

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0150	I	FROM 4/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 3/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/31/2007 TIME 11:10

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:
DUPONT HOSPITAL 15-0150
FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2006 AND ENDING 3/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

[Signature]
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CFO
TITLE
8-31-07
DATE

ECR ENCRYPTION INFORMATION
DATE: 8/31/2007 TIME 11:10

KNiK.7NecBaHaP3HEA1HuazNBQqkJO
84nsB0kxCrhj8Ci29plr6t.tjHnGfR
pCwo0TS:VM0yt8u6

PI ENCRYPTION INFORMATION
DATE: 8/31/2007 TIME 11:10

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
I						
100	HOSPITAL TOTAL	0	95,926	22,253	0	
		0	95,926	22,253	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 15-0150
 PERIOD: FROM 4/1/2006 TO 3/31/2007
 PREPARED 8/31/2007
 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2520 E. DUPONT ROAD P.O. BOX:
 1.01 CITY: FORT WAYNE STATE: IN ZIP CODE: 46825- COUNTY: ALLEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL	15-0150	2.01	5/24/2001	V XVIII XIX 4 5 6 N P P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/1/2006 TO: 3/31/2007

18 TYPE OF CONTROL 1 4 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). N

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2. N

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

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

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET 5-2
 I I TO 3/31/2007 I

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
 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

	1	2	3	4
		0	0.0000	0.0000
	0.00	0		

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		
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).		
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		

PROSPECTIVE PAYMENT SYSTEM (PPS)--CAPITAL

	V	XVIII	XIX
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/1/2006 I WORKSHEET 5-2
 I I TO 3/31/2007 I

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 679005
- 40.01 NAME: TRIAD HOSPITALS FI/CONTRACTOR NAME MUTUAL OF OMAHA FI/CONTRACTOR #
- 40.02 STREET: 5800 TENNYSON PARKWAY P.O. BOX:
- 40.03 CITY: PLANO STATE: TX ZIP CODE: 75024-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 483,039 PAID LOSSES: 23,500 AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y	OR	N	LIMIT	Y	OR	N	FEES
	0	1	2	3	4	5	6	7	8
56.01	4/1/2006	N			0.00				0
56.02					0.00				0
56.03					0.00				0

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005)

PROVIDER NO: 15-0150
PERIOD: FROM 4/1/2006 TO 3/31/2007
PREPARED: 8/31/2007
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	92	2.01	3	4	2,800	5
2 HMO		33,580					370
2 01 HMO - (IRF PPS SUBPROVIDER)							2,988
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	92	33,580				2,800	370
6 INTENSIVE CARE UNIT	10	3,650				263	29
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	20	7,300					239
11 NURSERY							461
12 TOTAL	122	44,530				3,063	1,099
13 RPCH VISITS							
25 TOTAL	122						
26 OBSERVATION BED DAYS							7
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TITLE XVIII NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			14,426				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			14,426				
6 INTENSIVE CARE UNIT			674				
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			3,992				
11 NURSERY			4,770				
12 TOTAL			23,862				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS		7	1,188	142	1,046		
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					881	159	5,453
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		532.00			881	159	5,453
13 RPCH VISITS							
25 TOTAL		532.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-0150	I FROM 4/ 1/2006	I 8/31/2007
I	I TO 3/31/2007	I WORKSHEET S-3
		I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	25,076,386		25,076,386	1,115,879.00	22.47	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
6 PHYSICIAN - PART B						
6.01 NON-PHYSICIAN - PART B						
7 INTERNS & RESIDENTS (APPRVD)						
8.01 CONTRACT SERVICES, I&R HOME OFFICE PERSONNEL SNF	23,845	115,625	139,470	13,177.00	10.58	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	39,206		39,206	501.00	78.26	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
10.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	157,238		157,238	958.00	164.13	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	219,367		219,367	3,803.00	57.68	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	5,639,095		5,639,095			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	5,367		5,367			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
23 EMPLOYEE BENEFITS	433,440	-48,080	385,360	14,887.00	25.89	
24 ADMINISTRATIVE & GENERAL	4,057,854	-93,298	3,964,556	177,756.00	22.30	
24.01 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	592,748	657	593,405	36,199.00	16.39	
27 LAUNDRY & LINEN SERVICE						
28 HOUSEKEEPING	498,928		498,928	47,127.00	10.59	
28.01 HOUSEKEEPING UNDER CONTRACT						
29 DIETARY	918,001		918,001	72,539.00	12.66	
29.01 DIETARY UNDER CONTRACT						
30 CAFETERIA						
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	479,310	1,320	480,630	13,885.00	34.62	
33 CENTRAL SERVICE AND SUPPLY	324,664	9,479	334,143	18,272.00	18.29	
34 PHARMACY						
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	400,833		400,833	25,228.00	15.89	
36 SOCIAL SERVICE						
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	25,076,386		25,076,386	1,115,879.00	22.47	
2 EXCLUDED AREA SALARIES	23,845	115,625	139,470	13,177.00	10.58	
3 SUBTOTAL SALARIES	25,052,541	-115,625	24,936,916	1,102,702.00	22.61	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	415,811		415,811	5,262.00	79.02	
5 SUBTOTAL WAGE-RELATED COSTS	5,639,095		5,639,095		22.61	
6 TOTAL	31,107,447	-115,625	30,991,822	1,107,964.00	27.97	
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	7,705,778	-129,922	7,575,856	405,893.00	18.66	

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	1,184,919
17.01	GROSS MEDICAID REVENUES	3,525,408
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	13,722
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,724,049
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	999,441
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.293796
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	293,632
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	18,639,372
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,476,173
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,365,946
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,576,493
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,769,805

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-0150 I

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PERIOD: I FROM 4/ 1/2006 I PREPARED 8/31/2007
 I TO 3/31/2007 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		5,008,829	5,008,829	-2,558,949	2,449,880
5	0500 NEW CAP REL COSTS-MVBLE EQUIP				3,424,732	3,424,732
5	0500 EMPLOYEE BENEFITS	433,440	4,182,659	4,616,099	-48,932	4,567,167
6.01	0640 ADMITTING	1,401,420	269,506	1,670,926	-29,304	1,641,622
6.02	0650 CASHIERING/ACCOUNTS RECEIVABLE	443,030	800,533	1,243,563	2,904	1,246,467
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	2,213,404	8,630,781	10,844,185	-1,055,658	9,788,527
8	0800 OPERATION OF PLANT	592,748	1,973,779	2,566,527	655	2,567,182
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	498,928	316,354	815,282	-245	815,037
11	1100 DIETARY	918,001	961,673	1,879,674		1,879,674
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	479,310	78,024	557,334	-253	557,081
15	1500 CENTRAL SERVICES & SUPPLY	324,664	868,210	1,192,874	-436,264	756,610
17	1700 MEDICAL RECORDS & LIBRARY	400,833	372,993	773,826		773,826
25	2500 INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,324,578	1,092,266	6,416,844	-443,783	5,973,061
26	2600 INTENSIVE CARE UNIT	616,572	70,127	686,699	-28,064	658,635
27	2700 CORONARY CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	1,966,672	381,570	2,348,242	-817,353	1,530,889
33	3300 NURSERY		101,866	101,866	579,765	681,631
37	3700 ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,925,155	13,957,477	17,882,632	-11,906,269	5,976,363
41	4100 RADIOLOGY-DIAGNOSTIC	1,185,514	1,513,241	2,698,755	-711,480	1,987,275
41.01	3630 ULTRA SOUND	426,656	96,162	522,818	-3,000	519,818
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	92,557	80,123	172,680	-11,197	161,483
42	4200 RADIOLOGY-THERAPEUTIC	86,209	150,544	236,753		236,753
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	859,371	1,281,916	2,141,287	-197,584	1,943,703
49	4900 RESPIRATORY THERAPY	734,050	325,151	1,059,201	-66,109	993,092
50	5000 PHYSICAL THERAPY	160,876	867	161,743	-230	161,513
53	5300 ELECTROCARDIOLOGY	18,781	5,544	24,325		24,325
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				13,939,400	13,939,400
56	5600 DRUGS CHARGED TO PATIENTS	699,993	2,247,173	2,947,166	239,292	3,186,458
60	6000 OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	9,628	6,401	16,029		16,029
61	6100 EMERGENCY	1,240,151	350,274	1,590,425	-77,026	1,513,399
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
88	8800 SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		-434,124	-434,124	-679,718	-1,113,842
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	25,052,541	44,689,919	69,742,460	-884,670	68,857,790
96	9600 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,726	101,441	111,167		111,167
100	7950 PHYSICIAN RELATIONS	14,119	-23,929	-9,810	623	-9,187
100.01	7951 MARKETING				884,047	884,047
100.02	7952 WOMENS RESOURCE CENTER					
101.	TOTAL	25,076,386	44,767,431	69,843,817	-0-	69,843,817

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0150
II PERIOD:
I FROM 4/ 1/2006
I TO 3/31/2007
II PREPARED 8/31/2007
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	718,763	3,168,643
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-19,807	3,404,925
5	0500 EMPLOYEE BENEFITS	-89,058	4,478,109
6.01	0640 ADMITTING		1,641,622
6.02	0650 CASHIERING/ACCOUNTS RECEIVABLE		1,246,467
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,660,168	5,128,359
8	0800 OPERATION OF PLANT	-20,998	2,546,184
9	0900 LAUNDRY & LINEN SERVICE	319,730	319,730
10	1000 HOUSEKEEPING		815,037
11	1100 DIETARY	-301,249	1,578,425
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		557,081
15	1500 CENTRAL SERVICES & SUPPLY	-310,485	446,125
17	1700 MEDICAL RECORDS & LIBRARY	-16,507	757,319
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-15,575	5,957,486
26	2600 INTENSIVE CARE UNIT		658,635
27	2700 CORONARY CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-61,350	1,469,539
33	3300 NURSERY	-2,336	679,295
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-278,321	5,698,042
41	4100 RADIOLOGY-DIAGNOSTIC	-3,684	1,983,591
41.01	3630 ULTRA SOUND	-170	519,648
41.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	2,169	163,652
42	4200 RADIOLOGY-THERAPEUTIC		236,753
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-155	1,943,548
49	4900 RESPIRATORY THERAPY		993,092
50	5000 PHYSICAL THERAPY	-30	161,483
53	5300 ELECTROCARDIOLOGY		24,325
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-488	13,938,912
56	5600 DRUGS CHARGED TO PATIENTS	-141	3,186,317
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-16,029	
61	6100 EMERGENCY	-31,058	1,482,341
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	1,113,842	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,673,105	65,184,685
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		111,167
100	7950 PHYSICIAN RELATIONS		-9,187
100.01	7951 MARKETING		884,047
100.02	7952 WOMENS RESOURCE CENTER		
101.	TOTAL		66,170,712

