

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 AND SETTLEMENT SUMMARY	I	15-0160	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2008 TIME 9:12

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:
 INDIANA ORTHOPAEDIC HOSPITAL, LLC 15-0160
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL					
100 TOTAL	0	464,947	0	0	0
	0	464,947	0	0	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 8450 NORTHWEST BOULEVARD P.O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46278- COUNTY: MARION

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	INDIANA ORTHOPAEDIC HOSPITAL, LLC	15-0160	2.01	3/23/2005	V XVIII XIX N P 0

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

18 TYPE OF CONTROL 5 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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)

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 / /

		1	2	3	4
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	0	0.0000	0.0000	
	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).	N			
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	Y	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)?				
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	N	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? 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
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P. O. BOX:
 40.03 CITY: STATE: ZIP CODE:
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 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: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE\$ 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2. 01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4. 01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	42	15,330					79
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	42	15,330				2,296	79
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	42	15,330				2,296	79
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	42						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5. 01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5. 02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6. 01	OBSERVATION BEDS NOT ADMITTED 6. 02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			5,166				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,166				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			5,166				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL			659	102	557		
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							1,915
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					814	32	
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		202.42			814	32	1,915
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		202.42					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	-----	DISCHARGES	-----	TOTAL ALL
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	PATIENTS
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15

HOSPITAL WAGE INDEX INFORMATION

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	13,635,646		13,635,646	421,038.80	32.39	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A						
6 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
7 5 PHYSICIAN - PART B						
8 5.01 NON-PHYSICIAN - PART B						
9 6 INTERNS & RESIDENTS (APPRVD)						
10 6.01 CONTRACT SERVICES, I&R						
11 7 HOME OFFICE PERSONNEL						
12 8 SNF						
13 8.01 EXCLUDED AREA SALARIES				2,080.00		
14 OTHER WAGES & RELATED COSTS						
15 9 CONTRACT LABOR:	440,412		440,412	9,412.21	46.79	
16 9.01 PHARMACY SERVICES UNDER CONTRACT						
17 9.02 LABORATORY SERVICES UNDER CONTRACT						
18 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 10 CONTRACT LABOR: PHYS PART A						
20 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
21 11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
22 12 HOME OFFICE: PHYS PART A						
23 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 13 WAGE-RELATED COSTS (CORE)	2,332,586		2,332,586			CMS 339
26 14 WAGE-RELATED COSTS (OTHER)						CMS 339
27 15 EXCLUDED AREAS						CMS 339
28 16 NON-PHYS ANESTHETIST PART A						CMS 339
29 17 NON-PHYS ANESTHETIST PART B						CMS 339
30 18 PHYSICIAN PART A						CMS 339
31 18.01 PART A TEACHING PHYSICIANS						CMS 339
32 19 PHYSICIAN PART B						CMS 339
33 19.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
34 20 INTERNS & RESIDENTS (APPRVD)						CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 21 EMPLOYEE BENEFITS	160,035		160,035	4,288.54	37.32	
37 22 ADMINISTRATIVE & GENERAL	3,632,316		3,632,316	86,402.89	42.04	
38 22.01 A & G UNDER CONTRACT						
39 23 MAINTENANCE & REPAIRS						
40 24 OPERATION OF PLANT						
41 25 LAUNDRY & LINEN SERVICE						
42 26 HOUSEKEEPING						
43 26.01 HOUSEKEEPING UNDER CONTRACT						
44 27 DIETARY						
45 27.01 DIETARY UNDER CONTRACT						
46 28 CAFETERIA						
47 29 MAINTENANCE OF PERSONNEL						
48 30 NURSING ADMINISTRATION						
49 31 CENTRAL SERVICE AND SUPPLY	167,371		167,371	13,148.29	12.73	
50 32 PHARMACY						
51 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	372,203		372,203	11,803.47	31.53	
52 34 SOCIAL SERVICE						
53 35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	13,635,646		13,635,646	421,038.80	32.39	
2 EXCLUDED AREA SALARIES				2,080.00		
3 SUBTOTAL SALARIES	13,635,646		13,635,646	418,958.80	32.55	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	440,412		440,412	9,412.21	46.79	
5 SUBTOTAL WAGE-RELATED COSTS	2,332,586		2,332,586		17.11	
6 TOTAL	16,408,644		16,408,644	428,371.01	38.30	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	4,331,925		4,331,925	115,643.19	37.46	

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 Other methods of write-offs (speci
- 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	2,405,004
17.01	GROSS MEDICAID REVENUES	2,289,170
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	4,694,174

UNCOMPENSATED CARE COST

23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.426876
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST. (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS- BLDG & FIXT					
2	0200	OLD CAP REL COSTS- MVBLE EQUIP					
3	0300	NEW CAP REL COSTS- BLDG & FIXT		11,715,529	11,715,529	-1,640,246	10,075,283
4	0400	NEW CAP REL COSTS- MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	160,035	2,717,559	2,877,594		2,877,594
6	0600	ADMINISTRATIVE & GENERAL	3,632,316	2,127,514	5,759,830	64,858	5,824,688
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT		1,912	1,912	1,520,666	1,522,578
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING					
11	1100	DIETARY		1,101,985	1,101,985	-934,454	167,531
12	1200	CAFETERIA				934,454	934,454
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION					
15	1500	CENTRAL SERVICES & SUPPLY	167,371	19,033	186,404		186,404
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	372,203	24,102	396,305		396,305
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMEDICAL PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,946,574	448,736	3,395,310		3,395,310
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,492,220	3,225,857	7,718,077	54,722	7,772,799
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	59,217	97,451	156,668		156,668
41	4100	RADIOLOGY-DIAGNOSTIC	247,697	350,045	597,742		597,742
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	212,184	537,634	749,818		749,818
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY					
50	5000	PHYSICAL THERAPY	802,308	83,203	885,511		885,511
51	5100	OCCUPATIONAL THERAPY	61,975	888	62,863		62,863
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		14,276,869	14,276,869		14,276,869
56	5600	DRUGS CHARGED TO PATIENTS	481,546	1,316,963	1,798,509		1,798,509
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP- RENTED					
67	6700	DURABLE MEDICAL EQUIP- SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	13,635,646	38,045,280	51,680,926	-0-	51,680,926
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	0000	OTHER NONREIMBURSABLE					
101		TOTAL	13,635,646	38,045,280	51,680,926	-0-	51,680,926

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	202,407	10,277,690
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	10,397	2,887,991
6	0600 ADMINISTRATIVE & GENERAL	52,069	5,876,757
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	70,663	1,593,241
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		
11	1100 DIETARY		167,531
12	1200 CAFETERIA	-254,557	679,897
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		
15	1500 CENTRAL SERVICES & SUPPLY	3,713	190,117
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	13,138	409,443
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-125,689	3,269,621
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	103,526	7,876,325
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	240	156,908
41	4100 RADIOLOGY-DIAGNOSTIC	-241,034	356,708
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	285	750,103
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY	2,504	888,015
51	5100 OCCUPATIONAL THERAPY		62,863
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	61,316	14,338,185
56	5600 DRUGS CHARGED TO PATIENTS	22,820	1,821,329
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	9500 SUBTOTALS	-78,202	51,602,724
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	0000 OTHER NONREIMBURSABLE	1,746,625	1,746,625
101	TOTAL	1,668,423	53,349,349

