

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

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	15-1308	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2007 TIME 11:40

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. VINCENT MERCY HOSPITAL 15-1308
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

 ECR ENCRYPTION INFORMATION
 DATE: 11/29/2007 TIME 11:40

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 PI ENCRYPTION INFORMATION
 DATE: 11/29/2007 TIME 11:40

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	0	A 2	B 3	4	0
1	HOSPITAL	0	246,011	84,434	0	
3	SWING BED - SNF	0	110,313	0	0	
100	TOTAL	0	356,324	84,434	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 13311 SOUTH A ST. P.O. BOX:
 1.01 CITY: ELWOOD STATE: IN ZIP CODE: 46036- COUNTY: MADISON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	ST. VINCENT MERCY HOSPITAL	15-1308	2.01	7/ 1/2001	V XVIII XIX 4 5 6 N 0 N
04.00 SWING BED - SNF	ST. VINCENT MERCY SWING BEDS	15-Z308		7/ 1/2001	N 0 N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007 1 2
 18 TYPE OF CONTROL 1

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?
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 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. Y 7/ 1/2001

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

	1	2	3	4
	0	0.0000	0.0000	
	0.00	0		

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

28.03 STAFFING % Y/N
 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) Y
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT 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). N
 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 N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

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

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? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? 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?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(a)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 0. 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.
 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	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX	
1 ADULTS & PEDIATRICS	1	22	8,030	106,872.00	3	4	4.01	5
2 HMO						1,641		172
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF						1,975		3
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	22	8,030				3,616		175
6 INTENSIVE CARE UNIT	3	1,095	3,072.00			86		8
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	25	9,125				3,702		183
13 RPCH VISITS								
14 SUBPROVIDER								
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	25							
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
27 01 AMBULANCE TRIPS								
27 02 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS TOTAL ALL PATS	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	--- INTERNS & RES. FTES --- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			2,366				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,978				
4 ADULTS & PED-SB NF			145				
5 TOTAL ADULTS AND PEDS			4,489				
6 INTENSIVE CARE UNIT			128				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			4,617				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			333	26	307		
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			33				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					443	42	671
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		217.46			443	42	671
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							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	9	217.46	11	12	13	14	15
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100	GENERAL SERVICE COST CNTR					
2	0200	OLD CAP REL COSTS-BLDG & FIXT					
3	0300	NEW CAP REL COSTS-MVBLE EQUIP					
3.01	0301	NEW CAP REL COSTS-BLDG & FIXT		2,159,386	2,159,386	-39,667	2,119,719
3.02	0302	NEW CAP REL COSTS-BLDG & FIXT		76,316	76,316		76,316
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		114,236	114,236		114,236
5	0500	EMPLOYEE BENEFITS	366,557	3,159,248	3,525,805		3,525,805
6	0600	ADMINISTRATIVE & GENERAL	1,625,528	1,224,601	2,850,129	94,570	2,944,699
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	166,455	546,506	712,961		712,961
8.01	0801	OPERATION OF PLANT		22,353	22,353		22,353
8.02	0802	OPERATION OF PLANT	225,101		225,101		225,101
9	0900	LAUNDRY & LINEN SERVICE				39,814	39,814
10	1000	HOUSEKEEPING	330,758	59,422	390,180	-39,814	350,366
11	1100	DIETARY	224,427	144,037	368,464	-218,872	149,592
12	1200	CAFETERIA				218,872	218,872
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	106,243	13,381	119,624		119,624
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	286,491	1,121,062	1,407,553		1,407,553
17	1700	MEDICAL RECORDS & LIBRARY	178,042	67,148	245,190		245,190
18	1800	SOCIAL SERVICE	285,734	38,225	323,959		323,959
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
25	2500	INPAT ROUTINE SRVC CNTRS					
26	2600	ADULTS & PEDIATRICS	1,269,784	98,573	1,368,357		1,368,357
27	2700	INTENSIVE CARE UNIT	166,714	691	167,405	510	167,915
28	2800	CORONARY CARE UNIT					
29	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					
37	3700	ANCILLARY SRVC COST CNTRS					
38	3800	OPERATING ROOM	833,386	550,702	1,384,088		1,384,088
39	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	1,067,001	1,114,864	2,181,865		2,181,865
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY		1,026,894	1,026,894		1,026,894
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	522,998	79,122	602,120		602,120
50	5000	PHYSICAL THERAPY	338,131	53,932	392,063		392,063
51	5100	OCCUPATIONAL THERAPY		22,856	22,856		22,856
52	5200	SPEECH PATHOLOGY		47,565	47,565		47,565
53	5300	ELECTROCARDIOLOGY					
53.01	5301	ONCOLOGY	69,307	14,854	84,161		84,161
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		297,858	297,858		297,858
56	5600	DRUGS CHARGED TO PATIENTS					
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
60	6000	OUTPAT SERVICE COST CNTRS					
61	6100	CLINIC	143,196	4,722	147,918	-48,172	99,746
62	6200	EMERGENCY	1,895,608	57,237	1,952,845	-510	1,952,335
		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	10,101,461	12,115,791	22,217,252	6,731	22,223,983
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	INTERNAL MEDICINE	247,454	34,145	281,599		281,599
100.01	7951	OCC. HEALTH	144,216	52,041	196,257		196,257
2552-96	v1700.099						

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
	OTHER NONREIMBURSABLE COST CENTERS					
100.02 7952	ALEXANDRIA CLINIC	328,728	34,330	363,058		363,058
100.03 7953	MERCY CLINIC	239,146	20,232	259,378		259,378
100.04 7954	OTHER NONREIMBURSABLE COST CENTERS	86,026	395	86,421		86,421
100.05 7955	FOUNDATION	39,921	443	40,364		40,364
100.06 7956	PSYCH SERVICES	118,348	60,975	179,323		179,323
100.07 7957	MARKETING	30,472	98,927	129,399	-6,731	122,668
100.08 7958	TOTAL	11,335,772	12,417,279	23,753,051	-0-	23,753,051

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1308
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007

I PREPARED 11/29/2007
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
2	0200 OLD CAP REL COSTS-BLDG & FIXT		
3	0300 OLD CAP REL COSTS-MVBLE EQUIP		
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT	31,059	2,150,778
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT		76,316
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		114,236
5	0500 EMPLOYEE BENEFITS	84,058	3,609,863
6	0600 ADMINISTRATIVE & GENERAL	1,277,731	4,222,430
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT		712,961
8.01	0801 OPERATION OF PLANT		22,353
8.02	0802 OPERATION OF PLANT		225,101
9	0900 LAUNDRY & LINEN SERVICE		39,814
10	1000 HOUSEKEEPING		350,366
11	1100 DIETARY	-65,035	84,557
12	1200 CAFETERIA		218,872
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		119,624
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-66,357	1,341,196
17	1700 MEDICAL RECORDS & LIBRARY	-7,383	237,807
18	1800 SOCIAL SERVICE	-23,836	300,123
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS		
26	2600 ADULTS & PEDIATRICS	-34,330	1,334,027
27	2700 INTENSIVE CARE UNIT		167,915
28	2800 CORONARY CARE UNIT		
29	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		
37	3700 ANCILLARY SRVC COST CNTRS		
38	3800 OPERATING ROOM	-226,982	1,157,106
39	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-631,250	1,550,615
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-38,954	987,940
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	-37,202	564,918
50	5000 PHYSICAL THERAPY		392,063
51	5100 OCCUPATIONAL THERAPY		22,856
52	5200 SPEECH PATHOLOGY		47,565
53	5300 ELECTROCARDIOLOGY		
53.01	5301 ONCOLOGY		84,161
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		297,858
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
60	6000 OUTPAT SERVICE COST CNTRS		
61	6100 CLINIC		99,746
62	6200 EMERGENCY	-518,895	1,433,440
64	6400 OBSERVATION BEDS (NON-DISTINCT PART)		
65	6400 OTHER REIMBURS COST CNTRS		
65	6500 HOME PROGRAM DIALYSIS		
66	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		
82	8200 SPEC PURPOSE COST CENTERS		
83	8300 LUNG ACQUISITION		
84	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	-257,376	21,966,607
96	9600 NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 INTERNAL MEDICINE		281,599
100.01	7951 OCC. HEALTH		196,257

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	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
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	
8.01	OPERATION OF PLANT	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	ONCOLOGY	5301	ELECTROCARDIOLOGY
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	INTERNAL MEDICINE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OCC. HEALTH	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OTHER NONREIMBURSABLE COST CENTERS	7952	OTHER NONREIMBURSABLE COST CENTERS

