS   |               |                              |                             |
|       |  |               | 80,811                       |                             |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |               |                              |                             |
| 58    | BALANCE DUE PROVIDER/PROGRAM   |               |                              |                             |



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

|       | TITLE XIX  | SUBPROVIDER 2 | TITLE V OR<br>TITLE XIX<br>1 | TITLE XVIII<br>SNF PPS<br>2 |
|-------|--|---------------|------------------------------|-----------------------------|
|       | COMPUTATION OF NET COST OF COVERED SERVICE   |               |                              |                             |
| 1     | INPATIENT HOSPITAL/SNF/NF SERVICES   |               | 51,436                       |                             |
| 2     | MEDICAL AND OTHER SERVICES   |               |                              |                             |
| 3     | INTERNS AND RESIDENTS (SEE INSTRUCTIONS)   |               |                              |                             |
| 4     | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)   |               |                              |                             |
| 5     | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)   |               |                              |                             |
| 6     | SUBTOTAL   |               | 51,436                       |                             |
| 7     | INPATIENT PRIMARY PAYER PAYMENTS   |               |                              |                             |
| 8     | OUTPATIENT PRIMARY PAYER PAYMENTS  |               |                              |                             |
| 9     | SUBTOTAL   |               | 51,436                       |                             |
|       | COMPUTATION OF LESSER OF COST OR CHARGES   |               |                              |                             |
|       | REASONABLE CHARGES   |               |                              |                             |
| 10    | ROUTINE SERVICE CHARGES  |               | 61,776                       |                             |
| 11    | ANCILLARY SERVICE CHARGES  |               | 73,940                       |                             |
| 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   |               | 135,716                      |                             |
|       | 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)   |               | 135,716                      |                             |
| 21    | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST   |               | 84,280                       |                             |
| 22    | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES   |               |                              |                             |
| 23    | COST OF COVERED SERVICES   |               | 51,436                       |                             |
|       | 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   |               | 51,436                       |                             |
| 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   |               | 51,436                       |                             |
| 33    | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)   |               |                              |                             |
|       | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |               |                              |                             |
| 34    | EXCESS OF REASONABLE COST  |               |                              |                             |
| 35    | SUBTOTAL   |               | 51,436                       |                             |
| 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)  |               | 51,436                       |                             |
| 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   |               | 51,436                       |                             |
| 53    | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)   |               |                              |                             |
| 54    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |               |                              |                             |
| 55    | TOTAL AMOUNT PAYABLE TO THE PROVIDER   |               | 51,436                       |                             |
| 56    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  |               |                              |                             |
| 57    | INTERIM PAYMENTS   |               | 51,436                       |                             |
| 57.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |               |                              |                             |
| 58    | BALANCE DUE PROVIDER/PROGRAM   |               |                              |                             |







|    |   | GENERAL FUND |             | SPECIFIC PURPOSE FUND |   |
|----|---|--------------|-------------|-----------------------|---|
|    |   | 1            | 2           | 3                     | 4 |
| 1  | FUND BALANCE AT BEGINNING OF PERIOD             |              | 379,426,797 |                       |   |
| 2  | NET INCOME (LOSS)                               |              | -6,267,992  |                       |   |
| 3  | TOTAL   |              | 373,158,805 |                       |   |
| 4  | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)        |              |             |                       |   |
| 5  | ADDITIONS (CREDIT ADJUSTM                       |              |             |                       |   |
| 6  |   |              |             |                       |   |
| 7  |   |              |             |                       |   |
| 8  |   |              |             |                       |   |
| 9  |   |              |             |                       |   |
| 10 | TOTAL ADDITIONS                                 |              |             |                       |   |
| 11 | SUBTOTAL  |              | 373,158,805 |                       |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |              |             |                       |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |              |             |                       |   |
| 14 |   |              |             |                       |   |
| 15 |   |              |             |                       |   |
| 16 |   |              |             |                       |   |
| 17 |   |              |             |                       |   |
| 18 | TOTAL DEDUCTIONS                                |              |             |                       |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |              | 373,158,805 |                       |   |

|    |   | 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  | ADDITIONS (CREDIT ADJUSTM                       |                |   |            |   |
| 6  |   |                |   |            |   |
| 7  |   |                |   |            |   |
| 8  |   |                |   |            |   |
| 9  |   |                |   |            |   |
| 10 | TOTAL ADDITIONS                                 |                |   |            |   |
| 11 | SUBTOTAL  |                |   |            |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |                |   |            |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |                |   |            |   |
| 14 |   |                |   |            |   |
| 15 |   |                |   |            |   |
| 16 |   |                |   |            |   |
| 17 |   |                |   |            |   |
| 18 | TOTAL DEDUCTIONS                                |                |   |            |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |                |   |            |   |

PART I - PATIENT REVENUES

| REVENUE CENTER                              | INPATIENT<br>1 | OUTPATIENT<br>2 | TOTAL<br>3  |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES     |                |                 |             |
| 1 00 HOSPITAL                               | 32,217,088     |                 | 32,217,088  |
| 2 00 SUBPROVIDER                            | 6,623,726      |                 | 6,623,726   |
| 2 01 SUBPROVIDER 2                          | 2,189,880      |                 | 2,189,880   |
| 4 00 SWING BED - SNF                        |                |                 |             |
| 5 00 SWING BED - NF                         |                |                 |             |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE   | 41,030,694     |                 | 41,030,694  |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS |                |                 |             |
| 10 00 INTENSIVE CARE UNIT                   | 9,088,843      |                 | 9,088,843   |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP  | 9,088,843      |                 | 9,088,843   |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE  | 50,119,537     |                 | 50,119,537  |
| 17 00 ANCILLARY SERVICES                    | 188,485,856    | 256,383,272     | 444,869,128 |
| 18 00 OUTPATIENT SERVICES                   |                |                 |             |
| 23 00 HOSPICE                               |                |                 |             |
| 24 00                                       | 9,030,574      | 40,585,375      | 49,615,949  |
| 25 00 TOTAL PATIENT REVENUES                | 247,635,967    | 296,968,647     | 544,604,614 |

PART II - OPERATING EXPENSES

|                                |  |             |  |
|--------------------------------|--|-------------|--|
| 26 00 OPERATING EXPENSES       |  | 295,839,528 |  |
| ADD (SPECIFY)                  |  |             |  |
| 27 00 ADD (SPECIFY)            |  |             |  |
| 28 00                          |  |             |  |
| 29 00                          |  |             |  |
| 30 00                          |  |             |  |
| 31 00                          |  |             |  |
| 32 00                          |  |             |  |
| 33 00 TOTAL ADDITIONS          |  |             |  |
| DEDUCT (SPECIFY)               |  |             |  |
| 34 00 DEDUCT (SPECIFY)         |  |             |  |
| 35 00                          |  |             |  |
| 36 00                          |  |             |  |
| 37 00                          |  |             |  |
| 38 00                          |  |             |  |
| 39 00 TOTAL DEDUCTIONS         |  |             |  |
| 40 00 TOTAL OPERATING EXPENSES |  | 295,839,528 |  |



RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 15-0048      | FROM 1/ 1/2010 | 5/26/2011   |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K |
| 15-1524      |                |             |

HOSPICE 1

|  | SALARIES<br>(FROM K-1)<br>1 | EMPLOYEE<br>BENEFITS<br>(FROM K-2)<br>2 | TRANSPORTATION<br>(SEE INST.)<br>3 | CONTRACTED<br>SERVICES<br>(FROM K-3)<br>4 |
|--|-----------------------------|---|------------------------------------|---|
| GENERAL SERVICE COST CENTERS               |                             |   |                                    |   |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |                             |   |                                    |   |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |                             |   |                                    |   |
| 3 PLANT OPERATION AND MAINTENANCE          |                             |   |                                    |   |
| 4 TRANSPORTATION - STAFF                   |                             |   |                                    |   |
| 5 VOLUNTEER SERVICE COORDINATION           |                             |   |                                    |   |
| 6 ADMINISTRATIVE AND GENERAL               | 152,420                     |   |                                    |   |
| INPATIENT CARE SERVICE                     |                             |   |                                    |   |
| 7 INPATIENT - GENERAL CARE                 |                             |   |                                    |   |
| 8 INPATIENT - RESPIRE CARE                 |                             |   |                                    |   |
| VISITING SERVICES                          |                             |   |                                    |   |
| 9 PHYSICIAN SERVICES                       | 52,195                      |   |                                    |   |
| 10 NURSING CARE                            | 375,897                     |   |                                    |   |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |                             |   |                                    |   |
| 11 PHYSICAL THERAPY                        |                             |   |                                    |   |
| 12 OCCUPATIONAL THERAPY                    |                             |   |                                    |   |
| 13 SPEECH/LANGUAGE PATHOLOGY               |                             |   |                                    |   |
| 14 MEDICAL SOCIAL SERVICES                 |                             |   |                                    |   |
| 15 SPIRITUAL COUNSELING                    |                             |   |                                    |   |
| 16 DIETARY COUNSELING                      |                             |   |                                    |   |
| 17 COUNSELING - OTHER                      |                             |   |                                    |   |
| 18 HOME HEALTH AIDE AND HOME MAKER         | 53,396                      |   |                                    |   |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |                             |   |                                    |   |
| OTHER HOSPICE SERVICE COSTS                |                             |   |                                    |   |
| 19 OTHER                                   |                             |   |                                    |   |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |                             |   |                                    |   |
| 20.30 ANALGESICS                           |                             |   |                                    |   |
| 20.31 SEDATIVES / HYPNOTICS                |                             |   |                                    |   |
| 20.32 OTHER - SPECIFY                      |                             |   |                                    |   |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |                             |   |                                    |   |
| 22 PATIENT TRANSPORTATION                  |                             |   |                                    |   |
| 23 IMAGING SERVICES                        |                             |   |                                    |   |
| 24 LABS AND DIAGNOSTICS                    |                             |   |                                    |   |
| 25 MEDICAL SUPPLIES                        |                             |   |                                    |   |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |                             |   |                                    |   |
| 27 RADIATION THERAPY                       |                             |   |                                    |   |
| 28 CHEMOTHERAPY                            |                             |   |                                    |   |
| 29 OTHER                                   |                             |   |                                    |   |
| 30 BEREAVEMENT PROGRAM COSTS               |                             |   |                                    |   |
| 31 VOLUNTEER PROGRAM COSTS                 |                             |   |                                    |   |
| 32 FUNDRAISING                             |                             |   |                                    |   |
| 33 OTHER PROGRAM COSTS                     |                             |   |                                    |   |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 633,908                     |   |                                    |   |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0048  
HOSPICE NO: 15-1524  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET K