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS- BLDG & FIXT	0100	
2	OLD CAP REL COSTS- MVBLE EQUIP	0200	
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP- RENTED	6600	
67	DURABLE MEDICAL EQUIP- SOLD	6700	
69	CORF	6900	
70	I&R SERVICES- NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE	0000	
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12		934,454
2 CAPITAL	B	OPERATING ROOM	37		54,722
3 A&G	C	ADMINISTRATIVE & GENERAL	6		64,858
4 PLANT OPS	D	OPERATION OF PLANT	8		1,520,666
36 TOTAL RECLASSIFICATIONS					2,574,700

(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: A
 EXPLANATION : CAFETERIA

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	934,454
TOTAL RECLASSIFICATIONS FOR CODE A		934,454

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	934,454
		934,454

RECLASS CODE: B
 EXPLANATION : CAPITAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	54,722
TOTAL RECLASSIFICATIONS FOR CODE B		54,722

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	54,722
		54,722

RECLASS CODE: C
 EXPLANATION : A&G

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	64,858
TOTAL RECLASSIFICATIONS FOR CODE C		64,858

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	64,858
		64,858

RECLASS CODE: D
 EXPLANATION : PLANT OPS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	1,520,666
TOTAL RECLASSIFICATIONS FOR CODE D		1,520,666

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	1,520,666
		1,520,666

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	778,901						778,901	
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE	99,007	36,243			36,243		135,250	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	13,107,755	202,831			202,831		13,310,586	
7	SUBTOTAL	13,985,663	239,074			239,074		14,224,737	
8	RECONCILING ITEMS								
9	TOTAL	13,985,663	239,074			239,074		14,224,737	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	14, 224, 737		14, 224, 737	1. 000000				
4	NEW CAP REL COSTS-MV								
5	TOTAL	14, 224, 737		14, 224, 737	1. 000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10, 277, 690						10, 277, 690
4	NEW CAP REL COSTS-MV							
5	TOTAL	10, 277, 690						10, 277, 690

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11, 715, 529						11, 715, 529
4	NEW CAP REL COSTS-MV							
5	TOTAL	11, 715, 529						11, 715, 529

* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES		-233,918	NEW CAP REL COSTS- BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-129	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,276,665			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-252,702	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LOBBYING EXPENSE	A	-21,336	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING	A	-84,604	ADMINISTRATIVE & GENERAL	6	
39 DONATIONS	A	-350	NEW CAP REL COSTS- BLDG &	3	9
40 MARKETING DONATIONS	A	-15,000	ADMINISTRATIVE & GENERAL	6	
41 MISCELLANEOUS MEDICAL REVENUE	B	-139,595	ADULTS & PEDIATRICS	25	
42 OTHER REVENUE	B	-22,050	ADMINISTRATIVE & GENERAL	6	
43 OTHER REVENUE	B	-247,632	RADIOLOGY-DIAGNOSTIC	41	
44 OTHER REVENUE PRACTICE	B	-20,269	ADMINISTRATIVE & GENERAL	6	
45 INTEREST INCOME OIRE	B	-591	NEW CAP REL COSTS- BLDG &	3	9
46 INTEREST INCOME PRACTICE	B	-19,379	NEW CAP REL COSTS- BLDG &	3	9
47 START-UP COSTS	A	111,933	NEW CAP REL COSTS- BLDG &	3	9
48 START-UP COSTS	A	10,397	EMPLOYEE BENEFITS	5	
49 START-UP COSTS	A	19,996	ADMINISTRATIVE & GENERAL	6	
49.01 START-UP COSTS	A	104	OPERATION OF PLANT	8	
49.02 START-UP COSTS	A	2,704	CENTRAL SERVICES & SUPPLY	15	
49.03 START-UP COSTS	A	119	MEDICAL RECORDS & LIBRARY	17	
49.04 START-UP COSTS	A	13,906	ADULTS & PEDIATRICS	25	
49.05 START-UP COSTS	A	103,526	OPERATING ROOM	37	
49.06 START-UP COSTS	A	240	ANESTHESIOLOGY	40	
49.07 START-UP COSTS	A	6,598	RADIOLOGY-DIAGNOSTIC	41	
49.08 START-UP COSTS	A	285	LABORATORY	44	
49.09 START-UP COSTS	A	2,504	PHYSICAL THERAPY	50	
49.10 START-UP COSTS	A	61,316	MEDICAL SUPPLIES CHARGED	55	
49.11 START-UP COSTS	A	22,820	DRUGS CHARGED TO PATIENTS	56	
49.12 START-UP REVENUE	B	-468	ADMINISTRATIVE & GENERAL	6	
49.13 START-UP REVENUE	B	-1,855	CAFETERIA	12	
49.14 2006 MINOR EQUIP AMORTIZATION	A	110,875	NEW CAP REL COSTS- BLDG &	3	9
49.15 2007 MINOR EQUIPMENT AMORTIZATION	A	98,644	NEW CAP REL COSTS- BLDG &	3	9
49.16 2008 MINOR EQUIPMENT ADJUSTMENT	A	-171,496	NEW CAP REL COSTS- BLDG &	3	9
49.17 2008 MINOR EQUIPMENT AMORTIZATION	A	57,165	NEW CAP REL COSTS- BLDG &	3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		1,668,423			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	3	NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	PRACTICE CAPITAL	453,665	46,062	407,603	9
2	6	ADMINISTRATIVE & GENERAL	PRACTICE A&G	185,383		185,383	
3	15	CENTRAL SERVICES & SUPPLY	PRACTICE CS&S	1,138		1,138	
4	17	MEDICAL RECORDS & LIBRARY	PRACTICE MEDICAL RECORDS	13,019		13,019	
4.01	3	NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	OIRE CAPITAL	115,718	279,898	-164,180	9
4.02	6	ADMINISTRATIVE & GENERAL	OIRE A&G	7,967		7,967	
4.03	8	OPERATION OF PLANT	OIRE PLANT OPS	35,985		35,985	
4.04	6	ADMINISTRATIVE & GENERAL	PRACTICE CHARGEBACKS	4,142,659	4,142,659		
4.05	3	NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	PRACTICE PLANT CAPITAL	5,692		5,692	9
4.06	6	ADMINISTRATIVE & GENERAL	PRACTICE PLANT A&G	2,404		2,404	
4.07	8	OPERATION OF PLANT	PRACTICE PLANT OPS	33,504		33,504	
4.08	3	NEW CAP REL COSTS-BLDG & ADMINISTRATIVE & GENERAL	OIH CAPITAL	409		409	9
4.09	6	ADMINISTRATIVE & GENERAL	OIH A&G	46		46	
4.10	8	OPERATION OF PLANT	OIH PLANT OPS	1,070		1,070	
4.11	100	OTHER NONREIMBURSABLE	IOSC EXPENSE	1,746,625		1,746,625	
5		TOTALS		6,745,284	4,468,619	2,276,665	

* 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) NAME	AND/OR HOME OFFICE PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00		0.00	
2	C	0.00		0.00	
3	C	0.00		0.00	
4	C	0.00		0.00	
5	C	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.