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I NOT A CMS WORKSHEET
 I I TO 3/31/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMITTING	0640	ADMITTING
6.02	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	PHYSICIAN RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WOMENS RESOURCE CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
101.	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			13,939,400
		OTHER ADMINISTRATIVE AND GENERAL	6.03			50
20 DRUGS CHARGED TO PATIENTS	B	DRUGS CHARGED TO PATIENTS	56			243,010
1 PROPERTY TAXES	C	NEW CAP REL COSTS-BLDG & FIXT	3			121,579
2 CAPITAL INSURANCE	D	NEW CAP REL COSTS-BLDG & FIXT	3			64,486
3 MARKETING EXPENSES	E	MARKETING	100.01		115,001	769,046
4 NURSERY/NICU SALARIES	F	NURSERY	33		636,002	45,179
5 DEPRECIATION EXPENSE	G	NEW CAP REL COSTS-MVBLE EQUIP	4			3,424,732
6 INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3			679,718
7 RECLASS SALARIES/ICP	I	NURSING ADMINISTRATION	14		1,320	
		ADULTS & PEDIATRICS	25		8,249	
		OPERATING ROOM	37		3,979	
		DRUGS CHARGED TO PATIENTS	56		661	
		CENTRAL SERVICES & SUPPLY	15		9,479	
		EMERGENCY	61		1,408	
		OPERATION OF PLANT	8		657	
		OTHER ADMINISTRATIVE AND GENERAL	6.03		18,799	
		PHYSICIAN RELATIONS	100		624	
		CASHIERING/ACCOUNTS RECEIVABLE	6.02		2,904	
36 TOTAL RECLASSIFICATIONS					799,083	19,287,200

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	EMPLOYEE BENEFITS	5			795	
2		ADMITTING	6.01			29,264	
3		HOUSEKEEPING	10			245	
4		NURSING ADMINISTRATION	14			1,533	
5		CENTRAL SERVICES & SUPPLY	15			444,682	
6		ADULTS & PEDIATRICS	25			431,377	
7		INTENSIVE CARE UNIT	26			26,730	
8		NEONATAL INTENSIVE CARE UNIT	30			133,122	
9		NURSERY	33			99,653	
10		OPERATING ROOM	37			11,765,574	
11		RADIOLOGY-DIAGNOSTIC	41			691,123	
12		ULTRA SOUND	41.01			3,000	
13		MAGNETIC RESONANCE IMAGING (MRI)	41.02			11,197	
14		LABORATORY	44			161,953	
15		RESPIRATORY THERAPY	49			66,084	
16		PHYSICAL THERAPY	50			150	
17		EMERGENCY	61			68,588	
18		PHYSICIAN RELATIONS	100			1	
19		DRUGS CHARGED TO PATIENTS	56			4,379	
20 DRUGS CHARGED TO PATIENTS	B	EMPLOYEE BENEFITS	5			57	
21		ADMITTING	6.01			40	
22		OTHER ADMINISTRATIVE AND GENERAL	6.03			4,395	
23		OPERATION OF PLANT	8			2	
24		NURSING ADMINISTRATION	14			40	
25		CENTRAL SERVICES & SUPPLY	15			1,061	
26		ADULTS & PEDIATRICS	25			20,655	
27		INTENSIVE CARE UNIT	26			1,334	
28		NEONATAL INTENSIVE CARE UNIT	30			3,050	
29		NURSERY	33			1,763	
30		OPERATING ROOM	37			144,674	
31		RADIOLOGY-DIAGNOSTIC	41			20,357	
32		LABORATORY	44			35,631	
33		RESPIRATORY THERAPY	49			25	
34		PHYSICAL THERAPY	50			80	
35		EMERGENCY	61			9,846	
1	C	OTHER ADMINISTRATIVE AND GENERAL	6.03			121,579	13
2	D	OTHER ADMINISTRATIVE AND GENERAL	6.03			64,486	12
3	E	OTHER ADMINISTRATIVE AND GENERAL	6.03		115,001	769,046	
4	F	NEONATAL INTENSIVE CARE UNIT	30		636,002	45,179	
5	G	NEW CAP REL COSTS-BLDG & FIXT	3			3,424,732	9
6	H	INTEREST EXPENSE	88			679,718	11
7	I	EMPLOYEE BENEFITS	5		48,080		
36 TOTAL RECLASSIFICATIONS					799,083	19,287,200	

(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.

RECLASS CODE: H
 EXPLANATION : INTEREST EXPENSE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	679,718
	TOTAL RECLASSIFICATIONS FOR CODE H	679,718

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	679,718

RECLASS CODE: I
 EXPLANATION : RECLASS SALARIES/ICP

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NURSING ADMINISTRATION	1,320
2.00	ADULTS & PEDIATRICS	8,249
3.00	OPERATING ROOM	3,979
4.00	DRUGS CHARGED TO PATIENTS	661
5.00	CENTRAL SERVICES & SUPPLY	9,479
6.00	EMERGENCY	1,408
7.00	OPERATION OF PLANT	657
8.00	OTHER ADMINISTRATIVE AND GENER	18,799
9.00	PHYSICIAN RELATIONS	624
10.00	CASHIERING/ACCOUNTS RECEIVABLE	2,904
	TOTAL RECLASSIFICATIONS FOR CODE I	48,080

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	48,080
		0
		0
		0
		0
		0
		0
		0
		0
		48,080

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,191,308						1,191,308	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE	26,865,351	21,999,927			21,999,927		48,865,278	
4	BUILDING IMPROVEMEN	216,727	190,927			190,927		407,654	
5	FIXED EQUIPMENT	1,112,197	1,210,995			1,210,995		2,323,192	
6	MOVABLE EQUIPMENT	17,430,562	19,766,463			19,766,463	533,105	36,663,920	
7	SUBTOTAL	46,816,145	43,168,312			43,168,312	533,105	89,451,352	
8	RECONCILING ITEMS	-155,173	50,404			50,404		-104,769	
9	TOTAL	46,971,318	43,117,908			43,117,908	533,105	89,556,121	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	51,596,124		51,596,124	.584592				
4	NEW CAP REL COSTS-MV	36,663,920		36,663,920	.415408				
5	TOTAL	88,260,044		88,260,044	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,168,886	1,133,974	679,718	64,486	121,579		3,168,643
4	NEW CAP REL COSTS-MV	3,404,925						3,404,925
5	TOTAL	4,573,811	1,133,974	679,718	64,486	121,579		6,573,568

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,008,829						5,008,829
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,008,829						5,008,829

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0150
I

IN LIEU OF FORM CMS-2552-96(05/1999)
I PERIOD: I PREPARED 8/31/2007
I FROM 4/ 1/2006 I WORKSHEET A-8
I TO 3/31/2007 I

DESCRIPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-249	OTHER ADMINISTRATIVE AND	6.03	
9 TELEPHONE SERVICES	B	-64	OPERATION OF PLANT	8	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,912,685			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-197,805			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-298,446	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-16,507	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,803	DIETARY	11	
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	3	-415,975	NEW CAP REL COSTS-BLDG &	3	9
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 MISC REVS--ID BADGES	B	-820	EMPLOYEE BENEFITS	5	
38 MISC REVS--INFANT PHOTOS	B	-2,336	NURSERY	33	
39 MISC REVS--VALET TIPS	B	-32	OPERATION OF PLANT	8	
40 MISCELLANEOUS REVENUES	B	-53,894	OTHER ADMINISTRATIVE AND	6.03	
41 DUPONT ASC STARTUP COSTS AMORT YR 2	A	8,227	OPERATING ROOM	37	
42 PATIENT PHONE SALARIES	A	-7,785	OPERATION OF PLANT	8	
43 PATIENT PHONE SYSTEM COSTS	A	-76,221	OTHER ADMINISTRATIVE AND	6.03	
44 PATIENT PHONE BENEFITS	A	-17,190	EMPLOYEE BENEFITS	5	
45 PATIENT PHONE EQUIPMENT DEPR	A	-19,807	NEW CAP REL COSTS-MVBLE E	4	9
46 PATIENT TV CABLE SERVICE	A	-13,117	OPERATION OF PLANT	8	
47 LEGAL FEES	A	-18,727	OTHER ADMINISTRATIVE AND	6.03	
48 LEGAL SETTLEMENTS	A	-2,500	OTHER ADMINISTRATIVE AND	6.03	
49 SLEEP LAB STARTUP COSTS	A	-16,029	CLINIC	60	
49.04 DONATIONS	A	-90,850	OTHER ADMINISTRATIVE AND	6.03	
49.05 PENALTIES	A	-14	OTHER ADMINISTRATIVE AND	6.03	
49.06 EDUCATION/INTERVENT INCOME	B	-71,047	EMPLOYEE BENEFITS	5	
49.07 WOMENS RESOURCE CENTER	A	-377,825	OTHER ADMINISTRATIVE AND	6.03	
49.08 MRI STARTUP COSTS YEAR 5 OF 5	A	2,169	MAGNETIC RESONANCE IMAGIN	41.02	
49.09 LOBBYING EXPENSE IN DUES	A	-2,801	OTHER ADMINISTRATIVE AND	6.03	
49.10 INTEREST	B	-4,235	OTHER ADMINISTRATIVE AND	6.03	
49.11 FWCC/SUMMIT CLUB DUES	A	-7,695	OTHER ADMINISTRATIVE AND	6.03	
49.13 ENTERTAINMENT	A	-5,364	OTHER ADMINISTRATIVE AND	6.03	
49.14 ENTERTAINMENT	A	-1	EMPLOYEE BENEFITS	5	
49.15 ENTERTAINMENT	A	-6	OTHER ADMINISTRATIVE AND	6.03	
49.16 ENTERTAINMENT	A	-180	OPERATING ROOM	37	
49.17 PATIENT SVC RECOVERY	A	-341	OTHER ADMINISTRATIVE AND	6.03	
49.18 PATIENT SVC RECOVERY	A	-62	ADULTS & PEDIATRICS	25	
49.19 PATIENT SVC RECOVERY	A	-33	NEONATAL INTENSIVE CARE U	30	
49.20 PATIENT SVC RECOVERY	A	-53	OPERATING ROOM	37	
49.21 PATIENT SVC RECOVERY	A	-38	ULTRA SOUND	41.01	
49.22 PATIENT SVC RECOVERY	A	-10	EMERGENCY	61	
49.23 SPOUSE TRAVEL	A	-3,587	OTHER ADMINISTRATIVE AND	6.03	
49.40 CIA COSTS	A	-572	OTHER ADMINISTRATIVE AND	6.03	
49.41 LOST CHARGES	A	-932	RADIOLOGY-DIAGNOSTIC	41	
49.42 MOB SUPPORT COSTS	A	-44,863	OTHER ADMINISTRATIVE AND	6.03	
49.43					
49.44					
49.45					
49.46					
49.47					
49.48					
49.49					
49.50					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,673,105			