HOSPICE 1

|  | OTHER<br>5 | TOTAL<br>(COLS. 1-5)<br>6 | RECLASSIFICATIONS<br>7 | SUBTOTAL<br>(COL. 6<br>+ COL. 7)<br>8 |
|--|------------|---------------------------|------------------------|---------------------------------------|
| GENERAL SERVICE COST CENTERS               |            |                           |                        |                                       |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |            |                           |                        |                                       |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |            |                           |                        |                                       |
| 3 PLANT OPERATION AND MAINTENANCE          |            |                           |                        |                                       |
| 4 TRANSPORTATION - STAFF                   |            |                           |                        |                                       |
| 5 VOLUNTEER SERVICE COORDINATION           |            |                           |                        |                                       |
| 6 ADMINISTRATIVE AND GENERAL               | 650,503    | 802,923                   |                        | 802,923                               |
| INPATIENT CARE SERVICE                     |            |                           |                        |                                       |
| 7 INPATIENT - GENERAL CARE                 |            |                           |                        |                                       |
| 8 INPATIENT - RESPIRE CARE                 |            |                           |                        |                                       |
| VISITING SERVICES                          |            |                           |                        |                                       |
| 9 PHYSICIAN SERVICES                       |            | 52,195                    |                        | 52,195                                |
| 10 NURSING CARE                            |            | 375,897                   |                        | 375,897                               |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |            |                           |                        |                                       |
| 11 PHYSICAL THERAPY                        |            |                           |                        |                                       |
| 12 OCCUPATIONAL THERAPY                    |            |                           |                        |                                       |
| 13 SPEECH/LANGUAGE PATHOLOGY               |            |                           |                        |                                       |
| 14 MEDICAL SOCIAL SERVICES                 |            |                           |                        |                                       |
| 15 SPIRITUAL COUNSELING                    |            |                           |                        |                                       |
| 16 DIETARY COUNSELING                      |            |                           |                        |                                       |
| 17 COUNSELING - OTHER                      |            |                           |                        |                                       |
| 18 HOME HEALTH AIDE AND HOME MAKER         |            | 53,396                    |                        | 53,396                                |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |            |                           |                        |                                       |
| OTHER HOSPICE SERVICE COSTS                |            |                           |                        |                                       |
| 19 OTHER                                   |            |                           |                        |                                       |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |            |                           |                        |                                       |
| 20.30 ANALGESICS                           |            |                           |                        |                                       |
| 20.31 SEDATIVES / HYPNOTICS                |            |                           |                        |                                       |
| 20.32 OTHER - SPECIFY                      |            |                           |                        |                                       |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |            |                           |                        |                                       |
| 22 PATIENT TRANSPORTATION                  |            |                           |                        |                                       |
| 23 IMAGING SERVICES                        |            |                           |                        |                                       |
| 24 LABS AND DIAGNOSTICS                    |            |                           |                        |                                       |
| 25 MEDICAL SUPPLIES                        |            |                           |                        |                                       |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |            |                           |                        |                                       |
| 27 RADIATION THERAPY                       |            |                           |                        |                                       |
| 28 CHEMOTHERAPY                            |            |                           |                        |                                       |
| 29 OTHER                                   |            |                           |                        |                                       |
| 30 BEREAVEMENT PROGRAM COSTS               |            |                           |                        |                                       |
| 31 VOLUNTEER PROGRAM COSTS                 |            |                           |                        |                                       |
| 32 FUNDRAISING                             |            |                           |                        |                                       |
| 33 OTHER PROGRAM COSTS                     |            |                           |                        |                                       |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 650,503    | 1,284,411                 |                        | 1,284,411                             |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 15-0048      | FROM 1/ 1/2010 | 5/26/2011   |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K |
| 15-1524      |                |             |

HOSPICE 1

|   | ADJUSTMENTS | TOTAL<br>(COL. 8<br>+ COL. 9) |
|---|-------------|-------------------------------|
|   | 9           | 10                            |
| GENERAL SERVICE COST CENTERS              |             |                               |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |             |                               |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |             |                               |
| 3 PLANT OPERATION AND MAINTENANCE         |             |                               |
| 4 TRANSPORTATION - STAFF                  |             |                               |
| 5 VOLUNTEER SERVICE COORDINATION          |             |                               |
| 6 ADMINISTRATIVE AND GENERAL              |             | 802,923                       |
| INPATIENT CARE SERVICE                    |             |                               |
| 7 INPATIENT - GENERAL CARE                |             |                               |
| 8 INPATIENT - RESPIRE CARE                |             |                               |
| VISITING SERVICES                         |             |                               |
| 9 PHYSICIAN SERVICES                      |             | 52,195                        |
| 10 NURSING CARE                           |             | 375,897                       |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |             |                               |
| 11 PHYSICAL THERAPY                       |             |                               |
| 12 OCCUPATIONAL THERAPY                   |             |                               |
| 13 SPEECH/LANGUAGE PATHOLOGY              |             |                               |
| 14 MEDICAL SOCIAL SERVICES                |             |                               |
| 15 SPIRITUAL COUNSELING                   |             |                               |
| 16 DIETARY COUNSELING                     |             |                               |
| 17 COUNSELING - OTHER                     |             |                               |
| 18 HOME HEALTH AIDE AND HOMEMAKER         |             | 53,396                        |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |             |                               |
| OTHER HOSPICE SERVICE COSTS               |             |                               |
| 19 OTHER                                  |             |                               |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |             |                               |
| 20.30 ANALGESICS                          |             |                               |
| 20.31 SEDATIVES / HYPNOTICS               |             |                               |
| 20.32 OTHER - SPECIFY                     |             |                               |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |             |                               |
| 22 PATIENT TRANSPORTATION                 |             |                               |
| 23 IMAGING SERVICES                       |             |                               |
| 24 LABS AND DIAGNOSTICS                   |             |                               |
| 25 MEDICAL SUPPLIES                       |             |                               |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |             |                               |
| 27 RADIATION THERAPY                      |             |                               |
| 28 CHEMOTHERAPY                           |             |                               |
| 29 OTHER                                  |             |                               |
| 30 BEREAVEMENT PROGRAM COSTS              |             |                               |
| 31 VOLUNTEER PROGRAM COSTS                |             |                               |
| 32 FUNDRAISING                            |             |                               |
| 33 OTHER PROGRAM COSTS                    |             |                               |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         |             | 1,284,411                     |

HOSPICE 1

|   | ADMINISTRATOR<br>1 | DIRECTOR<br>2 | SOCIAL<br>SERVICES<br>3 | SUPERVISORS<br>4 |
|---|--------------------|---------------|-------------------------|------------------|
| GENERAL SERVICE COST CENTERS              |                    |               |                         |                  |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                    |               |                         |                  |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                    |               |                         |                  |
| 3 PLANT OPERATION AND MAINTENANCE         |                    |               |                         |                  |
| 4 TRANSPORTATION - STAFF                  |                    |               |                         |                  |
| 5 VOLUNTEER SERVICE COORDINATION          |                    |               |                         |                  |
| 6 ADMINISTRATIVE AND GENERAL              | 152,420            |               |                         |                  |
| INPATIENT CARE SERVICE                    |                    |               |                         |                  |
| 7 INPATIENT - GENERAL CARE                |                    |               |                         |                  |
| 8 INPATIENT - RESPIRE CARE                |                    |               |                         |                  |
| VISITING SERVICES                         |                    |               |                         |                  |
| 9 PHYSICIAN SERVICES                      |                    |               |                         |                  |
| 10 NURSING CARE                           |                    |               |                         |                  |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |                    |               |                         |                  |
| 11 PHYSICAL THERAPY                       |                    |               |                         |                  |
| 12 OCCUPATIONAL THERAPY                   |                    |               |                         |                  |
| 13 SPEECH/LANGUAGE PATHOLOGY              |                    |               |                         |                  |
| 14 MEDICAL SOCIAL SERVICES                |                    |               |                         |                  |
| 15 SPIRITUAL COUNSELING                   |                    |               |                         |                  |
| 16 DIETARY COUNSELING                     |                    |               |                         |                  |
| 17 COUNSELING - OTHER                     |                    |               |                         |                  |
| 18 HOME HEALTH AIDE AND HOMEMAKER         |                    |               |                         |                  |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                    |               |                         |                  |
| OTHER HOSPICE SERVICE COSTS               |                    |               |                         |                  |
| 19 OTHER                                  |                    |               |                         |                  |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                    |               |                         |                  |
| 20.30 ANALGESICS                          |                    |               |                         |                  |
| 20.31 SEDATIVES / HYPNOTICS               |                    |               |                         |                  |
| 20.32 OTHER - SPECIFY                     |                    |               |                         |                  |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                    |               |                         |                  |
| 22 PATIENT TRANSPORTATION                 |                    |               |                         |                  |
| 23 IMAGING SERVICES                       |                    |               |                         |                  |
| 24 LABS AND DIAGNOSTICS                   |                    |               |                         |                  |
| 25 MEDICAL SUPPLIES                       |                    |               |                         |                  |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                    |               |                         |                  |
| 27 RADIATION THERAPY                      |                    |               |                         |                  |
| 28 CHEMOTHERAPY                           |                    |               |                         |                  |
| 29 OTHER                                  |                    |               |                         |                  |
| 30 BEREAVEMENT PROGRAM COSTS              |                    |               |                         |                  |
| 31 VOLUNTEER PROGRAM COSTS                |                    |               |                         |                  |
| 32 FUNDRAISING                            |                    |               |                         |                  |
| 33 OTHER PROGRAM COSTS                    |                    |               |                         |                  |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         | 152,420            |               |                         |                  |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 15-0048      | FROM 1/ 1/2010 | 5/26/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-1 |
| 15-1524      |                |               |