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.03	ALEXANDRIA CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MERCY CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	PSYCH SERVICES	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	MARKETING	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAFETERIA	A	CAFETERIA	12	133,310	85,562
2 ICU	B	INTENSIVE CARE UNIT	26		510
3 LAUNDRY	C	LAUNDRY & LINEN SERVICE	9	33,468	6,346
4 INTEREST	D	ADMINISTRATIVE & GENERAL	6		39,667
5 YELLOW PAGES	E	ADMINISTRATIVE & GENERAL	6		6,731
6 REGISTRARS	F	ADMINISTRATIVE & GENERAL	6	48,172	
36 TOTAL RECLASSIFICATIONS				214,950	138,816

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 CAFETERIA	A	DIETARY	11		133,310	85,562	
2 ICU	B	EMERGENCY	61			510	
3 LAUNDRY	C	HOUSEKEEPING	10		33,468	6,346	
4 INTEREST	D	NEW CAP REL COSTS-BLDG & FIXT	3			39,667	9
5 YELLOW PAGES	E	MARKETING	100.08			6,731	
6 REGISTRARS	F	CLINIC	60		48,172		
36 TOTAL RECLASSIFICATIONS					214,950	138,816	

(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 -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	218,872	11	DIETARY	218,872
TOTAL RECLASSIFICATIONS FOR CODE A		218,872			218,872

RECLASS CODE: B
 EXPLANATION : ICU

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	INTENSIVE CARE UNIT	510	61	EMERGENCY	510
TOTAL RECLASSIFICATIONS FOR CODE B		510			510

RECLASS CODE: C
 EXPLANATION : LAUNDRY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	39,814	10	HOUSEKEEPING	39,814
TOTAL RECLASSIFICATIONS FOR CODE C		39,814			39,814

RECLASS CODE: D
 EXPLANATION : INTEREST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	39,667	3	NEW CAP REL COSTS-BLDG & FIXT	39,667
TOTAL RECLASSIFICATIONS FOR CODE D		39,667			39,667

RECLASS CODE: E
 EXPLANATION : YELLOW PAGES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6,731	100.08	MARKETING	6,731
TOTAL RECLASSIFICATIONS FOR CODE E		6,731			6,731

RECLASS CODE: F
 EXPLANATION : REGISTRARS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	48,172	60	CLINIC	48,172
TOTAL RECLASSIFICATIONS FOR CODE F		48,172			48,172

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES	PURCHASES	DONATION		AND		
	1	2	3	4	5	6	7
1 LAND	457,300					457,300	
2 LAND IMPROVEMENTS	568,351	825		825		569,176	
3 BUILDINGS & FIXTURE	27,587,578	1,443,722		1,443,722		29,031,300	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	28,613,229	1,444,547		1,444,547		30,057,776	
8 RECONCILING ITEMS							
9 TOTAL	28,613,229	1,444,547		1,444,547		30,057,776	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		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	30,057,776		30,057,776	1.000000				
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	30,057,776		30,057,776	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	2,150,778						2,150,778
3 01	NEW CAP REL COSTS-BL	76,316						76,316
3 02	NEW CAP REL COSTS-BL	114,236						114,236
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,341,330						2,341,330

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	2,159,386						2,159,386
3 01	NEW CAP REL COSTS-BL	76,316						76,316
3 02	NEW CAP REL COSTS-BL	114,236						114,236
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,349,938						2,349,938

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-1308
I

I PERIOD: I PREPARED 11/29/2007
I FROM 7/1/2006 I WORKSHEET A-8
I TO 6/30/2007 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-186,162	NEW CAP REL COSTS-BLDG &	3		9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER	B	-14,638	ADMINISTRATIVE & GENERAL	6		
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-10,320	ADMINISTRATIVE & GENERAL	6		
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,449,494				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,785,659				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-64,902	DIETARY	11		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES	B	-1,542	OPERATING ROOM	37		
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-66,357	PHARMACY	16		
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-7,383	MEDICAL RECORDS & LIBRARY	17		
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37						
38						
39						
40 INCENTIVE ADJUSTMENT NOT PAID	A	-72,454	ADMINISTRATIVE & GENERAL	6		
41 FICA ADJUSTMENT	A	8,652	EMPLOYEE BENEFITS	5		
42 ENTERTAINMENT	A	-362	ADMINISTRATIVE & GENERAL	6		
43 1970 BLDG	A	-1,973	NEW CAP REL COSTS-BLDG &	3		9
44 CRNA ADJUSTMENT	A	-117,500	OPERATING ROOM	37		
45 PHYSICIAN RECRUITMENT	A	-19,513	ADMINISTRATIVE & GENERAL	6		
46 DONATIONS	A	-38,954	LABORATORY	44		
47 MISC	A	-133	DIETARY	11		
48						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-257,376				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	283,160	32,112	251,048	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,716,672	223,607	1,493,065	
3	100 1	OCC. HEALTH ST. VINCENT HEALTH - CHG	12,331	12,331		
4	100 3	ALEXANDRIA CLINIC ST. VINCENT HEALTH - CHG	12,729	12,729		
4.01	100 4	MERCY CLINIC ST. VINCENT HEALTH - CHG	6,751	6,751		
4.02	100 7	PSYCH SERVICES ST. VINCENT HEALTH - CHG	7,919	7,919		
4.03	100 8	MARKETING ST VINCENT HEALTH - CHG B	7,979	7,979		
4.04	100	INTERNAL MEDICINE ST VINCENT HEALTH - CHG B	11,502	11,502		
4.05	14	NURSING ADMINISTRATION ST. VINCENT HEALTH - CHG	73	73		
4.06	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH - CHG	60,044	60,044		
4.07	25	ADULTS & PEDIATRICS ST. VINCENT HEALTH - CHG	-9,023	-9,023		
4.08	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT HEALTH - CHG	23,731	23,731		
4.09	49	RESPIRATORY THERAPY ST. VINCENT HEALTH - CHG	7,064	7,064		
4.10	50	PHYSICAL THERAPY ST. VINCENT HEALTH - CHG	-131	-131		
4.11	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH - CHG	118,254	118,254		
4.12	6	ADMINISTRATIVE & GENERAL ST. VINCENT HEALTH - CHG	660,785	660,785		
4.16	3	NEW CAP REL COSTS-BLDG & ASCENSION INTEREST	472,634	504,488	-31,854	9
4.17	6	ADMINISTRATIVE & GENERAL ASCENSION INTEREST	37,163	39,667	-2,504	
4.19	6	ADMINISTRATIVE & GENERAL ASCENSION MAINTENANCE	297,397	296,899	498	
4.21	5	EMPLOYEE BENEFITS ASCENSION CHG BACK	630,737	630,737		
4.22	6	ADMINISTRATIVE & GENERAL ASCENSION CHG BACK	123,825	123,825		
4.23	5	EMPLOYEE BENEFITS SELF INSURANCE	1,801,922	1,726,516	75,406	
5		TOTALS	6,283,518	4,497,859	1,785,659	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	100.00	ASCENSION	100.00	ADMINISTRATION
3	B	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
4		0.00		0.00	
5		0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 18	SOCIAL SERVICES	28,574	23,836	4,738				
2 25	ROUTINE	34,330	34,330					
3 37	OPERATING ROOM	170,253	107,940	62,313				
4 41	RADIOLOGY	631,250	631,250					
5 49	RESPIRATORY THERAPY	37,202	37,202					
6 61	EMERGENCY	887,152	518,895	368,257				
7 6	MEDICAL DIRECTOR	115,130	96,041	19,089				
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,903,891	1,449,494	454,397				

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	37
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	555
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	111
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED				
10	AHSEA (SEE INSTRUCTIONS)		188.00		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.28	30.28		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	11,383
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	11,383
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	11,383

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	60.55
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	33,605
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	33,605

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

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	3,361
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	3,361
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	383
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	3,744
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	3,744
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

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

STANDARD TRAVEL EXPENSE		
36	THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)	

OCCUPATIONAL THERAPY

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	33,605
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	3,744
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	37,349
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	19,530
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	19,530
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	19,530
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST - HHA I (LINE 66 DIVIDED BY LINE 67)	
69 EXCESS COST OVER LIMITATION - (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01 EXCESS COST OVER LIMITATION - CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31 EXCESS COST OVER LIMITATION - HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. VINCENT MERCY HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
I 15-1308 I FROM 7/ 1/2006 I WORKSHEET A-8-4
I I TO 6/30/2007 I PARTS I - VII