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS- BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS- MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS- BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	NOT ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	NOT ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES- SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES- OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCR IPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a. 00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	10,277,690			10,277,690			
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	2,887,991					2,887,991	
007 ADMIN ISTRATIVE & GENERAL	5,876,757			546,473		778,449	7,201,679
008 MAINTENANCE & REPAIRS							
009 OPERATIION OF PLANT	1,593,241			2,148,490			3,741,731
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY	167,531			182,701			350,232
013 CAFETERIA	679,897			302,296			982,193
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMIN ISTRATIION							
016 CENTRAL SERVICES & SUPPLY	190,117			243,889		35,870	469,876
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	409,443			37,883		79,768	527,094
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS	3,269,621			2,892,626		631,486	6,793,733
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS	7,876,325			3,001,577		962,742	11,840,644
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	156,908					12,691	169,599
042 RADIOLOGY-DIAGNOSTIC	356,708			517,510		53,084	927,302
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	750,103			149,134		45,474	944,711
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY	888,015			130,912		171,944	1,190,871
052 OCCUPATIONAL THERAPY	62,863					13,282	76,145
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	14,338,185						14,338,185
057 DRUGS CHARGED TO PATIENTS	1,821,329			124,199		103,201	2,048,729
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
063 OBSERVATIION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	51,602,724			10,277,690		2,887,991	51,602,724
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE	1,746,625						1,746,625
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	53,349,349			10,277,690		2,887,991	53,349,349

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001 GENERAL SERVICE COST CNTR														
002 OLD CAP REL COSTS-BLDG &														
003 OLD CAP REL COSTS-MVBLE E														
004 NEW CAP REL COSTS-BLDG &														
005 NEW CAP REL COSTS-MVBLE E														
006 EMPLOYEE BENEFITS														
007 ADMINSTRATIVE & GENERAL	7,201,679													
008 MAINTENANCE & REPAIRS		583,923			4,325,654									
009 OPERATION OF PLANT														
010 LAUNDRY & LINEN SERVICE														
011 HOUSEKEEPING														
012 DIETARY	54,656				104,224						509,112			
013 CAFETERIA	153,278				172,448									1,307,919
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION														
016 CENTRAL SERVICES & SUPPLY	73,327				139,130									52,386
017 PHARMACY														
018 MEDICAL RECORDS & LIBRARY	82,257				21,611									47,027
019 SOCIAL SERVICE														
020 NONPHYSICIAN ANESTHETISTS														
021 NURSING SCHOOL														
022 I&R SERVICES-SALARY & FRI														
023 I&R SERVICES-OTHER PRGM C														
024 PARAMED ED PRGM														
025 INPAT ROUTINE SRVC CNTRS		1,060,210			1,650,132						509,112			407,675
026 ADULTS & PEDIATRCS														
027 INTENSIVE CARE UNIT														
028 CORONARY CARE UNIT														
029 BURN INTENSIVE CARE UNIT														
030 SURGICAL INTENSIVE CARE U														
031 SUBPROVIDER														
032 NURSERY														
033 SKILLED NURSING FACILITY														
034 NURSING FACILITY														
035 ICF/MR														
036 OTHER LONG TERM CARE														
037 ANCILLARY SRVC COST CNTRS														
038 OPERATING ROOM	1,847,815				1,712,285									655,934
039 RECOVERY ROOM														
040 DELIVERY ROOM & LABOR ROO														
041 ANESTHESIOLOGY	26,467													3,976
042 RADIOLOGY-DIAGNOSTIC	144,712				295,219									22,292
043 RADIOLOGY-THERAPEUTIC														
044 RADIOISOTOPE														
045 LABORATORY	147,429				85,075									
046 PBP CLINICAL LAB SERVICES														
047 WHOLE BLOOD & PACKED RED														
048 BLOOD STORING, PROCESSING														
049 INTRAVENOUS THERAPY														
050 RESPIRATORY THERAPY														
051 PHYSICAL THERAPY	185,844				74,680									110,095
052 OCCUPATIONAL THERAPY	11,883													8,534
053 SPEECH PATHOLOGY														
054 ELECTROCARDIOLOGY														
055 ELECTROENCEPHALOGRAPHY														
056 MEDICAL SUPPLIES CHARGED	2,237,586													
057 DRUGS CHARGED TO PATIENTS	319,719				70,850									
058 RENAL DIALYSIS														
059 ASC (NON-DISTINCT PART)														
060 OUTPAT SERVICE COST CNTRS														
061 CLINIC														
062 EMERGENCY														
063 OBSERVATION BEDS (NON-DIS														
064 OTHER REIMBURS COST CNTRS														
065 HOME PROGRAM DIALYSIS														
066 AMBULANCE SERVICES														
067 DURABLE MEDICAL EQUIP-REN														
068 DURABLE MEDICAL EQUIP-SOL														
069 CORF														
070 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY														
072 LUNG ACQUISITION														
073 SPEC PURPOSE COST CNTRS														
074 KIDNEY ACQUISITION														
075 LIVER ACQUISITION														
076 HEART ACQUISITION														
077 01 PANCREAS ACQUISITION														
078 OTHER ORGAN ACQUISITION														
079 AMBULATORY SURGICAL CENTE														
080 HOSPICE														
081 SUBTOTALS	6,929,106				4,325,654						509,112			1,307,919
082 NONREIMBURS COST CENTERS														
083 GIFT, FLOWER, COFFEE SHOP														
084 RESEARCH														
085 PHYSICIANS' PRIVATE OFFIC														
086 NONPAID WORKERS														
087 OTHER NONREIMBURSABLE	272,573													
088 CROSS FOOT ADJUSTMENT														
089 NEGATIVE COST CENTER														
090 TOTAL	7,201,679				4,325,654						509,112			1,307,919

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVI CE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				734, 719			
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					677, 989		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					48, 665		
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM					508, 061		
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					27, 740		
043 RADIOLOGY-THERAPEUTIC					47, 453		
044 RADIOISOTOPE							
045 LABORATORY							
046 PBP CLINICAL LAB SERVICES					12, 800		
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY					33, 270		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				734, 719			
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
064 EMERGENCY							
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS				734, 719	677, 989		
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 OTHER NONREIMBURSABLE							
091 CROSS FOOT ADJUSTMENT							
092 NEGATIVE COST CENTER							
093 TOTAL				734, 719	677, 989		