HOSPICE 1

|  | NURSES<br>5 | TOTAL<br>THERAPISTS<br>6 | AIDES<br>7 | ALL<br>OTHER<br>8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS               |             |                          |            |                   |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |             |                          |            |                   |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |             |                          |            |                   |
| 3 PLANT OPERATION AND MAINTENANCE          |             |                          |            |                   |
| 4 TRANSPORTATION - STAFF                   |             |                          |            |                   |
| 5 VOLUNTEER SERVICE COORDINATION           |             |                          |            |                   |
| 6 ADMINISTRATIVE AND GENERAL               |             |                          |            |                   |
| INPATIENT CARE SERVICE                     |             |                          |            |                   |
| 7 INPATIENT - GENERAL CARE                 |             |                          |            |                   |
| 8 INPATIENT - RESPIRE CARE                 |             |                          |            |                   |
| VISITING SERVICES                          |             |                          |            |                   |
| 9 PHYSICIAN SERVICES                       |             |                          |            | 52,195            |
| 10 NURSING CARE                            | 375,897     |                          |            |                   |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |             |                          |            |                   |
| 11 PHYSICAL THERAPY                        |             |                          |            |                   |
| 12 OCCUPATIONAL THERAPY                    |             |                          |            |                   |
| 13 SPEECH/LANGUAGE PATHOLOGY               |             |                          |            |                   |
| 14 MEDICAL SOCIAL SERVICES                 |             |                          |            |                   |
| 15 SPIRITUAL COUNSELING                    |             |                          |            |                   |
| 16 DIETARY COUNSELING                      |             |                          |            |                   |
| 17 COUNSELING - OTHER                      |             |                          |            |                   |
| 18 HOME HEALTH AIDE AND HOME MAKER         |             |                          | 53,396     |                   |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |             |                          |            |                   |
| OTHER HOSPICE SERVICE COSTS                |             |                          |            |                   |
| 19 OTHER                                   |             |                          |            |                   |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |             |                          |            |                   |
| 20.30 ANALGESICS                           |             |                          |            |                   |
| 20.31 SEDATIVES / HYPNOTICS                |             |                          |            |                   |
| 20.32 OTHER - SPECIFY                      |             |                          |            |                   |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |             |                          |            |                   |
| 22 PATIENT TRANSPORTATION                  |             |                          |            |                   |
| 23 IMAGING SERVICES                        |             |                          |            |                   |
| 24 LABS AND DIAGNOSTICS                    |             |                          |            |                   |
| 25 MEDICAL SUPPLIES                        |             |                          |            |                   |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |             |                          |            |                   |
| 27 RADIATION THERAPY                       |             |                          |            |                   |
| 28 CHEMOTHERAPY                            |             |                          |            |                   |
| 29 OTHER                                   |             |                          |            |                   |
| 30 BEREAVEMENT PROGRAM COSTS               |             |                          |            |                   |
| 31 VOLUNTEER PROGRAM COSTS                 |             |                          |            |                   |
| 32 FUNDRAISING                             |             |                          |            |                   |
| 33 OTHER PROGRAM COSTS                     |             |                          |            |                   |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 375,897     |                          | 53,396     | 52,195            |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 15-0048      | FROM 1/1/2010 | 5/26/2011     |
| HOSPICE NO:  | TO 12/31/2010 | WORKSHEET K-1 |
| 15-1524      |               |               |

HOSPICE 1

TOTAL (1)  
9

|                              |                                       |         |
|------------------------------|---------------------------------------|---------|
| GENERAL SERVICE COST CENTERS |                                       |         |
| 1                            | CAPITAL RELATED COSTS-BLDG AND FIXT.  |         |
| 2                            | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |         |
| 3                            | PLANT OPERATION AND MAINTENANCE       |         |
| 4                            | TRANSPORTATION - STAFF                |         |
| 5                            | VOLUNTEER SERVICE COORDINATION        |         |
| 6                            | ADMINISTRATIVE AND GENERAL            | 152,420 |
| INPATIENT CARE SERVICE       |                                       |         |
| 7                            | INPATIENT - GENERAL CARE              |         |
| 8                            | INPATIENT - RESPIRE CARE              |         |
| VISITING SERVICES            |                                       |         |
| 9                            | PHYSICIAN SERVICES                    | 52,195  |
| 10                           | NURSING CARE                          | 375,897 |
| 10.20                        | NURSING CARE-CONTINUOUS HOME CARE     |         |
| 11                           | PHYSICAL THERAPY                      |         |
| 12                           | OCCUPATIONAL THERAPY                  |         |
| 13                           | SPEECH/LANGUAGE PATHOLOGY             |         |
| 14                           | MEDICAL SOCIAL SERVICES               |         |
| 15                           | SPIRITUAL COUNSELING                  |         |
| 16                           | DIETARY COUNSELING                    |         |
| 17                           | COUNSELING - OTHER                    |         |
| 18                           | HOME HEALTH AIDE AND HOMEMAKER        | 53,396  |
| 18.20                        | HH AIDE & HOMEMAKER-CONT. HOME CARE   |         |
| OTHER HOSPICE SERVICE COSTS  |                                       |         |
| 19                           | OTHER                                 |         |
| 20                           | DRUGS BIOLOGICAL AND INFUSION THERAPY |         |
| 20.30                        | ANALGESICS                            |         |
| 20.31                        | SEDATIVES / HYPNOTICS                 |         |
| 20.32                        | OTHER - SPECIFY                       |         |
| 21                           | DURABLE MEDICAL EQUIPMENT/OXYGEN      |         |
| 22                           | PATIENT TRANSPORTATION                |         |
| 23                           | IMAGING SERVICES                      |         |
| 24                           | LABS AND DIAGNOSTICS                  |         |
| 25                           | MEDICAL SUPPLIES                      |         |
| 26                           | OUTPATIENT SERVICES (INCL. E/R DEPT.) |         |
| 27                           | RADIATION THERAPY                     |         |
| 28                           | CHEMOTHERAPY                          |         |
| 29                           | OTHER                                 |         |
| 30                           | BEREAVEMENT PROGRAM COSTS             |         |
| 31                           | VOLUNTEER PROGRAM COSTS               |         |
| 32                           | FUNDRAISING                           |         |
| 33                           | OTHER PROGRAM COSTS                   |         |
| 34                           | TOTAL (SUM OF LINES 1 THRU 33)        | 633,908 |

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 15-0048      | FROM 1/ 1/2010 | 5/26/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 15-1524      |                | PART I        |

HOSPICE 1

|   | NET EXPENSES<br>FOR COST ALLOC.<br>(FROM K, COL. 10) | CAP. REL. COST<br>BUI LDINGS &<br>FIXTURES | CAP. REL. COST<br>MOVABLE<br>EQUIPMENT | PLANT<br>OPERATION<br>& MAINT. |
|---|--|--|--|--------------------------------|
|   | 0  | 1  | 2                                      | 3                              |
| GENERAL SERVICE COST CENTERS              |  |  |  |                                |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |  |  |  |                                |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |  |  |  |                                |
| 3 PLANT OPERATION AND MAINTENANCE         |  |  |  |                                |
| 4 TRANSPORTATION - STAFF                  |  |  |  |                                |
| 5 VOLUNTEER SERVICE COORDINATION          |  |  |  |                                |
| 6 ADMINISTRATIVE AND GENERAL              | 802,923  |  |  |                                |
| INPATIENT CARE SERVICE                    |  |  |  |                                |
| 7 INPATIENT - GENERAL CARE                |  |  |  |                                |
| 8 INPATIENT - RESPIRE CARE                |  |  |  |                                |
| VISITING SERVICES                         |  |  |  |                                |
| 9 PHYSICIAN SERVICES                      | 52,195   |  |  |                                |
| 10 NURSING CARE                           | 375,897  |  |  |                                |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |  |  |  |                                |
| 11 PHYSICAL THERAPY                       |  |  |  |                                |
| 12 OCCUPATIONAL THERAPY                   |  |  |  |                                |
| 13 SPEECH/LANGUAGE PATHOLOGY              |  |  |  |                                |
| 14 MEDICAL SOCIAL SERVICES                |  |  |  |                                |
| 15 SPIRITUAL COUNSELING                   |  |  |  |                                |
| 16 DIETARY COUNSELING                     |  |  |  |                                |
| 17 COUNSELING - OTHER                     |  |  |  |                                |
| 18 HOME HEALTH AIDE AND HOMEMAKER         | 53,396   |  |  |                                |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |  |  |  |                                |
| OTHER HOSPICE SERVICE COSTS               |  |  |  |                                |
| 19 OTHER                                  |  |  |  |                                |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |  |  |  |                                |
| 20.30 ANALGESICS                          |  |  |  |                                |
| 20.31 SEDATIVES / HYPNOTICS               |  |  |  |                                |
| 20.32 OTHER - SPECIFY                     |  |  |  |                                |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |  |  |  |                                |
| 22 PATIENT TRANSPORTATION                 |  |  |  |                                |
| 23 IMAGING SERVICES                       |  |  |  |                                |
| 24 LABS AND DIAGNOSTICS                   |  |  |  |                                |
| 25 MEDICAL SUPPLIES                       |  |  |  |                                |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |  |  |  |                                |
| 27 RADIATION THERAPY                      |  |  |  |                                |
| 28 CHEMOTHERAPY                           |  |  |  |                                |
| 29 OTHER                                  |  |  |  |                                |
| 30 BEREAVEMENT PROGRAM COSTS              |  |  |  |                                |
| 31 VOLUNTEER PROGRAM COSTS                |  |  |  |                                |
| 32 FUNDRAISING                            |  |  |  |                                |
| 33 OTHER PROGRAM COSTS                    |  |  |  |                                |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         | 1,284,411  |  |  |                                |

HOSPICE 1

|   | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|---|----------------|--------------------------------|---------------------|--------------------------|
|   | 4              | 5                              | 5A                  | 6                        |
| 1 GENERAL SERVICE COST CENTERS            |                |                                |                     |                          |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                |                                |                     |                          |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                |                                |                     |                          |
| 4 PLANT OPERATION AND MAINTENANCE         |                |                                |                     |                          |
| 5 TRANSPORTATION - STAFF                  |                |                                |                     |                          |
| 6 VOLUNTEER SERVICE COORDINATION          |                |                                |                     |                          |
| 7 ADMINISTRATIVE AND GENERAL              |                |                                | 802,923             | 802,923                  |
| 8 INPATIENT CARE SERVICE                  |                |                                |                     |                          |
| 9 INPATIENT - GENERAL CARE                |                |                                |                     |                          |
| 10 INPATIENT - RESPIRE CARE               |                |                                |                     |                          |
| 11 VISITING SERVICES                      |                |                                |                     |                          |
| 12 PHYSICIAN SERVICES                     |                |                                | 52,195              | 87,040                   |
| 13 NURSING CARE                           |                |                                | 375,897             | 626,841                  |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE   |                |                                |                     |                          |
| 15 PHYSICAL THERAPY                       |                |                                |                     |                          |
| 16 OCCUPATIONAL THERAPY                   |                |                                |                     |                          |
| 17 SPEECH/LANGUAGE PATHOLOGY              |                |                                |                     |                          |
| 18 MEDICAL SOCIAL SERVICES                |                |                                |                     |                          |
| 19 SPIRITUAL COUNSELING                   |                |                                |                     |                          |
| 20 DIETARY COUNSELING                     |                |                                |                     |                          |
| 21 COUNSELING - OTHER                     |                |                                |                     |                          |
| 22 HOME HEALTH AIDE AND HOMEMAKER         |                |                                | 53,396              | 89,042                   |
| 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                |                                |                     |                          |
| 24 OTHER HOSPICE SERVICE COSTS            |                |                                |                     |                          |
| 25 OTHER                                  |                |                                |                     |                          |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                |                                |                     |                          |
| 27.30 ANALGESICS                          |                |                                |                     |                          |
| 28.31 SEDATIVES / HYPNOTICS               |                |                                |                     |                          |
| 29.32 OTHER - SPECIFY                     |                |                                |                     |                          |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                |                                |                     |                          |
| 31 PATIENT TRANSPORTATION                 |                |                                |                     |                          |
| 32 IMAGING SERVICES                       |                |                                |                     |                          |
| 33 LABS AND DIAGNOSTICS                   |                |                                |                     |                          |
| 34 MEDICAL SUPPLIES                       |                |                                |                     |                          |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                |                                |                     |                          |
| 36 RADIATION THERAPY                      |                |                                |                     |                          |
| 37 CHEMOTHERAPY                           |                |                                |                     |                          |
| 38 OTHER                                  |                |                                |                     |                          |
| 39 BEREAVEMENT PROGRAM COSTS              |                |                                |                     |                          |
| 40 VOLUNTEER PROGRAM COSTS                |                |                                |                     |                          |
| 41 FUNDRAISING                            |                |                                |                     |                          |
| 42 OTHER PROGRAM COSTS                    |                |                                |                     |                          |
| 43 TOTAL (SUM OF LINES 1 THRU 33)         |                |                                | 481,488             | 802,923                  |