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

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	6 3	OTHER ADMINISTRATIVE AND THI-MANAGEMENT FEES	102,369	2,082,471	-1,980,102	
2	6 3	OTHER ADMINISTRATIVE AND THI-GENERAL INSURANCE	169,100	169,100		
3	6 3	OTHER ADMINISTRATIVE AND THI-MALPRACTICE INSURANCE	506,539	690,056	-183,517	
4	5	EMPLOYEE BENEFITS	229,290	229,290		
4.01	6 3	OTHER ADMINISTRATIVE AND THI-IS FEES	136,772	138,770	-1,998	
4.02	88	INTEREST EXPENSE		-1,113,842	1,113,842	
4.03	3	NEW CAP REL COSTS-BLDG & INTEREST EXPENSE	1,133,974		1,133,974	
4.05	37	OPERATING ROOM	29,251	31,065	-1,814	10
4.11	15	CENTRAL SERVICES & SUPPLY		310,485	-310,485	
4.12	9	LAUNDRY & LINEN SERVICE	319,730		319,730	
4.13	55	MEDICAL SUPPLIES CHARGED	2,561	3,049	-488	
4.14	41	RADIOLOGY-DIAGNOSTIC	5,309	8,061	-2,752	
4.15	56	DRUGS CHARGED TO PATIENTS	498	639	-141	
4.16	37	OPERATING ROOM	3,327	4,779	-1,452	
4.17	41 1	ULTRA SOUND	263	395	-132	
4.18	44	LABORATORY	75,119	75,119		
4.19	50	PHYSICAL THERAPY	95	125	-30	
4.20	44	LABORATORY	273	428	-155	
4.21	3	NEW CAP REL COSTS-BLDG & BOC BLDG DEPRECIATION	764		764	
4.22	37	OPERATING ROOM	198,771	481,820	-283,049	9
4.23		DSC BLDG LEASE SJH				
4.24						
4.25						
4.26						
4.27						
4.28						
4.29						
4.30						
4.31						
4.32						
4.33						
4.34						
4.35						
4.36						
4.37						
4.38						
4.39						
4.40						
4.41						
4.42						
4.43						
4.44						
5		TOTALS	2,914,005	3,111,810	-197,805	

* 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	B	72.03		0.00	
2	D	0.00	HLS, INC	33.00	LAUNDRY
3	B	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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET A-8-2
 I I TO 3/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	25 1 AGGREGATE	25,319		25,319	171,400	119	9,806	490
2	30 AGGREGATE	67,662	60,912	6,750	171,400	77	6,345	317
3	44 AGGREGATE	24,815		24,815	219,500	236	24,905	1,245
4	61 AGGREGATE	55,275		55,275	171,400	294	24,227	1,211
5	6 3 AGGREGATE	1,804,807	1,804,807					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,977,878	1,865,719	112,159		726	65,283	3,263

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I IN LIEU OF FORM CMS-2552-96(9/1996)
 I 15-0150 I FROM 4/ 1/2006 I PREPARED 8/31/2007
 I I TO 3/31/2007 I WORKSHEET A-8-2
 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	11	12	13	14	15	16	17	18
1	25	AGGREGATE				9,806	15,513	15,513
2	30	AGGREGATE				6,345	405	61,317
3	44	AGGREGATE				24,905		
4	61	AGGREGATE				24,227	31,048	31,048
5	6 3	AGGREGATE						1,804,807
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				65,283	46,966	1,912,685

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: IN LIEU OF FORM CMS-2552-96(9/1997)
 I 15-0150 I FROM 4/ 1/2006 I PREPARED 8/31/2007
 I I TO 3/31/2007 I NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6.01	ADMITTING	6	PATIENT	REVENUES	ENTERED
6.02	CASHIERING/ACCOUNTS RECEIVABLE	6	PATIENT	REVENUES	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	FTES		ENTERED
14	NURSING ADMINISTRATION	15	NURSING	FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	6	PATIENT	REVENUES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B
 I I TO 3/31/2007 I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE ADMITTING FITS 5	6.01	CASHIERING/AC COUNTS RECEI 6.02	SUBTOTAL 6a.02
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &	3,168,643	3,168,643					
005	NEW CAP REL COSTS-MVBLE E	3,404,925		3,404,925				
006	EMPLOYEE BENEFITS	4,478,109	9,210	9,897	4,497,216			
006 01	ADMITTING	1,641,622			255,899	1,897,521		
006 02	CASHIERING/ACCOUNTS RECEI	1,246,467			80,897		1,327,364	
006 03	OTHER ADMINISTRATIVE AND	5,128,359	68,083	73,160	383,168			5,652,770
008	OPERATION OF PLANT	2,546,184	593,765	638,041	108,236			3,886,226
009	LAUNDRY & LINEN SERVICE	319,730						319,730
010	HOUSEKEEPING	815,037	12,696	13,642	91,104			932,479
011	DIETARY	1,578,425	91,283	98,090	167,627			1,935,425
012	CAFETERIA							
014	NURSING ADMINISTRATION	557,081			87,522			644,603
015	CENTRAL SERVICES & SUPPLY	446,125	33,833	36,356	59,284			575,598
017	MEDICAL RECORDS & LIBRARY	757,319	11,928	12,818	73,192			855,257
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	5,957,486	756,727	813,155	972,261	190,830	133,505	8,823,964
027	INTENSIVE CARE UNIT	658,635	109,815	118,004	112,586	10,834	7,580	1,017,454
029	CORONARY CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	1,469,539	52,829	56,768	242,980	71,601	50,092	1,943,809
033	NURSERY	679,295	17,221	18,505	116,134	30,398	21,266	882,819
037	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	5,698,042	728,075	782,367	716,733	439,919	307,628	8,672,764
041	RADIOLOGY-DIAGNOSTIC	1,983,591	188,067	202,091	216,475	215,415	150,704	2,956,343
041 01	ULTRA SOUND	519,648	5,756	6,185	77,907	47,138	32,978	689,612
041 02	MAGNETIC RESONANCE IMAGIN	163,652	27,566	29,621	16,901	44,106	30,856	312,702
042	RADIOLOGY-THERAPEUTIC	236,753	7,995	8,591	15,742	11,617	8,127	288,825
043	RADIOISOTOPE							
044	LABORATORY	1,943,548	31,499	33,848	156,921	113,333	79,287	2,358,436
049	RESPIRATORY THERAPY	993,092	8,794	9,450	134,038	16,235	11,358	1,172,967
050	PHYSICAL THERAPY	161,483	9,562	10,275	29,376	6,575	4,600	221,871
053	ELECTROCARDIOLOGY	24,325			3,429	9,974	6,978	44,706
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED	13,938,912				398,308	278,656	14,615,876
056	DRUGS CHARGED TO PATIENTS	3,186,317	19,011	20,429	127,819	176,219	123,282	3,653,077
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	1,482,341	125,996	135,392	226,452	115,019	80,467	2,165,667
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	65,184,685	2,909,711	3,126,685	4,472,683	1,897,521	1,327,364	64,622,980
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	111,167	9,034	9,708	1,776			131,685
100	PHYSICIAN RELATIONS	-9,187			1,758			-7,429
100 01	MARKETING	884,047	249,898	268,532	20,999			1,423,476
100 02	WOMENS RESOURCE CENTER							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	66,170,712	3,168,643	3,404,925	4,497,216	1,897,521	1,327,364	66,170,712

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B
 I TO 3/31/2007 I PART I

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND	5,652,770						
008 OPERATION OF PLANT	362,954	4,249,180					
009 LAUNDRY & LINEN SERVICE	29,861		349,591				
010 HOUSEKEEPING	87,089	21,599		1,041,167			
011 DIETARY	180,759	155,302		38,248	2,309,734		
012 CAFETERIA					1,760,066	1,760,066	
014 NURSING ADMINISTRATION	60,203					31,847	736,653
015 CENTRAL SERVICES & SUPPLY	53,758	57,561		14,176		41,909	
017 MEDICAL RECORDS & LIBRARY	79,877	20,293		4,998		57,864	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	824,114	1,287,433	193,549	317,069	262,458	481,614	289,575
027 INTENSIVE CARE UNIT	95,025	186,830	5,640	46,012	126,703	46,492	27,954
029 CORONARY CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U	181,542	89,878	5,907	22,135	47,109	80,724	48,536
037 NURSERY	82,451	29,298	7,058	7,215	39,430	96,459	57,997
041 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	809,993	1,238,686	61,983	305,063		409,450	246,185
041 RADIOLOGY-DIAGNOSTIC	276,108	319,961	33,073	78,800		117,427	
041 01 ULTRA SOUND	64,406	9,793		2,412		28,631	
041 02 MAGNETIC RESONANCE IMAGIN	29,205	46,898		11,550		8,920	
042 RADIOLOGY-THERAPEUTIC	26,975	13,601		3,350		5,583	
043 RADIOISOTOPE							
044 LABORATORY	220,266	53,590		13,198		88,059	
049 RESPIRATORY THERAPY	109,549	14,962		3,685		63,981	
050 PHYSICAL THERAPY	20,722	16,267		4,006		12,854	
053 ELECTROCARDIOLOGY	4,175					906	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,365,052						
056 DRUGS CHARGED TO PATIENTS	341,179	32,344		7,966		46,678	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	202,262	214,359	42,381	52,792		110,445	66,406
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	5,507,525	3,808,655	349,591	932,675	2,235,766	1,729,843	736,653
100 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	12,299	15,370		3,785	73,968	2,541	
100 PHYSICIAN RELATIONS						27,682	
100 01 MARKETING	132,946	425,155		104,707			
100 02 WOMENS RESOURCE CENTER							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,652,770	4,249,180	349,591	1,041,167	2,309,734	1,760,066	736,653