COST CENTER DESCRPTION	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					10,469,527		10,469,527
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					16,564,739		16,564,739
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					227,782		227,782
042 RADIOLOGY-DIAGNOSTIC					1,436,978		1,436,978
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					1,190,015		1,190,015
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY					1,594,760		1,594,760
052 OCCUPATIONAL THERAPY					96,562		96,562
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED					16,575,771		16,575,771
057 DRUGS CHARGED TO PATIENTS					3,174,017		3,174,017
058 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
087 OTHER ORGAN ACQUISITION							
088 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 SUBTOTALS					51,330,151		51,330,151
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE					2,019,198		2,019,198
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					53,349,349		53,349,349

COST CENTER DESCRPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				546,473		546,473	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				2,148,490		2,148,490	
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY				182,701		182,701	
013 CAFETERIA				302,296		302,296	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY				243,889		243,889	
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				37,883		37,883	
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				2,892,626		2,892,626	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				3,001,577		3,001,577	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC				517,510		517,510	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY				149,134		149,134	
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY							
052 PHYSICAL THERAPY				130,912		130,912	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS				124,199		124,199	
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS				10,277,690		10,277,690	
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 OTHER NONREIMBURSABLE							
089 CROSS FOOT ADJUSTMENTS							
090 NEGATIVE COST CENTER							
091 TOTAL				10,277,690		10,277,690	

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	546,473						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	44,310		2,192,800				
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY	4,147		52,834			239,682	
013	CAFETERIA	11,631		87,419				401,346
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY	5,564		70,529				16,075
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY	6,242		10,955				14,431
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMEDICAL PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	80,451		836,500			239,682	125,099
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY							
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	140,217		868,007				201,278
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY	2,008						1,220
042	RADIOLOGY-DIAGNOSTIC	10,981		149,655				6,841
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	11,187		43,127				
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY							
051	PHYSICAL THERAPY	14,102		37,858				33,783
052	OCCUPATIONAL THERAPY	902						2,619
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	169,786						
057	DRUGS CHARGED TO PATIENTS	24,261		35,916				
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY							
063	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
068	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
072	LUNG ACQUISITION							
073	SPEC PURPOSE COST CENTERS							
074	KIDNEY ACQUISITION							
075	LIVER ACQUISITION							
076	HEART ACQUISITION							
077	PANCREAS ACQUISITION							
078	OTHER ORGAN ACQUISITION							
079	AMBULATORY SURGICAL CENTE							
080	HOSPICE							
081	SUBTOTALS	525,789		2,192,800			239,682	401,346
082	NONREIMBURS COST CENTERS							
083	GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	NONPAID WORKERS							
087	OTHER NONREIMBURSABLE	20,684						
088	CROSS FOOT ADJUSTMENTS							
089	NEGATIVE COST CENTER							
090	TOTAL	546,473		2,192,800			239,682	401,346

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY			336,057				
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY					69,511		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					4,987		
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM					52,097		
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					2,843		
043 RADIOLOGY-THERAPEUTIC					4,863		
044 RADIOISOTOPE							
045 LABORATORY							
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY					3,409		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS			336,057				
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS			336,057		69,511		
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL			336,057		69,511		

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY							
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS					4,179,345		4,179,345
026	ADULTS & PEDIATRICS							
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY							
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM					4,263,176		4,263,176
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY					6,071		6,071
042	RADIOLOGY-DIAGNOSTIC					689,850		689,850
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY					204,760		204,760
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY							
051	PHYSICAL THERAPY					220,064		220,064
052	OCCUPATIONAL THERAPY					3,521		3,521
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED					169,786		169,786
057	DRUGS CHARGED TO PATIENTS					520,433		520,433
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
062	EMERGENCY							
063	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP-REN							
068	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
072	LUNG ACQUISITION							
073	SPEC PURPOSE COST CENTERS							
074	KIDNEY ACQUISITION							
075	LIVER ACQUISITION							
076	HEART ACQUISITION							
077	PANCREAS ACQUISITION							
078	OTHER ORGAN ACQUISITION							
079	AMBULATORY SURGICAL CENTE							
080	HOSPICE							
081	SUBTOTALS					10,257,006		10,257,006
082	NONREIMBURS COST CENTERS							
083	GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	NONPAID WORKERS							
087	OTHER NONREIMBURSABLE					20,684		20,684
088	CROSS FOOT ADJUSTMENTS							
089	NEGATIVE COST CENTER							
090	TOTAL					10,277,690		10,277,690

COST CENTER DESCR IPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS- BLD						
003 OLD CAP REL COSTS- MVB						
004 NEW CAP REL COSTS- BLD			107,164			
005 NEW CAP REL COSTS- MVB						
006 EMPLOYEE BENEFITS					13,475,611	
007 ADMINISTRATIVE & GENE			5,698		3,632,316	-7,201,679
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			22,402			
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING						
012 DIETARY			1,905			
013 CAFETERIA			3,152			
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO						
016 CENTRAL SERVICES & SU			2,543		167,371	
017 PHARMACY						
018 MEDICAL RECORDS & LIB			395		372,203	
020 SOCIAL SERVICE						
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRICS			30,161		2,946,574	
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
030 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
032 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM			31,297		4,492,220	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY					59,217	
043 RADIOLOGY-DIAGNOSTIC			5,396		247,697	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY			1,555		212,184	
047 PBP CLINICAL LAB SERV						
048 WHOLE BLOOD & PACKED						
049 BLOOD STORING, PROCES						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY						
052 PHYSICAL THERAPY			1,365		802,308	
053 OCCUPATIONAL THERAPY					61,975	
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY						
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR						
058 DRUGS CHARGED TO PATI			1,295		481,546	
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PAR						
061 OUTPAT SERVICE COST C						
062 CLINIC						
063 EMERGENCY						
064 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES						
068 DURABLE MEDICAL EQUIP						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
072 HOME HEALTH AGENCY						
073 LUNG ACQUISITION						
074 SPEC PURPOSE COST CEN						
075 KIDNEY ACQUISITION						
076 LIVER ACQUISITION						
077 HEART ACQUISITION						
078 01 PANCREAS ACQUISITION						
079 OTHER ORGAN ACQUISITI						
080 AMBULATORY SURGICAL C						
081 HOSPICE						
082 SUBTOTALS			107,164		13,475,611	-7,201,679
083 NONREIMBURS COST CENT						
084 GIFT, FLOWER, COFFEE						
085 RESEARCH						
086 PHYSICIANS' PRIVATE O						
087 NONPAID WORKERS						
088 OTHER NONREIMBURSABLE						
089 CROSS FOOT ADJUSTMENT						
090 NEGATIVE COST CENTER						
091 COST TO BE ALLOCATED			10,277,690		2,887,991	
092 (WRKSHT B, PART I)						