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

OCCUPATIONAL THERAPY

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

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

I PROVIDER NO: I 15-1308 I

I PERIOD: I FROM 7/ 1/2006 I TO 6/30/2007 I

I PREPARED 11/29/2007 I WORKSHEET A-8-4 I PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	286
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.45
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	682.00			
10	AHSEA (SEE INSTRUCTIONS)	58.20			
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	29.10	29.10		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	39,692
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	39,692
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	39,692

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	58.20
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	45,396
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	45,396

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

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	8,323
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,323
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	987
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,310
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	
33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	9,310
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

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

STANDARD TRAVEL EXPENSE		
36	THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)	

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

SPEECH PATHOLOGY

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	45,396
58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	9,310
59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)	
61 EQUIPMENT COST (SEE INSTRUCTIONS)	
62 SUPPLIES (SEE INSTRUCTIONS)	
63 TOTAL ALLOWANCE (SUM OF LINES 57-62)	54,706
64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	47,040
65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

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

66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	47,040
66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	47,040
68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. VINCENT MERCY HOSPITAL IN LIEU OF FORM CMS-2552-96(12/1999)
REASONABLE COST DETERMINATION FOR THERAPY I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
SERVICES FURNISHED BY OUTSIDE SUPPLIERS I 15-1308 I FROM 7/ 1/2006 I WORKSHEET A-8-4
ON OR AFTER APRIL 10, 1998 I I TO 6/30/2007 I PARTS I - VII

SPEECH PATHOLOGY

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C			
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E
	0	1	2	3	3.01	3.02	4
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	2,150,778			2,150,778			
003 02 NEW CAP REL COSTS-BLDG &	76,316				76,316		
004 NEW CAP REL COSTS-MVBLE E	114,236					114,236	
005 EMPLOYEE BENEFITS	3,609,863			17,291		848	
006 ADMINISTRATIVE & GENERAL	4,222,430			376,697		18,468	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	712,961			380,183		18,639	
008 01 OPERATION OF PLANT	22,353						
008 02 OPERATION OF PLANT	225,101						
009 LAUNDRY & LINEN SERVICE	39,814						
010 HOUSEKEEPING	350,366			50,583		2,480	
011 DIETARY	84,557			33,985		1,666	
012 CAFETERIA	218,872			56,171		2,754	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	119,624			7,308		358	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,341,196			17,363		851	
017 MEDICAL RECORDS & LIBRARY	237,807			62,524		3,065	
018 SOCIAL SERVICE	300,123			18,652		914	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,334,027			183,321		8,987	
026 INTENSIVE CARE UNIT	167,915			16,503		809	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,157,106			188,241		9,229	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,550,615			117,788		5,775	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	987,940			52,470		2,572	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	564,918			22,784		1,117	
050 PHYSICAL THERAPY	392,063			151,200		7,413	
051 OCCUPATIONAL THERAPY	22,856			10,437		512	
052 SPEECH PATHOLOGY	47,565						
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	84,161			11,249		551	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	297,858						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	99,746			28,707		1,407	
061 EMERGENCY	1,433,440			155,188		7,608	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	21,966,607			1,958,645		96,023	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE	281,599			48,768		2,391	
100 01 OCC. HEALTH	196,257				21,523	2,480	
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC	363,058				39,875	4,594	

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	0	1	2	3	3.01	3.02	4
NONREIMBURS COST CENTERS									
100	04	MERCY CLINIC	259,378			38,546		1,890	
100	05	OTHER NONREIMBURSABLE COS	86,421			56,577		2,774	
100	06	FOUNDATION	40,364			24,981		1,225	
100	07	PSYCH SERVICES	179,323				14,918	1,719	
100	08	MARKETING	122,668			23,261		1,140	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	23,495,675			2,150,778	76,316	114,236	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	OPERATION OF PLANT
	5	5a.00	6	7	8	8.01	8.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	3,628,002						
006 ADMINISTRATIVE & GENERAL	553,399	5,170,994	5,170,994				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	55,037	1,166,820	329,261		1,496,081		
008 01 OPERATION OF PLANT		22,353	6,308			28,661	
008 02 OPERATION OF PLANT	74,428	299,529	84,523				384,052
009 LAUNDRY & LINEN SERVICE	11,066	50,880	14,358				
010 HOUSEKEEPING	98,297	501,726	141,581		54,973		12,485
011 DIETARY	30,127	150,335	42,423		36,934		8,388
012 CAFETERIA	44,078	321,875	90,829		61,047		13,865
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	35,129	162,419	45,833		7,942		1,804
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	94,330	1,453,740	410,227		18,869		4,286
017 MEDICAL RECORDS & LIBRARY	58,869	362,265	102,226		67,951		15,433
018 SOCIAL SERVICE	94,476	414,165	116,872		20,271		4,604
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	417,984	1,944,319	548,662		199,232		45,248
027 INTENSIVE CARE UNIT	56,986	242,213	68,349		17,935		4,073
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 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	275,554	1,630,130	460,001		204,579		46,462
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	352,797	2,026,975	571,986		128,011		29,073
043 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		1,042,982	294,316		57,023		12,951
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	172,926	761,745	214,955		24,761		5,624
050 PHYSICAL THERAPY	111,801	662,477	186,942		164,322		37,320
051 OCCUPATIONAL THERAPY		33,805	9,539		11,342		2,576
052 SPEECH PATHOLOGY		47,565	13,422				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	22,916	118,877	33,546		12,225		2,776
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		297,858	84,052				
056 DRUGS CHARGED TO PATIENTS	396	396	112				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS	31,419	161,279	45,511		31,198		7,086
061 CLINIC	626,770	2,223,006	627,309		168,657		38,304
062 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	3,218,785	21,270,728	4,543,143		1,287,272		292,358
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE	82,154	414,912	117,083		53,000		12,037
100 01 OCC. HEALTH	47,684	267,944	75,610			8,083	12,485
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC	108,692	516,219	145,670			14,976	23,131

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	OPERATION OF PLANT
	5	5a.00	6	7	8	8.01	8.02
NONREIMBURS COST CENTERS							
100 04 MERCY CLINIC	79,837	379,651	107,133		41,892		9,514
100 05 OTHER NONREIMBURSABLE COS	28,444	174,216	49,161		61,488		13,965
100 06 FOUNDATION	13,200	79,770	22,510		27,149		6,166
100 07 PSYCH SERVICES	39,131	235,091	66,340			5,602	8,654
100 08 MARKETING	10,075	157,144	44,344		25,280		5,742
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,628,002	23,495,675	5,170,994		1,496,081	28,661	384,052

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1308
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		9	10	11	12	13	14	15
100	04 NONREIMBURS COST CENTERS							
100	05 MERCY CLINIC	183	17,074					
100	06 OTHER NONREIMBURSABLE COS							
100	07 FOUNDATION		14,104					
100	08 PSYCH SERVICES		15,775				4,598	
100	09 MARKETING				7,047			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	65,238	716,909	239,445	489,724		226,410	

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23
NONREIMBURS COST CENTERS							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,917,476	571,076	579,752				

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1308
 I PERIOD: 7/ 1/2006
 I FROM: 7/ 1/2006
 I TO: 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART I

COST CENTER DESCRIPTION	PARAMED GM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24		25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
008 01 OPERATION OF PLANT					
008 02 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS			3,944,837		3,944,837
027 INTENSIVE CARE UNIT			358,233		358,233
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U					
033 SUBPROVIDER					
034 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			2,590,415		2,590,415
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC			3,168,170		3,168,170
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY			1,479,018		1,479,018
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			1,095,498		1,095,498
050 PHYSICAL THERAPY			1,138,003		1,138,003
051 OCCUPATIONAL THERAPY			58,392		58,392
052 SPEECH PATHOLOGY			62,902		62,902
053 ELECTROCARDIOLOGY					
053 01 ONCOLOGY			182,699		182,699
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED			400,401		400,401
056 DRUGS CHARGED TO PATIENTS			1,976,172		1,976,172
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PART)					
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			340,232		340,232
061 EMERGENCY			3,394,809		3,394,809
062 OBSERVATION BEDS (NON-DIS					
064 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP-REN					
067 DURABLE MEDICAL EQUIP-SOL					
069 CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS			20,189,781		20,189,781
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC					
099 NONPAID WORKERS					
100 INTERNAL MEDICINE			614,463		614,463
100 01 OCC. HEALTH			383,423		383,423
100 02 OTHER NONREIMBURSABLE COS					
100 03 ALEXANDRIA CLINIC			728,415		728,415