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

|    |                                       |           |
|----|---------------------------------------|-----------|
| 1  | GENERAL SERVICE COST CENTERS          |           |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.  |           |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |           |
| 4  | PLANT OPERATION AND MAINTENANCE       |           |
| 5  | TRANSPORTATION - STAFF                |           |
| 6  | VOLUNTEER SERVICE COORDINATION        |           |
| 7  | ADMINISTRATIVE AND GENERAL            |           |
| 8  | INPATIENT CARE SERVICE                |           |
| 9  | INPATIENT - GENERAL CARE              |           |
| 10 | INPATIENT - RESPIRE CARE              |           |
| 11 | VISITING SERVICES                     |           |
| 12 | PHYSICIAN SERVICES                    | 139,235   |
| 13 | NURSING CARE                          | 1,002,738 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE     |           |
| 15 | PHYSICAL THERAPY                      |           |
| 16 | OCCUPATIONAL THERAPY                  |           |
| 17 | SPEECH/LANGUAGE PATHOLOGY             |           |
| 18 | MEDICAL SOCIAL SERVICES               |           |
| 19 | SPIRITUAL COUNSELING                  |           |
| 20 | DIETARY COUNSELING                    |           |
| 21 | COUNSELING - OTHER                    |           |
| 22 | HOME HEALTH AIDE AND HOMEMAKER        | 142,438   |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE   |           |
| 24 | OTHER HOSPICE SERVICE COSTS           |           |
| 25 | OTHER                                 |           |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY |           |
| 27 | ANALGESICS                            |           |
| 28 | SEDATIVES / HYPNOTICS                 |           |
| 29 | OTHER - SPECIFY                       |           |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN      |           |
| 31 | PATIENT TRANSPORTATION                |           |
| 32 | IMAGING SERVICES                      |           |
| 33 | LABS AND DIAGNOSTICS                  |           |
| 34 | MEDICAL SUPPLIES                      |           |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |
| 36 | RADIATION THERAPY                     |           |
| 37 | CHEMOTHERAPY                          |           |
| 38 | OTHER                                 |           |
| 39 | BEREAVEMENT PROGRAM COSTS             |           |
| 40 | VOLUNTEER PROGRAM COSTS               |           |
| 41 | FUNDRAISING                           |           |
| 42 | OTHER PROGRAM COSTS                   |           |
| 43 | TOTAL (SUM OF LINES 1 THRU 33)        | 1,284,411 |

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 15-0048      | FROM 1/ 1/2010 | 5/26/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 15-1524      |                | PART II       |

HOSPICE 1

|    | CAP. REL. COST<br>BUILDINGS &<br>FIXTURES<br>(SQUARE FEET)<br>1 | CAP. REL. COST<br>MOVABLE<br>EQUIPMENT<br>(DOLLAR VALUE)<br>2 | PLANT<br>OPERATION<br>& MAINT.<br>(SQUARE FEET)<br>3 | TRANSPORTATION<br>(MILEAGE)<br>4 |
|----|---|---|--|----------------------------------|
| 1  | GENERAL SERVICE COST CENTERS                                    |   |  |                                  |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.                            |   |  |                                  |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.                            |   |  |                                  |
| 4  | PLANT OPERATION AND MAINTENANCE                                 |   |  |                                  |
| 5  | TRANSPORTATION - STAFF  |   |  |                                  |
| 6  | VOLUNTEER SERVICE COORDINATION                                  |   |  |                                  |
| 7  | ADMINISTRATIVE AND GENERAL                                      |   |  |                                  |
| 8  | INPATIENT CARE SERVICE  |   |  |                                  |
| 9  | INPATIENT - GENERAL CARE  |   |  |                                  |
| 10 | INPATIENT - RESPIRE CARE  |   |  |                                  |
| 11 | VISITING SERVICES   |   |  |                                  |
| 12 | PHYSICIAN SERVICES  |   |  |                                  |
| 13 | NURSING CARE  |   |  |                                  |
| 14 | NURSING CARE-CONTINUOUS HOME CARE                               |   |  |                                  |
| 15 | PHYSICAL THERAPY  |   |  |                                  |
| 16 | OCCUPATIONAL THERAPY  |   |  |                                  |
| 17 | SPEECH/LANGUAGE PATHOLOGY                                       |   |  |                                  |
| 18 | MEDICAL SOCIAL SERVICES   |   |  |                                  |
| 19 | SPIRITUAL COUNSELING  |   |  |                                  |
| 20 | DIETARY COUNSELING  |   |  |                                  |
| 21 | COUNSELING - OTHER  |   |  |                                  |
| 22 | HOME HEALTH AIDE AND HOMEMAKER                                  |   |  |                                  |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE                             |   |  |                                  |
| 24 | OTHER HOSPICE SERVICE COSTS                                     |   |  |                                  |
| 25 | OTHER   |   |  |                                  |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY                           |   |  |                                  |
| 27 | ANALGESICS  |   |  |                                  |
| 28 | SEDATIVES / HYPNOTICS   |   |  |                                  |
| 29 | OTHER - SPECIFY   |   |  |                                  |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN                                |   |  |                                  |
| 31 | PATIENT TRANSPORTATION  |   |  |                                  |
| 32 | IMAGING SERVICES  |   |  |                                  |
| 33 | LABS AND DIAGNOSTICS  |   |  |                                  |
| 34 | MEDICAL SUPPLIES  |   |  |                                  |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.)                           |   |  |                                  |
| 36 | RADIATION THERAPY   |   |  |                                  |
| 37 | CHEMOTHERAPY  |   |  |                                  |
| 38 | OTHER   |   |  |                                  |
| 39 | FUNDRAISING   |   |  |                                  |
| 40 | OTHER PROGRAM COSTS   |   |  |                                  |
| 41 | COST TO BE ALLOCATED (PER WKST K-4, PART I)                     |   |  |                                  |
| 42 | UNIT COST MULTIPLIER  | .000000   | .000000  | .000000                          |
| 43 |   |   |  | .000000                          |

HOSPICE 1

|   | VOLUNTEER SERVICES COORDINATOR (HOURS)<br>5 | RECONCILIATION<br>6A | ADMINISTRATIVE & GENERAL (ACCUM. COST)<br>6 |
|---|---|----------------------|---|
| 1 GENERAL SERVICE COST CENTERS                      |   |                      |   |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.              |   |                      |   |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.              |   |                      |   |
| 4 PLANT OPERATION AND MAINTENANCE                   |   |                      |   |
| 5 TRANSPORTATION - STAFF                            |   |                      |   |
| 6 VOLUNTEER SERVICE COORDINATION                    |   |                      |   |
| 7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE |   | -802,923             | 481,488                                     |
| 8 INPATIENT - GENERAL CARE                          |   |                      |   |
| 9 INPATIENT - RESPIRE CARE                          |   |                      |   |
| 10 VISITING SERVICES                                |   |                      |   |
| 11 PHYSICIAN SERVICES                               |   |                      | 52,195                                      |
| 12 NURSING CARE                                     |   |                      | 375,897                                     |
| 13.20 NURSING CARE-CONTINUOUS HOME CARE             |   |                      |   |
| 14 PHYSICAL THERAPY                                 |   |                      |   |
| 15 OCCUPATIONAL THERAPY                             |   |                      |   |
| 16 SPEECH/LANGUAGE PATHOLOGY                        |   |                      |   |
| 17 MEDICAL SOCIAL SERVICES                          |   |                      |   |
| 18 SPIRITUAL COUNSELING                             |   |                      |   |
| 19 DIETARY COUNSELING                               |   |                      |   |
| 20 COUNSELING - OTHER                               |   |                      |   |
| 21 HOME HEALTH AIDE AND HOMEMAKER                   |   |                      | 53,396                                      |
| 22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE           |   |                      |   |
| 23 OTHER HOSPICE SERVICE COSTS                      |   |                      |   |
| 24 OTHER  |   |                      |   |
| 25 DRUGS BIOLOGICAL AND INFUSION THERAPY            |   |                      |   |
| 26.30 ANALGESICS                                    |   |                      |   |
| 27.31 SEDATIVES / HYPNOTICS                         |   |                      |   |
| 28.32 OTHER - SPECIFY                               |   |                      |   |
| 29 DURABLE MEDICAL EQUIPMENT/OXYGEN                 |   |                      |   |
| 30 PATIENT TRANSPORTATION                           |   |                      |   |
| 31 IMAGING SERVICES                                 |   |                      |   |
| 32 LABS AND DIAGNOSTICS                             |   |                      |   |
| 33 MEDICAL SUPPLIES                                 |   |                      |   |
| 34 OUTPATIENT SERVICES (INCL. E/R DEPT.)            |   |                      |   |
| 35 RADIATION THERAPY                                |   |                      |   |
| 36 CHEMOTHERAPY                                     |   |                      |   |
| 37 OTHER  |   |                      |   |
| 38  |   |                      |   |
| 39  |   |                      |   |
| 40  |   |                      |   |
| 41  |   |                      |   |
| 42 FUNDRAISING                                      |   |                      |   |
| 43 OTHER PROGRAM COSTS                              |   |                      |   |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I)      |   |                      | 802,923                                     |
| 45 UNIT COST MULTIPLIER                             | .000000                                     |                      | 1.667587                                    |