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B
 I I TO 3/31/2007 I PART I

COST CENTER DESCRIPTION	CENTRAL SERVI MEDICAL RECOR SUBTOTAL		I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	17		
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 CASHIERING/ACCOUNTS RECEI				
006 03 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY	743,002			
017 MEDICAL RECORDS & LIBRARY	768	1,019,057		
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	7,608	102,482	12,589,866	12,589,866
026 INTENSIVE CARE UNIT	281	5,818	1,558,209	1,558,209
027 CORONARY CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
030 NEONATAL INTENSIVE CARE U	567	38,452	2,458,659	2,458,659
033 NURSERY	162	16,325	1,219,214	1,219,214
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	23,689	236,273	12,004,086	12,004,086
041 RADIOLOGY-DIAGNOSTIC	5,726	115,685	3,903,123	3,903,123
041 01 ULTRA SOUND	429	25,315	820,598	820,598
041 02 MAGNETIC RESONANCE IMAGIN	2,282	23,686	435,243	435,243
042 RADIOLOGY-THERAPEUTIC	4,907	6,239	349,480	349,480
043 RADIOISOTOPE				
044 LABORATORY	26,894	60,864	2,821,307	2,821,307
049 RESPIRATORY THERAPY	9,075	8,719	1,382,938	1,382,938
050 PHYSICAL THERAPY	23	3,531	279,274	279,274
053 ELECTROCARDIOLOGY		5,357	55,144	55,144
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED	637,613	213,906	16,832,447	16,832,447
056 DRUGS CHARGED TO PATIENTS	15,356	94,636	4,191,236	4,191,236
OUTPAT SERVICE COST CNTRS				
060 CLINIC				
061 EMERGENCY	3,173	61,769	2,919,254	2,919,254
062 OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	738,553	1,019,057	63,820,078	63,820,078
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP	4,240		243,888	243,888
100 PHYSICIAN RELATIONS	41		20,294	20,294
100 01 MARKETING	168		2,086,452	2,086,452
100 02 WOMENS RESOURCE CENTER				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	743,002	1,019,057	66,170,712	66,170,712

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B
 I I TO 3/31/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMITTING 6.01	CASHIERING/AC COUNTS RECEI 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	317	9,210	9,897	19,424	19,424		
006 01 ADMITTING					1,106	1,106	
006 02 CASHIERING/ACCOUNTS RECEI							350
006 03 OTHER ADMINISTRATIVE AND	184,577	68,083	73,160	325,820			
008 OPERATION OF PLANT	13,449	593,765	638,041	1,245,255	1,656		
009 LAUNDRY & LINEN SERVICE	17,524			17,524	468		
010 HOUSEKEEPING	1,428	12,696	13,642	27,766	394		
011 DIETARY	1,995	91,283	98,090	191,368	724		
012 CAFETERIA							
014 NURSING ADMINISTRATION					378		
015 CENTRAL SERVICES & SUPPLY	234,039	33,833	36,356	304,228	256		
017 MEDICAL RECORDS & LIBRARY	6,031	11,928	12,818	30,777	316		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,231	756,727	813,155	1,571,113	4,192	109	44
027 INTENSIVE CARE UNIT		109,815	118,004	227,819	486	6	2
029 CORONARY CARE UNIT							
030 SURGICAL INTENSIVE CARE U		52,829	56,768	109,597	1,050	41	16
033 NEONATAL INTENSIVE CARE U		17,221	18,505	35,726	502	17	7
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	274,768	728,075	782,367	1,785,210	3,097	272	17
041 RADIOLOGY-DIAGNOSTIC	468,668	188,067	202,091	858,826	935	123	49
041 01 ULTRA SOUND	45,333	5,756	6,185	57,274	337	27	11
041 02 MAGNETIC RESONANCE IMAGIN	14,438	27,566	29,621	71,625	73	25	10
042 RADIOLOGY-THERAPEUTIC	7,881	7,995	8,591	24,467	68	7	3
043 RADIOISOTOPE							
044 LABORATORY	85,499	31,499	33,848	150,846	678	65	26
049 RESPIRATORY THERAPY	144	8,794	9,450	18,388	579	9	4
050 PHYSICAL THERAPY		9,562	10,275	19,837	127	4	2
053 ELECTROCARDIOLOGY					15	6	2
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						228	91
056 DRUGS CHARGED TO PATIENTS	60	19,011	20,429	39,500	552	101	40
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	9	125,996	135,392	261,397	978	66	26
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
SUBTOTALS	1,357,391	2,909,711	3,126,685	7,393,787	19,317	1,106	350
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		9,034	9,708	18,742	8		
100 PHYSICIAN RELATIONS					8		
100 01 MARKETING		249,898	268,532	518,430	91		
100 02 WOMENS RESOURCE CENTER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,357,391	3,168,643	3,404,925	7,930,959	19,424	1,106	350

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B
 I I TO 3/31/2007 I PART III

COST CENTER DESCRIPTION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND	327,476						
008 OPERATION OF PLANT	21,028	1,266,751					
009 LAUNDRY & LINEN SERVICE	1,730		19,254				
010 HOUSEKEEPING	5,046	6,439		39,645			
011 DIETARY	10,473	46,298		1,456	250,319		
012 CAFETERIA					190,749	190,749	
014 NURSING ADMINISTRATION	3,488					3,451	7,317
015 CENTRAL SERVICES & SUPPLY	3,115	17,160		540		4,542	
017 MEDICAL RECORDS & LIBRARY	4,628	6,050		190		6,271	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	47,746	383,805	10,659	12,073	28,444	52,194	2,876
026 INTENSIVE CARE UNIT	5,505	55,697	311	1,752	13,732	5,039	278
027 CORONARY CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	10,518	26,794	325	843	5,105	8,749	482
033 NURSERY	4,777	8,734	389	275	4,273	10,454	576
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	46,928	369,273	3,414	11,616		44,375	2,445
041 RADIOLOGY-DIAGNOSTIC	15,997	95,386	1,822	3,000		12,726	
041 01 ULTRA SOUND	3,731	2,919		92		3,103	
041 02 MAGNETIC RESONANCE IMAGIN	1,692	13,981		440		967	
042 RADIOLOGY-THERAPEUTIC	1,563	4,055		128		605	
043 RADIOISOTOPE							
044 LABORATORY	12,761	15,976		503		9,544	
049 RESPIRATORY THERAPY	6,347	4,460		140		6,934	
050 PHYSICAL THERAPY	1,201	4,850		153		1,393	
053 ELECTROCARDIOLOGY	242					98	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	79,060						
056 DRUGS CHARGED TO PATIENTS	19,767	9,642		303		5,059	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	11,718	63,904	2,334	2,010		11,970	660
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	319,061	1,135,423	19,254	35,514	242,303	187,474	7,317
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	713	4,582		144	8,016	275	
100 PHYSICIAN RELATIONS						3,000	
100 01 MARKETING	7,702	126,746		3,987			
100 02 WOMENS RESOURCE CENTER							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	327,476	1,266,751	19,254	39,645	250,319	190,749	7,317

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	17	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 ADMITTING					
006 02 CASHIERING/ACCOUNTS RECEI					
006 03 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	329,841				
017 MEDICAL RECORDS & LIBRARY	341	48,573			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	3,377	4,894	2,121,526		2,121,526
027 INTENSIVE CARE UNIT	125	278	311,030		311,030
029 CORONARY CARE UNIT					
030 SURGICAL INTENSIVE CARE U					
033 NEONATAL INTENSIVE CARE U	252	1,836	165,608		165,608
ANCILLARY SRVC COST CNTRS	72	780	66,582		66,582
037 OPERATING ROOM	10,516	11,193	2,288,356		2,288,356
041 RADIOLOGY-DIAGNOSTIC	2,542	5,524	996,930		996,930
041 01 ULTRA SOUND	190	1,209	68,893		68,893
041 02 MAGNETIC RESONANCE IMAGIN	1,013	1,131	90,957		90,957
042 RADIOLOGY-THERAPEUTIC	2,178	298	33,372		33,372
043 RADIOISOTOPE					
044 LABORATORY	11,939	2,906	205,244		205,244
049 RESPIRATORY THERAPY	4,028	416	41,305		41,305
050 PHYSICAL THERAPY	10	169	27,746		27,746
053 ELECTROCARDIOLOGY		256	619		619
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED	283,057	10,214	372,650		372,650
056 DRUGS CHARGED TO PATIENTS	6,817	4,519	86,300		86,300
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY	1,409	2,950	359,422		359,422
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS	327,866	48,573	7,236,540		7,236,540
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP	1,882		34,362		34,362
100 PHYSICIAN RELATIONS	18		3,026		3,026
100 01 MARKETING	75		657,031		657,031
100 02 WOMENS RESOURCE CENTER					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	329,841	48,573	7,930,959		7,930,959

