

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

Provider use only		1. <input type="checkbox"/> Electronically filed cost report	Date: _____	Time: _____
		2. <input checked="" type="checkbox"/> Manually submitted cost report		
		3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted the cost report		
		4. <input checked="" type="checkbox"/> Medicare Utilization. Enter 'F' for full or 'L' for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status	6. Date Received: _____	10. NPR Date: _____	
	(1) As Submitted	7. Contractor No.: _____	11. Contractor's Vendor Code: ____	
	(2) Settled without audit	8. <input type="checkbox"/> Initial Report for this Provider CCN	12. <input type="checkbox"/> If line 5, column 1 is 4:	
	(3) Settled with audit	9. <input type="checkbox"/> Final Report for this Provider CCN	Enter number of times reopened = 0-9.	
	(4) Reopened			
	(5) Amended			

PART II - 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 IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE 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 certification 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 CENTRAL INDIANA-AMG SPECIALTY HOSPIT (15-2025) {(Provider Name(s) and Number(s)} for the cost reporting period beginning 09/01/2015 and ending 08/31/2016, and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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.

(Signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-11,012				1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-11,012				200

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 673 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: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:

1	Street: 2401 W. UNIVERSITY AVE, 8TH FLOOR N	P.O. Box:								1
2	City: MUNCIE	State: IN	ZIP Code: 47303	County: DELAWARE						2

Hospital and Hospital-Based Component Identification:

Component	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
0	1	2	3	4	5	6	7	8		
3	Hospital	CENTRAL INDIANA-AMG SPECIALTY HOSPIT	15-2025	34620	2	02 / 16 / 2005	N	P	P	3
4	Subprovider - IPF									4
5	Subprovider - IRF									5
6	Subprovider - (OTHER)									6
7	Swing Beds - SNF									7
8	Swing Beds - NF									8
9	Hospital-Based SNF									9
10	Hospital-Based NF									10
11	Hospital-Based OLTC									11
12	Hospital-Based HHA									12
13	Separately Certified ASC									13
14	Hospital-Based Hospice									14
15	Hospital-Based Health Clinic - RHC									15
16	Hospital-Based Health Clinic - FQHC									16
17	Hospital-Based (CMHC)									17
18	Renal Dialysis									18
19	Other									19

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2015	To: 08 / 31 / 2016							20
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21	Type of control (see instructions)	4								21
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Inpatient PPS Information

		1	2	3	
22	Does this facility qualify for and receive disproportionate share hospital payments in accordance with 42 CFR §412.106? In column 1, enter 'Y' for yes or 'N' for no. Is this facility subject to 42 CFR §412.06(c)(2)(Pickle amendment hospital)? In column 2, enter 'Y' for yes or 'N' for no.	N	N		22
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N		22.01
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, 'Y' for yes or 'N' for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no, for the portion of the cost reporting period on or after October 1.	N	N		22.02
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, 'Y' for yes or 'N' for no for the portion of the cost reporting period prior to October 1. Enter in column 2, 'Y' for yes or 'N' for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, 'Y' for yes or 'N' for no.	N	N	N	22.03
23	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter 'Y' for yes or 'N' for no.	3	N		23

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1	2	3	4	5	6	
24	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.						24
25	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.						25

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						37
37.01	Is this hospital a former MDH that is eligible for the MDH transitional payment in accordance with the FY 2016 OPPS final rule? Enter 'Y' for yes or 'N' for no. (see instructions)	N					37.01
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		1	2	
39	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 'Y' for yes or 'N' for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 'Y' for yes or 'N' for no. (see instructions)	N	N	39
40	Is this hospital subject to the HAC program reduction adjustment? Enter 'Y' for yes or 'N' for no in column 1, for discharges prior to October 1. Enter 'Y' for yes or 'N' for no in column 2, for discharges on or after October 1. (see instructions)	N	N	40
Prospective Payment System (PPS)-Capital		V	XVIII	XIX
45	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR §412.320?	N	N	45
46	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	46
47	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter 'Y' for yes or 'N' for no.	N	N	47
48	Is the facility electing full federal capital payment? Enter 'Y' for yes or 'N' for no.	N	N	48

		1	2	3	
Teaching Hospitals					
56	Is this a hospital involved in training residents in approved GME programs? Enter 'Y' for yes or 'N' for no.	N			56
57	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y' did residents start training in the first month of this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2. If column 2 is 'Y', complete Wkst. E-4. If column 2 is 'N', complete Wkst. D, Part III & IV and D-2, Pt. II, if applicable.	N			57
58	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub 15-1, chapter 21, section 2148? If yes, complete Wkst. D-5.	N			58
59	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N			59
60	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter 'Y' for yes or 'N' for no. (see instructions)	N			60
		Y/N	IME	Direct GME	
61	Did your hospital receive FTE slots under ACA section 5503? Enter 'Y' for yes or 'N' for no in column 1.(see instructions)	N			61
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)				61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)				61.02
61.03	Enter the baseline FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)				61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions)				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)				61.06

Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
	1	2	3	4	

Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program (see instructions). Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.

ACA Provisions Affecting the Health Resources and Services Administration (HRSA)

62	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				62
62.01	Enter the number of FTE residents that rotated from a teaching health center (THC) into your hospital in this cost reporting period of HRSA THC program. (see instructions)				62.01

Teaching Hospitals that Claim Residents in Nonprovider Settings

63	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter 'Y' for yes or 'N' for no. If yes, complete lines 64-67. (see instructions)	N			63
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
64	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				64
Enter in lines 65-65.49 in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
65					65
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ col. 1 + col. 2))	
66	Enter in column 1, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)				66
Enter in lines 67-67.49, column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 ÷ column 4)). (see instructions)					
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ col. 3 + col. 4))
	1	2	3	4	5
67					67
Inpatient Psychiatric Facility PPS		1	2	3	
70	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter 'Y' for yes or 'N' for no.	N			70
71	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter 'Y' for yes or 'N' for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				71
Inpatient Rehabilitation Facility PPS		1	2	3	
75	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter 'Y' for yes or 'N' for no.	N			75
76	If line 75 yes: Column 1: Did 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. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424(d)(1)(iii)(D)? Enter 'Y' for yes and 'N' for no. Column 3: If column 2 is Y, indicate which program year began during this cost reporting period. (see instructions)				76
Long Term Care Hospital PPS					
80	Is this a Long Term Care Hospital (LTCH)? Enter 'Y' for yes or 'N' for no.		Y		80
81	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 'Y' for yes and 'N' for no.		N		81
TEFRA Providers					
85	Is this a new hospital under 42 CFR §413.40(f)(1)(i) TEFRA? Enter 'Y' for yes or 'N' for no.		N		85
86	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR §413.40(f)(1)(ii)? Enter 'Y' for yes, or 'N' for no.				86
87	Is this hospital a 'subclause (II)' LTCH classified under section 1886(d)(1)(B)(iv)(II)? Enter 'Y' for yes and 'N' for no.		N		87

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

		V	XIX	
Title V and XIX Services		1	2	
90	Does this facility have title V and/or XIX inpatient hospital services? Enter 'Y' for yes, or 'N' for no in applicable column.	N	N	90
91	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter 'Y' for yes, or 'N' for no in the applicable column.	N	N	91
92	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? Enter 'Y' for yes or 'N' for no in the applicable column.		N	92
93	Does this facility operate an ICF/IID facility for purposes of title V and XIX? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	93
94	Does title V or title XIX reduce capital cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	94
95	If line 94 is 'Y', enter the reduction percentage in the applicable column.			95
96	Does title V or title XIX reduce operating cost? Enter 'Y' for yes or 'N' for no in the applicable column.	N	N	96
97	If line 96 is 'Y', enter the reduction percentage in the applicable column.			97

Rural Providers

		1	2	
105	Does this hospital qualify as a critical access hospital (CAH)?	N		105
106	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106
107	If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter 'Y' for yes and 'N' for no in column 1. (see instructions) If yes, the GME elimination is not made on Wkst. B, Pt. I, col. 25 and the program is cost reimbursed. If yes, complete Wkst. D-2, Pt. II.			107
108	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR §412.113(c). Enter 'Y' for yes or 'N' for no.	N		108
109	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter 'Y' for yes or 'N' for each therapy.	Physical	Occupational Speech Respiratory	109
110	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter 'Y' for yes or 'N' for no.	N		110

Miscellaneous Cost Reporting Information

115	Is this an all-inclusive rate provider? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is 'E', enter in column 3 either '93' percent for short term hospital or '98' percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub. 15-1, chapter 22, section 2208.1.	N		115
116	Is this facility classified as a referral center? Enter 'Y' for yes or 'N' for no.	N		116
117	Is this facility legally required to carry malpractice insurance? Enter 'Y' for yes or 'N' for no.	N		117
118	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			118
		Premiums	Paid Losses	Self Insurance
118.01	List amounts of malpractice premiums and paid losses:			118.01
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General cost center? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
120	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 1 'Y' for yes or 'N' for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions). Enter in column 2 'Y' for yes or 'N' for no.	N	N	120
121	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter 'Y' for yes or 'N' for no.	N		121
122	Does the cost report contain state health or similar taxes? Enter 'Y' for yes or 'N' for no in column 1. If column 1 is 'Y', enter in column 2 the Worksheet A line number where these taxes are included.	N		122

Transplant Center Information

125	Does this facility operate a transplant center? Enter 'Y' for yes or 'N' for no. If yes, enter certification date(s)(mm/dd/yyyy) below.	N		125
126	If this is a Medicare certified kidney transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			126
127	If this is a Medicare certified heart transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			127
128	If this is a Medicare certified liver transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			128
129	If this is a Medicare certified lung transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			129
130	If this is a Medicare certified pancreas transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			130
131	If this is a Medicare certified intestinal transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			131
132	If this is a Medicare certified islet transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			132
133	If this is a Medicare certified other transplant center enter the certification date in column 1 and termination date, if applicable in column 2.			133
134	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable in column 2.			134

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WORKSHEET S-2
PART I

All Providers

		1	2	
140	Are there any related organization or home office costs as defined in CMS Pub 15-1, Chapter 10? Enter 'Y' for yes, or 'N' for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number (see instructions)	Y	HB0043	140

If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.

141	Name: NAME: ACADIANA MANAGEMENT GRO	Contractor's Name: NOVITAS	Contractor's Number: 07201	141
142	Street: STREET: 101 LA RUE FRANCE, SU	P.O. Box:		142
143	City: LAFAYETTE	State: LA	ZIP Code: 70508	143
144	Are provider based physicians' costs included in Worksheet A?	Y		144
145	If costs for renal services are claimed on Wkst. A, line 74 are the costs for inpatient services only? Enter 'Y' for yes, or 'N' for no in column 1. If column 1 is no, does the dialysis facility include Medicare utilization for this cost reporting period? Enter 'Y' for yes or 'N' for no in column 2.	Y	N	145
146	Has the cost allocation methodology changed from the previously filed cost report? Enter 'Y' for yes and 'N' for no in column 1. (see CMS Pub. 15-2, chapter 40, §4020). If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146
147	Was there a change in the statistical basis? Enter 'Y' for yes or 'N' for no.	N		147
148	Was there a change in the order of allocation? Enter 'Y' for yes or 'N' for no.	N		148
149	Was there a change to the simplified cost finding method? Enter 'Y' for yes or 'N' for no.	N		149

Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter 'Y' for yes or 'N' for no for each component for Part A and Part B. See 42 CFR §413.13)

		Title XVIII				
		Part A	Part B	Title V	Title XIX	
		1	2	3	4	
155	Hospital	N	N	N	N	155
156	Subprovider - IPF	N	N			156
157	Subprovider - IRF	N	N			157
158	Subprovider - Other					158
159	SNF	N	N			159
160	HHA	N	N			160
161	CMHC		N			161
161.10	CORF					161.10

Multicampus

165	Is this hospital part of a multicampus hospital that has one or more campuses in different CBSAs? Enter 'Y' for yes or 'N' for no.	N				165
166	If line 165 is yes, for each campus, enter the name in column 0, county in column 1, state in column 2, ZIP in column 3, CBSA in column 4, FTE/campus in column 5. (see instructions)					166
	Name	County	State	ZIP Code	CBSA	FTE/Campus
	0	1	2	3	4	5

Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act

167	Is this provider a meaningful user under §1886(n)? Enter 'Y' for yes or 'N' for no.	N			167
168	If this provider is a CAH (line 105 is 'Y') and is a meaningful user (line 167 is 'Y'), enter the reasonable cost incurred for the HIT assets. (see instructions)				168
168.01	If this provider is a CAH and is not a meaningful user, does this provider qualify for a hardship exception under §413.70(a)(6)(ii)? Enter 'Y' for yes or 'N' for no. (see instructions)				168.01
169	If this provider is a meaningful user (line 167 is 'Y') and is not a CAH (line 105 is 'N'), enter the transition factor. (see instructions)				169
170	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				170
171	If line 167 is 'Y', does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter 'Y' for yes and 'N' for no. (see instructions)			N	171

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.

COMPLETED BY ALL HOSPITALS

		Y/N	Date		
Provider Organization and Operation					
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1
		Y/N	Date	V/I	
2					
2	Has the provider terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, 'V' for voluntary or 'I' for involuntary.	N			2
3					
3	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3

		Y/N	Type	Date	
Financial Data and Reports					
		I	2	3	
4	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter 'A' for Audited, 'C' for Compiled, or 'R' for Reviewed. Submit complete copy or enter date available in column 3. (see instructions). If no, see instructions.	N			4
5	Are the cost report total expenses and total revenues different from those in the filed financial statements? If yes, submit reconciliation.	N			5

		Y/N	Y/N	
Approved Educational Activities				
		1	2	
6	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider the legal operator of the program?	N		6
7	Are costs claimed for allied health programs? If yes, see instructions.	N		7
8	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period?	N		8
9	Are costs claimed for Interns and Residents in approved GME programs claimed on the current cost report? If yes, see instructions.	N		9
10	Was an approved Intern and Resident GME program initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10
11	Are GME costs directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11

		Y/N	
Bad Debts			
		Y	
12	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12
13	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13
14	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14

		Y/N	
Bed Complement			
		N	
15	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		I	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	01/04/2017	Y	01/04/2017
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

**WORKSHEET S-2
PART II**

**General Instruction: Enter Y for all YES responses. Enter N for all NO responses.
Enter all dates in the mm/dd/yyyy format.**

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

Capital Related Cost			
22	Have assets been relifed for Medicare purposes? If yes, see instructions.		22
23	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23
24	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions.		24
25	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25
26	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26
27	Has the provider's capitalization policy changed during the cost reporting period? If yes, see instructions.		27

Interest Expense			
28	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28
29	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions.		29
30	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30
31	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31

Purchased Services			
32	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32
33	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33

Provider-Based Physicians			
34	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34
35	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35

Home Office Costs		Y/N	Date	
		1	2	
36	Are home office costs claimed on the cost report?			36
37	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37
38	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38
39	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39
40	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40

Cost Report Preparer Contact Information			
41	First name: MICHAEL	Last name: FREEMAN	Title: MANAGING DIRECTOR
42	Employer: TFG CONSULTING		
43	Phone number: 2256101100	E-mail Address: MFREEMAN@TFGCONSULTING.ORG	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	32	11,712			7,466		9,477	1
2	HMO and other (see instructions)						634	345		2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		32	11,712			7,466		9,477	7
8	Intensive Care Unit	31								8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		32	11,712			7,466		9,477	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		32							27
28	Observation Bed Days									28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					296		383	1
2	HMO and other (see instructions)					24	12		2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		90.37			296		383	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		90.37						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	5,601,414			187,972.50		1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10							10
OTHER WAGES & RELATED COSTS							
11							11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		892,625					17
18							18
19							19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		882,062			33,234.30		27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41		109,694			4,227.86		41
42		76,183			2,805.51		42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		5,601,414		5,601,414	187,972.50	29.80	1
2	Excluded area salaries (see instructions)							2
3	Subtotal salaries (line 1 minus line 2)		5,601,414		5,601,414	187,972.50	29.80	3
4	Subtotal other wages & related costs (see instructions)							4
5	Subtotal wage-related costs (see instructions)		892,625		892,625		15.94%	5
6	Total (sum of lines 3 through 5)		6,494,039		6,494,039	187,972.50	34.55	6
7	Total overhead cost (see instructions)		1,067,939		1,067,939	40,267.67	26.52	7