COST CENTER DESCRIPTION	PARAMED GM	ED	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24			25	26	27
NONREIMBURS COST CENTERS						
100 04 MERCY CLINIC				555,447		555,447
100 05 OTHER NONREIMBURSABLE COS				298,830		298,830
100 06 FOUNDATION				149,699		149,699
100 07 PSYCH SERVICES				336,060		336,060
100 08 MARKETING				239,557		239,557
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL				23,495,675		23,495,675

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED 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-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	3.01	3.02	4
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003 01	NEW CAP REL COSTS-BLDG &						
003 02	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS			17,291		848	
006	ADMINISTRATIVE & GENERAL			376,697		18,468	
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			380,183		18,639	
008 01	OPERATION OF PLANT						
008 02	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING			50,583		2,480	
011	DIETARY			33,985		1,666	
012	CAFETERIA			56,171		2,754	
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION			7,308		358	
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY			17,363		851	
017	MEDICAL RECORDS & LIBRARY			62,524		3,065	
018	SOCIAL SERVICE			18,652		914	
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			183,321		8,987	
026	INTENSIVE CARE UNIT			16,503		809	
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035 01	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			188,241		9,229	
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			117,788		5,775	
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY			52,470		2,572	
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			22,784		1,117	
050	PHYSICAL THERAPY			151,200		7,413	
051	OCCUPATIONAL THERAPY			10,437		512	
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
053 01	ONCOLOGY			11,249		551	
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC			28,707		1,407	
061	EMERGENCY			155,188		7,608	
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
069	CORF						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION						
082	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085 01	PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS			1,958,645		96,023	
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC						
099	NONPAID WORKERS						
100	INTERNAL MEDICINE			48,768		2,391	
100 01	OCC. HEALTH				21,523	2,480	
100 02	OTHER NONREIMBURSABLE COS						
100 03	ALEXANDRIA CLINIC				39,875	4,594	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL	C	OLD CAP REL	C	NEW CAP REL	C						
		OSTS-BLDG &		OSTS-MVBLE	E	OSTS-BLDG &		OSTS-BLDG &		OSTS-BLDG &		OSTS-BLDG &	
	0	1		2		3		3.01		3.02		4	
NONREIMBURS COST CENTERS													
100 04 MERCY CLINIC						38,546				1,890			
100 05 OTHER NONREIMBURSABLE COS						56,577				2,774			
100 06 FOUNDATION						24,981				1,225			
100 07 PSYCH SERVICES								14,918		1,719			
100 08 MARKETING						23,261				1,140			
101 CROSS FOOT ADJUSTMENTS													
102 NEGATIVE COST CENTER													
103 TOTAL						2,150,778		76,316		114,236			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1308
 I PERIOD: 7/1/2006
 I FROM: 7/1/2006
 I TO: 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	OPERATION OF PLANT 8.01	OPERATION OF PLANT 8.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	18,139	18,139					
006 ADMINISTRATIVE & GENERAL	395,165	2,767	397,932				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	398,822	275	25,339		424,436		
008 01 OPERATION OF PLANT			485				
008 02 OPERATION OF PLANT		372	6,505			485	6,877
009 LAUNDRY & LINEN SERVICE		55	1,105				
010 HOUSEKEEPING	53,063	491	10,895		15,596		224
011 DIETARY	35,651	151	3,265		10,478		150
012 CAFETERIA	58,925	220	6,990		17,319		248
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	7,666	176	3,527		2,253		32
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	18,214	472	31,569		5,353		77
017 MEDICAL RECORDS & LIBRARY	65,589	294	7,867		19,277		276
018 SOCIAL SERVICE	19,566	472	8,994		5,751		82
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	192,308	2,090	42,223		56,522		810
026 INTENSIVE CARE UNIT	17,312	285	5,260		5,088		73
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	197,470	1,378	35,400		58,039		832
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	123,563	1,764	44,018		36,316		521
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	55,042		22,649		16,177		232
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	23,901	865	16,542		7,025		101
050 PHYSICAL THERAPY	158,613	559	14,386		46,618		668
051 OCCUPATIONAL THERAPY	10,949		734		3,218		46
052 SPEECH PATHOLOGY			1,033				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	11,800	115	2,582		3,468		50
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			6,468				
056 DRUGS CHARGED TO PATIENTS		2	9				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	30,114	157	3,502		8,851		127
061 EMERGENCY	162,796	3,134	48,268		47,848		686
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	2,054,668	16,094	349,615		365,197		5,235
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE	51,159	411	9,010		15,036		216
100 01 OCC. HEALTH	24,003	238	5,819			137	224
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC	44,469	543	11,210			253	414

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE FITS	BENE E & GENERAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	OPERATION OF PLANT
	4a	5	6	7	8	8.01	8.02	
NONREIMBURS COST CENTERS								
100 04 MERCY CLINIC	40,436		399	8,245		11,885		170
100 05 OTHER NONREIMBURSABLE COS	59,351		142	3,783		17,444		250
100 06 FOUNDATION	26,206		66	1,732		7,702		110
100 07 PSYCH SERVICES	16,637		196	5,105			95	155
100 08 MARKETING	24,401		50	3,413		7,172		103
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	2,341,330	18,139	397,932		424,436	485		6,877

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	9	10	11	12	13	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,160						
010 HOUSEKEEPING	109	80,378					
011 DIETARY	24		49,719				
012 CAFETERIA	37			83,739			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				1,438		15,092	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		728		2,736		524	
017 MEDICAL RECORDS & LIBRARY				3,967			
018 SOCIAL SERVICE				3,132		368	
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	463	19,580	48,425	20,950		4,013	
027 INTENSIVE CARE UNIT	12		1,294	1,769		339	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	118	9,904		8,648		1,657	
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	131	12,547		12,775		2,447	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY							
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	17			6,276		1,202	
052 PHYSICAL THERAPY	53	3,704		4,113		788	
053 OCCUPATIONAL THERAPY							
053 01 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ONCOLOGY				1,303		250	
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC	5	8,801		1,206		473	
066 EMERGENCY	181	12,588		14,221		2,724	
068 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
070 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES							
072 DURABLE MEDICAL EQUIP-REN							
073 DURABLE MEDICAL EQUIP-SOL							
074 CORF							
075 I&R SERVICES-NOT APPRVD P							
076 HOME HEALTH AGENCY							
077 LUNG ACQUISITION							
078 SPEC PURPOSE COST CENTERS							
079 KIDNEY ACQUISITION							
080 LIVER ACQUISITION							
081 HEART ACQUISITION							
082 01 PANCREAS ACQUISITION							
083 OTHER ORGAN ACQUISITION							
084 AMBULATORY SURGICAL CENTE							
085 HOSPICE							
086 SUBTOTALS	1,150	67,852	49,719	82,534		14,785	
087 NONREIMBURS COST CENTERS							
088 GIFT, FLOWER, COFFEE SHOP							
089 RESEARCH							
090 PHYSICIANS' PRIVATE OFFIC							
091 NONPAID WORKERS							
092 INTERNAL MEDICINE	3	1,935					
093 01 OCC. HEALTH		2,164					
094 02 OTHER NONREIMBURSABLE COS							
095 03 ALEXANDRIA CLINIC	4	3,163					

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		9	10	11	12	13	14	15
100	04 NONREIMBURS COST CENTERS							
100	05 MERCY CLINIC	3	1,914					
100	06 OTHER NONREIMBURSABLE COS							
100	07 FOUNDATION		1,581					
100	08 PSYCH SERVICES		1,769				307	
100	09 MARKETING				1,205			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,160	80,378	49,719	83,739		15,092	

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOO L 21	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	59,673						
017 MEDICAL RECORDS & LIBRARY		97,270					
018 SOCIAL SERVICE			38,365				
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		4,857	37,212				
027 INTENSIVE CARE UNIT		564					
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 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		13,423					
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		30,912					
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
044 LABORATORY		12,219					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		5,577					
050 PHYSICAL THERAPY		2,565					
051 OCCUPATIONAL THERAPY		192					
052 SPEECH PATHOLOGY		326					
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY		665					
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		3,149					
056 DRUGS CHARGED TO PATIENTS	59,673	9,910					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		377					
062 EMERGENCY		12,534	1,153				
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	59,673	97,270	38,365				
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 INTERNAL MEDICINE							
100 01 OCC. HEALTH							
100 02 OTHER NONREIMBURSABLE COS							
100 03 ALEXANDRIA CLINIC							

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23
NONREIMBURS COST CENTERS							
100 04 MERCY CLINIC							
100 05 OTHER NONREIMBURSABLE COS							
100 06 FOUNDATION							
100 07 PSYCH SERVICES							
100 08 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	59,673	97,270	38,365				