HOSPICE 1

| HOSPICE COST CENTER                         | FROM K-4, PART 1, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP BLDG & FIXT - OFFSITE BLDGS | NEW CAP REL COSTS-MVBLE EQUIP |
|---|----------------------------------|---------------------------|-------------------------------|-------------------------------------|-------------------------------|
|   |                                  | 0                         | 3                             | 3.01                                | 4                             |
| 1.00 ADMINISTRATIVE AND GENERAL             | 6                                |                           | 10,972                        |                                     |                               |
| 2.00 INPATIENT - GENERAL CARE               | 7                                |                           |                               |                                     |                               |
| 3.00 INPATIENT - RESPIRE CARE               | 8                                |                           |                               |                                     |                               |
| 4.00 PHYSICIAN SERVICES                     | 9                                | 139,235                   |                               |                                     |                               |
| 5.00 NURSING CARE                           | 10                               | 1,002,738                 |                               |                                     |                               |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      | 10.20                            |                           |                               |                                     |                               |
| 6.00 PHYSICAL THERAPY                       | 11                               |                           |                               |                                     |                               |
| 7.00 OCCUPATIONAL THERAPY                   | 12                               |                           |                               |                                     |                               |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              | 13                               |                           |                               |                                     |                               |
| 9.00 MEDICAL SOCIAL SERVICES                | 14                               |                           |                               |                                     |                               |
| 10.00 SPIRITUAL COUNSELING                  | 15                               |                           |                               |                                     |                               |
| 11.00 DIETARY COUNSELING                    | 16                               |                           |                               |                                     |                               |
| 12.00 COUNSELING - OTHER                    | 17                               |                           |                               |                                     |                               |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 18                               | 142,438                   |                               |                                     |                               |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    | 18.20                            |                           |                               |                                     |                               |
| 14.00                                       | 19                               |                           |                               |                                     |                               |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20                               |                           |                               |                                     |                               |
| 15.30 ANALGESICS                            | 20.30                            |                           |                               |                                     |                               |
| 15.31 SEDATIVES / HYPNOTICS                 | 20.31                            |                           |                               |                                     |                               |
| 15.32 OTHER                                 | 20.32                            |                           |                               |                                     |                               |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      | 21                               |                           |                               |                                     |                               |
| 17.00 PATIENT TRANSPORTATION                | 22                               |                           |                               |                                     |                               |
| 18.00 IMAGING SERVICES                      | 23                               |                           |                               |                                     |                               |
| 19.00 LABS AND DIAGNOSTICS                  | 24                               |                           |                               |                                     |                               |
| 20.00 MEDICAL SUPPLIES                      | 25                               |                           |                               |                                     |                               |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26                               |                           |                               |                                     |                               |
| 22.00 RADIATION THERAPY                     | 27                               |                           |                               |                                     |                               |
| 23.00 CHEMOTHERAPY                          | 28                               |                           |                               |                                     |                               |
| 24.00                                       | 29                               |                           |                               |                                     |                               |
| 25.00 BEREAVEMENT PROGRAM COSTS             | 30                               |                           |                               |                                     |                               |
| 26.00 VOLUNTEER PROGRAM COSTS               | 31                               |                           |                               |                                     |                               |
| 27.00 FUNDRAISING                           | 32                               |                           |                               |                                     |                               |
| 28.00 OTHER PROGRAM COSTS                   | 33                               |                           |                               |                                     |                               |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                                  | 1,284,411                 | 10,972                        |                                     |                               |
| 30.00 UNIT COST MULTIPLIER                  |                                  |                           |                               |                                     |                               |

| HOSPICE COST CENTER                         | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING AND STORES |
|---|-------------------|-----------------------|-----------------|----------------------------------|
|   | 5                 | 6.01                  | 6.02            | 6.03                             |
| 1.00 ADMINISTRATIVE AND GENERAL             | 175,790           | 1,856                 | 102,288         | 14,971                           |
| 2.00 INPATIENT - GENERAL CARE               |                   |                       |                 |                                  |
| 3.00 INPATIENT - RESPIRE CARE               |                   |                       |                 |                                  |
| 4.00 PHYSICIAN SERVICES                     |                   |                       |                 |                                  |
| 5.00 NURSING CARE                           |                   |                       |                 |                                  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                   |                       |                 |                                  |
| 6.00 PHYSICAL THERAPY                       |                   |                       |                 |                                  |
| 7.00 OCCUPATIONAL THERAPY                   |                   |                       |                 |                                  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                   |                       |                 |                                  |
| 9.00 MEDICAL SOCIAL SERVICES                |                   |                       |                 |                                  |
| 10.00 SPIRITUAL COUNSELING                  |                   |                       |                 |                                  |
| 11.00 DIETARY COUNSELING                    |                   |                       |                 |                                  |
| 12.00 COUNSELING - OTHER                    |                   |                       |                 |                                  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                   |                       |                 |                                  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                   |                       |                 |                                  |
| 14.00                                       |                   |                       |                 |                                  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                   |                       |                 |                                  |
| 15.30 ANALGESICS                            |                   |                       |                 |                                  |
| 15.31 SEDATIVES / HYPNOTICS                 |                   |                       |                 |                                  |
| 15.32 OTHER                                 |                   |                       |                 |                                  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                   |                       |                 |                                  |
| 17.00 PATIENT TRANSPORTATION                |                   |                       |                 |                                  |
| 18.00 IMAGING SERVICES                      |                   |                       |                 |                                  |
| 19.00 LABS AND DIAGNOSTICS                  |                   |                       |                 |                                  |
| 20.00 MEDICAL SUPPLIES                      |                   |                       |                 |                                  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                   |                       |                 |                                  |
| 22.00 RADIATION THERAPY                     |                   |                       |                 |                                  |
| 23.00 CHEMOTHERAPY                          |                   |                       |                 |                                  |
| 24.00                                       |                   |                       |                 |                                  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                   |                       |                 |                                  |
| 26.00 VOLUNTEER PROGRAM COSTS               |                   |                       |                 |                                  |
| 27.00 FUNDRAISING                           |                   |                       |                 |                                  |
| 28.00 OTHER PROGRAM COSTS                   |                   |                       |                 |                                  |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 175,790           | 1,856                 | 102,288         | 14,971                           |
| 30.00 UNIT COST MULTIPLIER                  |                   |                       |                 |                                  |

HOSPICE 1

| HOSPICE COST CENTER                             | ADMINI TTING | CASHI ERI NG/ACCO UNTS RECEI VABLE | SUBTOTAL  | OTHER ADMINI STRATI VE AND GENERAL |
|---|--------------|------------------------------------|-----------|------------------------------------|
|   | 6.04         | 6.05                               | 6A.05     | 6.06                               |
| 1.00 ADMINISTRATIVE AND GENERAL                 | 6,112        | 17,798                             | 329,787   | 13,376                             |
| 2.00 INPATIENT - GENERAL CARE                   |              |                                    |           |                                    |
| 3.00 INPATIENT - RESPI TE CARE                  |              |                                    |           |                                    |
| 4.00 PHYSI CI AN SERVI CES                      |              |                                    | 139,235   | 5,647                              |
| 5.00 NURSI NG CARE                              |              |                                    | 1,002,738 | 40,669                             |
| 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE        |              |                                    |           |                                    |
| 6.00 PHYSI CAL THERAPY                          |              |                                    |           |                                    |
| 7.00 OCCUPATI ONAL THERAPY                      |              |                                    |           |                                    |
| 8.00 SPEECH/LANGU AGE PATHOLOGY                 |              |                                    |           |                                    |
| 9.00 MEDI CAL SOCI AL SERVI CES                 |              |                                    |           |                                    |
| 10.00 SPI RI TUAL COUNSEL I NG                  |              |                                    |           |                                    |
| 11.00 DI ETARY COUNSEL I NG                     |              |                                    |           |                                    |
| 12.00 COUNSEL I NG - OTHER                      |              |                                    |           |                                    |
| 13.00 HOME HEALTH AI DE AND HOME MAKER          |              |                                    | 142,438   | 5,777                              |
| 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE      |              |                                    |           |                                    |
| 14.00   |              |                                    |           |                                    |
| 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY |              |                                    |           |                                    |
| 15.30 ANALGESI CS                               |              |                                    |           |                                    |
| 15.31 SEDATI VES / HYPNOTI CS                   |              |                                    |           |                                    |
| 15.32 OTHER                                     |              |                                    |           |                                    |
| 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN        |              |                                    |           |                                    |
| 17.00 PATI ENT TRANSPORTATI ON                  |              |                                    |           |                                    |
| 18.00 I MAGI NG SERVI CES                       |              |                                    |           |                                    |
| 19.00 LABS AND DI AGNOSTI CS                    |              |                                    |           |                                    |
| 20.00 MEDI CAL SUPPL I ES                       |              |                                    |           |                                    |
| 21.00 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)  |              |                                    |           |                                    |
| 22.00 RADI ATI ON THERAPY                       |              |                                    |           |                                    |
| 23.00 CHEMOTHERAPY                              |              |                                    |           |                                    |
| 24.00   |              |                                    |           |                                    |
| 25.00 BEREAVEMENT PROGRAM COSTS                 |              |                                    |           |                                    |
| 26.00 VOLUNTEER PROGRAM COSTS                   |              |                                    |           |                                    |
| 27.00 FUNDRAI SI NG                             |              |                                    |           |                                    |
| 28.00 OTHER PROGRAM COSTS                       |              |                                    |           |                                    |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)         | 6,112        | 17,798                             | 1,614,198 | 65,469                             |
| 30.00 UNI T COST MULI PLI ER                    |              |                                    |           |                                    |