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HOSPITAL WAGE RELATED COSTS

**WORKSHEET S-3
PART IV**

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	49,200	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	254,573	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	170,037	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	418,815	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	892,625	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

	Component	Contract Labor	Benefit Cost	
	0	1	2	
1	Total facility contract labor and benefit cost			1
2	Hospital			2
3	Subprovider - IPF			3
4	Subprovider - IRF			4
5	Subprovider - (OTHER)			5
6	Swing Beds - SNF			6
7	Swing Beds - NF			7
8	Hospital-Based SNF			8
9	Hospital-Based NF			9
10	Hospital-Based OLTC			10
11	Hospital-Based HHA			11
12	Separately Certified ASC			12
13	Hospital-Based Hospice			13
14	Hospital-Based Health Clinic - RHC			14
15	Hospital-Based Health Clinic - FQHC			15
16	Hospital-Based - CMHC			16
17	Renal Dialysis			17
18	Other			18

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		1,221,007	1,221,007		1,221,007	-358	1,220,649	1
2	00200	Cap Rel Costs-Mvble Equip								2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		892,625	892,625		892,625		892,625	4
5	00500	Administrative & General	882,062	2,760,496	3,642,558		3,642,558	-1,136,748	2,505,810	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant		98,732	98,732		98,732		98,732	7
8	00800	Laundry & Linen Service		35,891	35,891		35,891		35,891	8
9	00900	Housekeeping		194,831	194,831		194,831		194,831	9
10	01000	Dietary		261,511	261,511		261,511		261,511	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration								13
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	109,694	92,934	202,628		202,628	-1,829	200,799	16
17	01700	Social Service	76,183		76,183		76,183		76,183	17
18	01850	RECREATIONAL THERAPY								18
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	3,297,530	445,949	3,743,479		3,743,479		3,743,479	30
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room		290,896	290,896		290,896		290,896	50
54	05400	Radiology-Diagnostic		298,646	298,646		298,646		298,646	54
60	06000	Laboratory		329,097	329,097		329,097		329,097	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	802,697	79,010	881,707		881,707		881,707	65
66	06600	Physical Therapy	65,252	103,668	168,920		168,920		168,920	66
67	06700	Occupational Therapy	19,966	145,018	164,984		164,984		164,984	67
68	06800	Speech Pathology		92,679	92,679		92,679		92,679	68
71	07100	Medical Supplies Charged to Patients	10,885	125,978	136,863		136,863		136,863	71
73	07300	Drugs Charged to Patients	337,145	1,121,489	1,458,634		1,458,634		1,458,634	73
74	07400	Renal Dialysis		242,557	242,557		242,557		242,557	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	5,601,414	8,833,014	14,434,428		14,434,428	-1,138,935	13,295,493	118
		NONREIMBURSABLE COST CENTERS								
200		TOTAL (sum of lines 118-199)	5,601,414	8,833,014	14,434,428		14,434,428	-1,138,935	13,295,493	200

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	INCREASES			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
GRAND TOTAL (Increases)					

(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.

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RECLASSIFICATIONS

WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION(S)	CODE (1)	DECREASES				Wkst A-7 Ref. 10
		COST CENTER	LINE #	SALARY	OTHER	
	1	6	7	8	9	
GRAND TOTAL (Decreases)						

(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.

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures		96,287		96,287		96,287		3
4	Building Improvements								4
5	Fixed Equipment								5
6	Movable Equipment	120,494	782,198		782,198		902,692		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	120,494	878,485		878,485		998,979		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	120,494	878,485		878,485		998,979		10

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	327,658	712,660	122,611	48,904	9,174			1,221,007	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	327,658	712,660	122,611	48,904	9,174			1,221,007	3

(1) The amount in columns 9 through 14 must equal the amount on Worksheet A, column 2, lines 1 and 2. Enter in each column the appropriate amounts including any directly assigned cost that may have been included in Worksheet A, column 2, lines 1 and 2.

* All lines numbers are to be consistent with Worksheet A line numbers for capital cost centers.

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	Description	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL				
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	
*		1	2	3	4	5	6	7	8	
1	Cap Rel Costs-Bldg & Fi				0.000000					1
2	Cap Rel Costs-Mvble Equip				0.000000					2
3	Total (sum of lines 1-2)				0.000000					3

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	327,300	712,660	122,611	48,904	9,174			1,220,649	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	327,300	712,660	122,611	48,904	9,174			1,220,649	3

(2) The amounts on lines 1 and 2 must equal the corresponding amounts on Worksheet A, column 7, lines 1 and 2. Columns 9 through 14 should include related Worksheet A-6 reclassifications, Worksheet A-8 adjustments, and Worksheet A-8-1 related organizations and home office costs. (See instructions.)

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)	B	-358	Cap Rel Costs-Bldg & Fixt	1	9
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-601,524			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-439,236			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts	B	-1,829	Medical Records & Library	16	18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	ADVERTISING	A	-95,862	Administrative & General	5	33
34	OTHER	B	-126	Administrative & General	5	34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,138,935			50

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-1
- (2) Basis for adjustment (see instructions)
 - A. Costs - if cost, including applicable overhead, can be determined
 - B. Amount Received - if cost cannot be determined
- (3) Additional adjustments may be made on lines 33 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5	Administrative & General	HO OPERATING	932,992	1,372,228	-439,236	1
2							2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			932,992	1,372,228	-439,236	5

* The amounts on lines 1 through 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 organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

The Secretary, by virtue of the 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 and Medicaid Services and its intermediaries/contractors 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	
6	F			ACADIANA MANAGEMENT GROUP		MANAGEMENT COMPANY	6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate the 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 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:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional 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	5	Administrative & Gen AGGREGATE	642,502	532,370	110,132	211,500	403	40,978	2,049	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	642,502	532,370	110,132		403	40,978	2,049	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					40,978	69,154	601,524	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					40,978	69,154	601,524	200

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	OPERATION OF PLANT	
		0	1	4	4A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,220,649	1,220,649					1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	892,625		892,625				4
5	Administrative & General	2,505,810	126,760	140,563	2,773,133	2,773,133		5
6	Maintenance & Repairs							6
7	Operation of Plant	98,732			98,732	26,021	124,753	7
8	Laundry & Linen Service	35,891			35,891	9,459		8
9	Housekeeping	194,831			194,831	51,347		9
10	Dietary	261,511			261,511	68,920		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	200,799	23,330	17,481	241,610	63,676	2,661	16
17	Social Service	76,183		12,140	88,323	23,277		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	3,743,479	929,570	525,485	5,198,534	1,370,055	106,013	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	290,896			290,896	76,665		50
54	Radiology-Diagnostic	298,646			298,646	78,707		54
60	Laboratory	329,097			329,097	86,733		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	881,707	21,741	127,915	1,031,363	271,813	2,479	65
66	Physical Therapy	168,920	11,773	10,398	191,091	50,361	1,343	66
67	Occupational Therapy	164,984	11,773	3,182	179,939	47,422	1,343	67
68	Speech Pathology	92,679	11,701		104,380	27,509	1,334	68
71	Medical Supplies Charged to Patients	136,863	84,001	1,735	222,599	58,665	9,580	71
73	Drugs Charged to Patients	1,458,634		53,726	1,512,360	398,578		73
74	Renal Dialysis	242,557			242,557	63,925		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	13,295,493	1,220,649	892,625	13,295,493	2,773,133	124,753	118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	13,295,493	1,220,649	892,625	13,295,493	2,773,133	124,753	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		8	9	10	16	17	24	
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	45,350						8
9	Housekeeping		246,178					9
10	Dietary			330,431				10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		5,250		313,197			16
17	Social Service					111,600		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
INPATIENT ROUTINE SERV COST CENTERS								
30	Adults & Pediatrics	45,350	209,198	330,431	313,197	111,600	7,684,378	30
ANCILLARY SERVICE COST CENTERS								
50	Operating Room						367,561	50
54	Radiology-Diagnostic						377,353	54
60	Laboratory						415,830	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		4,893				1,310,548	65
66	Physical Therapy		2,650				245,445	66
67	Occupational Therapy		2,650				231,354	67
68	Speech Pathology		2,633				135,856	68
71	Medical Supplies Charged to Patients		18,904				309,748	71
73	Drugs Charged to Patients						1,910,938	73
74	Renal Dialysis						306,482	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct Part)							92
OTHER REIMBURSABLE COST CENTERS								
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
SPECIAL PURPOSE COST CENTERS								
118	SUBTOTALS (sum of lines 1-117)	45,350	246,178	330,431	313,197	111,600	13,295,493	118
NONREIMBURSABLE COST CENTERS								
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	45,350	246,178	330,431	313,197	111,600	13,295,493	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	RECREATIONAL THERAPY						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		7,684,378				30
	ANCILARY SERVICE COST CENTERS						
50	Operating Room		367,561				50
54	Radiology-Diagnostic		377,353				54
60	Laboratory		415,830				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		1,310,548				65
66	Physical Therapy		245,445				66
67	Occupational Therapy		231,354				67
68	Speech Pathology		135,856				68
71	Medical Supplies Charged to Patients		309,748				71
73	Drugs Charged to Patients		1,910,938				73
74	Renal Dialysis		306,482				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		13,295,493				118
	NONREIMBURSABLE COST CENTERS						
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		13,295,493				202

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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		0	1	2A	5	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		126,760	126,760	126,760			5
6	Maintenance & Repairs							6
7	Operation of Plant				1,189	1,189		7
8	Laundry & Linen Service				432		432	8
9	Housekeeping				2,347			9
10	Dietary				3,150			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		23,330	23,330	2,911	25		16
17	Social Service				1,064			17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		929,570	929,570	62,625	1,010	432	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				3,504			50
54	Radiology-Diagnostic				3,598			54
60	Laboratory				3,965			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		21,741	21,741	12,425	24		65
66	Physical Therapy		11,773	11,773	2,302	13		66
67	Occupational Therapy		11,773	11,773	2,168	13		67
68	Speech Pathology		11,701	11,701	1,257	13		68
71	Medical Supplies Charged to Patients		84,001	84,001	2,682	91		71
73	Drugs Charged to Patients				18,219			73
74	Renal Dialysis				2,922			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		1,220,649	1,220,649	126,760	1,189	432	118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		1,220,649	1,220,649	126,760	1,189	432	202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		9	10	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,347						9
10	Dietary		3,150					10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	50		26,316				16
17	Social Service				1,064			17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	1,995	3,150	26,316	1,064	1,026,162		30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,504		50
54	Radiology-Diagnostic					3,598		54
60	Laboratory					3,965		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	47				34,237		65
66	Physical Therapy	25				14,113		66
67	Occupational Therapy	25				13,979		67
68	Speech Pathology	25				12,996		68
71	Medical Supplies Charged to Patients	180				86,954		71
73	Drugs Charged to Patients					18,219		73
74	Renal Dialysis					2,922		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,347	3,150	26,316	1,064	1,220,649		118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,347	3,150	26,316	1,064	1,220,649		202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL					
		26					
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	RECREATIONAL THERAPY						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	1,026,162					30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,504					50
54	Radiology-Diagnostic	3,598					54
60	Laboratory	3,965					60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	34,237					65
66	Physical Therapy	14,113					66
67	Occupational Therapy	13,979					67
68	Speech Pathology	12,996					68
71	Medical Supplies Charged to Patients	86,954					71
73	Drugs Charged to Patients	18,219					73
74	Renal Dialysis	2,922					74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	1,220,649					118
	NONREIMBURSABLE COST CENTERS						
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)	1,220,649					202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	16,900						1
2	Cap Rel Costs-Mvble Equip		16,900					2
4	Employee Benefits Department			5,601,414				4
5	Administrative & General	1,755	1,755	882,062	-2,773,133	10,522,360		5
6	Maintenance & Repairs						15,145	6
7	Operation of Plant					98,732		7
8	Laundry & Linen Service					35,891		8
9	Housekeeping					194,831		9
10	Dietary					261,511		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	323	323	109,694		241,610	323	16
17	Social Service			76,183		88,323		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,870	12,870	3,297,530		5,198,534	12,870	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					290,896		50
54	Radiology-Diagnostic					298,646		54
60	Laboratory					329,097		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	301	301	802,697		1,031,363	301	65
66	Physical Therapy	163	163	65,252		191,091	163	66
67	Occupational Therapy	163	163	19,966		179,939	163	67
68	Speech Pathology	162	162			104,380	162	68
71	Medical Supplies Charged to Patients	1,163	1,163	10,885		222,599	1,163	71
73	Drugs Charged to Patients			337,145		1,512,360		73
74	Renal Dialysis					242,557		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	16,900	16,900	5,601,414	-2,773,133	10,522,360	15,145	118
	NONREIMBURSABLE COST CENTERS							
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,220,649		892,625		2,773,133		202
203	Unit Cost Multiplier (Wkst. B, Part I)	72.227751		0.159357		0.263547		203
204	Cost to be allocated (Per Wkst. B, Part II)					126,760		204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.012047		205

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		7	8	9	10	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	15,145						7
8	Laundry & Linen Service		9,477					8
9	Housekeeping			15,145				9
10	Dietary				28,431			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration					106,636		13
14	Central Services & Supply						100	14
15	Pharmacy							15
16	Medical Records & Library	323		323				16
17	Social Service							17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,870	9,477	12,870	28,431	106,636		30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	301		301				65
66	Physical Therapy	163		163				66
67	Occupational Therapy	163		163				67
68	Speech Pathology	162		162				68
71	Medical Supplies Charged to Patients	1,163		1,163			100	71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,145	9,477	15,145	28,431	106,636	100	118
	NONREIMBURSABLE COST CENTERS							
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	124,753	45,350	246,178	330,431			202
203	Unit Cost Multiplier (Wkst. B, Part I)	8.237240	4.785270	16.254738	11.622208			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,189	432	2,347	3,150			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.078508	0.045584	0.154969	0.110795			205

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTIONS	MEDICAL RECORDS & LIBRARY TIME SPENT	SOCIAL SERVICE TIME SPENT				
	16	17				

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library	4,228					16
17	Social Service		2,806				17
18	RECREATIONAL THERAPY						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	4,228	2,806				30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	4,228	2,806				118
	NONREIMBURSABLE COST CENTERS						
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	313,197	111,600				202
203	Unit Cost Multiplier (Wkst. B, Part I)	74.076868	39.771917				203
204	Cost to be allocated (Per Wkst. B, Part II)	26,316	1,064				204
205	Unit Cost Multiplier (Wkst. B, Part II)	6.224219	0.379187				205

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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		
		PART	LINE NO.	AMOUNT
	1	2	3	4

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	7,684,378		7,684,378		7,684,378	30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	367,561		367,561		367,561	50
54	Radiology-Diagnostic	377,353		377,353		377,353	54
60	Laboratory	415,830		415,830		415,830	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,310,548		1,310,548		1,310,548	65
66	Physical Therapy	245,445		245,445		245,445	66
67	Occupational Therapy	231,354		231,354		231,354	67
68	Speech Pathology	135,856		135,856		135,856	68
71	Medical Supplies Charged to Patients	309,748		309,748		309,748	71
73	Drugs Charged to Patients	1,910,938		1,910,938		1,910,938	73
74	Renal Dialysis	306,482		306,482		306,482	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	13,295,493		13,295,493		13,295,493	200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)	13,295,493		13,295,493		13,295,493	202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	13,007,958		13,007,958				30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	764,440		764,440	0.480824	0.480824	0.480824	50
54	Radiology-Diagnostic	1,838,558		1,838,558	0.205244	0.205244	0.205244	54
60	Laboratory	1,432,770		1,432,770	0.290228	0.290228	0.290228	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	10,660,494		10,660,494	0.122935	0.122935	0.122935	65
66	Physical Therapy	245,404		245,404	1.000167	1.000167	1.000167	66
67	Occupational Therapy	220,954		220,954	1.047069	1.047069	1.047069	67
68	Speech Pathology	506,727		506,727	0.268105	0.268105	0.268105	68
71	Medical Supplies Charged to Patients	1,898,317		1,898,317	0.163170	0.163170	0.163170	71
73	Drugs Charged to Patients	2,753,612		2,753,612	0.693975	0.693975	0.693975	73
74	Renal Dialysis	303,715		303,715	1.009111	1.009111	1.009111	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	33,632,949		33,632,949				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	33,632,949		33,632,949				202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,026,162		1,026,162	9,477	108.28	7,466	808,418	30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,026,162		1,026,162	9,477		7,466	808,418	200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5			
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,504	764,440	0.004584	480,805	2,204	50
54	Radiology-Diagnostic	3,598	1,838,558	0.001957	1,438,322	2,815	54
60	Laboratory	3,965	1,432,770	0.002767	1,254,242	3,470	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	34,237	10,660,494	0.003212	8,392,069	26,955	65
66	Physical Therapy	14,113	245,404	0.057509	193,449	11,125	66
67	Occupational Therapy	13,979	220,954	0.063267	175,149	11,081	67
68	Speech Pathology	12,996	506,727	0.025647	388,827	9,972	68
71	Medical Supplies Charged to Pat	86,954	1,898,317	0.045806	1,539,155	70,503	71
73	Drugs Charged to Patients	18,219	2,753,612	0.006616	2,010,708	13,303	73
74	Renal Dialysis	2,922	303,715	0.009621	292,588	2,815	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	194,487	20,624,991		16,165,314	154,243	200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