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B-1
 I I TO 3/31/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	CASHIERING/AC	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	(PATIENT REVENUES)	COUNTS RECEI (PATIENT REVENUES)	
	3	4	5	6.01	6.02	6a.03
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG & NEW CAP REL COSTS-MVBLE E	198,172					
005 EMPLOYEE BENEFITS	576		198,172			
006 01 ADMITTING			576	24,628,827		
006 02 CASHIERING/ACCOUNTS RECEI				1,401,420	217,225,463	
006 03 OTHER ADMINISTRATIVE AND OPERATION OF PLANT	4,258	4,258		443,030	217,225,463	
008 LAUNDRY & LINEN SERVICE	37,135	37,135		2,098,403		-5,652,770
009 HOUSEKEEPING	794	794		592,748		
011 DIETARY	5,709	5,709		498,928		
012 CAFETERIA				918,001		
014 NURSING ADMINISTRATION				479,310		
015 CENTRAL SERVICES & SUPPLY	2,116	2,116		324,664		
017 MEDICAL RECORDS & LIBRARY	746	746		400,833		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	47,327	47,327		5,324,578	21,846,595	
026 INTENSIVE CARE UNIT	6,868	6,868		616,572	1,240,349	
027 CORONARY CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
030 NEONATAL INTENSIVE CARE U	3,304	3,304		1,330,670	8,197,035	
033 NURSERY	1,077	1,077		636,002	3,479,995	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	45,535	45,535		3,925,155	50,356,370	
041 RADIOLOGY-DIAGNOSTIC	11,762	11,762		1,185,514	24,661,136	
041 01 ULTRA SOUND	360	360		426,656	5,396,430	
041 02 MAGNETIC RESONANCE IMAGIN	1,724	1,724		92,557	5,049,303	
042 RADIOLOGY-THERAPEUTIC	500	500		86,209	1,329,899	
043 RADIOISOTOPE						
044 LABORATORY	1,970	1,970		859,371	12,974,529	
049 RESPIRATORY THERAPY	550	550		734,050	1,858,653	
050 PHYSICAL THERAPY	598	598		160,876	752,727	
053 ELECTROCARDIOLOGY				18,781	1,141,870	
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS	1,189	1,189		699,993	45,599,129	
060 OUTPAT SERVICE COST CNTRS CLINIC						
061 EMERGENCY	7,880	7,880		1,240,151	13,167,598	
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	181,978	181,978		24,494,472	217,225,463	-5,652,770
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	565	565		9,726		
100 PHYSICIAN RELATIONS				9,628		7,429
100 01 MARKETING	15,629	15,629		115,001		
100 02 WOMENS RESOURCE CENTER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,168,643	3,404,925		4,497,216	1,897,521	1,327,364
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	15.989358	17.181665		.182600	.008735	.006111
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)				19,424	1,106	350
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.000789	.000005	.000002

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B-1
 I I TO 3/31/2007 I

COST CENTER DESCRIPTION	OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN
	TRATIVE AND	PLANT	EN SERVICE				ISTRATION
	(ACCUM. COST	(SQUARE FEET	(POUNDS OF)LAUNDRY	(SQUARE FEET	(MEALS)SERVED	(FTES)	(NURSING)FTES
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND	60,525,371						
008 OPERATION OF PLANT	3,886,226	156,203					
009 LAUNDRY & LINEN SERVICE	319,730		379,686				
010 HOUSEKEEPING	932,479		794	155,409			
011 DIETARY	1,935,425		5,709	5,709	248,778		
012 CAFETERIA					189,574	767,371	
014 NURSING ADMINISTRATION	644,603					13,885	534,168
015 CENTRAL SERVICES & SUPPLY	575,598	2,116			2,116	18,272	
017 MEDICAL RECORDS & LIBRARY	855,257	746			746	25,228	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,823,964	47,327	210,211	47,327	28,269	209,979	209,979
027 INTENSIVE CARE UNIT	1,017,454	6,868	6,125	6,868	13,647	20,270	20,270
029 CORONARY CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
033 NEONATAL INTENSIVE CARE U	1,943,809	3,304	6,416	3,304	5,074	35,195	35,195
037 NURSERY	882,819	1,077	7,666	1,077	4,247	42,055	42,055
041 ANCILLARY SRVC COST CNTRS							
041 01 OPERATING ROOM	8,672,764	45,535	67,319	45,535		178,516	178,516
041 02 RADIOLOGY-DIAGNOSTIC	2,956,343	11,762	35,920	11,762		51,197	
041 01 ULTRA SOUND	689,612	360		360		12,483	
041 02 MAGNETIC RESONANCE IMAGIN	312,702	1,724		1,724		3,889	
042 RADIOLOGY-THERAPEUTIC	288,825	500		500		2,434	
043 RADIOISOTOPE							
044 LABORATORY	2,358,436	1,970		1,970		38,393	
049 RESPIRATORY THERAPY	1,172,967	550		550		27,895	
050 PHYSICAL THERAPY	221,871	598		598		5,604	
053 ELECTROCARDIOLOGY	44,706					395	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	14,615,876						
056 DRUGS CHARGED TO PATIENTS	3,653,077	1,189		1,189		20,351	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	2,165,667	7,880	46,029	7,880		48,153	48,153
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	58,970,210	140,009	379,686	139,215	240,811	754,194	534,168
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	131,685	565		565	7,967	1,108	
100 01 PHYSICIAN RELATIONS						12,069	
100 02 MARKETING	1,423,476	15,629		15,629			
101 WOMENS RESOURCE CENTER							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,652,770	4,249,180	349,591	1,041,167	2,309,734	1,760,066	736,653
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.093395	27.202935	.920737	6.699528	9.284318	2.293631	1.379066
105 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	327,476	1,266,751	19,254	39,645	250,319	190,749	7,317
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.005411	8.109646	.050710	.255101	1.006194	.248575	.013698
108 (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET B-1
 I I TO 3/31/2007 I

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY	(COSTED REQUIS.)	(PATIENT REVENUES)
			15	17
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMITTING				
006 02 CASHIERING/ACCOUNTS RECEI				
006 03 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY	16,243,426			
017 MEDICAL RECORDS & LIBRARY	16,792	217,225,463		
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	166,321	21,846,595		
027 INTENSIVE CARE UNIT	6,150	1,240,349		
029 CORONARY CARE UNIT				
030 SURGICAL INTENSIVE CARE U				
033 NEONATAL INTENSIVE CARE U	12,403	8,197,035		
ANCILLARY SRVC COST CNTRS	3,533	3,479,995		
037 OPERATING ROOM	517,891	50,356,370		
041 RADIOLOGY-DIAGNOSTIC	125,191	24,661,136		
041 01 ULTRA SOUND	9,375	5,396,430		
041 02 MAGNETIC RESONANCE IMAGIN	49,879	5,049,303		
042 RADIOLOGY-THERAPEUTIC	107,275	1,329,899		
043 RADIOISOTOPE				
044 LABORATORY	587,950	12,974,529		
049 RESPIRATORY THERAPY	198,389	1,858,653		
050 PHYSICAL THERAPY	512	752,727		
053 ELECTROCARDIOLOGY	3	1,141,870		
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED	13,939,401	45,599,129		
056 DRUGS CHARGED TO PATIENTS	335,717	20,173,845		
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY	69,376	13,167,598		
062 OBSERVATION BEDS (NON-DIS				
SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	16,146,158	217,225,463		
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP	92,700			
100 PHYSICIAN RELATIONS	897			
100 01 MARKETING	3,671			
100 02 WOMENS RESOURCE CENTER				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	743,002	1,019,057		
(PER WRKSHT B, PART I)				
104 UNIT COST MULTIPLIER		.004691		
(WRKSHT B, PT I)	.045742			
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART II)				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	329,841	48,573		
(PER WRKSHT B, PART III)				
108 UNIT COST MULTIPLIER	.020306	.000224		
(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

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

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET C
 I I TO 3/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	12,589,866		12,589,866	15,513	12,605,379
27	INTENSIVE CARE UNIT	1,558,209		1,558,209		1,558,209
29	CORONARY CARE UNIT					
30	SURGICAL INTENSIVE CARE U					
33	NEONATAL INTENSIVE CARE U	2,458,659		2,458,659	405	2,459,064
	NURSERY	1,219,214		1,219,214		1,219,214
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,004,086		12,004,086		12,004,086
41	RADIOLOGY-DIAGNOSTIC	3,903,123		3,903,123		3,903,123
41	01 ULTRA SOUND	820,598		820,598		820,598
41	02 MAGNETIC RESONANCE IMAGIN	435,243		435,243		435,243
42	RADIOLOGY-THERAPEUTIC	349,480		349,480		349,480
43	RADIOISOTOPE					
44	LABORATORY	2,821,307		2,821,307		2,821,307
49	RESPIRATORY THERAPY	1,382,938		1,382,938		1,382,938
50	PHYSICAL THERAPY	279,274		279,274		279,274
53	ELECTROCARDIOLOGY	55,144		55,144		55,144
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	16,832,447		16,832,447		16,832,447
56	DRUGS CHARGED TO PATIENTS	4,191,236		4,191,236		4,191,236
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,919,254		2,919,254	31,048	2,950,302
62	OBSERVATION BEDS (NON-DIS	959,084		959,084		959,084
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	64,779,162		64,779,162	46,966	64,826,128
102	LESS OBSERVATION BEDS	959,084		959,084		959,084
103	TOTAL	63,820,078		63,820,078	46,966	63,867,044

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,885,429		20,885,429			
26	INTENSIVE CARE UNIT	1,240,349		1,240,349			
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,197,035		8,197,035			
33	NURSERY	3,479,995		3,479,995			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,321,533	33,034,837	50,356,370	.238383	.238383	.238383
41	RADIOLOGY-DIAGNOSTIC	3,531,015	21,130,120	24,661,135	.158270	.158270	.158270
41 01	ULTRA SOUND	1,257,361	4,139,069	5,396,430	.152063	.152063	.152063
41 02	MAGNETIC RESONANCE IMAGIN	399,405	4,649,898	5,049,303	.086199	.086199	.086199
42	RADIOLOGY-THERAPEUTIC	317,935	1,011,964	1,329,899	.262787	.262787	.262787
43	RADIOISOTOPE						
44	LABORATORY	5,426,232	7,548,296	12,974,528	.217450	.217450	.217450
49	RESPIRATORY THERAPY	1,483,868	374,785	1,858,653	.744054	.744054	.744054
50	PHYSICAL THERAPY	715,496	37,231	752,727	.371016	.371016	.371016
53	ELECTROCARDIOLOGY	301,247	840,623	1,141,870	.048293	.048293	.048293
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	28,404,397	17,194,733	45,599,130	.369140	.369140	.369140
56	DRUGS CHARGED TO PATIENTS	12,529,565	7,644,281	20,173,846	.207756	.207756	.207756
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,579,769	11,587,829	13,167,598	.221700	.221700	.224058
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	20,830	940,336	961,166	.997834	.997834	.997834
101	SUBTOTAL	107,091,461	110,134,002	217,225,463			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,091,461	110,134,002	217,225,463			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS.					
26	INTENSIVE CARE UNIT	12,589,866		12,589,866	15,513	12,605,379
27	CORONARY CARE UNIT	1,558,209		1,558,209		1,558,209
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	2,458,659		2,458,659	405	2,459,064
33	NURSERY	1,219,214		1,219,214		1,219,214
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,004,086		12,004,086		12,004,086
41	RADIOLOGY-DIAGNOSTIC	3,903,123		3,903,123		3,903,123
41 01	ULTRA SOUND	820,598		820,598		820,598
41 02	MAGNETIC RESONANCE IMAGIN	435,243		435,243		435,243
42	RADIOLOGY-THERAPEUTIC	349,480		349,480		349,480
43	RADIOISOTOPE					
44	LABORATORY	2,821,307		2,821,307		2,821,307
49	RESPIRATORY THERAPY	1,382,938		1,382,938		1,382,938
50	PHYSICAL THERAPY	279,274		279,274		279,274
53	ELECTROCARDIOLOGY	55,144		55,144		55,144
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	16,832,447		16,832,447		16,832,447
56	DRUGS CHARGED TO PATIENTS	4,191,236		4,191,236		4,191,236
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,919,254		2,919,254	31,048	2,950,302
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	959,084		959,084		959,084
101	SUBTOTAL	64,779,162		64,779,162	46,966	64,826,128
102	LESS OBSERVATION BEDS	959,084		959,084		959,084
103	TOTAL	63,820,078		63,820,078	46,966	63,867,044