| HOSPICE COST CENTER                             | OPERATI ON OF PLANT | LAUNDRY & LI NEN SERVI CE | HOUSEKEEPI NG | DI ETARY |
|---|---------------------|---------------------------|---------------|----------|
|   | 8                   | 9                         | 10            | 11       |
| 1.00 ADMINISTRATIVE AND GENERAL                 |                     |                           | 6,318         |          |
| 2.00 INPATIENT - GENERAL CARE                   |                     |                           |               |          |
| 3.00 INPATIENT - RESPI TE CARE                  |                     |                           |               |          |
| 4.00 PHYSI CI AN SERVI CES                      |                     |                           |               |          |
| 5.00 NURSI NG CARE                              |                     |                           |               |          |
| 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE        |                     |                           |               |          |
| 6.00 PHYSI CAL THERAPY                          |                     |                           |               |          |
| 7.00 OCCUPATI ONAL THERAPY                      |                     |                           |               |          |
| 8.00 SPEECH/LANGU AGE PATHOLOGY                 |                     |                           |               |          |
| 9.00 MEDI CAL SOCI AL SERVI CES                 |                     |                           |               |          |
| 10.00 SPI RI TUAL COUNSEL I NG                  |                     |                           |               |          |
| 11.00 DI ETARY COUNSEL I NG                     |                     |                           |               |          |
| 12.00 COUNSEL I NG - OTHER                      |                     |                           |               |          |
| 13.00 HOME HEALTH AI DE AND HOME MAKER          |                     |                           |               |          |
| 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE      |                     |                           |               |          |
| 14.00   |                     |                           |               |          |
| 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY |                     |                           |               |          |
| 15.30 ANALGESI CS                               |                     |                           |               |          |
| 15.31 SEDATI VES / HYPNOTI CS                   |                     |                           |               |          |
| 15.32 OTHER                                     |                     |                           |               |          |
| 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN        |                     |                           |               |          |
| 17.00 PATI ENT TRANSPORTATI ON                  |                     |                           |               |          |
| 18.00 I MAGI NG SERVI CES                       |                     |                           |               |          |
| 19.00 LABS AND DI AGNOSTI CS                    |                     |                           |               |          |
| 20.00 MEDI CAL SUPPL I ES                       |                     |                           |               |          |
| 21.00 OUTPATI ENT SERVI CES (I NCL. E/R DEPT.)  |                     |                           |               |          |
| 22.00 RADI ATI ON THERAPY                       |                     |                           |               |          |
| 23.00 CHEMOTHERAPY                              |                     |                           |               |          |
| 24.00   |                     |                           |               |          |
| 25.00 BEREAVEMENT PROGRAM COSTS                 |                     |                           |               |          |
| 26.00 VOLUNTEER PROGRAM COSTS                   |                     |                           |               |          |
| 27.00 FUNDRAI SI NG                             |                     |                           |               |          |
| 28.00 OTHER PROGRAM COSTS                       |                     |                           |               |          |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)         |                     |                           | 6,318         |          |
| 30.00 UNI T COST MULI PLI ER                    |                     |                           |               |          |

HOSPICE 1

| HOSPICE COST CENTER                         | CAFETERIA | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY |
|---|-----------|---------------------------|---------------------------------|----------|
|   | 12        | 14                        | 15                              | 16       |
| 1.00 ADMINISTRATIVE AND GENERAL             | 5,474     |                           |                                 | 216,809  |
| 2.00 INPATIENT - GENERAL CARE               |           |                           |                                 |          |
| 3.00 INPATIENT - RESPIRE CARE               |           |                           |                                 |          |
| 4.00 PHYSICIAN SERVICES                     |           |                           |                                 |          |
| 5.00 NURSING CARE                           |           |                           |                                 |          |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |           |                           |                                 |          |
| 6.00 PHYSICAL THERAPY                       |           |                           |                                 |          |
| 7.00 OCCUPATIONAL THERAPY                   |           |                           |                                 |          |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |           |                           |                                 |          |
| 9.00 MEDICAL SOCIAL SERVICES                |           |                           |                                 |          |
| 10.00 SPIRITUAL COUNSELING                  |           |                           |                                 |          |
| 11.00 DIETARY COUNSELING                    |           |                           |                                 |          |
| 12.00 COUNSELING - OTHER                    |           |                           |                                 |          |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |           |                           |                                 |          |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |           |                           |                                 |          |
| 14.00                                       |           |                           |                                 |          |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |           |                           |                                 |          |
| 15.30 ANALGESICS                            |           |                           |                                 |          |
| 15.31 SEDATIVES / HYPNOTICS                 |           |                           |                                 |          |
| 15.32 OTHER                                 |           |                           |                                 |          |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |           |                           |                                 |          |
| 17.00 PATIENT TRANSPORTATION                |           |                           |                                 |          |
| 18.00 IMAGING SERVICES                      |           |                           |                                 |          |
| 19.00 LABS AND DIAGNOSTICS                  |           |                           |                                 |          |
| 20.00 MEDICAL SUPPLIES                      |           |                           |                                 |          |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |                           |                                 |          |
| 22.00 RADIATION THERAPY                     |           |                           |                                 |          |
| 23.00 CHEMOTHERAPY                          |           |                           |                                 |          |
| 24.00                                       |           |                           |                                 |          |
| 25.00 BEREAVEMENT PROGRAM COSTS             |           |                           |                                 |          |
| 26.00 VOLUNTEER PROGRAM COSTS               |           |                           |                                 |          |
| 27.00 FUNDRAISING                           |           |                           |                                 |          |
| 28.00 OTHER PROGRAM COSTS                   |           |                           |                                 |          |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 5,474     |                           |                                 | 216,809  |
| 30.00 UNIT COST MULTIPLIER                  |           |                           |                                 |          |

| HOSPICE COST CENTER                         | MEDICAL RECORDS<br>& LIBRARY | SOCIAL SERVICE | INSERVICE<br>EDUCATION | PARAMED ED PRGM |
|---|------------------------------|----------------|------------------------|-----------------|
|   | 17                           | 18             | 18.01                  | 24              |
| 1.00 ADMINISTRATIVE AND GENERAL             | 21,146                       |                | 36,049                 |                 |
| 2.00 INPATIENT - GENERAL CARE               |                              |                |                        |                 |
| 3.00 INPATIENT - RESPIRE CARE               |                              |                |                        |                 |
| 4.00 PHYSICIAN SERVICES                     |                              |                |                        |                 |
| 5.00 NURSING CARE                           |                              |                |                        |                 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                              |                |                        |                 |
| 6.00 PHYSICAL THERAPY                       |                              |                |                        |                 |
| 7.00 OCCUPATIONAL THERAPY                   |                              |                |                        |                 |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                              |                |                        |                 |
| 9.00 MEDICAL SOCIAL SERVICES                |                              |                |                        |                 |
| 10.00 SPIRITUAL COUNSELING                  |                              |                |                        |                 |
| 11.00 DIETARY COUNSELING                    |                              |                |                        |                 |
| 12.00 COUNSELING - OTHER                    |                              |                |                        |                 |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                              |                |                        |                 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                              |                |                        |                 |
| 14.00                                       |                              |                |                        |                 |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                              |                |                        |                 |
| 15.30 ANALGESICS                            |                              |                |                        |                 |
| 15.31 SEDATIVES / HYPNOTICS                 |                              |                |                        |                 |
| 15.32 OTHER                                 |                              |                |                        |                 |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                              |                |                        |                 |
| 17.00 PATIENT TRANSPORTATION                |                              |                |                        |                 |
| 18.00 IMAGING SERVICES                      |                              |                |                        |                 |
| 19.00 LABS AND DIAGNOSTICS                  |                              |                |                        |                 |
| 20.00 MEDICAL SUPPLIES                      |                              |                |                        |                 |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                              |                |                        |                 |
| 22.00 RADIATION THERAPY                     |                              |                |                        |                 |
| 23.00 CHEMOTHERAPY                          |                              |                |                        |                 |
| 24.00                                       |                              |                |                        |                 |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                              |                |                        |                 |
| 26.00 VOLUNTEER PROGRAM COSTS               |                              |                |                        |                 |
| 27.00 FUNDRAISING                           |                              |                |                        |                 |
| 28.00 OTHER PROGRAM COSTS                   |                              |                |                        |                 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 21,146                       |                | 36,049                 |                 |
| 30.00 UNIT COST MULTIPLIER                  |                              |                |                        |                 |

HOSPICE 1

| HOSPICE COST CENTER                         | SUBTOTAL  | INTRN & RSDNT COST & POST STEPDOWN AD | SUBTOTAL  | ALLOCATED HOSPICE A & G |
|---|-----------|---------------------------------------|-----------|-------------------------|
|   | 25        | 26                                    | 27        | 28                      |
| 1.00 ADMINISTRATIVE AND GENERAL             | 628,959   |                                       | 628,959   |                         |
| 2.00 INPATIENT - GENERAL CARE               |           |                                       |           |                         |
| 3.00 INPATIENT - RESPIRE CARE               |           |                                       |           |                         |
| 4.00 PHYSICIAN SERVICES                     | 144,882   |                                       | 144,882   | 68,181                  |
| 5.00 NURSING CARE                           | 1,043,407 |                                       | 1,043,407 | 491,028                 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |           |                                       |           |                         |
| 6.00 PHYSICAL THERAPY                       |           |                                       |           |                         |
| 7.00 OCCUPATIONAL THERAPY                   |           |                                       |           |                         |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |           |                                       |           |                         |
| 9.00 MEDICAL SOCIAL SERVICES                |           |                                       |           |                         |
| 10.00 SPIRITUAL COUNSELING                  |           |                                       |           |                         |
| 11.00 DIETARY COUNSELING                    |           |                                       |           |                         |
| 12.00 COUNSELING - OTHER                    |           |                                       |           |                         |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 148,215   |                                       | 148,215   | 69,750                  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |           |                                       |           |                         |
| 14.00                                       |           |                                       |           |                         |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |           |                                       |           |                         |
| 15.30 ANALGESICS                            |           |                                       |           |                         |
| 15.31 SEDATIVES / HYPNOTICS                 |           |                                       |           |                         |
| 15.32 OTHER                                 |           |                                       |           |                         |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |           |                                       |           |                         |
| 17.00 PATIENT TRANSPORTATION                |           |                                       |           |                         |
| 18.00 IMAGING SERVICES                      |           |                                       |           |                         |
| 19.00 LABS AND DIAGNOSTICS                  |           |                                       |           |                         |
| 20.00 MEDICAL SUPPLIES                      |           |                                       |           |                         |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |                                       |           |                         |
| 22.00 RADIATION THERAPY                     |           |                                       |           |                         |
| 23.00 CHEMOTHERAPY                          |           |                                       |           |                         |
| 24.00                                       |           |                                       |           |                         |
| 25.00 BEREAVEMENT PROGRAM COSTS             |           |                                       |           |                         |
| 26.00 VOLUNTEER PROGRAM COSTS               |           |                                       |           |                         |
| 27.00 FUNDRAISING                           |           |                                       |           |                         |
| 28.00 OTHER PROGRAM COSTS                   |           |                                       |           |                         |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 1,965,463 |                                       | 1,965,463 |                         |
| 30.00 UNIT COST MULTIPLIER                  |           |                                       |           | .470600                 |