(A)	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)
		1	2	3	4	5
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics General Routine Care)					30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	TOTAL (lines 30-199)					200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check [] Title V [XX] PPS
Applicable [XX] Title XVIII, Part A [] TEFRA
Boxes: [] Title XIX [] Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	9,477		7,466		30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	9,477		7,466		200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1	2	3	4	5	6
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
71	Medical Supplies Charged to Pat						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)						200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-2025

**WORKSHEET D
PART IV**

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	764,440			480,805				50
54	Radiology-Diagnostic	1,838,558			1,438,322				54
60	Laboratory	1,432,770			1,254,242				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	10,660,494			8,392,069				65
66	Physical Therapy	245,404			193,449				66
67	Occupational Therapy	220,954			175,149				67
68	Speech Pathology	506,727			388,827				68
71	Medical Supplies Charged to Pat	1,898,317			1,539,155				71
73	Drugs Charged to Patients	2,753,612			2,010,708				73
74	Renal Dialysis	303,715			292,588				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	20,624,991			16,165,314				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.480824							50
54	Radiology-Diagnostic	0.205244							54
60	Laboratory	0.290228							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.122935							65
66	Physical Therapy	1.000167							66
67	Occupational Therapy	1.047069							67
68	Speech Pathology	0.268105							68
71	Medical Supplies Charged to Pat	0.163170							71
73	Drugs Charged to Patients	0.693975							73
74	Renal Dialysis	1.009111							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

**WORKSHEET D
PART I**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
1	2	3	4	5	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,026,162		1,026,162	9,477	108.28			30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,026,162		1,026,162	9,477				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

Check Title V Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX IRF

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,504	764,440	0.004584			50
54	Radiology-Diagnostic	3,598	1,838,558	0.001957			54
60	Laboratory	3,965	1,432,770	0.002767			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	34,237	10,660,494	0.003212			65
66	Physical Therapy	14,113	245,404	0.057509			66
67	Occupational Therapy	13,979	220,954	0.063267			67
68	Speech Pathology	12,996	506,727	0.025647			68
71	Medical Supplies Charged to Pat	86,954	1,898,317	0.045806			71
73	Drugs Charged to Patients	18,219	2,753,612	0.006616			73
74	Renal Dialysis	2,922	303,715	0.009621			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	194,487	20,624,991				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3 minus col 4.)	
(A)	1	2	3	4	5		
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics General Routine Care)						30
31	Intensive Care Unit						31
32	Coronary Care Unit						32
33	Burn Intensive Care Unit						33
34	Surgical Intensive Care Unit						34
35	Other Special Care (specify)						35
40	Subprovider - IPF						40
41	Subprovider - IRF						41
42	Subprovider I						42
43	Nursery						43
44	Skilled Nursing Facility						44
45	Nursing Facility						45
200	TOTAL (lines 30-199)						200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

Check Title V PPS
 Applicable Title XVIII, Part A TEFRA
 Boxes: Title XIX Other

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	9,477				30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	9,477				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	1 Non Physician Anesthetist Cost	2 Nursing School	3 Allied Health	4 All Other Medical Education Cost	5 Total Cost (sum of col. 1 through col. 4)	6 Total Outpatient Cost (sum of col. 2, 3, and 4)	
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy							65
66	Physical Therapy							66
67	Occupational Therapy							67
68	Speech Pathology							68
71	Medical Supplies Charged to Pat							71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct)							92
	OTHER REIMBURSABLE COST CENTERS							
200	Total (sum of lines 50-199)							200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART IV

Check Title V Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX IRF NF Other

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	764,440							50
54	Radiology-Diagnostic	1,838,558							54
60	Laboratory	1,432,770							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	10,660,494							65
66	Physical Therapy	245,404							66
67	Occupational Therapy	220,954							67
68	Speech Pathology	506,727							68
71	Medical Supplies Charged to Pat	1,898,317							71
73	Drugs Charged to Patients	2,753,612							73
74	Renal Dialysis	303,715							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	20,624,991							200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

Check Title V - O/P Hospital SUB (Other) Swing Bed SNF
 Applicable Title XVIII, Part B IPF SNF Swing Bed NF
 Boxes: Title XIX - O/P IRF NF ICF/IID

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
		1	2	3	4	5	6	7	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.480824							50
54	Radiology-Diagnostic	0.205244							54
60	Laboratory	0.290228							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.122935							65
66	Physical Therapy	1.000167							66
67	Occupational Therapy	1.047069							67
68	Speech Pathology	0.268105							68
71	Medical Supplies Charged to Pat	0.163170							71
73	Drugs Charged to Patients	0.693975							73
74	Renal Dialysis	1.009111							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,477	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,477	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	9,477	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,466	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
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)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	7,684,378	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,684,378	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,684,378	37

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					810.84	38
39	Program general inpatient routine service cost (line 9 x line 38)					6,053,731	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					6,053,731	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,344,984	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					10,398,715	49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					808,418	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					154,243	51
52	Total Program excludable cost (sum of lines 50 and 51)					962,661	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					9,436,054	53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)							87
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						810.84	88
89	Observation bed cost (line 87 x line 88) (see instructions)							89
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4) (see instructions)		
		1	2	3	4	5		
90	Capital-related cost							90
91	Nursing School							91
92	Allied Health							92
93	Other Medical Education							93

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

Check [] Title V - I/P [XX] Hospital [] SUB (Other) [] ICF/IID [XX] PPS
 Applicable [] Title XVIII, Part A [] IPF [] SNF [] TEFRA
 Boxes: [XX] Title XIX - I/P [] IRF [] NF [] Other

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,477	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,477	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	9,477	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
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)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	7,684,378	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	7,684,378	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,684,378	37

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

Check Title V - I/P Hospital SUB (Other) PPS
 Applicable Title XVIII, Part A IPF TEFRA
 Boxes: Title XIX - I/P IRF Other

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					810.84	38
39	Program general inpatient routine service cost (line 9 x line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)						52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

Check Title V - I/P Hospital SUB (Other) ICF/IID PPS
 Applicable Title XVIII, Part A IPF SNF TEFRA
 Boxes: Title XIX - I/P IRF NF Other

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)		87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)		88				
89	Observation bed cost (line 87 x line 88) (see instructions)		89				
		Cost	Routine Cost (from line 21)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		10,259,590		30
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.480824	480,805	231,183	50
54	Radiology-Diagnostic	0.205244	1,438,322	295,207	54
60	Laboratory	0.290228	1,254,242	364,016	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.122935	8,392,069	1,031,679	65
66	Physical Therapy	1.000167	193,449	193,481	66
67	Occupational Therapy	1.047069	175,149	183,393	67
68	Speech Pathology	0.268105	388,827	104,246	68
71	Medical Supplies Charged to Patients	0.163170	1,539,155	251,144	71
73	Drugs Charged to Patients	0.693975	2,010,708	1,395,381	73
74	Renal Dialysis	1.009111	292,588	295,254	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		16,165,314	4,344,984	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		16,165,314		202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

Check Title V Hospital SUB (Other) Swing Bed SNF PPS
 Applicable Title XVIII, Part A IPF SNF Swing Bed NF TEFRA
 Boxes: Title XIX IRF NF ICF/IID Other

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.480824			50
54	Radiology-Diagnostic	0.205244			54
60	Laboratory	0.290228			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.122935			65
66	Physical Therapy	1.000167			66
67	Occupational Therapy	1.047069			67
68	Speech Pathology	0.268105			68
71	Medical Supplies Charged to Patients	0.163170			71
73	Drugs Charged to Patients	0.693975			73
74	Renal Dialysis	1.009111			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E
PART B

Check applicable box: Hospital IPF IRF SUB (Other) SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPPS (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	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)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

90	Original outlier amount (see instructions)				90
91	Outlier reconciliation adjustment amount (see instructions)				91
92	The rate used to calculate the Time Value of Money				92
93	Time Value of Money (see instructions)				93
94	Total (sum of lines 91 and 93)				94

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-2025

WORKSHEET E-1
PART I

Check Hospital SUB (Other)
Applicable IPF SNF
Boxes: IRF Swing Bed SNF

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		11,582,216		1
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				2
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)	08/31/2016	125,730		3.01
					3.02
	Program				3.03
	to				3.04
	Provider				3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
	Provider				3.52
	to				3.53
	Program				3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)	.99	125,730		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,707,946		4
TO BE COMPLETED BY CONTRACTOR					
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)				5.01
					5.02
	Program				5.03
	to				5.04
	Provider				5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
	Provider				5.52
	to				5.53
	Program				5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)	.99			5.99
6	Determined net settlement amount (balance due) based on the cost report (1)	.01			6.01
		.02			6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

(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.

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)		1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)		2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)		3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	9,477	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)		5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)		6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

30	Initial/interim HIT payment(s)		30
31	OTHER ADJUSTMENTS ()		31
32	Balance due provider (line 8 or line 10 minus line 30 and line 31) (see instructions)		32

(*) This worksheet is completed by the contractor for standard and non-standard cost reporting periods at cost report settlement. Providers may complete this worksheet for a standard cost reporting period.

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART IV**

Check applicable box: Hospital

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	Net Federal PPS payment (see instructions)	11,949,022	1
2	Outlier payments	376,820	2
3	Total PPS payments (sum of lines 1 and 2)	12,325,842	3
4	Nursing and allied health managed care payments (see instructions)		4
5	Organ acquisition DO NOT USE THIS LINE		5
6	Cost of physicians' services in a teaching hospital (see instructions)		6
7	Subtotal (see instructions)	12,325,842	7
8	Primary payer payments	8,207	8
9	Subtotal (line 7 less line 8)	12,317,635	9
10	Deductibles	96,493	10
11	Subtotal (line 9 minus line 10)	12,221,142	11
12	Coinsurance	402,584	12
13	Subtotal (line 11 minus line 12)	11,818,558	13
14	Allowable bad debts (exclude bad debts for professional services) (see instructions)	180,137	14
15	Adjusted reimbursable bad debts (see instructions)	117,089	15
16	Allowable bad debts for dual eligible beneficiaries (see instructions)	137,098	16
17	Subtotal (sum of lines 13 and 15)	11,935,647	17
18	Direct graduate medical education payments (from Wkst. E-4, line 49)		18
19	Other pass through costs (see instructions)		19
20	Outlier payments reconciliation		20
21	Other adjustments (specify) (see instructions)		21
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		21.50
22	Total amount payable to the provider (see instructions)	11,935,647	22
22.01	Sequestration adjustment (see instructions)	238,713	22.01
23	Interim payments	11,707,946	23
24	Tentative settlement (for contractor use only)		24
25	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)	-11,012	25
26	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		26

TO BE COMPLETED BY CONTRACTOR

50	Original PPS payment and outlier amount from Wkst. E-3 Part IV, line 3 (see instructions)		50
51	Outlier reconciliation adjustment amount (see instructions)		51
52	The rate used to calculate the Time Value of Money (see instructions)		52
53	Time Value of Money (see instructions)		53

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E-3
PART VII

Check Title V Hospital NF PPS
 Applicable Title XIX SUB (Other) ICF/IID TEFRA
 Boxes: SNF Other

PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	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
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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BALANCE SHEET

WORKSHEET G

(If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	-147,482			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	2,161,826			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory				7
8	Prepaid expenses	278,293			8
9	Other current assets				9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	2,292,637			11
FIXED ASSETS					
12	Land				12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings				15
16	Accumulated depreciation				16
17	Leasehold improvements	96,287			17
18	Accumulated depreciation				18
19	Fixed equipment				19
20	Accumulated depreciation				20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	902,692			23
24	Accumulated depreciation	-436,396			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	562,583			30
OTHER ASSETS					
31	Investments				31
32	Deposits on leases	115,345			32
33	Due from owners/officers				33
34	Other assets	3,007,302			34
35	Total other assets (sum of lines 31-34)	3,122,647			35
36	Total assets (sum of lines 11, 30 and 35)	5,977,867			36
Liabilities and Fund Balances (Omit Cents)					
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	2,123,103			37
38	Salaries, wages and fees payable	285,258			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds				43
44	Other current liabilities				44
45	Total current liabilities (sum of lines 37 thru 44)	2,408,361			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	1,225,096			47
48	Unsecured loans				48
49	Other long term liabilities				49
50	Total long term liabilities (sum of lines 46 thru 49)	1,225,096			50
51	Total liabilities (sum of lines 45 and 50)	3,633,457			51
CAPITAL ACCOUNTS					
52	General fund balance	2,344,410			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	2,344,410			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	5,977,867			60

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND		
		1	2	3	4	
1	Fund balances at beginning of period		-2,192,917			1
2	Net income (loss) (from Worksheet G-3, line 29)		151,493			2
3	Total (sum of line 1 and line 2)		-2,041,424			3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)		-2,041,424			11
12	Deductions (debit adjustments) (specify)					12
13	DISTRIBUTIONS					13
14	DISTRIBUTIONS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		-2,041,424			19

		ENDOWMENT FUND		PLANT FUND		
		5	6	7	8	
1	Fund balances at beginning of period					1
2	Net income (loss) (from Worksheet G-3, line 29)					2
3	Total (sum of line 1 and line 2)					3
4	Additions (credit adjustments) (specify)					4
5						5
6						6
7						7
8						8
9						9
10	Total additions (sum of lines 4-9)					10
11	Subtotal (line 3 plus line 10)					11
12	Deductions (debit adjustments) (specify)					12
13	DISTRIBUTIONS					13
14	DISTRIBUTIONS					14
15						15
16						16
17						17
18	Total deductions (sum of lines 12-17)					18
19	Fund balance at end of period per balance sheet (line 11 minus line 18)					19

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**WORKSHEET G-2
PARTS I & II**

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
GENERAL INPATIENT ROUTINE CARE SERVICES					
1	Hospital	13,007,958		13,007,958	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	13,007,958		13,007,958	10
INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES					
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	13,007,958		13,007,958	17
18	Ancillary services	20,624,991		20,624,991	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PART B PHYSICIAN REVENUE	297,757		297,757	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	33,930,706		33,930,706	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		14,434,428	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		14,434,428	43

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2015 To: 08/31/2016	Run Date: 01/25/2017 Run Time: 22:53 Version: 2016.05 (01/05/2017)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	33,930,706	1
2	Less contractual allowances and discounts on patients' accounts	19,353,299	2
3	Net patient revenues (line 1 minus line 2)	14,577,407	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	14,434,428	4
5	Net income from service to patients (line 3 minus line 4)	142,979	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments	358	7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	1,829	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER INCOME)	6,327	24
25	Total other income (sum of lines 6-24)	8,514	25
26	Total (line 5 plus line 25)	151,493	26
29	Net income (or loss) for the period (line 26 minus line 28)	151,493	29