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,885,429		20,885,429			
26	INTENSIVE CARE UNIT	1,240,349		1,240,349			
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,197,035		8,197,035			
33	NURSERY	3,479,995		3,479,995			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,321,533	33,034,837	50,356,370	.238383	.238383	.238383
41	RADIOLOGY-DIAGNOSTIC	3,531,015	21,130,120	24,661,135	.158270	.158270	.158270
41	01 ULTRA SOUND	1,257,361	4,139,069	5,396,430	.152063	.152063	.152063
41	02 MAGNETIC RESONANCE IMAGIN	399,405	4,649,898	5,049,303	.086199	.086199	.086199
42	RADIOLOGY-THERAPEUTIC	317,935	1,011,964	1,329,899	.262787	.262787	.262787
43	RADIOISOTOPE						
44	LABORATORY	5,426,232	7,548,296	12,974,528	.217450	.217450	.217450
49	RESPIRATORY THERAPY	1,483,868	374,785	1,858,653	.744054	.744054	.744054
50	PHYSICAL THERAPY	715,496	37,231	752,727	.371016	.371016	.371016
53	ELECTROCARDIOLOGY	301,247	840,623	1,141,870	.048293	.048293	.048293
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	28,404,397	17,194,733	45,599,130	.369140	.369140	.369140
56	DRUGS CHARGED TO PATIENTS	12,529,565	7,644,281	20,173,846	.207756	.207756	.207756
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,579,769	11,587,829	13,167,598	.221700	.221700	.224058
62	OBSERVATION BEDS (NON-DIS	20,830	940,336	961,166	.997834	.997834	.997834
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	107,091,461	110,134,002	217,225,463			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,091,461	110,134,002	217,225,463			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	12,004,086					
	OPERATING ROOM		2,288,356	9,715,730			12,004,086
41	RADIOLOGY-DIAGNOSTIC	3,903,123	996,930	2,906,193			3,903,123
41 01	ULTRA SOUND	820,598	68,893	751,705			820,598
41 02	MAGNETIC RESONANCE IMAGIN	435,243	90,957	344,286			435,243
42	RADIOLOGY-THERAPEUTIC	349,480	33,372	316,108			349,480
43	RADIOISOTOPE						
44	LABORATORY	2,821,307	205,244	2,616,063			2,821,307
49	RESPIRATORY THERAPY	1,382,938	41,305	1,341,633			1,382,938
50	PHYSICAL THERAPY	279,274	27,746	251,528			279,274
53	ELECTROCARDIOLOGY	55,144	619	54,525			55,144
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	16,832,447	372,650	16,459,797			16,832,447
56	DRUGS CHARGED TO PATIENTS	4,191,236	86,300	4,104,936			4,191,236
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,919,254	359,422	2,559,832			2,919,254
62	OBSERVATION BEDS (NON-DIS	959,084	161,417	797,667			959,084
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,953,214	4,733,211	42,220,003			46,953,214
102	LESS OBSERVATION BEDS	959,084	161,417	797,667			959,084
103	TOTAL	45,994,130	4,571,794	41,422,336			45,994,130

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	50,356,370	.238383	.238383
41	RADIOLOGY-DIAGNOSTIC	24,661,135	.158270	.158270
41	01 ULTRA SOUND	5,396,430	.152063	.152063
41	02 MAGNETIC RESONANCE IMAGIN	5,049,303	.086199	.086199
42	RADIOLOGY-THERAPEUTIC	1,329,899	.262787	.262787
43	RADIOISOTOPE			
44	LABORATORY	12,974,528	.217450	.217450
49	RESPIRATORY THERAPY	1,858,653	.744054	.744054
50	PHYSICAL THERAPY	752,727	.371016	.371016
53	ELECTROCARDIOLOGY	1,141,870	.048293	.048293
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	45,599,130	.369140	.369140
56	DRUGS CHARGED TO PATIENTS	20,173,846	.207756	.207756
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	13,167,598	.221700	.221700
62	OBSERVATION BEDS (NON-DIS	961,166	.997834	.997834
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	183,422,655		
102	LESS OBSERVATION BEDS	961,166		
103	TOTAL	182,461,489		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	12,004,086	2,288,356	9,715,730	228,836	563,512	11,211,738
41	RADIOLOGY-DIAGNOSTIC	3,903,123	996,930	2,906,193	99,693	168,559	3,634,871
41	01 ULTRA SOUND	820,598	68,893	751,705	6,889	43,599	770,110
41	02 MAGNETIC RESONANCE IMAGIN	435,243	90,957	344,286	9,096	19,969	406,178
42	RADIOLOGY-THERAPEUTIC	349,480	33,372	316,108	3,337	18,334	327,809
43	RADIOISOTOPE						
44	LABORATORY	2,821,307	205,244	2,616,063	20,524	151,732	2,649,051
49	RESPIRATORY THERAPY	1,382,938	41,305	1,341,633	4,131	77,815	1,300,992
50	PHYSICAL THERAPY	279,274	27,746	251,528	2,775	14,589	261,910
53	ELECTROCARDIOLOGY	55,144	619	54,525	62	3,162	51,920
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	16,832,447	372,650	16,459,797	37,265	954,668	15,840,514
56	DRUGS CHARGED TO PATIENTS	4,191,236	86,300	4,104,936	8,630	238,086	3,944,520
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,919,254	359,422	2,559,832	35,942	148,470	2,734,842
62	OBSERVATION BEDS (NON-DIS	959,084	161,417	797,667	16,142	46,265	896,677
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,953,214	4,733,211	42,220,003	473,322	2,448,760	44,031,132
102	LESS OBSERVATION BEDS	959,084	161,417	797,667	16,142	46,265	896,677
103	TOTAL	45,994,130	4,571,794	41,422,336	457,180	2,402,495	43,134,455

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

**NOT A CMS WORKSHEET ** (09/2000)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET C
 I TO 3/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	50,356,370	.222648	.233838
41	RADIOLOGY-DIAGNOSTIC	24,661,135	.147393	.154228
41 01	ULTRA SOUND	5,396,430	.142707	.150787
41 02	MAGNETIC RESONANCE IMAGIN	5,049,303	.080442	.084397
42	RADIOLOGY-THERAPEUTIC	1,329,899	.246492	.260278
43	RADIOISOTOPE			
44	LABORATORY	12,974,528	.204173	.215868
49	RESPIRATORY THERAPY	1,858,653	.699965	.741831
50	PHYSICAL THERAPY	752,727	.347948	.367330
53	ELECTROCARDIOLOGY	1,141,870	.045469	.048238
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	45,599,130	.347386	.368322
56	DRUGS CHARGED TO PATIENTS	20,173,846	.195526	.207328
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	13,167,598	.207695	.218970
62	OBSERVATION BEDS (NON-DIS	961,166	.932905	.981040
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	183,422,655		
102	LESS OBSERVATION BEDS	961,166		
103	TOTAL	182,461,489		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				2,121,526		2,121,526
27	INTENSIVE CARE UNIT				311,030		311,030
29	CORONARY CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
33	NEONATAL INTENSIVE CARE U				165,608		165,608
	NURSERY				66,582		66,582
101	TOTAL				2,664,746		2,664,746

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(09/1997)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART I
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	15,614	2,800			135.87	380,436
27	INTENSIVE CARE UNIT	674	263			461.47	121,367
29	CORONARY CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	3,992				41.48	
33	NURSERY	4,770				13.96	
101	TOTAL	25,050	3,063				501,803

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,288,356	50,356,370	4,146,898		
41	RADIOLOGY-DIAGNOSTIC		996,930	24,661,135	1,204,556		
41 01	ULTRA SOUND		68,893	5,396,430	340,426		
41 02	MAGNETIC RESONANCE IMAGIN		90,957	5,049,303	194,714		
42	RADIOLOGY-THERAPEUTIC		33,372	1,329,899	100,200		
43	RADIOISOTOPE						
44	LABORATORY		205,244	12,974,528	1,279,706		
49	RESPIRATORY THERAPY		41,305	1,858,653	272,141		
50	PHYSICAL THERAPY		27,746	752,727	302,175		
53	ELECTROCARDIOLOGY		619	1,141,870	133,422		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		372,650	45,599,130	8,518,708		
56	DRUGS CHARGED TO PATIENTS		86,300	20,173,846	2,614,260		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		359,422	13,167,598	536,536		
62	OBSERVATION BEDS (NON-DIS		161,417	961,166	20,830		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,733,211	183,422,655	19,664,572		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART II
 I 15-0150 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.045443		188,447
41	RADIOLOGY-DIAGNOSTIC	.040425		48,694
41 01	ULTRA SOUND	.012766		4,346
41 02	MAGNETIC RESONANCE IMAGIN	.018014		3,508
42	RADIOLOGY-THERAPEUTIC	.025094		2,514
43	RADIOISOTOPE			
44	LABORATORY	.015819		20,244
49	RESPIRATORY THERAPY	.022223		6,048
50	PHYSICAL THERAPY	.036861		11,138
53	ELECTROCARDIOLOGY	.000542		72
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	.008172		69,615
56	DRUGS CHARGED TO PATIENTS	.004278		11,184
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.027296		14,645
62	OBSERVATION BEDS (NON-DIS	.167939		3,498
	OTHER REIMBURS COST CNTRS			
101	TOTAL			383,953