ALLOCATION OF NEW CAPITAL RELATED COSTS

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
003	NEW CAP REL COSTS-BLDG &			
003	01 NEW CAP REL COSTS-BLDG &			
004	02 NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
008	01 OPERATION OF PLANT			
008	02 OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMED ED PRGM			
025	INPAT ROUTINE SRVC CNTRS			
026	ADULTS & PEDIATRICS	429,453		429,453
026	INTENSIVE CARE UNIT	31,996		31,996
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
031	SUBPROVIDER			
033	NURSERY			
034	SKILLED NURSING FACILITY			
035	NURSING FACILITY			
035	01 ICF/MR			
036	OTHER LONG TERM CARE			
037	ANCILLARY SRVC COST CNTRS			
038	OPERATING ROOM	326,869		326,869
038	RECOVERY ROOM			
039	DELIVERY ROOM & LABOR ROO			
040	ANESTHESIOLOGY			
041	RADIOLOGY-DIAGNOSTIC	264,994		264,994
042	RADIOLOGY-THERAPEUTIC			
043	RADIOISOTOPE			
044	LABORATORY	106,319		106,319
045	PBP CLINICAL LAB SERVICES			
046	WHOLE BLOOD & PACKED RED			
047	BLOOD STORING, PROCESSING			
048	INTRAVENOUS THERAPY			
049	RESPIRATORY THERAPY	61,506		61,506
050	PHYSICAL THERAPY	232,067		232,067
051	OCCUPATIONAL THERAPY	15,139		15,139
052	SPEECH PATHOLOGY	1,359		1,359
053	ELECTROCARDIOLOGY			
053	01 ONCOLOGY	20,233		20,233
054	ELECTROENCEPHALOGRAPHY			
055	MEDICAL SUPPLIES CHARGED	9,617		9,617
056	DRUGS CHARGED TO PATIENTS	69,594		69,594
057	RENAL DIALYSIS			
058	ASC (NON-DISTINCT PART)			
060	OUTPAT SERVICE COST CNTRS			
060	CLINIC	53,613		53,613
061	EMERGENCY	306,133		306,133
062	OBSERVATION BEDS (NON-DIS			
064	OTHER REIMBURS COST CNTRS			
064	HOME PROGRAM DIALYSIS			
065	AMBULANCE SERVICES			
066	DURABLE MEDICAL EQUIP-REN			
067	DURABLE MEDICAL EQUIP-SOL			
069	CORF			
070	I&R SERVICES-NOT APPRVD P			
071	HOME HEALTH AGENCY			
082	LUNG ACQUISITION			
083	SPEC PURPOSE COST CENTERS			
083	KIDNEY ACQUISITION			
084	LIVER ACQUISITION			
085	HEART ACQUISITION			
085	01 PANCREAS ACQUISITION			
086	OTHER ORGAN ACQUISITION			
092	AMBULATORY SURGICAL CENTE			
093	HOSPICE			
095	SUBTOTALS	1,928,892		1,928,892
096	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP			
097	RESEARCH			
098	PHYSICIANS' PRIVATE OFFIC			
099	NONPAID WORKERS			
100	INTERNAL MEDICINE	77,770		77,770
100	01 OCC. HEALTH	32,585		32,585
100	02 OTHER NONREIMBURSABLE COS			
100	03 ALEXANDRIA CLINIC	60,056		60,056

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	2	3	3.01	3.02	4
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
003 01 NEW CAP REL COSTS-BLDG &			90,057			
003 02 NEW CAP REL COSTS-BLDG &				7,510		
004 NEW CAP REL COSTS-MVBLE E					97,567	
005 EMPLOYEE BENEFITS				724		724
006 ADMINISTRATIVE & GENERAL			15,773			15,773
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			15,919			15,919
008 01 OPERATION OF PLANT						
008 02 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING			2,118			2,118
011 DIETARY			1,423			1,423
012 CAFETERIA			2,352			2,352
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION			306			306
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY			727			727
017 MEDICAL RECORDS & LIBRARY			2,618			2,618
018 SOCIAL SERVICE			781			781
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			7,676			7,676
027 INTENSIVE CARE UNIT			691			691
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM			7,882			7,882
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			4,932			4,932
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			2,197			2,197
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			954			954
050 PHYSICAL THERAPY			6,331			6,331
051 OCCUPATIONAL THERAPY			437			437
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 ONCOLOGY			471			471
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC			1,202			1,202
062 EMERGENCY			6,498			6,498
062 OBSERVATION BEDS (NON-DIS						
064 OTHER REIMBURS COST CNTRS						
065 HOME PROGRAM DIALYSIS						
066 AMBULANCE SERVICES						
067 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CENTERS						
084 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTE						
093 HOSPICE						
095 SUBTOTALS			82,012			82,012
096 NONREIMBURS COST CENTERS						
097 GIFT, FLOWER, COFFEE SHOP						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC						
099 NONPAID WORKERS						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	3.01	3.02	4
NONREIMBURS COST CENTERS						
100 INTERNAL MEDICINE			2,042		2,042	
100 01 OCC. HEALTH				2,118	2,118	
100 02 OTHER NONREIMBURSABLE COS						
100 03 ALEXANDRIA CLINIC				3,924	3,924	
100 04 MERCY CLINIC			1,614		1,614	
100 05 OTHER NONREIMBURSABLE COS			2,369		2,369	
100 06 FOUNDATION			1,046		1,046	
100 07 PSYCH SERVICES				1,468	1,468	
100 08 MARKETING			974		974	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			2,150,778	76,316	114,236	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			23.882408	10.161917	1.170847	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	OPERATION OF PLANT
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	5	6a.00	6	7	8	8.01	8.02
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	10,972,543						
006 ADMINISTRATIVE & GENERAL	1,673,700	-5,170,994	18,324,681				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	166,455		1,166,820		57,641		
008 01 OPERATION OF PLANT			22,353			7,510	
008 02 OPERATION OF PLANT	225,101		299,529				65,151
009 LAUNDRY & LINEN SERVICE	33,468		50,880				
010 HOUSEKEEPING	297,290		501,726		2,118		2,118
011 DIETARY	91,117		150,335		1,423		1,423
012 CAFETERIA	133,310		321,875		2,352		2,352
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	106,243		162,419		306		306
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	285,293		1,453,740		727		727
017 MEDICAL RECORDS & LIBRARY	178,042		362,265		2,618		2,618
018 SOCIAL SERVICE	285,734		414,165		781		781
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 & PEDIATRICES	1,264,151		1,944,319		7,676		7,676
027 INTENSIVE CARE UNIT	172,347		242,213		691		691
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 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	833,386		1,630,130		7,882		7,882
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,067,001		2,026,975		4,932		4,932
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			1,042,982		2,197		2,197
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	522,998		761,745		954		954
050 PHYSICAL THERAPY	338,131		662,477		6,331		6,331
051 OCCUPATIONAL THERAPY					437		437
052 SPEECH PATHOLOGY			47,565				
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY	69,307		118,877		471		471
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			297,858				
056 DRUGS CHARGED TO PATIENTS	1,198		396				
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	95,024		161,279		1,202		1,202
061 EMERGENCY	1,895,608		2,223,006		6,498		6,498
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	9,734,904	-5,170,994	16,099,734		49,596		49,596
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT	OPERATION OF PLANT
		(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		5	6a.00	6	7	8	8.01	8.02
	NONREIMBURS COST CENTERS							
100	INTERNAL MEDICINE	248,468		414,912		2,042		2,042
100	01 OCC. HEALTH	144,216		267,944			2,118	2,118
100	02 OTHER NONREIMBURSABLE COS							
100	03 ALEXANDRIA CLINIC	328,728		516,219			3,924	3,924
100	04 MERCY CLINIC	241,460		379,651		1,614		1,614
100	05 OTHER NONREIMBURSABLE COS	86,026		174,216		2,369		2,369
100	06 FOUNDATION	39,921		79,770		1,046		1,046
100	07 PSYCH SERVICES	118,348		235,091			1,468	1,468
100	08 MARKETING	30,472		157,144		974		974
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,628,002		5,170,994		1,496,081	28,661	384,052
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.330644		.282187		25.955153	3.816378	5.894798
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)	18,139		397,932		424,436	485	6,877
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.001653		.021716		7.363439	.064581	.105555