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
101960	80155	Insurance-Property & G/L	33,370		1.02	Capital Related Costs - Buildings
102110	80295	Rent	440,890		1.02	Capital Related Costs - Buildings
102130	80375	Taxes-Property	7,323		1.02	Capital Related Costs - Buildings
102910	90155	Insurance-Property & G/L	15,534		1.02	Capital Related Costs - Buildings
103050	90295	Rent	271,770		1.02	Capital Related Costs - Buildings
103070	90375	Taxes-Property	1,851		1.02	Capital Related Costs - Buildings
103680	99010	Amortization Expense	214,885		1.02	Capital Related Costs - Buildings
103690	99015	Depreciation Expense	112,773		1.02	Capital Related Costs - Buildings
103700	99020	Interest Expense	122,611	1,221,007	1.02	Capital Related Costs - Buildings
101910	80105	Employee Health and Screening	5,682		4.02	Employee Benefits - Other
101940	80145	Insurance-Employee Health/Life	155,745		4.02	Employee Benefits - Other
101970	80160	Insurance-Worker's Comp	119,443		4.02	Employee Benefits - Other
102060	80240	Pension Plan Expense	36,969		4.02	Employee Benefits - Other
102680	81600	Payroll Tax Expense	275,484		4.02	Employee Benefits - Other
102890	90145	Insurance-Employee Health/Life	93,146		4.02	Employee Benefits - Other
102920	90160	Insurance-Worker's Comp	50,594		4.02	Employee Benefits - Other
103010	90240	Pension Plan Expense	12,231		4.02	Employee Benefits - Other
103530	91600	Payroll Tax Expense	143,331	892,625	4.02	Employee Benefits - Other
102450	81521	Clerical-Admin. Asst.-Contract	8,048		5.01	Administrative & General - Salary
102460	81501	Administrator	84,525		5.01	Administrative & General - Salary
102470	81505	Admissions Coordinator	74,030		5.01	Administrative & General - Salary
102480	81510	Case Manager	64,474		5.01	Administrative & General - Salary
102490	81515	Central Supply	26,564		5.01	Administrative & General - Salary
102500	81520	Clerical-Admin. Asst.	25,539		5.01	Administrative & General - Salary
102510	81525	Clinical Supervisor	68,571		5.01	Administrative & General - Salary
102610	81561	QA/Infection Control	62,665		5.01	Administrative & General - Salary
102670	81585	Ward Clerk/Receptionist	75,020		5.01	Administrative & General - Salary
103360	91501	Administrator	53,798		5.01	Administrative & General - Salary
103370	91505	Admissions Coordinator	37,053		5.01	Administrative & General - Salary
103380	91510	Case Manager	36,830		5.01	Administrative & General - Salary
103400	91520	Clerical-Admin. Asst.	14,883		5.01	Administrative & General - Salary
103410	91525	Clinical Supervisor	92,308		5.01	Administrative & General - Salary
103520	91585	Ward Cler/Receptionist	154,657		5.01	Administrative & General - Salary
103660	91624	Staffing Coordinator	3,097	882,062	5.01	Administrative & General - Salary
101830	80010	Auto/Fuel	270		5.02	Administrative & General - Other
101850	80020	Bank Fees	5,152		5.02	Administrative & General - Other
101860	80035	Cable Services	2,780		5.02	Administrative & General - Other
101870	80050	Computer Software Lease/Maint.	96,906		5.02	Administrative & General - Other
101880	80075	Continuing Education	16,337		5.02	Administrative & General - Other
101890	80080	Copier Lease/Maintenance	10,914		5.02	Administrative & General - Other
101900	80100	Dues and Subscriptions	25,238		5.02	Administrative & General - Other
101920	80120	Equipment Rentals-Other	63,304		5.02	Administrative & General - Other
101950	80150	Insurance-Prof. Liability	33,222		5.02	Administrative & General - Other
101980	80175	Licenses and Permits	2,162		5.02	Administrative & General - Other
101990	Total 80180	Marketing and Advertising	66,664		5.02	Administrative & General - Other
102000	80195	Medical Director/Asst Med Dir	337,635		5.02	Administrative & General - Other
102010	80200	Minor Equipment	2,412		5.02	Administrative & General - Other
102020	80205	Miscellaneous Expense	6,201		5.02	Administrative & General - Other
102030	80210	Office Expense/Printing	22,336		5.02	Administrative & General - Other
102040	80225	Parking	1,698		5.02	Administrative & General - Other
102050	80235	Payroll Processing Fees	11,019		5.02	Administrative & General - Other
102070	80260	Postage & Freight	7,828		5.02	Administrative & General - Other
102080	80265	Professional Fees-Accounting	11,873		5.02	Administrative & General - Other
102090	80270	Professional Fees-Legal	13,992		5.02	Administrative & General - Other
102100	80275	Professional Fees-Other	29,181		5.02	Administrative & General - Other
102140	80380	Taxes-Sales	1,989		5.02	Administrative & General - Other
102160	80400	Travel	77,019		5.02	Administrative & General - Other
102170	80425	Waste Disposal Service	4,602		5.02	Administrative & General - Other
102180	81001	Billing/Collections/AP	351,583		5.02	Administrative & General - Other
102260	80001	Management Oversight-Main	439,479		5.02	Administrative & General - Other
102430	81120	Transcription Services	16,393		5.02	Administrative & General - Other
102440	81125	Transportation	44,888		5.02	Administrative & General - Other
102810	90020	Bank Fees	2,374		5.02	Administrative & General - Other
102820	90035	Cable Services	2,399		5.02	Administrative & General - Other
102830	90050	Computer Software Lease/Mainten	60,352		5.02	Administrative & General - Other
102840	90075	Continuing Education	1,210		5.02	Administrative & General - Other
102860	90100	Dues and Subscriptions	14,979		5.02	Administrative & General - Other
102870	90105	Employee Health and Screening	1,315		5.02	Administrative & General - Other
102900	90150	Insurance-Prof. Liability	24,569		5.02	Administrative & General - Other
102930	90175	Licenses and Permits	4,750		5.02	Administrative & General - Other
102940	Total 90180	Marketing and Advertising	29,198		5.02	Administrative & General - Other
102950	90195	Medical Director/Asst Med Dir	305,532		5.02	Administrative & General - Other
102960	90200	Minor Equipment	3,673		5.02	Administrative & General - Other
102970	90205	Miscellaneous Expense	39		5.02	Administrative & General - Other
102980	90210	Office Expense/Printing	1,703		5.02	Administrative & General - Other
102990	90225	Parking	317		5.02	Administrative & General - Other
103000	90235	Payroll Processing Fees	5,411		5.02	Administrative & General - Other
103020	90260	Postage & Freight	2,945		5.02	Administrative & General - Other
103030	90265	Professional Fees-Accounting	6,720		5.02	Administrative & General - Other
103040	90275	Professional Fees-Other	16,717		5.02	Administrative & General - Other
103080	90380	Taxes-Sales	2,820		5.02	Administrative & General - Other
103090	90385	Telephone Expense	4,831		5.02	Administrative & General - Other
103100	90400	Travel	15,596		5.02	Administrative & General - Other
103110	91001	Billing/Collections/AP-B	234,389		5.02	Administrative & General - Other
103170	90001	Management Oversight-Loc 2	292,986		5.02	Administrative & General - Other
103340	91120	Transcription Services	7,208		5.02	Administrative & General - Other
103350	91125	Transportation	15,386	2,760,496	5.02	Administrative & General - Other
102120	80300	Repairs and Maintenance	55,918		7.02	Operation of Plant - Other
102150	80385	Telephone Service	25,956		7.02	Operation of Plant - Other

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
102350		81080 · Supplies-Maintenance	286		7.02	Operation of Plant - Other
102850		90080 · Copier Lease/Maintenance	7,017		7.02	Operation of Plant - Other
103060		90300 · Repairs and Maintenance	9,316		7.02	Operation of Plant - Other
103260		91080 · Supplies-Maintenance	239	98,732	7.02	Operation of Plant - Other
102250		81040 · Laundry-Contract Services	35,891	35,891	8.02	Laundry & Linen - Other
101930		80130 · Housekeeping-Contract Services	106,503		9.02	Housekeeping - Other
102340		81075 · Supplies-Housekeeping/Janitoria	18,901		9.02	Housekeeping - Other
102880		90130 · Housekeeping-Contract Services	67,600		9.02	Housekeeping - Other
103250		91075 · Supplies-Houskeeping/Janitorial	1,827	194,831	9.02	Housekeeping - Other
102210		81015 · Dietary, Food	4,915		10.02	Dietary - Other
102220		81020 · Dietary, Purchased Services	73,028		10.02	Dietary - Other
102330		81070 · Supplies-Dietary/Kitchen	15,714		10.02	Dietary - Other
102520		81533 · Dietician-Contract	53,670		10.02	Dietary - Other
103140		91020 · Dietary, Purchased Services	79,748		10.02	Dietary - Other
103240		91070 · Supplies-Dietary/Kitchen	6,356		10.02	Dietary - Other
103420		91533 · Dietician-Contract	28,080	261,511	10.02	Dietary - Other
102530		81535 · HIM/Coding	61,180		16.01	Med Records & Library - Salary
103430		91535 · HIM/Coding	48,514	109,694	16.01	Med Records & Library - Salary
102380		81095 · Supplies-Office/HIM	26,999		16.02	Med Records & Library - Other
102540		81536 · HIM/Coding-Contract Services	27,646		16.02	Med Records & Library - Other
103290		91095 · Supplies-Office/HIM	12,143		16.02	Med Records & Library - Other
103440		91536 · HIM/Coding-Contract Services	26,146	92,934	16.02	Med Records & Library - Other
102620		81565 · Social Services	54,000		17.01	Social Service - Salary
103500		91565 · Social Services	22,183	76,183	17.01	Social Service - Salary
102550		81550 · Nurses-Nurse Liaison	137,330		30.01	Adults and Pediatrics - Salary
102560		81551 · Nurses-Chief Clinical Officer	68,438		30.01	Adults and Pediatrics - Salary
102570		81552 · Nurse Practitioner	65,991		30.01	Adults and Pediatrics - Salary
102600		81560 · Physician	447,522		30.01	Adults and Pediatrics - Salary
102690		81610 · Nurses - RN	844,682		30.01	Adults and Pediatrics - Salary
102700		81611 · Nurses - LPN	229,671		30.01	Adults and Pediatrics - Salary
102710		81612 · Nurses - Aides/CNAs	125,153		30.01	Adults and Pediatrics - Salary
102720		81613 · Nurses - Wound Care	41,249		30.01	Adults and Pediatrics - Salary
102730		81614 · Nurses - Contract Services	56,787		30.01	Adults and Pediatrics - Salary
102740		81615 · Nurses - RN - Other Pay	58,661		30.01	Adults and Pediatrics - Salary
102750		81617 · Nurses - LPN - Other Pay	21,377		30.01	Adults and Pediatrics - Salary
102760		81618 · Nurses - Aides/CNAs - Other Pay	13,635		30.01	Adults and Pediatrics - Salary
102770		81619 · Nurses - Wound Care - Other Pay	3,395		30.01	Adults and Pediatrics - Salary
103450		91550 · Nurses-Nurse Liaison	152,865		30.01	Adults and Pediatrics - Salary
103460		91551 · Nurses-Chief Clinical Officer	34,662		30.01	Adults and Pediatrics - Salary
103490		91561 · QA/Infection Control	28,441		30.01	Adults and Pediatrics - Salary
103540		91610 · Nurses - RN	584,877		30.01	Adults and Pediatrics - Salary
103550		91611 · Nurses - LPN	190,887		30.01	Adults and Pediatrics - Salary
103560		91612 · Nurses - Aides/CNAs	75,846		30.01	Adults and Pediatrics - Salary
103570		91613 · Nurses - Wound Care	55,065		30.01	Adults and Pediatrics - Salary
103580		91614 · Nurses - Contract Services	2,267		30.01	Adults and Pediatrics - Salary
103590		91615 · Nurses - RN - Other Pay	35,239		30.01	Adults and Pediatrics - Salary
103600		91617 · Nurses - LPN - Other Pay	11,434		30.01	Adults and Pediatrics - Salary
103610		91618 · Nurses - Aides/CNAs - Other Pay	5,716		30.01	Adults and Pediatrics - Salary
103620		91619 · Nurses - Wound Care - Other Pay	6,340	3,297,530	30.01	Adults and Pediatrics - Salary
102230		81025 · Equipment Rentals-Nursing	94,877		30.02	Adults and Pediatrics - Other
102360		81085 · Supplies-Nursing	175,006		30.02	Adults and Pediatrics - Other
103150		91025 · Equipment Rentals-Nursing	75,693		30.02	Adults and Pediatrics - Other
103270		91085 · Supplies-Nursing	100,373	445,949	30.02	Adults and Pediatrics - Other
102280		81050 · Outpatient Procedures	198,448		50.02	Operating Room-Other
103190		91050 · Outpatient Procedures	92,448	290,896	50.02	Operating Room-Other
102320		81065 · Radiology-Contract Services	181,129		54.02	Radiology-Diagnostic-Other
103230		91065 · Radiology-Contract Services	117,517	298,646	54.02	Radiology-Diagnostic-Other
102190		81005 · Blood Storage & Processing	42,074		60.02	Laboratory - Other
102240		81035 · Laboratory Fees	177,470		60.02	Laboratory - Other
103120		91005 · Blood Storage & Processing	15,745		60.02	Laboratory - Other
103160		91035 · Laboratory Fees	93,808	329,097	60.02	Laboratory - Other
102660		81576 · Therapy-Respiratory Therapist	476,930		65.01	Oxygen (Inhal) Therapy - Salary
103510		91575 · Therapy-Respiratory Therapist	325,767	802,697	65.01	Oxygen (Inhal) Therapy - Salary
102410		81110 · Supplies-Respiratory Therapy	53,627		65.02	Oxygen (Inhal) Therapy - Other
103320		91110 · Supplies-Respiratory Therapy	25,383	79,010	65.02	Oxygen (Inhal) Therapy - Other
102630		81570 · Therapy-Director of Therapy	39,401		66.01	Physical Therapy - Salary
102640		81572 · Therapy-Physical Therapist	25,851	65,252	66.01	Physical Therapy - Salary
102400		81105 · Supplies-Physical Therapy	4,353		66.02	Physical Therapy - Other
102790		81625 · Therapy - Contract PT	37,116		66.02	Physical Therapy - Other
103310		91105 · Supplies-Physical Therapy	429		66.02	Physical Therapy - Other
103640		91625 · Therapy - Contract PT	61,770	103,668	66.02	Physical Therapy - Other
102650		81574 · Therapy-PT/OT Techs	19,966	19,966	67.01	Occupational Therapy - Salary
102370		81090 · Supplies-Occupational Therapy	412		67.02	Occupational Therapy - Other
102780		81621 · Therapy - Contract OT	75,435		67.02	Occupational Therapy - Other
103280		91090 · Supplies-Occupational Therapy	56		67.02	Occupational Therapy - Other
103630		91621 · Therapy - Contract OT	69,115	145,018	67.02	Occupational Therapy - Other
102800		81622 · Therapy - Contract ST	66,479		68.02	Speech Pathology - Other
103650		91622 · Therapy - Contract ST	26,200	92,679	68.02	Speech Pathology - Other
103390		91515 · Central Supply	10,885	10,885	71.01	Medical Supplies Chargeable - Salary
102270		81045 · Medical Gas	2,524		71.02	Medical Supplies Chargeable - Other
102420		81115 · Supplies-Wound Care	68,162		71.02	Medical Supplies Chargeable - Other
103180		91045 · Medical Gas	1,769		71.02	Medical Supplies Chargeable - Other
103330		91115 · Supplies-Wound Care	53,523	125,978	71.02	Medical Supplies Chargeable - Other
102580		81553 · Pharmacist	337,145	337,145	73.01	Drugs Chargeable - Salary
102290		81055 · Pharmacy - Other	511,717		73.02	Drugs Chargeable - Other
102300		81056 · IV Fluids-Pharmacy	25,213		73.02	Drugs Chargeable - Other
102310		81060 · Pharmacy-Contract Services	5,464		73.02	Drugs Chargeable - Other
102390		81100 · Supplies-Pharmacy	12,485		73.02	Drugs Chargeable - Other
102590		81558 · Pharmacist-Contract Services	31,016		73.02	Drugs Chargeable - Other

Central Indiana - AMG Specialty Hospital
 Worksheet A Expense Groupings
 August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
103200	91055	Pharmacy - Other	296,786		73.02	Drugs Chargeable - Other
103210	91056	IV Fluids-Pharmacy	12,822		73.02	Drugs Chargeable - Other
103220	91060	Pharmacy-Contract Services	54,996		73.02	Drugs Chargeable - Other
103300	91100	Supplies-Pharmacy	9,249		73.02	Drugs Chargeable - Other
103470	91558	Pharmacist-Contract Services	129,815		73.02	Drugs Chargeable - Other
103480	91559	Pharmacy Tech-Contract Services	31,926	1,121,489	73.02	Drugs Chargeable - Other
102200	81010	Dialysis-Contract Services	149,200		74.02	Dialysis - Other
103130	91010	Dialysis-Contract Services	93,357	242,557	74.02	Dialysis - Other
TOTAL			14,434,428	14,434,428		

Central Indiana - AMG Specialty Hospital
 Worksheet A-8 Adjustments to Expenses
 August 31, 2016