TOTAL HOSPICE COSTS

| HOSPICE COST CENTER                         | SUBTOTAL  |
|---|-----------|
|   | 29        |
| 1.00 ADMINISTRATIVE AND GENERAL             |           |
| 2.00 INPATIENT - GENERAL CARE               |           |
| 3.00 INPATIENT - RESPIRE CARE               |           |
| 4.00 PHYSICIAN SERVICES                     | 213,063   |
| 5.00 NURSING CARE                           | 1,534,435 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |           |
| 6.00 PHYSICAL THERAPY                       |           |
| 7.00 OCCUPATIONAL THERAPY                   |           |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |           |
| 9.00 MEDICAL SOCIAL SERVICES                |           |
| 10.00 SPIRITUAL COUNSELING                  |           |
| 11.00 DIETARY COUNSELING                    |           |
| 12.00 COUNSELING - OTHER                    |           |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 217,965   |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |           |
| 14.00                                       |           |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |           |
| 15.30 ANALGESICS                            |           |
| 15.31 SEDATIVES / HYPNOTICS                 |           |
| 15.32 OTHER                                 |           |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |           |
| 17.00 PATIENT TRANSPORTATION                |           |
| 18.00 IMAGING SERVICES                      |           |
| 19.00 LABS AND DIAGNOSTICS                  |           |
| 20.00 MEDICAL SUPPLIES                      |           |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |
| 22.00 RADIATION THERAPY                     |           |
| 23.00 CHEMOTHERAPY                          |           |
| 24.00                                       |           |
| 25.00 BEREAVEMENT PROGRAM COSTS             |           |
| 26.00 VOLUNTEER PROGRAM COSTS               |           |
| 27.00 FUNDRAISING                           |           |
| 28.00 OTHER PROGRAM COSTS                   |           |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 1,965,463 |
| 30.00 UNIT COST MULTIPLIER                  |           |

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

| HOSPICE COST CENTER                         | NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) | NEW CAP BLDG & FIXT - OFFSITE BLDGS (SQUARE FEET) | NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET) | EMPLOYEE BENEFITS (GROSS SALARIES) |
|---|---|---|---|------------------------------------|
|   | 3   | 3.01  | 4   | 5                                  |
| 1.00 ADMINISTRATIVE AND GENERAL             | 445   |   | 445   | 633,908                            |
| 2.00 INPATIENT - GENERAL CARE               |   |   |   |                                    |
| 3.00 INPATIENT - RESPIRE CARE               |   |   |   |                                    |
| 4.00 PHYSICIAN SERVICES                     |   |   |   |                                    |
| 5.00 NURSING CARE                           |   |   |   |                                    |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |   |   |   |                                    |
| 6.00 PHYSICAL THERAPY                       |   |   |   |                                    |
| 7.00 OCCUPATIONAL THERAPY                   |   |   |   |                                    |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |   |   |   |                                    |
| 9.00 MEDICAL SOCIAL SERVICES                |   |   |   |                                    |
| 10.00 SPIRITUAL COUNSELING                  |   |   |   |                                    |
| 11.00 DIETARY COUNSELING                    |   |   |   |                                    |
| 12.00 COUNSELING - OTHER                    |   |   |   |                                    |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |   |   |   |                                    |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |   |   |   |                                    |
| 14.00                                       |   |   |   |                                    |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |   |   |   |                                    |
| 15.30 ANALGESICS                            |   |   |   |                                    |
| 15.31 SEDATIVES / HYPNOTICS                 |   |   |   |                                    |
| 15.32 OTHER                                 |   |   |   |                                    |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |   |   |   |                                    |
| 17.00 PATIENT TRANSPORTATION                |   |   |   |                                    |
| 18.00 IMAGING SERVICES                      |   |   |   |                                    |
| 19.00 LABS AND DIAGNOSTICS                  |   |   |   |                                    |
| 20.00 MEDICAL SUPPLIES                      |   |   |   |                                    |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |   |   |   |                                    |
| 22.00 RADIATION THERAPY                     |   |   |   |                                    |
| 23.00 CHEMOTHERAPY                          |   |   |   |                                    |
| 24.00                                       |   |   |   |                                    |
| 25.00 BEREAVEMENT PROGRAM COSTS             |   |   |   |                                    |
| 26.00 VOLUNTEER PROGRAM COSTS               |   |   |   |                                    |
| 27.00 FUNDRAISING                           |   |   |   |                                    |
| 28.00 OTHER PROGRAM COSTS                   |   |   |   |                                    |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         | 445   |   | 445   | 633,908                            |
| 30.00 TOTAL COST TO BE ALLOCATED            | 10,972                                      |   |   | 175,790                            |
| 31.00 UNIT COST MULTIPLIER                  | 24.656180                                   | .000000   | .000000                                     | .277312                            |

| HOSPICE COST CENTER                         | NONPATIENT TELEPHONES (PHONES) | DATA PROCESSING (TERMINALS) | PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE) | ADMINITTING (TOTAL REVENUE) |
|---|--------------------------------|-----------------------------|---|-----------------------------|
|   | 6.01                           | 6.02                        | 6.03  | 6.04                        |
| 1.00 ADMINISTRATIVE AND GENERAL             | 11                             | 8                           | 228,443   | 1,890,371                   |
| 2.00 INPATIENT - GENERAL CARE               |                                |                             |   |                             |
| 3.00 INPATIENT - RESPIRE CARE               |                                |                             |   |                             |
| 4.00 PHYSICIAN SERVICES                     |                                |                             |   |                             |
| 5.00 NURSING CARE                           |                                |                             |   |                             |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                                |                             |   |                             |
| 6.00 PHYSICAL THERAPY                       |                                |                             |   |                             |
| 7.00 OCCUPATIONAL THERAPY                   |                                |                             |   |                             |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                                |                             |   |                             |
| 9.00 MEDICAL SOCIAL SERVICES                |                                |                             |   |                             |
| 10.00 SPIRITUAL COUNSELING                  |                                |                             |   |                             |
| 11.00 DIETARY COUNSELING                    |                                |                             |   |                             |
| 12.00 COUNSELING - OTHER                    |                                |                             |   |                             |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                                |                             |   |                             |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                                |                             |   |                             |
| 14.00                                       |                                |                             |   |                             |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                                |                             |   |                             |
| 15.30 ANALGESICS                            |                                |                             |   |                             |
| 15.31 SEDATIVES / HYPNOTICS                 |                                |                             |   |                             |
| 15.32 OTHER                                 |                                |                             |   |                             |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                                |                             |   |                             |
| 17.00 PATIENT TRANSPORTATION                |                                |                             |   |                             |
| 18.00 IMAGING SERVICES                      |                                |                             |   |                             |
| 19.00 LABS AND DIAGNOSTICS                  |                                |                             |   |                             |
| 20.00 MEDICAL SUPPLIES                      |                                |                             |   |                             |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                                |                             |   |                             |
| 22.00 RADIATION THERAPY                     |                                |                             |   |                             |
| 23.00 CHEMOTHERAPY                          |                                |                             |   |                             |
| 24.00                                       |                                |                             |   |                             |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                                |                             |   |                             |
| 26.00 VOLUNTEER PROGRAM COSTS               |                                |                             |   |                             |
| 27.00 FUNDRAISING                           |                                |                             |   |                             |

HOSPICE 1

| HOSPICE COST CENTER                 | NONPATIENT TELEPHONES | DATA PROCESSING | PURCHASING, RECEIVING AND STORES | ADMINISTRATIVE |
|-------------------------------------|-----------------------|-----------------|----------------------------------|----------------|
|                                     | 6.01                  | 6.02            | 6.03                             | 6.04           |
| 28.00 OTHER PROGRAM COSTS           |                       |                 |                                  |                |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 11                    | 8               | 228,443                          | 1,890,371      |
| 30.00 TOTAL COST TO BE ALLOCATED    | 1,856                 | 102,288         | 14,971                           | 6,112          |
| 31.00 UNIT COST MULTIPLIER          | 168.727273            | 12786.000000    | .065535                          | .003233        |

| HOSPICE COST CENTER                         | CASHIERING/ACCOUNTS RECEIVABLE | RECONCILIATION | OTHER ADMINISTRATIVE AND GENERAL | OPERATION OF PLANT |
|---|--------------------------------|----------------|----------------------------------|--------------------|
|   | (TOTAL REVENUE)                |                | (ACCUMULATED COST)               | (SQUARE FEET)      |
|   | 6.05                           | 6A.06          | 6.06                             | 8                  |
| 1.00 ADMINISTRATIVE AND GENERAL             | 1,890,371                      |                | 329,787                          |                    |
| 2.00 INPATIENT - GENERAL CARE               |                                |                |                                  |                    |
| 3.00 INPATIENT - RESPIRE CARE               |                                |                |                                  |                    |
| 4.00 PHYSICIAN SERVICES                     |                                |                | 139,235                          |                    |
| 5.00 NURSING CARE                           |                                |                | 1,002,738                        |                    |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                                |                |                                  |                    |
| 6.00 PHYSICAL THERAPY                       |                                |                |                                  |                    |
| 7.00 OCCUPATIONAL THERAPY                   |                                |                |                                  |                    |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                                |                |                                  |                    |
| 9.00 MEDICAL SOCIAL SERVICES                |                                |                |                                  |                    |
| 10.00 SPIRITUAL COUNSELING                  |                                |                |                                  |                    |
| 11.00 DIETARY COUNSELING                    |                                |                |                                  |                    |
| 12.00 COUNSELING - OTHER                    |                                |                |                                  |                    |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                                |                | 142,438                          |                    |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                                |                |                                  |                    |
| 14.00                                       |                                |                |                                  |                    |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                                |                |                                  |                    |
| 15.30 ANALGESICS                            |                                |                |                                  |                    |
| 15.31 SEDATIVES / HYPNOTICS                 |                                |                |                                  |                    |
| 15.32 OTHER                                 |                                |                |                                  |                    |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                                |                |                                  |                    |
| 17.00 PATIENT TRANSPORTATION                |                                |                |                                  |                    |
| 18.00 IMAGING SERVICES                      |                                |                |                                  |                    |
| 19.00 LABS AND DIAGNOSTICS                  |                                |                |                                  |                    |
| 20.00 MEDICAL SUPPLIES                      |                                |                |                                  |                    |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                                |                |                                  |                    |
| 22.00 RADIATION THERAPY                     |                                |                |                                  |                    |
| 23.00 CHEMOTHERAPY                          |                                |                |                                  |                    |
| 24.00                                       |                                |                |                                  |                    |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                                |                |                                  |                    |
| 26.00 VOLUNTEER PROGRAM COSTS               |                                |                |                                  |                    |
| 27.00 FUNDRAISING                           |                                |                |                                  |                    |
| 28.00 OTHER PROGRAM COSTS                   |                                |                |                                  |                    |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         | 1,890,371                      |                | 1,614,198                        |                    |
| 30.00 TOTAL COST TO BE ALLOCATED            | 17,798                         |                | 65,469                           |                    |
| 31.00 UNIT COST MULTIPLIER                  | .009415                        |                | .040558                          | .000000            |