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	(HOURS)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)
		9	10	11	12	13	14	15
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT							
008	02 OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	169,032						
010	HOUSEKEEPING	15,920	3,863					
011	DIETARY	3,537		4,650				
012	CAFETERIA	5,463			269,717			
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION				4,633		253,761	
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY		35		8,811		8,811	100
017	MEDICAL RECORDS & LIBRARY				12,778			
018	SOCIAL SERVICE				10,087		6,192	
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	67,235	941	4,529	67,481		67,481	
027	INTENSIVE CARE UNIT	1,796		121	5,698		5,698	
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	17,258	476		27,853		27,853	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	19,105	603		41,146		41,146	
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY							
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	2,410			20,214		20,214	
050	PHYSICAL THERAPY	7,695	178		13,248		13,248	
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY							
053	01 ONCOLOGY				4,198		4,198	
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							100
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	745	423		3,883		7,960	
061	EMERGENCY	26,405	605		45,806		45,806	
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
082	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
095	SUBTOTALS	167,569	3,261	4,650	265,836		248,607	100
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI
		(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(PATIENT DAYS)	(HOURS)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)
		9	10	11	12	13	14	15
100	NONREIMBURS COST CENTERS							
100	INTERNAL MEDICINE	445		93				
100	01 OCC. HEALTH			104				
100	02 OTHER NONREIMBURSABLE COS							
100	03 ALEXANDRIA CLINIC	544		152				
100	04 MERCY CLINIC	474		92				
100	05 OTHER NONREIMBURSABLE COS							
100	06 FOUNDATION			76				
100	07 PSYCH SERVICES			85			5,154	
100	08 MARKETING				3,881			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	65,238	716,909	239,445	489,724		226,410	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.385951	185.583484	51.493548	1.815696		.892217	
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)	1,160	80,378	49,719	83,739		15,092	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.006863	20.807145	10.692258	.310470		.059473	

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECOR DS & LIBRARY (EV)	SOCIAL SERVIC E (PT)	NONPHYSICIAN ANESTHETISTS (R())	NURSING SCHOO L (TIME SPENT)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)
	16	17	18	20	21	22	23
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	100						
017 MEDICAL RECORDS & LIBRARY		41,812,795					
018 SOCIAL SERVICE				4,990			
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		2,088,270		4,840			
027 INTENSIVE CARE UNIT		242,301					
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		5,770,986					
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		13,283,540					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		5,253,014					
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		2,397,562					
050 PHYSICAL THERAPY		1,102,921					
051 OCCUPATIONAL THERAPY		82,744					
052 SPEECH PATHOLOGY		140,193					
053 ELECTROCARDIOLOGY							
053 01 ONCOLOGY		286,064					
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		1,353,881					
056 DRUGS CHARGED TO PATIENTS	100	4,260,388					
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		162,277					
061 EMERGENCY		5,388,654		150			
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	100	41,812,795		4,990			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	
	(COSTED REQUIS.)	(PT)	(R)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
NONREIMBURS COST CENTERS	16	17		18	20	21	22	23
100 INTERNAL MEDICINE								
100 01 OCC. HEALTH								
100 02 OTHER NONREIMBURSABLE COS								
100 03 ALEXANDRIA CLINIC								
100 04 MERCY CLINIC								
100 05 OTHER NONREIMBURSABLE COS								
100 06 FOUNDATION								
100 07 PSYCH SERVICES								
100 08 MARKETING								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,917,476		571,076		579,752			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			.013658					
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	19,174.760000			116.182766				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	59,673		97,270		38,365			
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	596.730000		.002326		7.688377			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER
 DESCRIPTION

PARAMED ED PR
 GM

(ASSIGNED
 TIME)

24

- 001 GENERAL SERVICE COST CNTR
- 002 OLD CAP REL COSTS-BLDG &
- 003 OLD CAP REL COSTS-MVBLE E
- 003 01 NEW CAP REL COSTS-BLDG &
- 003 02 NEW CAP REL COSTS-BLDG &
- 004 NEW CAP REL COSTS-MVBLE E
- 005 EMPLOYEE BENEFITS
- 006 ADMINISTRATIVE & GENERAL
- 007 MAINTENANCE & REPAIRS
- 008 OPERATION OF PLANT
- 008 01 OPERATION OF PLANT
- 008 02 OPERATION OF PLANT
- 009 LAUNDRY & LINEN SERVICE
- 010 HOUSEKEEPING
- 011 DIETARY
- 012 CAFETERIA
- 013 MAINTENANCE OF PERSONNEL
- 014 NURSING ADMINISTRATION
- 015 CENTRAL SERVICES & SUPPLY
- 016 PHARMACY
- 017 MEDICAL RECORDS & LIBRARY
- 018 SOCIAL SERVICE
- 020 NONPHYSICIAN ANESTHETISTS
- 021 NURSING SCHOOL
- 022 I&R SERVICES-SALARY & FRI
- 023 I&R SERVICES-OTHER PRGM C
- 024 PARAMED ED PRGM
- 025 INPAT ROUTINE SRVC CNTRS
- 026 ADULTS & PEDIATRICS
- 027 INTENSIVE CARE UNIT
- 027 CORONARY CARE UNIT
- 028 BURN INTENSIVE CARE UNIT
- 029 SURGICAL INTENSIVE CARE U
- 031 SUBPROVIDER
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 035 01 ICF/MR
- 036 OTHER LONG TERM CARE
- 037 ANCILLARY SRVC COST CNTRS
- 038 OPERATING ROOM
- 038 RECOVERY ROOM
- 039 DELIVERY ROOM & LABOR ROO
- 040 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 042 RADIOLOGY-THERAPEUTIC
- 043 RADIOISOTOPE
- 044 LABORATORY
- 045 PBP CLINICAL LAB SERVICES
- 046 WHOLE BLOOD & PACKED RED
- 047 BLOOD STORING, PROCESSING
- 048 INTRAVENOUS THERAPY
- 049 RESPIRATORY THERAPY
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 053 01 ONCOLOGY
- 054 ELECTROENCEPHALOGRAPHY
- 055 MEDICAL SUPPLIES CHARGED
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 058 ASC (NON-DISTINCT PART)
- 060 OUTPAT SERVICE COST CNTRS
- 061 CLINIC
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON-DIS
- 064 OTHER REIMBURS COST CNTRS
- 064 HOME PROGRAM DIALYSIS
- 065 AMBULANCE SERVICES
- 066 DURABLE MEDICAL EQUIP-REN
- 067 DURABLE MEDICAL EQUIP-SOL
- 069 CORF
- 070 I&R SERVICES-NOT APPRVD P
- 071 HOME HEALTH AGENCY
- 082 LUNG ACQUISITION
- 083 SPEC PURPOSE COST CENTERS
- 083 KIDNEY ACQUISITION
- 084 LIVER ACQUISITION
- 085 HEART ACQUISITION
- 085 01 PANCREAS ACQUISITION
- 086 OTHER ORGAN ACQUISITION
- 092 AMBULATORY SURGICAL CENTE
- 093 HOSPICE
- 095 SUBTOTALS
- 096 NONREIMBURS COST CENTERS
- 096 GIFT, FLOWER, COFFEE SHOP
- 097 RESEARCH
- 098 PHYSICIANS' PRIVATE OFFIC
- 099 NONPAID WORKERS

COST CENTER DESCRIPTION PARAMED ED PR GM

(ASSIGNED TIME)

24

- 100 NONREIMBURS COST CENTERS
- 100 INTERNAL MEDICINE
- 100 01 OCC. HEALTH
- 100 02 OTHER NONREIMBURSABLE COS
- 100 03 ALEXANDRIA CLINIC
- 100 04 MERCY CLINIC
- 100 05 OTHER NONREIMBURSABLE COS
- 100 06 FOUNDATION
- 100 07 PSYCH SERVICES
- 100 08 MARKETING
- 101 CROSS FOOT ADJUSTMENT
- 102 NEGATIVE COST CENTER
- 103 COST TO BE ALLOCATED
(PER WRKSHT B, PART I)
- 104 UNIT COST MULTIPLIER
(WRKSHT B, PT I)
- 105 COST TO BE ALLOCATED
(PER WRKSHT B, PART II)
- 106 UNIT COST MULTIPLIER
(WRKSHT B, PT II)
- 107 COST TO BE ALLOCATED
(PER WRKSHT B, PART III)
- 108 UNIT COST MULTIPLIER
(WRKSHT B, PT III)