Account Number	Division	Account Description	Unadj GL Balance	W/S A-8 Subtotal	A-8	Worksheet A-8 Description
101220		40807 · Income-Interest	-358	(358)	1	Investment Income
101250		40803 · Income-Medical Records	-1,829	(1,829)	18	Sale of Medical Records
101990		Total 80180 · Marketing and Advertising	66,664		31	Advertising/Marketing
102940		Total 90180 · Marketing and Advertising	29,198	95,862	31	Advertising/Marketing
101230		40809 · Income-Pharmacy	-37		44	Other
101240		40805 · Income-Miscellaneous	-6,290		44	Other
102020		80205 · Miscellaneous Expense	6,201	(126)	44	Other
TOTAL			93,549	93,549		

ACADIANA MANAGEMENT GROUP
 Provider number: HB-0043
 Period from 09/01/2015 to 08/31/2016

Worksheet H

January 25, 2017 at 10:20 PM

Allocation of Home Office Capital Costs to Chain Components

Chain Components	Medicare No.	Fiscal Year End	----- Total Home Office Costs -----			
			Direct Home Office Costs 17	Functional Home Office Costs 18	Pooled Home Office Costs 19	Total Allocation of Costs 20
Health Care Facilities:						

1 LTAC of Louisiana	19-2029	12/31/2015	0	0	924,832	924,832
1.01 Central Indiana - AMG	15-2025	08/31/2016	0	0	932,992	932,992
1.02 Albuquerque - AMG Specialty	32-2003	08/31/2016	0	0	679,575	679,575
1.03 Houma -AMG Specialty Hospital	19-2037	05/31/2016	0	0	847,199	847,199
1.04 Lafayette Physical Rehab	19-3093	08/31/2016	0	0	664,689	664,689
1.05 LTAC Hospital of Feliciana	19-2041	12/31/2015	0	0	233,501	233,501
1.06 LTAC Hospital of Denham	19-2008	12/31/2015	0	0	315,105	315,105
1.07 LTAC Hospital of Wash/St. Tammany	19-2046	12/31/2015	0	0	188,091	188,091
1.08 LTAC Hosptial of Greenwood	25-2010	12/31/2015	0	0	578,021	578,021
1.09 LTAC Hospital of Wichita	17-2003	05/31/2016	0	0	453,202	453,202
1.10 LTAC Hospital of Edmond	37-2005	05/31/2016	0	0	1,056,246	1,056,246
1.11 TULSA-AMG SPECIALTY HOSPITAL	37-2011	08/31/2016	0	0	650,327	650,327
1.12 Las Vegas - AMG Specialty Hospital	29-2007	08/31/2016	0	0	445,155	445,155
1.13 Covington-AMG Specialty Hospital	19-3097	08/31/2016	0	0	579,455	579,455
1.14 North Alabama Specialty Hospital	01-0172	04/30/2016	0	0	197,974	197,974

18 Total (lines 1-17)			0	0	8,746,364	8,746,364
27 Other Managed Facilities			0	0	0	0

28 Total (lines 19-27)			0	0	0	0

33 Total (lines 29-32)			0	0	0	0

34 Grand Total			0	0	8,746,364	8,746,364

Central Indiana - AMG Specialty Hospital

August 31, 2016

Inpatient Part A

Summary of PS&R

Claims Paid through 1/4/2017

Title XVIII-Medicare

IP

	9/1/2015-8/31/2016	Total
111 Med-Sur-gy/PVT	6,661,600	6,661,600
121 Med-Sur-gy/2Bed	3,548,400	3,548,400
202 ICU	49,590	49,590
Total Accomadations	10,259,590	10,259,590

Discharges	296	296
Patient Days	7,466	7,466

CR

Line #			
999	230 Nursing Increm	0	0
73	250 Pharmacy	2,010,708	2,010,708
71	270 Med-Surg Supplies	282,559	282,559
71	271 Med-Surg Supplies	922,013	922,013
60	300 Lab	664,968	664,968
60	301 Lab	413,423	413,423
60	302 Lab	0	0
60	305 Lab	40	40
60	306 Lab	60,589	60,589
60	307 Lab	1,433	1,433
60	309 Lab	0	0
54	320 DX Xray	162,110	162,110
54	323 DX Xray	5,800	5,800
54	324 DX Xray	12,602	12,602
55	331 Radiology Therapy	0	0
55	335 Chemotherapy IV	0	0
54	340 Nuclear Medicine	0	0
54	341 Nuclear Medicine	16,243	16,243
54	342 Nuclear Medicine	0	0
54	350 CT Scan	213,720	213,720
50	360 OR Services	39,200	39,200
50	361 OR Services	412,162	412,162
50	379 Anesthesia	0	0
60	381 Blood/PKD Red	89,879	89,879
60	383 Blood/Plasma	823	823
60	384 Blood/Platelets	21,692	21,692
60	391 Blood	0	0
54	402 Imaging Service	8,822	8,822
54	403 Imaging Service	0	0
65	410 Inhalation Therapy	8,392,069	8,392,069
65	412 Inhalation Therapy	0	0
66	420 Physical Therapy	193,449	193,449
67	430 Occupational Therapy	175,149	175,149
68	440 Speech Therapy	388,827	388,827
65	460 Pulmonary	0	0
54	480 Cardiology	40,317	40,317
54	610 MRI	12,906	12,906
54	611 MRI	18,029	18,029
54	612 MRI	11,039	11,039
54	730 EKG	16,616	16,616
54	732 Telemetry	914,979	914,979
54	740 EEG	5,139	5,139
50	761 Treatment Room	29,443	29,443
74	800 Inpatient Dialysis	0	0
74	801 Inpatient Dialysis	276,388	276,388
74	802 Inpatient Dialysis	16,200	16,200
60	921 Perivascular Lab	1,395	1,395
71	947 Complex Medical Equip	334,583	334,583
	Total Ancillary	16,165,314	16,165,314
	Total Charges	26,424,904	26,424,904
	Federal Specific	11,949,022	11,949,022
	Outlier	376,820	376,820
	Low Volume Adjustment	0	0
	Gross Reimbursement	12,325,842	12,325,842
	Deductible	96,463	96,463
	Coinsurance	402,584	402,584
	Net MSP Payment	8,207	8,207
	Sequestration	236,372	236,372
	Net Reimbursement	11,582,216	11,582,216
		11,949,022	

Worksheet D by Line #

50	Operating / Surgery	480,805	480,805
52	Labor & Delivery	0	0
53	Anesthesia	0	0
54	Radiology-Diagnostic	1,438,322	1,438,322
55	Radiology-Therapeutic	0	0
58	MRI	0	0
60	Laboratory	1,254,242	1,254,242
63	Blood	0	0
64	IV Therapy	0	0
65	Oxygen (Inhal) Therapy	8,392,069	8,392,069
66	Physical Therapy	193,449	193,449
67	Occupational Therapy	175,149	175,149
68	Speech Pathology	388,827	388,827
69	EKG	0	0
71	Medical Supplies Chargeal	1,539,155	1,539,155
73	Drugs Chargeable	2,010,708	2,010,708
74	Dialysis	292,588	292,588
76	Psychological Services	0	0
88	RHC #1	0	0
89	RHC #2	0	0
90	Clinic	0	0
91	Emergency Room	0	0
92	Observation Room	0	0
999	Unidentified-MUST BE REI	0	0
		16,165,314	16,165,314

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: RPQB570-S-2924765

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
152025-118	5	152025-11S	5				

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
 INPATIENT - PART A MANAGED CARE

Page: 1
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	24		
MEDICARE DAYS	634		
CLAIMS	24		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	403	\$553,000.00						
0121	MED-SUR-GY/2BED	231	\$315,200.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
TOTAL ACCOMMODATIONS		634	\$868,200.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	16,835	\$259,019.95						
0270	MED-SUR SUPPLIES	418	\$8,600.76						
0271	NONSTER SUPPLY	717	\$77,929.24						
0300	LABORATORY or (LAB)	1,690	\$49,675.70						
0301	LAB/CHEMISTRY	403	\$30,282.93						
0305	LAB/HEMATOLOGY	4	\$20.08						
0306	LAB/BACT-MICRO	59	\$4,418.16						
0307	LAB/UROLOGY	4	\$149.52						
0309	LAB/OTHER	1	\$35.44						
0320	DX X-RAY	74	\$10,541.02						
0321	DX X-RAY/ANGIO	1	\$523.00						
0324	DX X-RAY/CHEST	6	\$550.80						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 2
 Report #: OD44203
 Report Type: 118

SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0350	CT SCAN	14	\$21,607.31						
0361	OR/MINOR	96	\$26,265.00						
0381	BLOOD/PKD RED	6	\$4,023.18						
0402	ULTRASOUND	1	\$229.43						
0410	RESPIRATORY SVC	9,664	\$313,534.23						
0420	PHYSICAL THERP/15 MIN	261	\$18,196.00						
0430	OCCUPATION THER/15 MIN	203	\$15,866.00						
0440	SPEECH PATHOL/15 MIN	135	\$32,811.75						
0480	CARDIOLOGY	4	\$3,600.00						
0730	EKG/ECG	24	\$1,193.40						
0732	TELEMETRY	182	\$68,614.00						
0761	TREATMENT RM	2	\$1,400.00						
0801	DIALY/INPT	12	\$13,762.08						
0921	PERI VASCUL LAB	1	\$465.00						
0947	COMPLX MED EQUIP-ANC	218	\$19,858.51						
TOTAL ANCILLARY		31,035	\$983,172.49						
TOTAL COVERED CHARGES			\$1,851,372.49						

REIMBURSEMENT SECTION
 OPERATING

HOSPITAL SPECIFIC	\$0.00	
FEDERAL SPECIFIC	\$827,524.88	
OUTLIER	\$0.00	
DSH/LIP	\$0.00	

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 3
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
DSH UNCOMP. CARE	\$0.00			
IME/TEACHING ADJ.	\$0.00			
NEW TECHNOLOGY	\$0.00			
ISLET CELL TRANS	\$0.00			
IPF ECT	\$0.00			
TOTAL OPERATING PAYMENTS	\$827,524.88			

LOW VOLUME	\$0.00			
HOSPITAL READMISSION ADJ	\$0.00			
VALUE BASED PURCHASING ADJ	\$0.00			

CAPITAL

HOSPITAL SPECIFIC	\$0.00			
FEDERAL SPECIFIC	\$0.00			
OUTLIER	\$0.00			
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			

PAYMENT

GROSS REIMBURSEMENT	\$827,524.88			
LESS				
HAC Reduction	\$0.00			
DEVICE CREDIT	\$0.00			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T - P A R T A M A N A G E D C A R E

Page: 4
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
CASH DEDUCTIBLE	\$0.00			
BLOOD DEDUCTIBLE	\$2,682.12			
COINSURANCE	\$2,205.00			
NET MSP PAYMENTS	\$0.00			
PIONEER REDUCTION	\$0.00			
SEQUESTRATION	\$0.00			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$822,637.76			
NET REIMBURSEMENT	\$0.00			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$74,428.42			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	24			
DRG/CMG WEIGHT	26.6988			
WEIGHT/DISCHARGES	1.1124			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 01/04/17
Report Run Date: 01/06/17
Provider FYE: 08/31
Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
INPATIENT - PART A MANAGED CARE

Page: 5
Report #: OD44203
Report Type: 118

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
FULL STANDARD PAYMENT	\$0.00			
SSO STANDARD PAYMENT	\$0.00			
SITE NEUTRAL PAYMENT - COST	\$0.00			
SITE NEUTRAL PAYMENT - IPPS	\$0.00			
SITE NEUTRAL DISCHARGES	0			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 1
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	296		
MEDICARE DAYS	7,466		
CLAIMS	296		

CHARGE SECTION

***** ACCOMMODATION CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	4,823	\$6,661,600.00						
0121	MED-SUR-GY/2BED	2,614	\$3,548,400.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
0202	ICU/MEDICAL	29	\$49,590.00						
TOTAL ACCOMMODATIONS		7,466	\$10,259,590.00						

***** ANCILLARY CHARGES *****

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0250	PHARMACY	246,695	\$2,010,707.56						
0270	MED-SUR SUPPLIES	9,612	\$282,558.73						
0271	NONSTER SUPPLY	8,763	\$922,012.60						
0300	LABORATORY or (LAB)	23,036	\$664,967.91						
0301	LAB/CHEMISTRY	4,619	\$413,423.45						
0305	LAB/HEMATOLOGY	8	\$40.16						
0306	LAB/BACT-MICRO	840	\$60,588.59						
0307	LAB/UROLOGY	44	\$1,432.50						
0320	DX X-RAY	1,023	\$162,109.99						
0323	DX X-RAY/ARTER	2	\$5,800.00						
0324	DX X-RAY/CHEST	137	\$12,602.25						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 2
 Report #: OD44203
 Report Type: 115

SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0341	NUC MED/DX	14	\$16,242.84						
0350	CT SCAN	181	\$213,719.74						
0360	OR SERVICES	5	\$39,200.00						
0361	OR/MINOR	1,203	\$412,161.50						
0381	BLOOD/PKD RED	136	\$89,879.22						
0383	BLOOD/PLASMA	8	\$823.20						
0384	BLOOD/PLATELETS	24	\$21,691.92						
0402	ULTRASOUND	25	\$8,821.89						
0410	RESPIRATORY SVC	154,552	\$8,392,069.41						
0420	PHYSICAL THERP/15 MIN	2,747	\$193,449.40						
0430	OCCUPATION THER/15 MIN	2,247	\$175,148.75						
0440	SPEECH PATHOL/15 MIN	1,401	\$388,826.70						
0480	CARDIOLOGY	40	\$40,316.90						
0610	MRT	7	\$12,905.83						
0611	MRI - BRAIN	9	\$18,029.25						
0612	MRI - SPINE	4	\$11,038.95						
0730	EKG/ECG	323	\$16,615.80						
0732	TELEMETRY	2,427	\$914,979.00						
0740	EEG	19	\$5,138.61						
0761	TREATMENT RM	48	\$29,442.50						
0801	DIALY/INPT	242	\$276,388.44						
0802	DIALY/INPT/PER	12	\$16,200.00						
0921	PERI VASCUL LAB	3	\$1,395.00						
0947	COMPLX MED EQUIP-ANC	3,587	\$334,582.66						

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 3
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
	TOTAL ANCILLARY	464,043	\$16,165,311.25						
	TOTAL COVERED CHARGES		\$26,424,901.25						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC		\$0.00							
FEDERAL SPECIFIC		\$11,949,022.41							
OUTLIER		\$376,820.45							
DSH/LIP		\$0.00							
DSH UNCOMP. CARE		\$0.00							
IME/TEACHING ADJ.		\$0.00							
NEW TECHNOLOGY		\$0.00							
ISLET CELL TRANS		\$0.00							
IPF ECT		\$0.00							
TOTAL OPERATING PAYMENTS		\$12,325,842.86							

LOW VOLUME		\$0.00							
HOSPITAL READMISSION ADJ		\$0.00							
VALUE BASED PURCHASING ADJ		\$0.00							

CAPITAL

HOSPITAL SPECIFIC		\$0.00							
FEDERAL SPECIFIC		\$0.00							
OUTLIER		\$0.00							

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 01/04/17
 Report Run Date: 01/06/17
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

P R O V I D E R S U M M A R Y R E P O R T
 I N P A T I E N T L O N G T E R M C A R E - P A R T A P P S

Page: 4
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
HOLD HARMLESS	\$0.00			
DSH	\$0.00			
INDIRECT MEDICAL EDUCATION	\$0.00			
EXCEPTIONS	\$0.00			
TOTAL CAPITAL PAYMENTS	\$0.00			

PAYMENT

GROSS REIMBURSEMENT	\$12,325,842.86			
LESS				
HAC Reduction	\$0.00			
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$30,632.00			
BLOOD DEDUCTIBLE	\$65,831.03			
COINSURANCE	\$402,584.00			
NET MSP PAYMENTS	\$8,207.13			
PIONEER REDUCTION	\$0.00			
SEQUESTRATION	\$236,371.82			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$0.00			
NET REIMBURSEMENT	\$11,582,216.88			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$103.26			

P R O V I D E R S T A T I S T I C A L A N D R E I M B U R S E M E N T S Y S T E M

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 01/04/17
Report Run Date: 01/06/17
Provider FYE: 08/31
Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
INPATIENT LONG TERM CARE - PART A PPS

Page: 5
Report #: OD44203
Report Type: 11S

	SERVICES FOR PERIOD 09/01/15 - 08/31/16	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$1,577,104.12			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	296			
DRG/CMG WEIGHT	365.9726			
WEIGHT/DISCHARGES	1.2364			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			
FULL STANDARD PAYMENT	\$0.00			
SSO STANDARD PAYMENT	\$0.00			
SITE NEUTRAL PAYMENT - COST	\$0.00			
SITE NEUTRAL PAYMENT - IPPS	\$0.00			
SITE NEUTRAL DISCHARGES	0			