COST CENTER
 DESCRIPTION

OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	RECONCIL- IATION
(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
1	2	3	4	5	6a.00

104 NONREIMBURS COST CENT
 UNIT COST MULTIPLIER
 (WRKSHT B, PT I)
 105 COST TO BE ALLOCATED
 (WRKSHT B, PART II)
 106 UNIT COST MULTIPLIER
 (WRKSHT B, PT II)
 107 COST TO BE ALLOCATED
 (WRKSHT B, PART III)
 108 UNIT COST MULTIPLIER
 (WRKSHT B, PT III)

95.906181 .214312

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM COST)	(SQUARE FEET)	(SQUARE FEET)	(LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	46, 147, 670						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3, 741, 731		79, 064				
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY	350, 232		1, 905			100	
013 CAFETERIA	982, 193		3, 152				328, 267
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	469, 876		2, 543				13, 148
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	527, 094		395				11, 803
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY & BENEFIT							
023 I&R SERVICES- OTHER PERSONNEL							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SERVICE CENTER	6, 793, 733		30, 161			100	102, 320
026 ADULTS & PEDIATRIC							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE CENTER							
038 OPERATING ROOM	11, 840, 644		31, 297				164, 629
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	169, 599						998
042 RADIOLOGY- DIAGNOSTIC	927, 302		5, 396				5, 595
043 RADIOLOGY- THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	944, 711		1, 555				
046 PBP CLINICAL LAB SERVICE							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY	1, 190, 871		1, 365				27, 632
052 OCCUPATIONAL THERAPY	76, 145						2, 142
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARACTER	14, 338, 185						
057 DRUGS CHARGED TO PATIENT	2, 048, 729		1, 295				
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT) PATIENT							
060 OUTPATIENT SERVICE CENTER							
061 CLINIC							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-REIMBURSABLE)							
064 OTHER REIMBURSABLE COST CENTER							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIPMENT							
068 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES- NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTER							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTER							
080 HOSPICE							
081 SUBTOTALS	44, 401, 045		79, 064			100	328, 267
082 NONREIMBURSABLE COST CENTER							
083 GIFT, FLOWER, COFFEE							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFICE							
086 NONPAID WORKERS							
087 OTHER NONREIMBURSABLE	1, 746, 625						
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 COST TO BE ALLOCATED (WORKSHEET B, PART I)	7, 201, 679		4, 325, 654			509, 112	1, 307, 919

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
		6	7	8	9	10	11	12
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.156057		54.710791			5,091.120000	3.984315
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)	546,473		2,192,800			239,682	401,346
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011842		27.734494			2,396.820000	1.222621

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(NUMBER HOUSED)	(DIRING NRS HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	
13	14	15	16	17	18	20	
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SU			100				
017 PHARMACY							
018 MEDICAL RECORDS & LIB					79, 224, 945		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES- SALARY &							
023 I&R SERVICES- OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS					5, 686, 524		
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACIL							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM					59, 368, 839		
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY					3, 241, 449		
042 RADIOLOGY- DIAGNOSTIC					5, 544, 834		
043 RADIOLOGY- THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					1, 495, 670		
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY					3, 887, 629		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI			100				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
063 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 CORF							
069 I&R SERVICES- NOT APPR							
070 HOME HEALTH AGENCY							
071 LUNG ACQUISITION							
072 SPEC PURPOSE COST CEN							
073 KIDNEY ACQUISITION							
074 LIVER ACQUISITION							
075 HEART ACQUISITION							
076 01 PANCREAS ACQUISITION							
077 OTHER ORGAN ACQUISITI							
078 AMBULATORY SURGICAL C							
079 HOSPICE							
080 SUBTOTALS			100		79, 224, 945		
081 NONREIMBURS COST CENT							
082 GIFT, FLOWER, COFFEE							
083 RESEARCH							
084 PHYSICIANS' PRIVATE O							
085 NONPAID WORKERS							
086 OTHER NONREIMBURSABLE							
087 CROSS FOOT ADJUSTMENT							
088 NEGATIVE COST CENTER							
089 COST TO BE ALLOCATED							
090 (WRKSHT B, PART I)			734, 719		677, 989		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
001	GENERAL SERVICE COST			
002	OLD CAP REL COSTS- BLD			
003	OLD CAP REL COSTS- MVB			
004	NEW CAP REL COSTS- BLD			
005	NEW CAP REL COSTS- MVB			
006	EMPLOYEE BENEFITS			
007	ADMINISTRATIVE & GENE			
008	MAINTENANCE & REPAIRS			
009	OPERATION OF PLANT			
010	LAUNDRY & LINEN SERVI			
011	HOUSEKEEPING			
012	DIETARY			
013	CAFETERIA			
014	MAINTENANCE OF PERSON			
015	NURSING ADMINISTRATION			
016	CENTRAL SERVICES & SU			
017	PHARMACY			
018	MEDICAL RECORDS & LIB			
020	SOCIAL SERVICE			
021	NONPHYSICIAN ANESTHET			
022	NURSING SCHOOL			
023	I&R SERVICES- SALARY &			
024	I&R SERVICES- OTHER PR			
025	PARAMED ED PRGM			
026	INPAT ROUTINE SRVC CN			
027	ADULTS & PEDIATRICS			
028	INTENSIVE CARE UNIT			
029	CORONARY CARE UNIT			
031	BURN INTENSIVE CARE U			
033	SURGICAL INTENSIVE CA			
034	SUBPROVIDER			
035	NURSERY			
036	SKILLED NURSING FACIL			
037	NURSING FACILITY			
038	ICF/MR			
039	OTHER LONG TERM CARE			
040	ANCILLARY SRVC COST C			
041	OPERATING ROOM			
042	RECOVERING ROOM			
043	DELIVERY ROOM & LABOR			
044	ANESTHESIOLOGY			
045	RADIOLOGY- DIAGNOSTIC			
046	RADIOLOGY- THERAPEUTIC			
047	RADIOISOTOPE			
048	LABORATORY			
049	PBP CLINICAL LAB SERV			
050	WHOLE BLOOD & PACKED			
051	BLOOD STORING, PROCES			
052	INTRAVENOUS THERAPY			
053	RESPIRATORY THERAPY			
054	PHYSICAL THERAPY			
055	OCCUPATIONAL THERAPY			
056	SPEECH PATHOLOGY			
057	ELECTROCARDIOGRAPH			
058	MEDICAL SUPPLIES CHAR			
060	DRUGS CHARGED TO PATI			
061	RENAL DIALYSIS			
062	ASC (NON-DISTINCT PAR			
064	OUTPAT SERVICE COST C			
065	CLINIC			
066	EMERGENCY			
067	OBSERVATION BEDS (NON			
068	OTHER REIMBURS COST C			
069	HOME PROGRAM DIALYSIS			
070	AMBULANCE SERVICES			
071	DURABLE MEDICAL EQUIP			
072	DURABLE MEDICAL EQUIP			
073	CORF			
074	I&R SERVICES- NOT APPR			
075	HOME HEALTH AGENCY			
076	LUNG ACQUISITION			
077	SPEC PURPOSE COST CEN			
078	KIDNEY ACQUISITION			
079	LIVER ACQUISITION			
080	HEART ACQUISITION			
081	PANCREAS ACQUISITION			
082	OTHER ORGAN ACQUISITI			
083	AMBULATORY SURGICAL C			
084	HOSPICE			
085	SUBTOTALS			
086	NONREIMBURS COST CENT			
087	GIFT, FLOWER, COFFEE			
088	RESEARCH			
089	PHYSICIANS' PRIVATE O			
090	NONPAID WORKERS			
091	OTHER NONREIMBURSABLE			
092	CROSS FOOT ADJUSTMENT			
093	NEGATIVE COST CENTER			
094	COST TO BE ALLOCATED			
095	(PER WRKSHT B, PART			