COMPUTATION OF RATIO OF COSTS TO CHARGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2007
I	15-1308	I	FROM 7/ 1/2006	I	WORKSHEET C
I		I	TO 6/30/2007	I	PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,944,837		3,944,837		
26	INTENSIVE CARE UNIT	358,233		358,233		
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	2,590,415		2,590,415		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,168,170		3,168,170		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,479,018		1,479,018		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,095,498		1,095,498		
50	PHYSICAL THERAPY	1,138,003		1,138,003		
51	OCCUPATIONAL THERAPY	58,392		58,392		
52	SPEECH PATHOLOGY	62,902		62,902		
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	182,699		182,699		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	400,401		400,401		
56	DRUGS CHARGED TO PATIENTS	1,976,172		1,976,172		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC	340,232		340,232		
61	EMERGENCY	3,394,809		3,394,809		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	279,490		279,490		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,469,271		20,469,271		
102	LESS OBSERVATION BEDS	279,490		279,490		
103	TOTAL	20,189,781		20,189,781		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 15-1308
I

I PERIOD:
I FROM 7/ 1/2006
I TO 6/30/2007
I

I PREPARED 11/29/2007
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,944,837		3,944,837		
26	INTENSIVE CARE UNIT	358,233		358,233		
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	2,590,415		2,590,415		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,168,170		3,168,170		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,479,018		1,479,018		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,095,498		1,095,498		
50	PHYSICAL THERAPY	1,138,003		1,138,003		
51	OCCUPATIONAL THERAPY	58,392		58,392		
52	SPEECH PATHOLOGY	62,902		62,902		
53	ELECTROCARDIOLOGY					
53	01 ONCOLOGY	182,699		182,699		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	400,401		400,401		
56	DRUGS CHARGED TO PATIENTS	1,976,172		1,976,172		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC	340,232		340,232		
61	EMERGENCY	3,394,809		3,394,809		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	279,490		279,490		
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,469,271		20,469,271		
102	LESS OBSERVATION BEDS	279,490		279,490		
103	TOTAL	20,189,781		20,189,781		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,022,894		2,022,894			
26	INTENSIVE CARE UNIT	242,301		242,301			
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	719,789	5,051,197	5,770,986	.448869	.448869	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,087,022	12,196,518	13,283,540	.238503	.238503	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,010,059	4,242,955	5,253,014	.281556	.281556	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,192,452	1,205,110	2,397,562	.456922	.456922	
50	PHYSICAL THERAPY	240,429	862,492	1,102,921	1.031808	1.031808	
51	OCCUPATIONAL THERAPY	37,552	45,192	82,744	.705695	.705695	
52	SPEECH PATHOLOGY	53,070	87,123	140,193	.448681	.448681	
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	14,509	271,555	286,064	.638665	.638665	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	609,649	744,232	1,353,881	.295743	.295743	
56	DRUGS CHARGED TO PATIENTS	1,588,387	2,672,000	4,260,387	.463848	.463848	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	285	161,992	162,277	2.096613	2.096613	
61	EMERGENCY	91,350	5,297,304	5,388,654	.629992	.629992	
62	OBSERVATION BEDS (NON-DIS		335,192	335,192	.833821	.833821	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	8,909,748	33,172,862	42,082,610			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,909,748	33,172,862	42,082,610			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,590,415	326,869	2,263,546			2,590,415
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,168,170	264,994	2,903,176			3,168,170
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,479,018	106,319	1,372,699			1,479,018
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,095,498	61,506	1,033,992			1,095,498
51	PHYSICAL THERAPY	1,138,003	232,067	905,936			1,138,003
52	OCCUPATIONAL THERAPY	58,392	15,139	43,253			58,392
53	SPEECH PATHOLOGY	62,902	1,359	61,543			62,902
53	ELECTROCARDIOLOGY						
53	01 ONCOLOGY	182,699	20,233	162,466			182,699
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	400,401	9,617	390,784			400,401
56	DRUGS CHARGED TO PATIENTS	1,976,172	69,594	1,906,578			1,976,172
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	340,232	53,613	286,619			340,232
61	EMERGENCY	3,394,809	306,133	3,088,676			3,394,809
62	OBSERVATION BEDS (NON-DIS	279,490		279,490			279,490
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,166,201	1,467,443	14,698,758			16,166,201
102	LESS OBSERVATION BEDS	279,490		279,490			279,490
103	TOTAL	15,886,711	1,467,443	14,419,268			15,886,711

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	5,770,986	.448869	.448869
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	13,283,540	.238503	.238503
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	5,253,014	.281556	.281556
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,397,562	.456922	.456922
51	PHYSICAL THERAPY	1,102,921	1.031808	1.031808
52	OCCUPATIONAL THERAPY	82,744	.705695	.705695
53	SPEECH PATHOLOGY	140,193	.448681	.448681
54	ELECTROCARDIOLOGY			
55	01 ONCOLOGY	286,064	.638665	.638665
56	ELECTROENCEPHALOGRAPHY			
57	MEDICAL SUPPLIES CHARGED	1,353,881	.295743	.295743
58	DRUGS CHARGED TO PATIENTS	4,260,387	.463848	.463848
59	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	162,277	2.096613	2.096613
63	EMERGENCY	5,388,654	.629992	.629992
64	OBSERVATION BEDS (NON-DIS	335,192	.833821	.833821
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
68	DURABLE MEDICAL EQUIP-REN			
69	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	39,817,415		
102	LESS OBSERVATION BEDS	335,192		
103	TOTAL	39,482,223		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,590,415	326,869	2,263,546			2,590,415
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,168,170	264,994	2,903,176			3,168,170
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,479,018	106,319	1,372,699			1,479,018
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,095,498	61,506	1,033,992			1,095,498
51	PHYSICAL THERAPY	1,138,003	232,067	905,936			1,138,003
52	OCCUPATIONAL THERAPY	58,392	15,139	43,253			58,392
53	SPEECH PATHOLOGY	62,902	1,359	61,543			62,902
54	ELECTROCARDIOLOGY						
55	01 ONCOLOGY	182,699	20,233	162,466			182,699
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	400,401	9,617	390,784			400,401
58	DRUGS CHARGED TO PATIENTS	1,976,172	69,594	1,906,578			1,976,172
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	340,232	53,613	286,619			340,232
63	EMERGENCY	3,394,809	306,133	3,088,676			3,394,809
64	OBSERVATION BEDS (NON-DIS	279,490		279,490			279,490
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	16,166,201	1,467,443	14,698,758			16,166,201
102	LESS OBSERVATION BEDS	279,490		279,490			279,490
103	TOTAL	15,886,711	1,467,443	14,419,268			15,886,711

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	5,770,986	.448869	.448869
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	13,283,540	.238503	.238503
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	5,253,014	.281556	.281556
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	2,397,562	.456922	.456922
51	PHYSICAL THERAPY	1,102,921	1.031808	1.031808
52	OCCUPATIONAL THERAPY	82,744	.705695	.705695
53	SPEECH PATHOLOGY	140,193	.448681	.448681
54	ELECTROCARDIOLOGY			
55	01 ONCOLOGY	286,064	.638665	.638665
56	ELECTROENCEPHALOGRAPHY			
57	MEDICAL SUPPLIES CHARGED	1,353,881	.295743	.295743
58	DRUGS CHARGED TO PATIENTS	4,260,387	.463848	.463848
59	RENAL DIALYSIS			
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	162,277	2.096613	2.096613
63	EMERGENCY	5,388,654	.629992	.629992
64	OBSERVATION BEDS (NON-DIS	335,192	.833821	.833821
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
68	DURABLE MEDICAL EQUIP-REN			
69	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	39,817,415		
102	LESS OBSERVATION BEDS	335,192		
103	TOTAL	39,482,223		

TITLE XVIII, PART B		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		1	1.01	1.02	2	3
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.448869		.448869		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	.238503		.238503		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	.281556		.281556		
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	.456922		.456922		
50	PHYSICAL THERAPY	1.031808		1.031808		
51	OCCUPATIONAL THERAPY	.705695		.705695		
52	SPEECH PATHOLOGY	.448681		.448681		
53	ELECTROCARDIOLOGY					
01	ONCOLOGY	.638665		.638665		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.295743		.295743		
56	DRUGS CHARGED TO PATIENTS	.463848		.463848		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2.096613		2.096613		
61	EMERGENCY	.629992		.629992		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.833821		.833821		
	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	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	922,469		
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC	880,613		
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY	496,701		
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	286,800		
50 PHYSICAL THERAPY	349,108		
51 OCCUPATIONAL THERAPY	4,579		
52 SPEECH PATHOLOGY	9,596		
53 ELECTROCARDIOLOGY			
01 ONCOLOGY	76,625		
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	86,392		
56 DRUGS CHARGED TO PATIENTS	848,702		
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
OUTPAT SERVICE COST CNTRS			
60 CLINIC	76,323		
61 EMERGENCY	951,479		
62 OBSERVATION BEDS (NON-DISTINCT PART)	87,818		
OTHER REIMBURS COST CNTRS			
64 HOME PROGRAM DIALYSIS			
65 AMBULANCE SERVICES			
66 DURABLE MEDICAL EQUIP-RENTED			
67 DURABLE MEDICAL EQUIP-SOLD			
101 SUBTOTAL	5,077,205		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	5,077,205		