Central Indiana - AMG Specialty Hospital
Worksheet G Balance Sheet Groupings
August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100010	10100	BOK:10301 · BOK Payroll	(1,196)		101.00	Cash on Hand and in Banks
100020	10100	BOK:10101 · BOK Operating	(146,786)		101.00	Cash on Hand and in Banks
100030	10900	Petty Cash	500	(147,482)	101.00	Cash on Hand and in Banks
100040	11000	Accounts Receivable-Operating:Patient Accounts Receivable:11001 · Accounts Rec	1,555,934		104.00	Accounts Receivable
100050	11000	Accounts Receivable-Operating:Patient Accounts Receivable:11002 · Accounts Rec	550,796		104.00	Accounts Receivable
100060	11000	Accounts Receivable-Operating:Patient Accounts Receivable:12105 · Allowance for	(16,465)		104.00	Accounts Receivable
100070	11000	Accounts Receivable-Operating:Patient Accounts Receivable:12110 · Allowance for	(39,855)		104.00	Accounts Receivable
100080	11000	Accounts Receivable-Operating:Accounts Receivable Part B:11005 · Accounts Recei	157,886		104.00	Accounts Receivable
100090	11000	Accounts Receivable-Operating:Receivables from third party:11016 · Medicare Cost	(46,470)	2,161,826	104.00	Accounts Receivable
100100	15000	Prepays:15100 · Prepaid Insurance-Main	110,235		108.00	Prepaid Expenses
100110	15000	Prepays:15120 · Prepaid Insurance-Loc 2	63,804		108.00	Prepaid Expenses
100120	15000	Prepays:15200 · Prepaid Service Contracts-Main	9,303		108.00	Prepaid Expenses
100130	15000	Prepays:15220 · Prepaid Service Contracts-Loc 2	9,039		108.00	Prepaid Expenses
100140	15000	Prepays:15600 · Prepaid Other-Main	4,847		108.00	Prepaid Expenses
100150	15000	Prepays:15620 · Prepaid Other-Loc 2	4,290		108.00	Prepaid Expenses
100160	15000	Prepays:15300 · Prepaid Pharmacy-Main	72,904		108.00	Prepaid Expenses
100170	15000	Prepays:15500 · Prepaid Expense Adv	1,500		108.00	Prepaid Expenses
100250	17000	Other Assets:17300 · Prepaid Rent-Leases	2,371	278,293	108.00	Prepaid Expenses
100230	16106	Leasehold Improvements-Loc 2	96,287	96,287	117.00	Leasehold Improvements
100180	16101	Computer Equip/Software-Main	50,242		123.00	Major Moveable Equipment
100190	16103	Hospital Equipment-Main	394,177		123.00	Major Moveable Equipment
100200	16121	Computer Equip/Software-Loc 2	13,537		123.00	Major Moveable Equipment
100210	16122	Furniture & Fixtures-Loc 2	17,055		123.00	Major Moveable Equipment
100220	16123	Hospital Equipment-Loc 2	427,681	902,692	123.00	Major Moveable Equipment
100240	16900	Accumulated Depreciation	(436,396)	(436,396)	124.00	Less: Accumulated Depreciation
100280	17000	Other Assets:17335 · Loan Fees	5,387		126.00	Other Fixed Assets
100290	17000	Other Assets:17336 · Loan Fees #2	17,962		126.00	Other Fixed Assets
100300	17000	Other Assets:17500 · Goodwill	3,334,923		126.00	Other Fixed Assets
100310	17000	Other Assets:17900 · Accumulated Amortization	(350,970)	3,007,302	126.00	Other Fixed Assets
100260	17000	Other Assets:17100 · Deposits	34,000		129.00	Deposits on Leases
100270	17000	Other Assets:17200 · Insurance Collateral	81,345	115,345	129.00	Deposits on Leases
100320	20000	Accounts Payable	(2,021,301)		134.00	Accounts Payable
100330		Liabilities to third party:Due to Medicare 08.31.2016	(39,904)		134.00	Accounts Payable
100340	20100	Accrued Expenses:20110 · Accrued Professional Fees	2,734		134.00	Accounts Payable
100360	20100	Accrued Expenses:20104 · Accrued Property Taxes	(1,293)		134.00	Accounts Payable
100370	20100	Accrued Expenses:20106 · Accrued Expenses-Other	(63,339)	(2,123,103)	134.00	Accounts Payable
100350	20100	Accrued Expenses:20102 · Accrued Payroll	(282,712)		135.00	Salaries, Wages & Fees Payable
100390	20200	Payroll Liabilities:20201 · Pension Plan Payable	(339)		135.00	Salaries, Wages & Fees Payable
100400	20200	Payroll Liabilities:20220 · Direct Deposit Sweep Account	(2,207)	(285,258)	135.00	Salaries, Wages & Fees Payable
100380	20100	Accrued Expenses:20107 · Due to M. Reddy, M.D.	(16,213)		144.00	Notes Payable
100410	20500	Insurance Notes Payable:20502 · Ins. Note Payable-Workers Comp	(84,570)		144.00	Notes Payable
100420	20500	Insurance Notes Payable:20532 · Ins. Note Payable-WC- Loc 2	(47,652)		144.00	Notes Payable
100430	20500	Insurance Notes Payable:20510 · Ins. Note Payable-Imperial-Main	(11,975)		144.00	Notes Payable
100440	20500	Insurance Notes Payable:20511 · Ins. Note Payable-Imperial-Hanc	(8,218)		144.00	Notes Payable
100450	22100	Notes Payable-Financing:22110 · BOK Line of Credit:22112 · Due to/fr BOK-Treasur	412,776		144.00	Notes Payable
100460	22100	Notes Payable-Financing:22110 · BOK Line of Credit:22111 · Note Payable-BOK RLO	(529,059)		144.00	Notes Payable
100470	22200	Notes Payable-Equipment:22202 · Phillips- EN #2	(6,012)		144.00	Notes Payable
100480	22200	Notes Payable-Equipment:22205 · Equipment Note #5	(1,736)		144.00	Notes Payable
100490	22300	Leases Payable-Equipment:22301 · RecoverCare- EL #1	(9,400)		144.00	Notes Payable
100500	22300	Leases Payable-Equipment:22302 · RecoverCare- EL #2	(2,064)		144.00	Notes Payable
100510	22300	Leases Payable-Equipment:22304 · Equip Lease-First American Loc2	(37,566)		144.00	Notes Payable
100520	22300	Leases Payable-Equipment:22305 · Equip Lease-First American-Main	(34,364)		144.00	Notes Payable
100530	22300	Leases Payable-Equipment:22306 · First American Schedule 6	(6,469)		144.00	Notes Payable
100540	22300	Leases Payable-Equipment:22351 · RecoverCare- EL #1- Loc 2	(8,642)		144.00	Notes Payable
100550	22300	Leases Payable-Equipment:22352 · Baxter- EL #2- Loc 2	(53,706)		144.00	Notes Payable
100560	22300	Leases Payable-Equipment:22353 · LA Barrington- EL #3- Loc 2	(10,945)		144.00	Notes Payable
100570	22300	Leases Payable-Equipment:22354 · LA Barrington- EL #4- Loc 2	(58,451)		144.00	Notes Payable
100580	22300	Leases Payable-Equipment:22355 · LA Barrington- EL #5- Loc 2	(23,823)		144.00	Notes Payable
100590	23000	Due to Others:23011 · Due to Medicare #2 (2011)	(746)		144.00	Notes Payable
100600	23000	Due to Others:23012 · Due to Medicare #3 (2013)	(686,261)	(1,225,096)	144.00	Notes Payable
100610		Equity-AMG Hospital Co II	(47,272)		151.00	Retained Earnings / General Fund Balance
100620	39000	Retained Earnings	(2,145,645)	(2,344,410)	151.00	Retained Earnings / General Fund Balance
TOTAL			151,493	0		

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
100630		40111 · Room & Board-Medicare	(6,073,990)		201.00	Total Gross Patient Charges (See WS C Rev)
100770		40311 · Room & Board-Private	(852,811)		201.00	Total Gross Patient Charges (See WS C Rev)
100910		40411 · Room & Board-Mcare Adv	(581,200)		201.00	Total Gross Patient Charges (See WS C Rev)
101050		40511 · Room & Board-Mcaid Adv	(272,960)		201.00	Total Gross Patient Charges (See WS C Rev)
101260		41111 · Room & Board-Medicare	(4,206,197)		201.00	Total Gross Patient Charges (See WS C Rev)
101400		41311 · Room & Board-Private	(526,600)		201.00	Total Gross Patient Charges (See WS C Rev)
101540		41411 · Room & Board-Mcare Adv	(287,000)		201.00	Total Gross Patient Charges (See WS C Rev)
101660		41511 · Room & Board-Mcaid Adv	(207,200)	(13,007,958)	201.00	Total Gross Patient Charges (See WS C Rev)
101810		40600 · Physician Billings	(519,755)		205.50	Part B Supplier Rev, bnet of expense
101820		40907 · Cont Adj - Physician Billings	221,998	(297,757)	205.50	Part B Supplier Rev, bnet of expense
100680		40117 · Minor Procedures-Medicare	(273,532)		206.50	Operating / Surgery
100820		40317 · Minor Procedures-Private	(39,387)		206.50	Operating / Surgery
100960		40417 · Minor Procedures-Mcare Adv	(25,905)		206.50	Operating / Surgery
101100		40517 · Minor Procedures-Mcaid Adv	(6,730)		206.50	Operating / Surgery
101310		41117 · Minor Procedures-Medicare	(350,513)		206.50	Operating / Surgery
101450		41317 · Minor Procedures-Private	(18,971)		206.50	Operating / Surgery
101590		41417 · Minor Procedures-Mcare Adv	(10,935)		206.50	Operating / Surgery
101710		41517 · Minor Procedures-Mcaid Adv	(38,467)	(764,440)	206.50	Operating / Surgery
100670		40116 · Radiology Rev-Medicare	(806,013)		206.54	Radiology-Diagnostic
100810		40316 · Radiology Rev-Private	(97,194)		206.54	Radiology-Diagnostic
100950		40416 · Radiology Rev-Mcare Adv	(52,467)		206.54	Radiology-Diagnostic
101090		40516 · Radiology-Mcaid Adv	(32,553)		206.54	Radiology-Diagnostic
101300		41116 · Radiology Rev-Medicare	(637,045)		206.54	Radiology-Diagnostic
101440		41316 · Radiology Rev-Private	(120,248)		206.54	Radiology-Diagnostic
101580		41416 · Radiology Rev-Mcare Adv	(52,884)		206.54	Radiology-Diagnostic
101700		41516 · Radiology-Mcaid Adv	(40,154)	(1,838,558)	206.54	Radiology-Diagnostic
100660		40115 · Laboratory Rev-Medicare	(843,608)		206.60	Laboratory
100800		40315 · Laboratory Rev-Private	(90,287)		206.60	Laboratory
100940		40415 · Laboratory Rev-Mcare Adv	(66,040)		206.60	Laboratory
101080		40515 · Laboratory Rev-Mcaid Adv	(44,259)		206.60	Laboratory
101290		41115 · Laboratory Rev-Medicare	(311,737)		206.60	Laboratory
101430		41315 · Laboratory Rev-Private	(45,050)		206.60	Laboratory
101570		41415 · Laboratory Rev-Mcare Adv	(18,853)		206.60	Laboratory
101690		41515 · Laboratory Rev-Mcaid Adv	(12,936)	(1,432,770)	206.60	Laboratory
100730		40122 · Respiratory Therapy-Medicare	(5,169,962)		206.65	Oxygen (Inhal) Therapy
100870		40322 · Respiratory Therapy-Private	(817,955)		206.65	Oxygen (Inhal) Therapy
101010		40422 · Respiratory Therapy-Mcare Adv	(162,082)		206.65	Oxygen (Inhal) Therapy
101150		40522 · Respiratory Therapy-Mcaid Adv	(120,718)		206.65	Oxygen (Inhal) Therapy
101360		41122 · Respiratory Therapy-Medicare	(3,294,856)		206.65	Oxygen (Inhal) Therapy
101500		41322 · Respiratory Therapy-Private	(637,816)		206.65	Oxygen (Inhal) Therapy
101630		41422 · Respiratory Therapy-Mcare Adv	(149,417)		206.65	Oxygen (Inhal) Therapy
101760		41522 · Respiratory Therapy-Mcaid Adv	(307,688)	(10,660,494)	206.65	Oxygen (Inhal) Therapy
100700		40119 · Physical Therapy-Medicare	(119,852)		206.66	Physical Therapy
100840		40319 · Physical Therapy-Private	(17,257)		206.66	Physical Therapy
100980		40419 · Physical Therapy-Mcare Adv	(12,756)		206.66	Physical Therapy
101120		40519 · Physical Therapy-Mcaid Adv	(3,416)		206.66	Physical Therapy
101330		41119 · Physical Therapy-Medicare	(72,783)		206.66	Physical Therapy
101470		41319 · Physical Therapy-Private	(10,985)		206.66	Physical Therapy
101600		41419 · Physical Therapy-Mcare Adv	(5,440)		206.66	Physical Therapy
101730		41519 · Physical Therapy-Mcaid Adv	(2,915)	(245,404)	206.66	Physical Therapy
100710		40120 · Occupational Therapy-Medicare	(97,209)		206.67	Occupational Therapy
100850		40320 · Occupational Therapy-Private	(12,479)		206.67	Occupational Therapy
100990		40420 · Occupational Therapy-Mcare Adv	(9,404)		206.67	Occupational Therapy
101130		40520 · Occupational Therapy-Mcaid Adv	(2,507)		206.67	Occupational Therapy
101340		41120 · Occupational Therapy-Medicare	(77,215)		206.67	Occupational Therapy
101480		41320 · Occupational Therapy-Private	(11,958)		206.67	Occupational Therapy
101610		41420 · Occupational Therapy-Mcare Adv	(6,462)		206.67	Occupational Therapy
101740		41520 · Occupational Therapy-Mcaid Adv	(3,720)	(220,954)	206.67	Occupational Therapy
100720		40121 · Speech Therapy-Medicare	(295,112)		206.68	Speech Pathology
100860		40321 · Speech Therapy-Private	(44,943)		206.68	Speech Pathology
101000		40421 · Speech Therapy-Mcare Adv	(29,068)		206.68	Speech Pathology
101140		40521 · Speech Therapy-Mcaid Adv	(4,035)		206.68	Speech Pathology
101350		41121 · Speech Therapy-Medicare	(100,054)		206.68	Speech Pathology
101490		41321 · Speech Therapy-Private	(22,898)		206.68	Speech Pathology
101620		41421 · Speech Therapy-Mcare Adv	(3,645)		206.68	Speech Pathology
101750		41521 · Speech Therapy-Mcaid Adv	(6,972)	(506,727)	206.68	Speech Pathology
100650		40114 · Medical Supplies-Medicare	(678,573)		206.71	Medical Supplies Chargeable
100750		40124 · Complex Med Equip-Medicare	(241,384)		206.71	Medical Supplies Chargeable
100790		40314 · Medical Supplies-Private	(79,622)		206.71	Medical Supplies Chargeable
100890		40324 · Complex Medical Equip-Private	(30,950)		206.71	Medical Supplies Chargeable
100930		40414 · Medical Supplies-Mcare Adv	(58,982)		206.71	Medical Supplies Chargeable
101030		40424 · Complex Medical Equip-Mcare Adv	(17,246)		206.71	Medical Supplies Chargeable
101070		40514 · Medical Supplies-Mcaid Adv	(12,696)		206.71	Medical Supplies Chargeable
101170		40524 · Complex Medical Equip-Mcaid Adv	(9,874)		206.71	Medical Supplies Chargeable
101280		41114 · Medical Supplies-Medicare	(533,334)		206.71	Medical Supplies Chargeable
101380		41124 · Complex Med Equip-Medicare	(94,359)		206.71	Medical Supplies Chargeable
101420		41314 · Medical Supplies-Private	(72,791)		206.71	Medical Supplies Chargeable
101520		41324 · Complex Medical Equip-Private	(5,049)		206.71	Medical Supplies Chargeable
101560		41414 · Medical Supplies-Mcare Adv	(27,191)		206.71	Medical Supplies Chargeable
101640		41424 · Complex Medical Equip-Mcare Adv	(2,529)		206.71	Medical Supplies Chargeable
101680		41514 · Medical Supplies-Mcaid Adv	(24,290)		206.71	Medical Supplies Chargeable
101770		41524 · Complex Medical Equip-Mcaid Adv	(9,447)	(1,898,317)	206.71	Medical Supplies Chargeable
100640		40113 · Pharmacy Rev-Medicare	(1,251,710)		206.73	Drugs Chargeable
100780		40313 · Pharmacy Rev-Private	(174,427)		206.73	Drugs Chargeable
100920		40413 · Pharmacy Rev-Mcare Adv	(194,094)		206.73	Drugs Chargeable
101060		40513 · Pharmacy-Mcaid Adv	(93,382)		206.73	Drugs Chargeable
101270		41113 · Pharmacy Rev-Medicare	(775,604)		206.73	Drugs Chargeable
101410		41313 · Pharmacy Rev-Private	(167,768)		206.73	Drugs Chargeable
101550		41413 · Pharmacy Rev-Mcare Adv	(64,926)		206.73	Drugs Chargeable