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24

104 NONREIMBURS COST CENT
 UNIT COST MULTIPLIER
 (WRKSHT B, PT I)
 105 COST TO BE ALLOCATED
 (PER WRKSHT B, PART
 106 UNIT COST MULTIPLIER
 (WRKSHT B, PT II)
 107 COST TO BE ALLOCATED
 (PER WRKSHT B, PART
 108 UNIT COST MULTIPLIER
 (WRKSHT B, PT III)

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	10, 469, 527		10, 469, 527		10, 469, 527
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	16, 564, 739		16, 564, 739		16, 564, 739
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	227, 782		227, 782		227, 782
41	RADIOLOGY-DIAGNOSTIC	1, 436, 978		1, 436, 978		1, 436, 978
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1, 190, 015		1, 190, 015		1, 190, 015
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1, 594, 760		1, 594, 760		1, 594, 760
51	OCCUPATIONAL THERAPY	96, 562		96, 562		96, 562
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	16, 575, 771		16, 575, 771		16, 575, 771
56	DRUGS CHARGED TO PATIENTS	3, 174, 017		3, 174, 017		3, 174, 017
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1, 184, 447		1, 184, 447		1, 184, 447
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	52, 514, 598		52, 514, 598		52, 514, 598
102	LESS OBSERVATION BEDS	1, 184, 447		1, 184, 447		1, 184, 447
103	TOTAL	51, 330, 151		51, 330, 151		51, 330, 151

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	5,686,524		5,686,524			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,309,825	30,059,014	59,368,839	.279014	.279014	.279014
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,042,312	2,199,137	3,241,449	.070272	.070272	.070272
41	RADIOLOGY-DIAGNOSTIC	428,236	5,116,598	5,544,834	.259156	.259156	.259156
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	936,536	559,133	1,495,669	.795641	.795641	.795641
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	1,217,422	2,482,051	3,699,473	.431078	.431078	.431078
51	OCCUPATIONAL THERAPY	34,440	153,716	188,156	.513202	.513202	.513202
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	16,513,794	16,935,903	33,449,697	.495543	.495543	.495543
56	DRUGS CHARGED TO PATIENTS	3,100,637	3,858,168	6,958,805	.456115	.456115	.456115
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	612,580		612,580	1.933538	1.933538	1.933538
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	58,882,306	61,363,720	120,246,026			
102	LESS OBSERVATION BEDS						
103	TOTAL	58,882,306	61,363,720	120,246,026			

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	10, 469, 527		10, 469, 527		10, 469, 527
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	16, 564, 739		16, 564, 739		16, 564, 739
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	227, 782		227, 782		227, 782
41	RADIOLOGY-DIAGNOSTIC	1, 436, 978		1, 436, 978		1, 436, 978
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1, 190, 015		1, 190, 015		1, 190, 015
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	1, 594, 760		1, 594, 760		1, 594, 760
51	OCCUPATIONAL THERAPY	96, 562		96, 562		96, 562
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	16, 575, 771		16, 575, 771		16, 575, 771
56	DRUGS CHARGED TO PATIENTS	3, 174, 017		3, 174, 017		3, 174, 017
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1, 184, 447		1, 184, 447		1, 184, 447
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	52, 514, 598		52, 514, 598		52, 514, 598
102	LESS OBSERVATION BEDS	1, 184, 447		1, 184, 447		1, 184, 447
103	TOTAL	51, 330, 151		51, 330, 151		51, 330, 151

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,686,524		5,686,524			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	29,309,825	30,059,014	59,368,839	.279014	.279014	.279014
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,042,312	2,199,137	3,241,449	.070272	.070272	.070272
42	RADIOLOGY-DIAGNOSTIC	428,236	5,116,598	5,544,834	.259156	.259156	.259156
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	936,536	559,133	1,495,669	.795641	.795641	.795641
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,217,422	2,482,051	3,699,473	.431078	.431078	.431078
51	PHYSICAL THERAPY	34,440	153,716	188,156	.513202	.513202	.513202
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	16,513,794	16,935,903	33,449,697	.495543	.495543	.495543
57	DRUGS CHARGED TO PATIENTS	3,100,637	3,858,168	6,958,805	.456115	.456115	.456115
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
66	OBSERVATION BEDS (NON-DIS	612,580		612,580	1.933538	1.933538	1.933538
67	OTHER REIMBURS COST CNTRS						
101	HOME PROGRAM DIALYSIS						
102	AMBULANCE SERVICES						
103	DURABLE MEDICAL EQUIP-REN						
104	DURABLE MEDICAL EQUIP-SOL						
105	SUBTOTAL	58,882,306	61,363,720	120,246,026			
106	LESS OBSERVATION BEDS						
107	TOTAL	58,882,306	61,363,720	120,246,026			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	16,564,739	4,263,176	12,301,563			16,564,739
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	227,782	6,071	221,711			227,782
42	RADIOLOGY-DIAGNOSTIC	1,436,978	689,850	747,128			1,436,978
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,190,015	204,760	985,255			1,190,015
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,594,760	220,064	1,374,696			1,594,760
51	PHYSICAL THERAPY	96,562	3,521	93,041			96,562
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY	16,575,771	169,786	16,405,985			16,575,771
56	MEDICAL SUPPLIES CHARGED	3,174,017	520,433	2,653,584			3,174,017
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY	1,184,447	472,821	711,626			1,184,447
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES						
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
	SUBTOTAL	42,045,071	6,550,482	35,494,589			42,045,071
	LESS OBSERVATION BEDS	1,184,447	472,821	711,626			1,184,447
	TOTAL	40,860,624	6,077,661	34,782,963			40,860,624