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

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)	4,822
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,699
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,699
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)	1,978
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)	145
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	172
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)	3
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	
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	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,518,793
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,518,793
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	562.72
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	

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					
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					
		TOTAL	TOTAL	AVERAGE	PROGRAM	PROGRAM
		I/P COST	I/P DAYS	PER DIEM	DAYS	COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT		128		8	
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					128,331

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					128,331

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					42
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	333
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-Z308 I

TITLE XVIII, PART A SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
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	.448869	1,651	741
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.238503	106,977	25,514
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.281556	170,539	48,016
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	.456922	188,589	86,170
50	PHYSICAL THERAPY	1.031808	172,843	178,341
51	OCCUPATIONAL THERAPY	.705695	25,862	18,251
52	SPEECH PATHOLOGY	.448681	30,892	13,861
53	ELECTROCARDIOLOGY			
53	01 ONCOLOGY	.638665	105	67
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.295743	197,766	58,488
56	DRUGS CHARGED TO PATIENTS	.463848	549,952	255,094
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.096613		
61	EMERGENCY	.629992	3,801	2,395
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.833821		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,448,977	686,938
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,448,977	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-1308 I

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		107,493	
26	INTENSIVE CARE UNIT		3,250	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.448869	22,155	9,945
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.238503	78,228	18,658
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.281556	50,652	14,261
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	.456922	59,372	27,128
50	PHYSICAL THERAPY	1.031808	4,135	4,267
51	OCCUPATIONAL THERAPY	.705695	1,418	1,001
52	SPEECH PATHOLOGY	.448681		
53	ELECTROCARDIOLOGY			
53	01 ONCOLOGY	.638665		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.295743	16,131	4,771
56	DRUGS CHARGED TO PATIENTS	.463848	73,639	34,157
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.096613		
61	EMERGENCY	.629992	22,449	14,143
62	OBSERVATION BEDS (NON-DISTINCT PART)	.833821		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		328,179	128,331
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		328,179	

TITLE XVIII HOSPITAL

DESCRIPTION

	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		2,381,306		3,511,495
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	2/15/2007	16,680		
	ADJUSTMENTS TO PROVIDER .02				
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROGRAM .50			2/15/2007	128,546
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
	SUBTOTAL .99		16,680		-128,546
4	TOTAL INTERIM PAYMENTS		2,397,986		3,382,949
	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.

TITLE XVIII SWING BED SNF

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		2,167,846		
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	2/15/2007	14,626	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		14,626	NONE
4 TOTAL INTERIM PAYMENTS			2,182,472	
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2007
I	15-1308	I	FROM 7/ 1/2006	I	
I	COMPONENT NO:	I	TO 6/30/2007	I	WORKSHEET E-2
I	15-Z308	I		I	

TITLE XVIII

SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	1,674,193	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCLLARY SERVICES (SEE INSTRUCTIONS)	693,807	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,975	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	2,368,000	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	2,368,000	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	2,368,000	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	75,215	
14	80% OF PART B COSTS		
15	SUBTOTAL	2,292,785	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	2,292,785	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	2,182,472	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	110,313	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,842,368
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,842,368
5	PRIMARY PAYER PAYMENTS	5,060
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,865,681
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,865,681
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	310,904
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,554,777
23	COINSURANCE	3,224
24	SUBTOTAL	2,551,553
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	92,444
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	92,444
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	64,419
26	SUBTOTAL	2,643,997
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,643,997
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,397,986
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	246,011
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2007
15-1308	I FROM 7/ 1/2006	I WORKSHEET E-3
COMPONENT NO:	I TO 6/30/2007	I PART III
-	I	I

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

TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	128,331	
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	128,331	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	128,331	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	328,179	
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	328,179	
	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)	328,179	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	199,848	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	128,331	
	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	128,331	
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	128,331	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	128,331	
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)	128,331	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	128,331	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	128,331	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	128,331	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET

PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 15-1308 I FROM 7/ 1/2006 I
 I TO 6/30/2007 I WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,525,263	47,619		
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,855,390			
5	OTHER RECEIVABLES	619,450			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-3,780,110			
7	INVENTORY	204,877			
8	PREPAID EXPENSES	99,864			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,524,734	47,619		
FIXED ASSETS					
12	LAND	457,300			
12.01	LAND IMPROVEMENTS	569,176			
13	LESS ACCUMULATED DEPRECIATION				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	29,031,297			
14.01	LESS ACCUMULATED DEPRECIATION	-15,500,648			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	14,557,125			
OTHER ASSETS					
22	INVESTMENTS	243,790			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	243,790			
27	TOTAL ASSETS	22,325,649	47,619		

BALANCE SHEET

PROVIDER NO: 15-1308
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	463,298			
29 SALARIES, WAGES & FEES PAYABLE	1,141,452			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	216,937			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,117,182			
36 TOTAL CURRENT LIABILITIES	2,938,869			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	12,227,743			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	432,590			
42 TOTAL LONG-TERM LIABILITIES	12,660,333			
43 TOTAL LIABILITIES	15,599,202			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	6,726,447			
45 SPECIFIC PURPOSE FUND		47,619		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	6,726,447	47,619		
52 TOTAL LIABILITIES AND FUND BALANCES	22,325,649	47,619		

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-1308 I FROM 7/ 1/2006 I WORKSHEET G-1
 I TO 6/30/2007 I

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		5,798,353		40,333
2 NET INCOME (LOSS)		914,583		
3 TOTAL		6,712,936		40,333
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) TO/FROM AFFILIATES	106,000			
5 RESTRICTED CONTRIBUTIONS	21,728			
6 TEMP RESTRICTED FUND - DO			3,975	
7 GRANT REVENUE - OTHER			3,000	
8 GRANT REVENUE - STATE			48,360	
9 TOTAL ADDITIONS		127,728		55,335
11 SUBTOTAL		6,840,664		95,668
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) DEFERRED PENSION COSTS	114,217			
13 TEMP RSTRCTD - RELEASED O			26,321	
14 TEMP RSTRCTD - RELEASED C			21,728	
15				
16				
17				
18 TOTAL DEDUCTIONS		114,217		48,049
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		6,726,447		47,619

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) TO/FROM AFFILIATES				
5 RESTRICTED CONTRIBUTIONS				
6 TEMP RESTRICTED FUND - DO				
7 GRANT REVENUE - OTHER				
8 GRANT REVENUE - STATE				
9 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) DEFERRED PENSION COSTS				
13 TEMP RSTRCTD - RELEASED O				
14 TEMP RSTRCTD - RELEASED C				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL			
2 00 SUBPROVIDER	1,518,793		1,518,793
4 00 SWING BED - SNF			
5 00 SWING BED - NF	569,477		569,477
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	2,088,270		2,088,270
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	242,301		242,301
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	242,301		242,301
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	2,330,571		2,330,571
17 00 ANCILLARY SERVICES	6,536,179	33,215,860	39,752,039
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 PROFESSIONAL FEES		4,793,060	4,793,060
25 00 TOTAL PATIENT REVENUES	8,866,750	38,008,920	46,875,670

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		23,753,051	
ADD (SPECIFY)			
27 00 BAD DEBTS	2,921,465		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		2,921,465	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		26,674,516	

DESCRIPTION

1	TOTAL PATIENT REVENUES	46,875,670
2	LESS: ALLOWANCES AND DISCOUNTS ON	19,768,217
3	NET PATIENT REVENUES	27,107,453
4	LESS: TOTAL OPERATING EXPENSES	26,674,516
5	NET INCOME FROM SERVICE TO PATIENT	432,937
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	200,800
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	64,902
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	1,542
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	66,357
18	REVENUE FROM SALE OF MEDICAL REC	7,383
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	22,434
23	GOVERNMENTAL APPROPRIATIONS	
24	UNREALIZED GAINS	17,257
24.03	NET ASSETS RELEASED	26,322
24.04	GRANTS	219
24.05	MISC	74,430
24.06		
24.08		
24.09		
25	TOTAL OTHER INCOME	481,646
26	TOTAL	914,583
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	914,583