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

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,614	
26	INTENSIVE CARE UNIT					674	
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					3,992	
33	NURSERY					4,770	
101	TOTAL					25,050	

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

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	2,800
26	INTENSIVE CARE UNIT		263
27	CORONARY CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL		3,063

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART IV
 I 15-0150 I I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			50,356,370			4,146,898	
41	RADIOLOGY-DIAGNOSTIC			24,661,135			1,204,556	
41 01	ULTRA SOUND			5,396,430			340,426	
41 02	MAGNETIC RESONANCE IMAGIN			5,049,303			194,714	
42	RADIOLOGY-THERAPEUTIC			1,329,899			100,200	
43	RADIOISOTOPE							
44	LABORATORY			12,974,528			1,279,706	
49	RESPIRATORY THERAPY			1,858,653			272,141	
50	PHYSICAL THERAPY			752,727			302,175	
53	ELECTROCARDIOLOGY			1,141,870			133,422	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			45,599,130			8,518,708	
56	DRUGS CHARGED TO PATIENTS			20,173,846			2,614,260	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			13,167,598			536,536	
62	OBSERVATION BEDS (NON-DIS			961,166			20,830	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			183,422,655			19,664,572	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,598,887					
41	RADIOLOGY-DIAGNOSTIC	3,624,795					
41 01	ULTRA SOUND	387,692					
41 02	MAGNETIC RESONANCE IMAGIN	750,864					
42	RADIOLOGY-THERAPEUTIC	237,071					
43	RADIOISOTOPE						
44	LABORATORY	233,837					
49	RESPIRATORY THERAPY	77,127					
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	164,463					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	3,237,693					
56	DRUGS CHARGED TO PATIENTS	1,470,727					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,294,763					
62	OBSERVATION BEDS (NON-DIS	120,176					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	17,198,095					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.238383	.238383			
41 RADIOLOGY-DIAGNOSTIC	.158270	.158270			
41 01 ULTRA SOUND	.152063	.152063			
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.086199	.086199			
42 RADIOLOGY-THERAPEUTIC	.262787	.262787			
43 RADIOISOTOPE					
44 LABORATORY	.217450	.217450			
49 RESPIRATORY THERAPY	.744054	.744054			
50 PHYSICAL THERAPY	.371016	.371016			
53 ELECTROCARDIOLOGY	.048293	.048293			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.369140	.369140			
56 DRUGS CHARGED TO PATIENTS	.207756	.207756			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.221700	.221700			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.997834	.997834			
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		5,598,887			
41 RADIOLOGY-DIAGNOSTIC		3,624,795			
41 01 ULTRA SOUND		387,692			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		750,864			
42 RADIOLOGY-THERAPEUTIC		237,071			
43 RADIOISOTOPE					
44 LABORATORY		233,837			
49 RESPIRATORY THERAPY		77,127			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		164,463			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,237,693			
56 DRUGS CHARGED TO PATIENTS		1,470,727			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		1,294,763			
62 OBSERVATION BEDS (NON-DISTINCT PART)		120,176			
101 SUBTOTAL		17,198,095			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		17,198,095			

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,334,679	
41 RADIOLOGY-DIAGNOSTIC				573,696	
41 01 ULTRA SOUND				58,954	
41 02 MAGNETIC RESONANCE IMAGING (MRI)				64,724	
42 RADIOLOGY-THERAPEUTIC				62,299	
43 RADIOISOTOPE					
44 LABORATORY				50,848	
49 RESPIRATORY THERAPY				57,387	
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				7,942	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,195,162	
56 DRUGS CHARGED TO PATIENTS				305,552	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				287,049	
62 OBSERVATION BEDS (NON-DISTINCT PART)				119,916	
101 SUBTOTAL				4,118,208	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				4,118,208	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRA SOUND			
41 02 MAGNETIC RESONANCE IMAGING (MRI)			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
I COMPONENT NO: I TO 3/31/2007 I PART VI
I 15-0150 I I

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2 PROGRAM VACCINE CHARGES
3 PROGRAM COSTS

1
.207756
502
104

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				2,121,526		2,121,526
27	INTENSIVE CARE UNIT				311,030		311,030
29	CORONARY CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
33	NEONATAL INTENSIVE CARE U				165,608		165,608
	NURSERY				66,582		66,582
101	TOTAL				2,664,746		2,664,746

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XIX

IN LIEU OF FORM CMS-2552-96(09/1997)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	15,614	370			135.87	50,272
26	INTENSIVE CARE UNIT	674	29			461.47	13,383
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	3,992	239			41.48	9,914
33	NURSERY	4,770	461			13.96	6,436
101	TOTAL	25,050	1,099				80,005

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996)

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART II
 I 15-0150 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,288,356	50,356,370	205,544		
41	RADIOLOGY-DIAGNOSTIC		996,930	24,661,135	140,153		
41 01	ULTRA SOUND		68,893	5,396,430	61,114		
41 02	MAGNETIC RESONANCE IMAGIN		90,957	5,049,303	19,379		
42	RADIOLOGY-THERAPEUTIC		33,372	1,329,899	87		
43	RADIOISOTOPE						
44	LABORATORY		205,244	12,974,528	249,791		
49	RESPIRATORY THERAPY		41,305	1,858,653	194,289		
50	PHYSICAL THERAPY		27,746	752,727	22,151		
53	ELECTROCARDIOLOGY		619	1,141,870	4,720		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		372,650	45,599,130	630,998		
56	DRUGS CHARGED TO PATIENTS		86,300	20,173,846	600,806		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		359,422	13,167,598	68,477		
62	OBSERVATION BEDS (NON-DIS		161,417	961,166			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		4,733,211	183,422,655	2,197,509		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART II
 I 15-0150 I PPS I

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM		.045443	9,341
41	RADIOLOGY-DIAGNOSTIC		.040425	5,666
41 01	ULTRA SOUND		.012766	780
41 02	MAGNETIC RESONANCE IMAGIN		.018014	349
42	RADIOLOGY-THERAPEUTIC		.025094	2
43	RADIOISOTOPE			
44	LABORATORY		.015819	3,951
49	RESPIRATORY THERAPY		.022223	4,318
50	PHYSICAL THERAPY		.036861	817
53	ELECTROCARDIOLOGY		.000542	3
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED		.008172	5,157
56	DRUGS CHARGED TO PATIENTS		.004278	2,570
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY		.027296	1,869
62	OBSERVATION BEDS (NON-DIS		.167939	
	OTHER REIMBURS COST CNTRS			
101	TOTAL			34,823

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,614	
26	INTENSIVE CARE UNIT					674	
27	CORONARY CARE UNIT						
29	SURGICAL INTENSIVE CARE U					3,992	
30	NEONATAL INTENSIVE CARE U					4,770	
33	NURSERY						
101	TOTAL					25,050	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I I TO 3/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	370
26	INTENSIVE CARE UNIT		29
27	CORONARY CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		239
33	NURSERY		461
101	TOTAL		1,099

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART IV
 I 15-0150 I I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		I	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			50,356,370			205,544	
41	RADIOLOGY-DIAGNOSTIC			24,661,135			140,153	
41 01	ULTRA SOUND			5,396,430			61,114	
41 02	MAGNETIC RESONANCE IMAGIN			5,049,303			19,379	
42	RADIOLOGY-THERAPEUTIC			1,329,899			87	
43	RADIOISOTOPE							
44	LABORATORY			12,974,528			249,791	
49	RESPIRATORY THERAPY			1,858,653			194,289	
50	PHYSICAL THERAPY			752,727			22,151	
53	ELECTROCARDIOLOGY			1,141,870			4,720	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			45,599,130			630,998	
56	DRUGS CHARGED TO PATIENTS			20,173,846			600,806	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			13,167,598			68,477	
62	OBSERVATION BEDS (NON-DIS			961,166				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			183,422,655			2,197,509	

TITLE XIX

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

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	.222648				301,960
41 RADIOLOGY-DIAGNOSTIC	.147393				387,847
41 01 ULTRA SOUND	.142707				153,981
41 02 MAGNETIC RESONANCE IMAGING (MRI)	.080442				75,580
42 RADIOLOGY-THERAPEUTIC	.246492				19,667
43 RADIOISOTOPE					
44 LABORATORY	.204173				195,851
49 RESPIRATORY THERAPY	.699965				5,605
50 PHYSICAL THERAPY	.347948				
53 ELECTROCARDIOLOGY	.045469				11,581
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.347386				67,811
56 DRUGS CHARGED TO PATIENTS	.195526				133,044
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY	.207695				551,531
62 OBSERVATION BEDS (NON-DISTINCT PART)	.932905				41,126
101 SUBTOTAL					1,945,584
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					1,945,584

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XIX - O/P	HOSPITAL	HOSPITAL				
		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM						
41 RADIOLOGY-DIAGNOSTIC						
41 01 ULTRA SOUND						
41 02 MAGNETIC RESONANCE IMAGING (MRI)						
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY						
49 RESPIRATORY THERAPY						
50 PHYSICAL THERAPY						
53 ELECTROCARDIOLOGY						
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS						
56 DRUGS CHARGED TO PATIENTS						
60 OUTPAT SERVICE COST CNTRS						
61 CLINIC						
62 EMERGENCY						
62 OBSERVATION BEDS (NON-DISTINCT PART)						
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)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 3/31/2007 I PART V
 I 15-0150 I I