HOSPICE 1

| HOSPICE COST CENTER                         | LAUNDRY & LINEN SERVICE<br>(POUNDS OF LAUNDRY)<br>9 | HOUSEKEEPING<br>(HOURS OF SERVICE)<br>10 | DIETARY<br>(MEALS SERVED)<br>11 | CAFETERIA<br>(MANHOURS)<br>12 |
|---|---|--|---------------------------------|-------------------------------|
| 1.00 ADMINISTRATIVE AND GENERAL             |   |  | 28                              | 22,284                        |
| 2.00 INPATIENT - GENERAL CARE               |   |  |                                 |                               |
| 3.00 INPATIENT - RESPIRE CARE               |   |  |                                 |                               |
| 4.00 PHYSICIAN SERVICES                     |   |  |                                 |                               |
| 5.00 NURSING CARE                           |   |  |                                 |                               |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |   |  |                                 |                               |
| 6.00 PHYSICAL THERAPY                       |   |  |                                 |                               |
| 7.00 OCCUPATIONAL THERAPY                   |   |  |                                 |                               |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |   |  |                                 |                               |
| 9.00 MEDICAL SOCIAL SERVICES                |   |  |                                 |                               |
| 10.00 SPIRITUAL COUNSELING                  |   |  |                                 |                               |
| 11.00 DIETARY COUNSELING                    |   |  |                                 |                               |
| 12.00 COUNSELING - OTHER                    |   |  |                                 |                               |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |   |  |                                 |                               |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |   |  |                                 |                               |
| 14.00                                       |   |  |                                 |                               |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |   |  |                                 |                               |
| 15.30 ANALGESICS                            |   |  |                                 |                               |
| 15.31 SEDATIVES / HYPNOTICS                 |   |  |                                 |                               |
| 15.32 OTHER                                 |   |  |                                 |                               |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |   |  |                                 |                               |
| 17.00 PATIENT TRANSPORTATION                |   |  |                                 |                               |
| 18.00 IMAGING SERVICES                      |   |  |                                 |                               |
| 19.00 LABS AND DIAGNOSTICS                  |   |  |                                 |                               |
| 20.00 MEDICAL SUPPLIES                      |   |  |                                 |                               |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |   |  |                                 |                               |
| 22.00 RADIATION THERAPY                     |   |  |                                 |                               |
| 23.00 CHEMOTHERAPY                          |   |  |                                 |                               |
| 24.00                                       |   |  |                                 |                               |
| 25.00 BEREAVEMENT PROGRAM COSTS             |   |  |                                 |                               |
| 26.00 VOLUNTEER PROGRAM COSTS               |   |  |                                 |                               |
| 27.00 FUNDRAISING                           |   |  |                                 |                               |
| 28.00 OTHER PROGRAM COSTS                   |   |  |                                 |                               |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |   |  | 28                              | 22,284                        |
| 30.00 TOTAL COST TO BE ALLOCATED            |   |  | 6,318                           | 5,474                         |
| 31.00 UNIT COST MULTIPLIER                  | .000000   | 225.642857                               | .000000                         | .245647                       |

| HOSPICE COST CENTER                         | NURSING ADMINISTRATION<br>(MANHOURS)<br>14 | CENTRAL SERVICES & SUPPLY<br>(MED SUPPLIES)<br>15 | PHARMACY<br>(DRUGS)<br>16 | MEDICAL RECORDS & LIBRARY<br>(TOTAL REVENUE)<br>17 |
|---|--|---|---------------------------|--|
| 1.00 ADMINISTRATIVE AND GENERAL             |  |   | 167,152                   | 1,890,371  |
| 2.00 INPATIENT - GENERAL CARE               |  |   |                           |  |
| 3.00 INPATIENT - RESPIRE CARE               |  |   |                           |  |
| 4.00 PHYSICIAN SERVICES                     |  |   |                           |  |
| 5.00 NURSING CARE                           |  |   |                           |  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |   |                           |  |
| 6.00 PHYSICAL THERAPY                       |  |   |                           |  |
| 7.00 OCCUPATIONAL THERAPY                   |  |   |                           |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |   |                           |  |
| 9.00 MEDICAL SOCIAL SERVICES                |  |   |                           |  |
| 10.00 SPIRITUAL COUNSELING                  |  |   |                           |  |
| 11.00 DIETARY COUNSELING                    |  |   |                           |  |
| 12.00 COUNSELING - OTHER                    |  |   |                           |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |  |   |                           |  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |   |                           |  |
| 14.00                                       |  |   |                           |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |   |                           |  |
| 15.30 ANALGESICS                            |  |   |                           |  |
| 15.31 SEDATIVES / HYPNOTICS                 |  |   |                           |  |
| 15.32 OTHER                                 |  |   |                           |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |   |                           |  |
| 17.00 PATIENT TRANSPORTATION                |  |   |                           |  |
| 18.00 IMAGING SERVICES                      |  |   |                           |  |
| 19.00 LABS AND DIAGNOSTICS                  |  |   |                           |  |
| 20.00 MEDICAL SUPPLIES                      |  |   |                           |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |   |                           |  |
| 22.00 RADIATION THERAPY                     |  |   |                           |  |
| 23.00 CHEMOTHERAPY                          |  |   |                           |  |
| 24.00                                       |  |   |                           |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  |   |                           |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |   |                           |  |
| 27.00 FUNDRAISING                           |  |   |                           |  |

HOSPICE 1

| HOSPICE COST CENTER                 | NURSING<br>ADMINISTRATION | CENTRAL<br>SERVICES &<br>SUPPLY | PHARMACY | MEDICAL RECORDS<br>& LIBRARY |
|-------------------------------------|---------------------------|---------------------------------|----------|------------------------------|
|                                     | 14                        | 15                              | 16       | 17                           |
| 28.00 OTHER PROGRAM COSTS           |                           |                                 |          |                              |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) |                           |                                 | 167,152  | 1,890,371                    |
| 30.00 TOTAL COST TO BE ALLOCATED    |                           |                                 | 216,809  | 21,146                       |
| 31.00 UNIT COST MULTIPLIER          | .000000                   | .000000                         | 1.297077 | .011186                      |

| HOSPICE COST CENTER                         | SOCIAL SERVICE<br>(TIME SPENT) | INSERVICE<br>EDUCATION<br>(IN HOUSE ED) | PARAMED ED PRGM<br>(TIME SPEND) |
|---|--------------------------------|---|---------------------------------|
|   | 18                             | 18.01                                   | 24                              |
| 1.00 ADMINISTRATIVE AND GENERAL             |                                | 359                                     |                                 |
| 2.00 INPATIENT - GENERAL CARE               |                                |   |                                 |
| 3.00 INPATIENT - RESPIRE CARE               |                                |   |                                 |
| 4.00 PHYSICIAN SERVICES                     |                                |   |                                 |
| 5.00 NURSING CARE                           |                                |   |                                 |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                                |   |                                 |
| 6.00 PHYSICAL THERAPY                       |                                |   |                                 |
| 7.00 OCCUPATIONAL THERAPY                   |                                |   |                                 |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                                |   |                                 |
| 9.00 MEDICAL SOCIAL SERVICES                |                                |   |                                 |
| 10.00 SPIRITUAL COUNSELING                  |                                |   |                                 |
| 11.00 DIETARY COUNSELING                    |                                |   |                                 |
| 12.00 COUNSELING - OTHER                    |                                |   |                                 |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                                |   |                                 |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                                |   |                                 |
| 14.00                                       |                                |   |                                 |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                                |   |                                 |
| 15.30 ANALGESICS                            |                                |   |                                 |
| 15.31 SEDATIVES / HYPNOTICS                 |                                |   |                                 |
| 15.32 OTHER                                 |                                |   |                                 |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                                |   |                                 |
| 17.00 PATIENT TRANSPORTATION                |                                |   |                                 |
| 18.00 IMAGING SERVICES                      |                                |   |                                 |
| 19.00 LABS AND DIAGNOSTICS                  |                                |   |                                 |
| 20.00 MEDICAL SUPPLIES                      |                                |   |                                 |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                                |   |                                 |
| 22.00 RADIATION THERAPY                     |                                |   |                                 |
| 23.00 CHEMOTHERAPY                          |                                |   |                                 |
| 24.00                                       |                                |   |                                 |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                                |   |                                 |
| 26.00 VOLUNTEER PROGRAM COSTS               |                                |   |                                 |
| 27.00 FUNDRAISING                           |                                |   |                                 |
| 28.00 OTHER PROGRAM COSTS                   |                                |   |                                 |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |                                | 359                                     |                                 |
| 30.00 TOTAL COST TO BE ALLOCATED            |                                | 36,049                                  |                                 |
| 31.00 UNIT COST MULTIPLIER                  | .000000                        | 100.415042                              | .000000                         |

HOSPICE 1

|      | WKSHT<br>C, PART I<br>COLUMN 9<br>LINE: | COST TO<br>CHARGE<br>RATIO<br>1 | TOTAL<br>HOSPICE<br>CHARGES<br>2 | HOSPICE<br>SHARED<br>ANCI LLARY<br>COSTS<br>3 |
|------|---|---------------------------------|----------------------------------|---|
| 1    | PHYSICAL THERAPY                        | 50                              | .935058                          |   |
| 2    | OCCUPATIONAL THERAPY                    | 51                              |                                  |   |
| 3    | SPEECH PATHOLOGY                        | 52                              |                                  |   |
| 4    | DRUGS CHARGED TO PATIENTS               | 56                              | .347953                          |   |
| 5    | DURABLE MEDICAL EQUIP-SOLD              | 67                              |                                  |   |
| 6    | LABORATORY                              | 44                              | .226011                          |   |
| 7    | MEDICAL SUPPLIES CHARGED TO PATIENTS    | 55                              | .940699                          |   |
| 7.30 | IMPL. DEV. CHARGED TO PATIENT           | 55.30                           | .728608                          |   |
| 8    | EMERGENCY                               | 61                              | .434122                          |   |
| 9    | RADIOLOGY-DIAGNOSTIC                    | 41                              | .315160                          |   |
| 10   | OTHER ANCI LLARY                        | 59                              |                                  |   |
| 11   | TOTAL (SUM OF LINES 1-10)               |                                 |                                  |   |

HOSPICE 1

COMPUTATION OF PER DIEM COST

|   | TITLE XVIII | TITLE XIX | OTHER  | TOTAL(1)  |
|---|-------------|-----------|--------|-----------|
|   | 1           | 2         | 3      | 4         |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) |             |           |        | 1,965,463 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)   |             |           |        | 7,164     |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)  |             |           |        | 274.35    |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)  | 6,923       |           |        |           |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)   | 1,899,325   |           |        |           |
| 6 UNDUPLICATED MEDICAID DAYS  |             | 104       |        |           |
| 7 AGGREGATE MEDICAID COST   |             | 28,532    |        |           |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)   | 1,818       |           |        |           |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)  | 498,768     |           |        |           |
| 10 UNDUPLICATED NF DAYS   |             | 103       |        |           |
| 11 AGGREGATE NF COST  |             | 28,258    |        |           |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)  |             |           | 137    |           |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)   |             |           | 37,586 |           |

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