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2016

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
101670	41513	Pharmacy-Mcaid Adv	(31,701)	(2,753,612)	206.73	Drugs Chargeable
100690	40118	Blood Prod/Admin-Medicare	(77,967)		206.74	Dialysis
100830	40318	Blood Prod/Admin-Private	(4,694)		206.74	Dialysis
100970	40418	Blood Prod/Admin-Mcare Adv	(4,023)		206.74	Dialysis
101110	40518	Blood Prod/Admin-Mcaid Adv	(5,343)		206.74	Dialysis
101320	41118	Blood Prod/Admin-Medicare	(35,769)		206.74	Dialysis
101460	41318	Blood Prod/Admin-Private	(7,614)		206.74	Dialysis
101720	41518	Blood Prod/Admin-Mcaid Adv	(2,013)		206.74	Dialysis
100740	40123	Dialysis Rev-Medicare	(51,608)		206.74	Dialysis
100880	40323	Dialysis Rev-Private	(2,294)		206.74	Dialysis
101020	40423	Dialysis Rev-Mcare Adv	(4,587)		206.74	Dialysis
101160	40523	Dialysis Rev-Mcaid Adv	(1,147)		206.74	Dialysis
101370	41123	Dialysis Rev-Medicare	(100,922)		206.74	Dialysis
101510	41323	Dialysis Rev-Private	(5,734)	(303,715)	206.74	Dialysis
100760	40901	Cont Adj - Medicare	8,978,610		302.00	Less: Allowances and Discounts
100900	40903	Cont Adj - Private	1,156,009		302.00	Less: Allowances and Discounts
101040	40904	Cont Adj - Mcare Adv	719,129		302.00	Less: Allowances and Discounts
101180	40905	Cont Adj - Mcaid Adv	429,034		302.00	Less: Allowances and Discounts
101190	40925	In-House Accruals	(17,947)		302.00	Less: Allowances and Discounts
101200	40911	Sequestration Adjustments	136,161		302.00	Less: Allowances and Discounts
101210	40906	Cont Adj - Bad Debt	(80,751)		302.00	Less: Allowances and Discounts
101390	41901	Cont Adj - Medicare	5,541,737		302.00	Less: Allowances and Discounts
101530	41903	Cont Adj - Private	936,736		302.00	Less: Allowances and Discounts
101650	41904	Cont Adj - Mcare Adv	282,604		302.00	Less: Allowances and Discounts
101780	41905	Cont Adj - Mcaid Adv	440,810		302.00	Less: Allowances and Discounts
101790	41925	In-House Accruals	(31,451)		302.00	Less: Allowances and Discounts
101800	41911	Sequestration Adjustments	101,141		302.00	Less: Allowances and Discounts
101840	80015	Bad Debt Expense	1,260		302.00	Less: Allowances and Discounts
103670	99000	Cost Report-FYE 2013-Overpaymen	760,217	19,353,299	302.00	Less: Allowances and Discounts
101220	40807	Income-Interest	(358)	(358)	308.00	Income from Investments
101250	40803	Income-Medical Records	(1,829)	(1,829)	318.00	Sale of Medical Records and Abstracts
101230	40809	Income-Pharmacy	(37)		323.00	Other Miscellaneous Income
101240	40805	Income-Miscellaneous	(6,290)	(6,327)	323.00	Other Miscellaneous Income
TOTAL			(14,585,921)	(14,585,921)		

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2016

Account Number	Division	Account Description	Debit	Credit
100010		10100 · BOK:10301 · BOK Payroll		1,196
100020		10100 · BOK:10101 · BOK Operating		146,786
100030		10900 · Petty Cash	500	
100040		11000 · Accounts Receivable-Operating:Patient Accounts Receivable:11001 · Accounts Rec	1,555,934	
100050		11000 · Accounts Receivable-Operating:Patient Accounts Receivable:11002 · Accounts Rec	550,796	
100060		11000 · Accounts Receivable-Operating:Patient Accounts Receivable:12105 · Allowance fo		16,465
100070		11000 · Accounts Receivable-Operating:Patient Accounts Receivable:12110 · Allowance fo		39,855
100080		11000 · Accounts Receivable-Operating:Accounts Receivable Part B:11005 · Accounts Recei	157,886	
100090		11000 · Accounts Receivable-Operating:Receivables from third party:11016 · Medicare Cos		46,470
100100		15000 · Prepays:15100 · Prepaid Insurance-Main	110,235	
100110		15000 · Prepays:15120 · Prepaid Insurance-Loc 2	63,804	
100120		15000 · Prepays:15200 · Prepaid Service Contracts-Main	9,303	
100130		15000 · Prepays:15220 · Prepaid Service Contracts-Loc 2	9,039	
100140		15000 · Prepays:15600 · Prepaid Other-Main	4,847	
100150		15000 · Prepays:15620 · Prepaid Other-Loc 2	4,290	
100160		15000 · Prepays:15300 · Prepaid Pharmacy-Main	72,904	
100170		15000 · Prepays:15500 · Prepaid Expense Adv	1,500	
100180		16101 · Computer Equip/Software-Main	50,242	
100190		16103 · Hospital Equipment-Main	394,177	
100200		16121 · Computer Equip/Software-Loc 2	13,537	
100210		16122 · Furniture & Fixtures-Loc 2	17,055	
100220		16123 · Hospital Equipment-Loc 2	427,681	
100230		16106 · Leasehold Improvements-Loc 2	96,287	
100240		16900 · Accumulated Depreciation		436,396
100250		17000 · Other Assets:17300 · Prepaid Rent-Leases	2,371	
100260		17000 · Other Assets:17100 · Deposits	34,000	
100270		17000 · Other Assets:17200 · Insurance Collateral	81,345	
100280		17000 · Other Assets:17335 · Loan Fees	5,387	
100290		17000 · Other Assets:17336 · Loan Fees #2	17,962	
100300		17000 · Other Assets:17500 · Goodwill	3,334,923	
100310		17000 · Other Assets:17900 · Accumulated Amortization		350,970
100320		20000 · Accounts Payable		2,021,301
100330		Liabilities to third party:Due to Medicare 08.31.2016		39,904
100340		20100 · Accrued Expenses:20110 · Accrued Professional Fees	2,734	
100350		20100 · Accrued Expenses:20102 · Accrued Payroll		282,712
100360		20100 · Accrued Expenses:20104 · Accrued Property Taxes		1,293
100370		20100 · Accrued Expenses:20106 · Accrued Expenses-Other		63,339
100380		20100 · Accrued Expenses:20107 · Due to M. Reddy, M.D.		16,213
100390		20200 · Payroll Liabilities:20201 · Pension Plan Payable		339
100400		20200 · Payroll Liabilities:20220 · Direct Deposit Sweep Account		2,207
100410		20500 · Insurance Notes Payable:20502 · Ins. Note Payable-Workers Comp		84,570
100420		20500 · Insurance Notes Payable:20532 · Ins. Note Payable-WC- Loc 2		47,652
100430		20500 · Insurance Notes Payable:20510 · Ins. Note Payable-Imperial-Main		11,975
100440		20500 · Insurance Notes Payable:20511 · Ins. Note Payable-Imperial-Hanc		8,218
100450		22100 · Notes Payable-Financing:22110 · BOK Line of Credit:22112 · Due to/fr BOK-Treasur	412,776	
100460		22100 · Notes Payable-Financing:22110 · BOK Line of Credit:22111 · Note Payable-BOK RLC		529,059
100470		22200 · Notes Payable-Equipment:22202 · Phillips- EN #2		6,012
100480		22200 · Notes Payable-Equipment:22205 · Equipment Note #5		1,736
100490		22300 · Leases Payable-Equipment:22301 · RecoverCare- EL #1		9,400
100500		22300 · Leases Payable-Equipment:22302 · RecoverCare- EL #2		2,064
100510		22300 · Leases Payable-Equipment:22304 · Equip Lease-First American Loc2		37,566
100520		22300 · Leases Payable-Equipment:22305 · Equip Lease-First American-Main		34,364
100530		22300 · Leases Payable-Equipment:22306 · First American Schedule 6		6,469
100540		22300 · Leases Payable-Equipment:22351 · RecoverCare- EL #1- Loc 2		8,642
100550		22300 · Leases Payable-Equipment:22352 · Baxter- EL #2- Loc 2		53,706
100560		22300 · Leases Payable-Equipment:22353 · LA Barrington- EL #3- Loc 2		10,945
100570		22300 · Leases Payable-Equipment:22354 · LA Barrington- EL #4- Loc 2		58,451
100580		22300 · Leases Payable-Equipment:22355 · LA Barrington- EL #5- Loc 2		23,823
100590		23000 · Due to Others:23011 · Due to Medicare #2 (2011)		746
100600		23000 · Due to Others:23012 · Due to Medicare #3 (2013)		686,261
100610		Equity-AMG Hospital Co II		47,272
100620		39000 · Retained Earnings		2,145,645
100630		40111 · Room & Board-Medicare		6,073,990

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2016

Account Number	Division	Account Description	Debit	Credit
100640		40113 · Pharmacy Rev-Medicare		1,251,710
100650		40114 · Medical Supplies-Medicare		678,573
100660		40115 · Laboratory Rev-Medicare		843,608
100670		40116 · Radiology Rev-Medicare		806,013
100680		40117 · Minor Procedures-Medicare		273,532
100690		40118 · Blood Prod/Admin-Medicare		77,967
100700		40119 · Physical Therapy-Medicare		119,852
100710		40120 · Occupational Therapy-Medicare		97,209
100720		40121 · Speech Therapy-Medicare		295,112
100730		40122 · Respiratory Therapy-Medicare		5,169,962
100740		40123 · Dialysis Rev-Medicare		51,608
100750		40124 · Complex Med Equip-Medicare		241,384
100760		40901 · Cont Adj - Medicare	8,978,610	
100770		40311 · Room & Board-Private		852,811
100780		40313 · Pharmacy Rev-Private		174,427
100790		40314 · Medical Supplies-Private		79,622
100800		40315 · Laboratory Rev-Private		90,287
100810		40316 · Radiology Rev-Private		97,194
100820		40317 · Minor Procedures-Private		39,387
100830		40318 · Blood Prod/Admin-Private		4,694
100840		40319 · Physical Therapy-Private		17,257
100850		40320 · Occupational Therapy-Private		12,479
100860		40321 · Speech Therapy-Private		44,943
100870		40322 · Respiratory Therapy-Private		817,955
100880		40323 · Dialysis Rev-Private		2,294
100890		40324 · Complex Medical Equip-Private		30,950
100900		40903 · Cont Adj - Private	1,156,009	
100910		40411 · Room & Board-Mcare Adv		581,200
100920		40413 · Pharmacy Rev-Mcare Adv		194,094
100930		40414 · Medical Supplies-Mcare Adv		58,982
100940		40415 · Laboratory Rev-Mcare Adv		66,040
100950		40416 · Radiology Rev-Mcare Adv		52,467
100960		40417 · Minor Procedures-Mcare Adv		25,905
100970		40418 · Blood Prod/Admin-Mcare Adv		4,023
100980		40419 · Physical Therapy-Mcare Adv		12,756
100990		40420 · Occupational Therapy-Mcare Adv		9,404
101000		40421 · Speech Therapy-Mcare Adv		29,068
101010		40422 · Respiratory Therapy-Mcare Adv		162,082
101020		40423 · Dialysis Rev-Mcare Adv		4,587
101030		40424 · Complex Medical Equip-Mcare Adv		17,246
101040		40904 · Cont Adj - Mcare Adv	719,129	
101050		40511 · Room & Board-Mcaid Adv		272,960
101060		40513 · Pharmacy-Mcaid Adv		93,382
101070		40514 · Medical Supplies-Mcaid Adv		12,696
101080		40515 · Laboratory Rev-Mcaid Adv		44,259
101090		40516 · Radiology-Mcaid Adv		32,553
101100		40517 · Minor Procedures-Mcaid Adv		6,730
101110		40518 · Blood Prod/Admin-Mcaid Adv		5,343
101120		40519 · Physical Therapy-Mcaid Adv		3,416
101130		40520 · Occupational Therapy-Mcaid Adv		2,507
101140		40521 · Speech Therapy-Mcaid Adv		4,035
101150		40522 · Respiratory Therapy-Mcaid Adv		120,718
101160		40523 · Dialysis Rev-Mcaid Adv		1,147
101170		40524 · Complex Medical Equip-Mcaid Adv		9,874
101180		40905 · Cont Adj - Mcaid Adv	429,034	
101190		40925 · In-House Accruals		17,947
101200		40911 · Sequestration Adjustments	136,161	
101210		40906 · Cont Adj - Bad Debt		80,751
101220		40807 · Income-Interest		358
101230		40809 · Income-Pharmacy		37
101240		40805 · Income-Miscellaneous		6,290
101250		40803 · Income-Medical Records		1,829
101260		41111 · Room & Board-Medicare		4,206,197

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2016

Account Number	Division	Account Description	Debit	Credit
101270		41113 · Pharmacy Rev-Medicare		775,604
101280		41114 · Medical Supplies-Medicare		533,334
101290		41115 · Laboratory Rev-Medicare		311,737
101300		41116 · Radiology Rev-Medicare		637,045
101310		41117 · Minor Procedures-Medicare		350,513
101320		41118 · Blood Prod/Admin-Medicare		35,769
101330		41119 · Physical Therapy-Medicare		72,783
101340		41120 · Occupational Therapy-Medicare		77,215
101350		41121 · Speech Therapy-Medicare		100,054
101360		41122 · Respiratory Therapy-Medicare		3,294,856
101370		41123 · Dialysis Rev-Medicare		100,922
101380		41124 · Complex Med Equip-Medicare		94,359
101390		41901 · Cont Adj - Medicare	5,541,737	
101400		41311 · Room & Board-Private		526,600
101410		41313 · Pharmacy Rev-Private		167,768
101420		41314 · Medical Supplies-Private		72,791
101430		41315 · Laboratory Rev-Private		45,050
101440		41316 · Radiology Rev-Private		120,248
101450		41317 · Minor Procedures-Private		18,971
101460		41318 · Blood Prod/Admin-Private		7,614
101470		41319 · Physical Therapy-Private		10,985
101480		41320 · Occupational Therapy-Private		11,958
101490		41321 · Speech Therapy-Private		22,898
101500		41322 · Respiratory Therapy-Private		637,816
101510		41323 · Dialysis Rev-Private		5,734
101520		41324 · Complex Medical Equip-Private		5,049
101530		41903 · Cont Adj - Private	936,736	
101540		41411 · Room & Board-Mcare Adv		287,000
101550		41413 · Pharmacy Rev-Mcare Adv		64,926
101560		41414 · Medical Supplies-Mcare Adv		27,191
101570		41415 · Laboratory Rev-Mcare Adv		18,853
101580		41416 · Radiology Rev-Mcare Adv		52,884
101590		41417 · Minor Procedures-Mcare Adv		10,935
101600		41419 · Physical Therapy-Mcare Adv		5,440
101610		41420 · Occupational Therapy-Mcare Adv		6,462
101620		41421 · Speech Therapy-Mcare Adv		3,645
101630		41422 · Respiratory Therapy-Mcare Adv		149,417
101640		41424 · Complex Medical Equip-Mcare Adv		2,529
101650		41904 · Cont Adj - Mcare Adv	282,604	
101660		41511 · Room & Board-Mcaid Adv		207,200
101670		41513 · Pharmacy-Mcaid Adv		31,701
101680		41514 · Medical Supplies-Mcaid Adv		24,290
101690		41515 · Laboratory Rev-Mcaid Adv		12,936
101700		41516 · Radiology-Mcaid Adv		40,154
101710		41517 · Minor Procedures-Mcaid Adv		38,467
101720		41518 · Blood Prod/Admin-Mcaid Adv		2,013
101730		41519 · Physical Therapy-Mcaid Adv		2,915
101740		41520 · Occupational Therapy-Mcaid Adv		3,720
101750		41521 · Speech Therapy-Mcaid Adv		6,972
101760		41522 · Respiratory Therapy-Mcaid Adv		307,688
101770		41524 · Complex Medical Equip-Mcaid Adv		9,447
101780		41905 · Cont Adj - Mcaid Adv	440,810	
101790		41925 · In-House Accruals		31,451
101800		41911 · Sequestration Adjustments	101,141	
101810		40600 · Physician Billings		519,755
101820		40907 · Cont Adj - Physician Billings	221,998	
101830		80010 · Auto/Fuel	270	
101840		80015 · Bad Debt Expense	1,260	
101850		80020 · Bank Fees	5,152	
101860		80035 · Cable Services	2,780	
101870		80050 · Computer Software Lease/Maint.	96,906	
101880		80075 · Continuing Education	16,337	
101890		80080 · Copier Lease/Maintenance	10,914	