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		67,231			
41 RADIOLOGY-DIAGNOSTIC		57,166			
41 01 ULTRA SOUND		21,974			
41 02 MAGNETIC RESONANCE IMAGING (MRI)		6,080			
42 RADIOLOGY-THERAPEUTIC		4,848			
43 RADIOISOTOPE					
44 LABORATORY		39,987			
49 RESPIRATORY THERAPY		3,923			
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		527			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		23,557			
56 DRUGS CHARGED TO PATIENTS		26,014			
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY		114,550			
62 OBSERVATION BEDS (NON-DISTINCT PART)		38,367			
101 SUBTOTAL		404,224			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		404,224			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED 8/31/2007
I 15-0150	I FROM 4/ 1/2006	I WORKSHEET D-1
I COMPONENT NO:	I TO 3/31/2007	I PART I
I 15-0150	I	I

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,614
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,614
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,614
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,800
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,605,379
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,605,379

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,885,429
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,885,429
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.603549
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,337.61
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,605,379

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 3/31/2007 I PART II
 I 15-0150 I I

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 807.31
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,260,468
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,260,468

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,558,209	674	2,311.88	263	608,024
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	2,459,064	3,992	616.00		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 5,702,115
49 TOTAL PROGRAM INPATIENT COSTS					8,570,607

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 501,803
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 383,953
 52 TOTAL PROGRAM EXCLUDABLE COST 885,756
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 7,684,851

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 3/31/2007 I PART III
 I 15-0150 I I

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	1,188
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	807.31
85	OBSERVATION BED COST	959,084

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	12,605,379		959,084	
87	NEW CAPITAL-RELATED COST	2,121,526	.168303	959,084	161,417
88	NON PHYSICIAN ANESTHETIST	12,605,379		959,084	
89	MEDICAL EDUCATION	12,605,379		959,084	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	8/31/2007
I	15-0150	I	FROM 4/ 1/2006	I	WORKSHEET D-1	
I	COMPONENT NO:	I	TO 3/31/2007	I	PART I	
I	15-0150	I		I		

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	15,614
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	15,614
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15,614
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	370
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	4,770
16	NURSERY DAYS (TITLE V OR XIX ONLY)	461

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12,605,379
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12,605,379

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	20,885,429
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	20,885,429
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.603549
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,337.61
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12,605,379

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 3/31/2007 I PART II
 I 15-0150 I I

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 807.31
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 298,705
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 298,705

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,219,214	4,770	255.60	461	117,832
43 INTENSIVE CARE UNIT	1,558,209	674	2,311.88	29	67,045
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	2,459,064	3,992	616.00	239	147,224
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					662,582
49 TOTAL PROGRAM INPATIENT COSTS					1,293,388

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 80,005
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 34,823
 52 TOTAL PROGRAM EXCLUDABLE COST 114,828
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,178,560

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 3/31/2007 I PART III
 I 15-0150 I I

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
 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 1,188
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 807.31
 85 OBSERVATION BED COST 959,084

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST	2,121,526	12,605,379	.168303	959,084	161,417
88 NON PHYSICIAN ANESTHETIST		12,605,379		959,084	
89 MEDICAL EDUCATION		12,605,379		959,084	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		2,107,426	
27	INTENSIVE CARE UNIT		473,605	
29	CORONARY CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
37	NEONATAL INTENSIVE CARE UNIT			
41	ANCILLARY SRVC COST CNTRS			
41	OPERATING ROOM	.238383	4,146,898	988,550
41	RADIOLOGY-DIAGNOSTIC	.158270	1,204,556	190,645
41 01	ULTRA SOUND	.152063	340,426	51,766
41 02	MAGNETIC RESONANCE IMAGING (MRI)	.086199	194,714	16,784
42	RADIOLOGY-THERAPEUTIC	.262787	100,200	26,331
43	RADIOISOTOPE			
44	LABORATORY	.217450	1,279,706	278,272
49	RESPIRATORY THERAPY	.744054	272,141	202,488
50	PHYSICAL THERAPY	.371016	302,175	112,112
53	ELECTROCARDIOLOGY	.048293	133,422	6,443
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.369140	8,518,708	3,144,596
56	DRUGS CHARGED TO PATIENTS	.207756	2,614,260	543,128
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.224058	536,536	120,215
62	OBSERVATION BEDS (NON-DISTINCT PART)	.997834	20,830	20,785
	OTHER REIMBURS COST CNTRS			
101	TOTAL		19,664,572	5,702,115
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,664,572	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		561,914	
27	INTENSIVE CARE UNIT		58,325	
29	CORONARY CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
37	NEONATAL INTENSIVE CARE UNIT		871,744	
41	ANCILLARY SRVC COST CNTRS			
41	OPERATING ROOM	.238383	205,544	48,998
41	RADIOLOGY-DIAGNOSTIC	.158270	140,153	22,182
41	01 ULTRA SOUND	.152063	61,114	9,293
41	02 MAGNETIC RESONANCE IMAGING (MRI)	.086199	19,379	1,670
42	RADIOLOGY-THERAPEUTIC	.262787	87	23
43	RADIOISOTOPE			
44	LABORATORY	.217450	249,791	54,317
49	RESPIRATORY THERAPY	.744054	194,289	144,562
50	PHYSICAL THERAPY	.371016	22,151	8,218
53	ELECTROCARDIOLOGY	.048293	4,720	228
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.369140	630,998	232,927
56	DRUGS CHARGED TO PATIENTS	.207756	600,806	124,821
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.224058	68,477	15,343
62	OBSERVATION BEDS (NON-DISTINCT PART)	.997834		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		2,197,509	662,582
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,197,509	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 3/31/2007 I PART A
 I 15-0150 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	2,295,279	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,572,926	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,374,277	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
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)	625,693	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	119.13	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, 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		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES PLUS E-3, PT 3.21 - 3.23 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)	3.53	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.06	
4.02 SUM OF LINES 4 AND 4.01	20.59	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	6.10	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	319,791	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,187,966	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 3/31/2007 I PART A
 I 15-0150 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,187,966	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	599,333	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	6,787,299	
17 PRIMARY PAYER PAYMENTS	41,643	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	6,745,656	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	703,432	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,666	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	60,237	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	42,166	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	60,237	
22 SUBTOTAL	6,082,724	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	6,082,724	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	5,986,798	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	95,926	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	33,199	

----- FI ONLY -----

50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 3/31/2007 I PART B
 I 15-0150 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	104
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,118,208
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,253,511
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	104
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	502
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	502
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)	502
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	398
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	104
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,253,511
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,132,499
19	SUBTOTAL (SEE INSTRUCTIONS)	3,121,116
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	3,121,116
24	PRIMARY PAYER PAYMENTS	9,432
25	SUBTOTAL	3,111,684
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	114,488
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	80,142
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	114,488
28	SUBTOTAL	3,191,826
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	3,191,826
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,169,573
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	22,253
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	24,395

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET E-3
 I COMPONENT NO: I TO 3/31/2007 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
33	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

I PROVIDER NO:	I PERIOD:	I PREPARED	8/31/2007
I 15-0150	I FROM 4/ 1/2006	I	
I	I TO 3/31/2007	I	WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
1 CASH ON HAND AND IN BANKS	240,043			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	20,301,717			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,957,321			
7 INVENTORY	2,405,990			
8 PREPAID EXPENSES	419,967			
9 OTHER CURRENT ASSETS	874,544			
10 DUE FROM OTHER FUNDS	218,185			
11 TOTAL CURRENT ASSETS	21,503,125			
FIXED ASSETS				
12 LAND	1,191,309			
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	51,665,149			
14.01 LESS ACCUMULATED DEPRECIATION	-21,357,964			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	38,999,907			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	91,675			
21 TOTAL FIXED ASSETS	70,590,076			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	14,592,370			
26 TOTAL OTHER ASSETS	14,592,370			
27 TOTAL ASSETS	106,685,571			

BALANCE SHEET

I PROVIDER NO:	I PERIOD:	I PREPARED	8/31/2007
I 15-0150	I FROM 4/ 1/2006	I	
I	I TO 3/31/2007	I	WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,968,471			
29 SALARIES, WAGES & FEES PAYABLE	1,478,731			
30 PAYROLL TAXES PAYABLE	1,200,283			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	69,660			
36 TOTAL CURRENT LIABILITIES	5,717,145			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	-834,884			
39 UNSECURED LOANS	133,345			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	-701,539			
43 TOTAL LIABILITIES	5,015,606			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	101,669,965			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	101,669,965			
52 TOTAL LIABILITIES AND FUND BALANCES	106,685,571			

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET G-1
 I TO 3/31/2007 I

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		95,358,154
2 OF PERIOD		
3 NET INCOME (LOSS)		37,816,291
4 TOTAL		133,174,445
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		133,174,445
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DISTRIBUTIONS		31,504,480
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		31,504,480
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		101,669,965

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET G-2
 I I TO 3/31/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	25,326,590		25,326,590
5 00 SWING BED - SNF			
9 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,326,590		25,326,590
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 INTENSIVE CARE UNIT	1,240,349		1,240,349
13 00 CORONARY CARE UNIT			
14 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	8,197,035		8,197,035
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,437,384		9,437,384
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	34,763,974		34,763,974
17 00 ANCILLARY SERVICES	71,930,546		71,930,546
18 00 OUTPATIENT SERVICES		110,530,943	110,530,943
24 00			
25 00 TOTAL PATIENT REVENUES	106,694,520	110,530,943	217,225,463

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	69,843,817
ADD (SPECIFY)	
27 00	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	69,843,817

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET G-3
 I TO 3/31/2007 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	217,225,463
2	LESS: ALLOWANCES AND DISCOUNTS ON	106,138,989
3	NET PATIENT REVENUES	111,086,474
4	LESS: TOTAL OPERATING EXPENSES	69,843,817
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	41,242,657
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	4,235
8	REVENUE FROM TELEPHONE AND TELEG	64
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	249
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	298,446
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	16,507
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS	452,116
25	TOTAL OTHER INCOME	771,617
26	TOTAL	42,014,274
27	OTHER EXPENSES	
28	BAD DEBTS	4,197,983
29		
30	TOTAL OTHER EXPENSES	4,197,983
31	NET INCOME (OR LOSS) FOR THE PERIO	37,816,291

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/31/2007
 I 15-0150 I FROM 4/ 1/2006 I WORKSHEET L
 I COMPONENT NO: I TO 3/31/2007 I PARTS I-IV
 I 15-0150 I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	460,794
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	118,909
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	52.31
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.53
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.06
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	20.59
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.26
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	19,630
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	599,333
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	