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	59,368,839	.279014	.279014
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	3,241,449	.070272	.070272
41	RADIOLOGY-DIAGNOSTIC	5,544,834	.259156	.259156
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	1,495,669	.795641	.795641
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	3,699,473	.431078	.431078
51	OCCUPATIONAL THERAPY	188,156	.513202	.513202
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	33,449,697	.495543	.495543
56	DRUGS CHARGED TO PATIENTS	6,958,805	.456115	.456115
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS	612,580	1.933538	1.933538
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	114,559,502		
102	LESS OBSERVATION BEDS	612,580		
103	TOTAL	113,946,922		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	16,564,739	4,263,176	12,301,563	426,318	713,491	15,424,930
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	227,782	6,071	221,711	607	12,859	214,316
42	RADIOLOGY-DIAGNOSTIC	1,436,978	689,850	747,128	68,985	43,333	1,324,660
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,190,015	204,760	985,255	20,476	57,145	1,112,394
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	1,594,760	220,064	1,374,696	22,006	79,732	1,493,022
52	OCCUPATIONAL THERAPY	96,562	3,521	93,041	352	5,396	90,814
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	16,575,771	169,786	16,405,985	16,979	951,547	15,607,245
57	DRUGS CHARGED TO PATIENTS	3,174,017	520,433	2,653,584	52,043	153,908	2,968,066
58	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS	1,184,447	472,821	711,626	47,282	41,274	1,095,891
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES						
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
	SUBTOTAL	42,045,071	6,550,482	35,494,589	655,048	2,058,685	39,331,338
	LESS OBSERVATION BEDS	1,184,447	472,821	711,626	47,282	41,274	1,095,891
	TOTAL	40,860,624	6,077,661	34,782,963	607,766	2,017,411	38,235,447

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	59,368,839	.259815	.271833
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	3,241,449	.066117	.070084
42	RADIOLOGY-DIAGNOSTIC	5,544,834	.238900	.246715
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	1,495,669	.743743	.781950
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	3,699,473	.403577	.425129
52	OCCUPATIONAL THERAPY	188,156	.482653	.511331
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	33,449,697	.466589	.495036
57	DRUGS CHARGED TO PATIENTS	6,958,805	.426519	.448637
58	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS	612,580	1.788976	1.856353
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	114,559,502		
	LESS OBSERVATION BEDS	612,580		
	TOTAL	113,946,922		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				4,179,345		4,179,345
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	TOTAL				4,179,345		4,179,345

TITLE XVIII, PART A

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	5,825	2,296			717.48	1,647,334
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	5,825	2,296				1,647,334

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		4, 263, 176	59, 368, 839	9, 495, 490		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY		6, 071	3, 241, 449	412, 780		
42	RADIOLOGY-DIAGNOSTIC		689, 850	5, 544, 834	119, 290		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		204, 760	1, 495, 669	470, 325		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY		220, 064	3, 699, 473	602, 289		
52	OCCUPATIONAL THERAPY		3, 521	188, 156			
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		169, 786	33, 449, 697	9, 363, 863		
57	DRUGS CHARGED TO PATIENTS		520, 433	6, 958, 805	1, 296, 876		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS		472, 821	612, 580			
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		6, 550, 482	114, 559, 502	21, 760, 913		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.071808	681,852
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.001873	773
42	RADIOLOGY-DIAGNOSTIC	.124413	14,841
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.136902	64,388
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY		
51	PHYSICAL THERAPY	.059485	35,827
52	OCCUPATIONAL THERAPY	.018713	
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.005076	47,531
57	DRUGS CHARGED TO PATIENTS	.074788	96,991
58	RENAL DIALYSIS		
60	ASC (NON-DISTINCT PART)		
61	OUTPAT SERVICE COST CNTRS		
62	CLINIC		
63	EMERGENCY		
64	OBSERVATION BEDS (NON-DIS	.771852	
65	OTHER REIMBURS COST CNTRS		
66	HOME PROGRAM DIALYSIS		
67	AMBULANCE SERVICES		
101	DURABLE MEDICAL EQUIP-REN		
	DURABLE MEDICAL EQUIP-SOL		
	TOTAL		942,203

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.			1	2	3	4	5	6
25		INPAT ROUTINE SRVC CNTRS						
		ADULTS & PEDIATRICS					5,825	
26		INTENSIVE CARE UNIT						
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER						
33		NURSERY						
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL					5,825	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,296	
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	2,296	

TITLE XVIII, PART A		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.						
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

TITLE XVIII, PART A		HOSPITAL		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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			59,368,839			9,495,490	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			3,241,449			412,780	
41	RADIOLOGY-DIAGNOSTIC			5,544,834			119,290	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			1,495,669			470,325	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			3,699,473			602,289	
51	OCCUPATIONAL THERAPY			188,156				
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			33,449,697			9,363,863	
56	DRUGS CHARGED TO PATIENTS			6,958,805			1,296,876	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC							
62	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS			612,580				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			114,559,502			21,760,913	

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL			PPS		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		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			
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	5,794,459						
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY	336,365						
42	RADIOLOGY-DIAGNOSTIC	760,780						
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY	6,810						
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY							
51	PHYSICAL THERAPY	1,015						
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED	1,503,637						
57	DRUGS CHARGED TO PATIENTS	582,609						
58	RENAL DIALYSIS							
60	ASC (NON-DISTINCT PART)							
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
64	EMERGENCY							
65	OBSERVATION BEDS (NON-DIS							
66	OTHER REIMBURS COST CNTRS							
67	HOME PROGRAM DIALYSIS							
101	AMBULANCE SERVICES							
	DURABLE MEDICAL EQUIP-REN							
	DURABLE MEDICAL EQUIP-SOL							
	TOTAL	8,985,675						

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	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
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.279014	.279014			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.070272	.070272			
41 RADIOLOGY-DIAGNOSTIC	.259156	.259156			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.795641	.795641			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY	.431078	.431078			
51 OCCUPATIONAL THERAPY	.513202	.513202			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.495543	.495543			
56 DRUGS CHARGED TO PATIENTS	.456115	.456115			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.933538	1.933538			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
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)

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		5,794,459			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		336,365			
41 RADIOLOGY-DIAGNOSTIC		760,780			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		6,810			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY		1,015			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,503,637			
56 DRUGS CHARGED TO PATIENTS		582,609			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		8,985,675			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,985,675			

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

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				1,616,735	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				23,637	
41 RADIOLOGY-DIAGNOSTIC				197,161	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				5,418	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY				438	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				745,117	
56 DRUGS CHARGED TO PATIENTS				265,737	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				2,854,243	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,854,243	

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

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 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)

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)	5,825
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,825
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,825
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)	2,296
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	10,469,527
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	10,469,527

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,686,524
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,686,524
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.841112
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	976.23
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	10,469,527

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					1,797.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,126,693
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,126,693

		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					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					8,574,863
49	TOTAL PROGRAM INPATIENT COSTS					12,701,556

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,647,334
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					942,203
52	TOTAL PROGRAM EXCLUDABLE COST					2,589,537
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					10,112,019

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					

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	659
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,797.34
85	OBSERVATION BED COST	1,184,447

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	10,469,527		1,184,447	
87	NEW CAPITAL-RELATED COST	4,179,345	.399191	1,184,447	472,821
88	NON PHYSICIAN ANESTHETIST	10,469,527		1,184,447	
89	MEDICAL EDUCATION	10,469,527		1,184,447	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,825
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,825
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,825
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)	79
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	10,469,527
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	10,469,527

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,686,524
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,686,524
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.841112
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	976.23
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	10,469,527

TITLE XIX - I/P HOSPITAL OTHER

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 1,797.34
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 141,990
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 141,990

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					196,641
49 TOTAL PROGRAM INPATIENT COSTS					338,631

PASS THROUGH COST ADJUSTMENTS

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

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	659
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,797.34
85	OBSERVATION BED COST	1,184,447

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST	INPATIENT	INPATIENT
LINE NO.			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			2, 145, 825	
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
31	SURGICAL INTENSIVE CARE UNIT				
	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		. 279014	9, 495, 490	2, 649, 375
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		. 070272	412, 780	29, 007
41	RADIOLOGY-DIAGNOSTIC		. 259156	119, 290	30, 915
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		. 795641	470, 325	374, 210
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY				
50	PHYSICAL THERAPY		. 431078	602, 289	259, 634
51	OCCUPATIONAL THERAPY		. 513202		
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		. 495543	9, 363, 863	4, 640, 197
56	DRUGS CHARGED TO PATIENTS		. 456115	1, 296, 876	591, 525
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
60	OUTPAT SERVICE COST CNTRS				
61	CLINIC				
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART)		1. 933538		
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			21, 760, 913	8, 574, 863
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			21, 760, 913	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			99,985	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.279014	548,666	153,085
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.070272	15,985	1,123
41	RADIOLOGY-DIAGNOSTIC		.259156	5,725	1,484
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.795641	12,815	10,196
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
47	BLOOD STORING, PROCESSING & TRANS.				
48	INTRAVENOUS THERAPY				
49	RESPIRATORY THERAPY				
50	PHYSICAL THERAPY		.431078	18,360	7,915
51	OCCUPATIONAL THERAPY		.513202	445	228
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.495543		
56	DRUGS CHARGED TO PATIENTS		.456115	49,571	22,610
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.933538		
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			651,567	196,641
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			651,567	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION 1 1.01

DRG AMOUNT
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 8,026,929
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS
 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
 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) 153,201
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 40.47

INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(vii)

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

DISPROPORTIONATE SHARE ADJUSTMENT
 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I
 4.02 SUM OF LINES 4 AND 4.01
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 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) 8,180,130
 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)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	8,180,130	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,201,106	
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	10,381,236	
17 PRIMARY PAYER PAYMENTS	12,309	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	10,368,927	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	736,064	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,085	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,860	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	9,635,723	
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	9,635,723	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,170,776	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	464,947	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, 1, 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,854,243
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,499,966
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)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	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)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,499,966
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	593,289
19	SUBTOTAL (SEE INSTRUCTIONS)	1,906,677
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	1,906,677
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,906,677
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,906,677
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	1,906,677
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,906,677
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9,262,364		1,906,677
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50		91,588		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-91,588		NONE
4 TOTAL INTERIM PAYMENTS		9,170,776		1,906,677
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		338,631	
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		338,631	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		338,631	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		99,985	
11	ANCILLARY SERVICE CHARGES		651,567	
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		751,552	
	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)		751,552	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		412,921	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		338,631	
	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		338,631	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		338,631	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		338,631	
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)		338,631	
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			
	SUBTOTAL		338,631	
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER		338,631	
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS		338,631	
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. 15-11, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,107,078			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	10,221,068			
5	OTHER RECEIVABLES	25,049			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	705,533			
8	PREPAID EXPENSES	927,086			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	17,985,814			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
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	14,224,737			
18.01	LESS ACCUMULATED DEPRECIATION	-9,169,396			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	5,055,341			
OTHER ASSETS					
22	INVESTMENTS	2,811,203			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	233,225			
26	TOTAL OTHER ASSETS	3,044,428			
27	TOTAL ASSETS	26,085,583			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,073,805			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,272,384			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,027,097			
35 OTHER CURRENT LIABILITIES	2,057,872			
36 TOTAL CURRENT LIABILITIES	8,431,158			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,969,829			
42 TOTAL LONG-TERM LIABILITIES	1,969,829			
43 TOTAL LIABILITIES	10,400,987			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	15,684,596			
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	15,684,596			
52 TOTAL LIABILITIES AND FUND BALANCES	26,085,583			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		14,103,094		
2 OF PERIOD				
3 NET INCOME (LOSS)		18,639,560		
4 TOTAL		32,742,654		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 MEMBERSHIP UNITS ISSUED	1,965,582			
7 ROUNDING	1			
8				
9				
10 TOTAL ADDITIONS		1,965,583		
11 SUBTOTAL		34,708,237		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTIONS TO MEMBERS	19,023,641			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		19,023,641		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		15,684,596		

	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 MEMBERSHIP UNITS ISSUED				
7 ROUNDING				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTIONS TO MEMBERS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	5,686,524		5,686,524
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
6 00 SWING BED - NF			
7 00 SKILLED NURSING FACILITY			
7 01 NURSING FACILITY			
8 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	5,686,524		5,686,524
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
11 00 INTENSIVE CARE UNIT			
12 00 CORONARY CARE UNIT			
13 00 BURN INTENSIVE CARE UNIT			
14 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,686,524		5,686,524
17 00 ANCILLARY SERVICES	53,195,782	61,363,722	114,559,504
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	58,882,306	61,363,722	120,246,028

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		51,680,926	
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		51,680,926	

DESCR I PTION		
1	TOTAL PATIENT REVENUES	120,246,028
2	LESS: ALLOWANCES AND DISCOUNTS ON	54,708,421
3	NET PATIENT REVENUES	65,537,607
4	LESS: TOTAL OPERATING EXPENSES	51,680,926
5	NET INCOME FROM SERVICE TO PATIENT	13,856,681
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	233,918
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	129
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	252,702
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	
19	TUTION (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 MEDICAL REVENUE	139,595
24.01	APPLICATION FEE	22,050
24.02	MEDICARE COST REIM	1,748,322
24.03	RADIOLOGY	247,632
24.04	NONREIMBURSABLE JOINT VENTURE	2,138,531
25	TOTAL OTHER INCOME	4,782,879
26	TOTAL	18,639,560
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	18,639,560

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	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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	1,647,334
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	942,203
3	TOTAL INPATIENT PROGRAM CAPITAL COST	2,589,537
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	2,201,106
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)	