Central Indiana - AMG Specialty Hospital
 Working Trial Balance
 August 31, 2016

Account Number	Division	Account Description	Debit	Credit
101900		80100 · Dues and Subscriptions	25,238	
101910		80105 · Employee Health and Screening	5,682	
101920		80120 · Equipment Rentals-Other	63,304	
101930		80130 · Housekeeping-Contract Services	106,503	
101940		80145 · Insurance-Employee Health/Life	155,745	
101950		80150 · Insurance-Prof. Liability	33,222	
101960		80155 · Insurance-Property & G/L	33,370	
101970		80160 · Insurance-Worker's Comp	119,443	
101980		80175 · Licenses and Permits	2,162	
101990		Total 80180 · Marketing and Advertising	66,664	
102000		80195 · Medical Director/Asst Med Dir	337,635	
102010		80200 · Minor Equipment	2,412	
102020		80205 · Miscellaneous Expense	6,201	
102030		80210 · Office Expense/Printing	22,336	
102040		80225 · Parking	1,698	
102050		80235 · Payroll Processing Fees	11,019	
102060		80240 · Pension Plan Expense	36,969	
102070		80260 · Postage & Freight	7,828	
102080		80265 · Professional Fees-Accounting	11,873	
102090		80270 · Professional Fees-Legal	13,992	
102100		80275 · Professional Fees-Other	29,181	
102110		80295 · Rent	440,890	
102120		80300 · Repairs and Maintenance	55,918	
102130		80375 · Taxes-Property	7,323	
102140		80380 · Taxes-Sales	1,989	
102150		80385 · Telephone Service	25,956	
102160		80400 · Travel	77,019	
102170		80425 · Waste Disposal Service	4,602	
102180		81001 · Billing/Collections/AP	351,583	
102190		81005 · Blood Storage & Processing	42,074	
102200		81010 · Dialysis-Contract Services	149,200	
102210		81015 · Dietary, Food	4,915	
102220		81020 · Dietary, Purchased Services	73,028	
102230		81025 · Equipment Rentals-Nursing	94,877	
102240		81035 · Laboratory Fees	177,470	
102250		81040 · Laundry-Contract Services	35,891	
102260		80001 · Management Oversight-Main	439,479	
102270		81045 · Medical Gas	2,524	
102280		81050 · Outpatient Procedures	198,448	
102290		81055 · Pharmacy - Other	511,717	
102300		81056 · IV Fluids-Pharmacy	25,213	
102310		81060 · Pharmacy-Contract Services	5,464	
102320		81065 · Radiology-Contract Services	181,129	
102330		81070 · Supplies-Dietary/Kitchen	15,714	
102340		81075 · Supplies-Housekeeping/Janitoria	18,901	
102350		81080 · Supplies-Maintenance	286	
102360		81085 · Supplies-Nursing	175,006	
102370		81090 · Supplies-Occupational Therapy	412	
102380		81095 · Supplies-Office/HIM	26,999	
102390		81100 · Supplies-Pharmacy	12,485	
102400		81105 · Supplies-Physical Therapy	4,353	
102410		81110 · Supplies-Respiratory Therapy	53,627	
102420		81115 · Supplies-Wound Care	68,162	
102430		81120 · Transcription Services	16,393	
102440		81125 · Transportation	44,888	
102450		81521 · Clerical-Admin. Asst.-Contract	8,048	
102460		81501 · Administrator	84,525	
102470		81505 · Admissions Coordinator	74,030	
102480		81510 · Case Manager	64,474	
102490		81515 · Central Supply	26,564	
102500		81520 · Clerical-Admin. Asst.	25,539	
102510		81525 · Clinical Supervisor	68,571	
102520		81533 · Dietician-Contract	53,670	

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2016

Account Number	Division	Account Description	Debit	Credit
102530		81535 · HIM/Coding	61,180	
102540		81536 · HIM/Coding-Contract Services	27,646	
102550		81550 · Nurses-Nurse Liaison	137,330	
102560		81551 · Nurses-Chief Clinical Officer	68,438	
102570		81552 · Nurse Practitioner	65,991	
102580		81553 · Pharmacist	337,145	
102590		81558 · Pharmacist-Contract Services	31,016	
102600		81560 · Physician	447,522	
102610		81561 · QA/Infection Control	62,665	
102620		81565 · Social Services	54,000	
102630		81570 · Therapy-Director of Therapy	39,401	
102640		81572 · Therapy-Physical Therapist	25,851	
102650		81574 · Therapy-PT/OT Techs	19,966	
102660		81576 · Therapy-Respiratory Therapist	476,930	
102670		81585 · Ward Clerk/Receptionist	75,020	
102680		81600 · Payroll Tax Expense	275,484	
102690		81610 · Nurses - RN	844,682	
102700		81611 · Nurses - LPN	229,671	
102710		81612 · Nurses - Aides/CNAs	125,153	
102720		81613 · Nurses - Wound Care	41,249	
102730		81614 · Nurses - Contract Services	56,787	
102740		81615 · Nurses - RN - Other Pay	58,661	
102750		81617 · Nurses - LPN - Other Pay	21,377	
102760		81618 · Nurses - Aides/CNAs - Other Pay	13,635	
102770		81619 · Nurses - Wound Care - Other Pay	3,395	
102780		81621 · Therapy - Contract OT	75,435	
102790		81625 · Therapy - Contract PT	37,116	
102800		81622 · Therapy - Contract ST	66,479	
102810		90020 · Bank Fees	2,374	
102820		90035 · Cable Services	2,399	
102830		90050 · Computer Software Lease/Mainten	60,352	
102840		90075 · Continuing Education	1,210	
102850		90080 · Copier Lease/Maintenance	7,017	
102860		90100 · Dues and Subscriptions	14,979	
102870		90105 · Employee Health and Screening	1,315	
102880		90130 · Housekeeping-Contract Services	67,600	
102890		90145 · Insurance-Employee Health/Life	93,146	
102900		90150 · Insurance-Prof. Liability	24,569	
102910		90155 · Insurance-Property & G/L	15,534	
102920		90160 · Insurance-Worker's Comp	50,594	
102930		90175 · Licenses and Permits	4,750	
102940		Total 90180 · Marketing and Advertising	29,198	
102950		90195 · Medical Director/Asst Med Dir	305,532	
102960		90200 · Minor Equipment	3,673	
102970		90205 · Miscellaneous Expense	39	
102980		90210 · Office Expense/Printing	1,703	
102990		90225 · Parking	317	
103000		90235 · Payroll Processing Fees	5,411	
103010		90240 · Pension Plan Expense	12,231	
103020		90260 · Postage & Freight	2,945	
103030		90265 · Professional Fees-Accounting	6,720	
103040		90275 · Professional Fees-Other	16,717	
103050		90295 · Rent	271,770	
103060		90300 · Repairs and Maintenance	9,316	
103070		90375 · Taxes-Property	1,851	
103080		90380 · Taxes-Sales	2,820	
103090		90385 · Telephone Expense	4,831	
103100		90400 · Travel	15,596	
103110		91001 · Billing/Collections/AP-B	234,389	
103120		91005 · Blood Storage & Processing	15,745	
103130		91010 · Dialysis-Contract Services	93,357	
103140		91020 · Dietary, Purchased Services	79,748	
103150		91025 · Equipment Rentals-Nursing	75,693	

Central Indiana - AMG Specialty Hospital
 Working Trial Balance
 August 31, 2016

Account Number	Division	Account Description	Debit	Credit
103160		91035 · Laboratory Fees	93,808	
103170		90001 · Management Oversight-Loc 2	292,986	
103180		91045 · Medical Gas	1,769	
103190		91050 · Outpatient Procedures	92,448	
103200		91055 · Pharmacy - Other	296,786	
103210		91056 · IV Fluids-Pharmacy	12,822	
103220		91060 · Pharmacy-Contract Services	54,996	
103230		91065 · Radiology-Contract Services	117,517	
103240		91070 · Supplies-Dietary/Kitchen	6,356	
103250		91075 · Supplies-Houskeeping/Janitorial	1,827	
103260		91080 · Supplies-Maintenance	239	
103270		91085 · Supplies-Nursing	100,373	
103280		91090 · Supplies-Occupational Therapy	56	
103290		91095 · Supplies-Office/HIM	12,143	
103300		91100 · Supplies-Pharmacy	9,249	
103310		91105 · Supplies-Physical Therapy	429	
103320		91110 · Supplies-Respiratory Therapy	25,383	
103330		91115 · Supplies-Wound Care	53,523	
103340		91120 · Transcription Services	7,208	
103350		91125 · Transportation	15,386	
103360		91501 · Administrator	53,798	
103370		91505 · Admissions Coordinator	37,053	
103380		91510 · Case Manager	36,830	
103390		91515 · Central Supply	10,885	
103400		91520 · Clerical-Admin. Asst.	14,883	
103410		91525 · Clinical Supervisor	92,308	
103420		91533 · Dietician-Contract	28,080	
103430		91535 · HIM/Coding	48,514	
103440		91536 · HIM/Coding-Contract Services	26,146	
103450		91550 · Nurses-Nurse Liaison	152,865	
103460		91551 · Nurses-Chief Clinical Officer	34,662	
103470		91558 · Pharmacist-Contract Services	129,815	
103480		91559 · Pharmacy Tech-Contract Services	31,926	
103490		91561 · QA/Infection Control	28,441	
103500		91565 · Social Services	22,183	
103510		91575 · Therapy-Respiratory Therapist	325,767	
103520		91585 · Ward Cler/Receptionist	154,657	
103530		91600 · Payroll Tax Expense	143,331	
103540		91610 · Nurses - RN	584,877	
103550		91611 · Nurses - LPN	190,887	
103560		91612 · Nurses - Aides/CNAs	75,846	
103570		91613 · Nurses - Wound Care	55,065	
103580		91614 · Nurses - Contract Services	2,267	
103590		91615 · Nurses - RN - Other Pay	35,239	
103600		91617 · Nurses - LPN - Other Pay	11,434	
103610		91618 · Nurses - Aides/CNAs - Other Pay	5,716	
103620		91619 · Nurses - Wound Care - Other Pay	6,340	
103630		91621 · Therapy - Contract OT	69,115	
103640		91625 · Therapy - Contract PT	61,770	
103650		91622 · Therapy - Contract ST	26,200	
103660		91624 · Staffing Coordinator	3,097	
103670		99000 · Cost Report-FYE 2013-Overpaymen	760,217	
103680		99010 · Amortization Expense	214,885	
103690		99015 · Depreciation Expense	112,773	
103700		99020 · Interest Expense	122,611	
TOTAL			41,571,389	41,571,389

Schedule 6

Medicare Bad Debts - Part A

Name: AMG Specialty Hospital-Muncie

Provider # 15-2025

FYE 31-Aug-16

Prepared By _____

Date Prepared _____

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Clay, Dorothy	309094805C1	11/5/2015	12/4/2015	X	10087761199		1/12/2016	1/6/2016	1,341		1,341		1,341
Burris, Christopher	311947353A	1/22/2016	3/11/2016	X	100066304599		4/5/2016	3/31/2016		1,932	1,932		1,932
Clay, Dorothy	309094805C1	12/15/2015	12/29/2015	X	100087761199		1/26/2016	1/21/2016		945	945		945
Harrison, John M.	305769635A	1/14/2016	2/15/2016	X	100204124899		3/15/2016	3/10/2016	1,288		1,288		1,288
Hickman Jr., William	317809558A	4/12/2016	5/12/2016	X	100217103999		6/3/2016	6/2/2016		9,660	9,660		9,660
Mendenhall, Emma	317762603A	11/2/2015	11/24/2015	X	100263299899		12/22/2015	12/17/2015	1,260		1,260		1,260
Sanders, Estella	309844798A	12/1/2015	1/6/2016	X	100419785999		2/9/2016	1/28/2016	671	2,240	2,911		2,911
Teague, Rashawn	313948083T	5/17/2016	6/23/2016	X	100477701599		7/19/2016	7/14/2016	671		671		671
Waters, Wanda	MA312647747	5/16/2016	6/14/2016	X	100509402299		7/19/2016	7/12/2016		8,050	8,050		8,050
Isom, Rosie	428643583D	9/10/2015	10/23/2015	X	100688082599		11/17/2015	11/12/2015	1,260		1,260		1,260
Ratliff, Allen	310681049A	10/26/2015	11/19/2015	X	100734188499		12/15/2015	12/9/2015	671		671		671
Knepley, Amy	315648675A	9/16/2015	10/8/2015	X	100960689699		11/3/2015	10/29/2015	1,341		1,341		1,341
Titus, Lois	317382926A	8/18/2015	9/8/2015	X	101005983899		4/26/2016	1/20/2016		666	666		666
Muterspaugh, John	305541383A	2/19/2016	3/31/2016	X	101196259299		6/14/2016	6/3/2016	1,437	11,592	13,029		13,029
Fields, Marion	309368038A	12/5/2015	12/29/2015	X	101443034099		4/5/2016	1/21/2016	1,260		1,260		1,260
Coleman, Terry	307542464A	10/9/2015	11/13/2015	X	101478136199		12/15/2015	12/9/2015	3,273		3,273		3,273
Cable, Bruce	309567191A	12/11/2015	12/23/2015	X	101697695119		1/19/2016	1/13/2016	1,260		1,260		1,260
Brown, Charles	307348211A	10/2/2015	11/16/2015	X	101740601699		1/26/2016	1/20/2016	671		671		671
Randolph, Wayne	M20005528	9/25/2015	10/21/2015	X	101828440499		5/24/2016	3/7/2016		1,645	1,645		1,645
Rush, Donald	313528872A	8/4/2015	9/8/2015	X	101934758099		10/6/2015	10/1/2015	1,342		1,342		1,342
Lake, Dennis	310708311A	11/5/2015	12/4/2015	X	101960453599		1/5/2016	12/29/2015	1,342		1,342		1,342
Roberts, David	307505857A	8/11/2015	9/11/2015	X	102034350399		10/6/2015	10/1/2015	671	2,205	2,876		2,876
Blasius, Jarrod	305684730A	3/7/2016	4/4/2016	X	102101159699		5/3/2016	4/28/2016		966	966		966
Vetor, Darrell L.	722035926A	1/28/2016	2/15/2016	X	102497982399		3/15/2016	3/10/2016		3,542	3,542		3,542
Green, Donna	305429044B6	8/11/2015	9/11/2015	X	102611880099		10/6/2015	10/1/2015	1,260		1,260		1,260
Huntsman, Debra	309600381A	2/1/2016	3/1/2016	X	102842212799		4/12/2016	4/5/2016	1,341	15,134	16,475		16,475
McConiha, George	275387019A	10/2/2015	10/29/2015	X	102903503599		12/26/2015	11/19/2015	1,341		1,341		1,341
Bannon, John Harrison	310587994A	11/27/2015	12/14/2015	X	102921815199		1/19/2016	1/14/2016	1,341		1,341		1,341
Smith, Cecilia	306724954A	1/8/2016	3/1/2016	X	103078943099		4/5/2016	3/24/2016	2,012	966	2,978		2,978
Bowling, Rhoda L.	397741203A	1/21/2016	1/29/2016	X	103167490499		2/23/2016	2/18/2016	1,283		1,283		1,283
Ogez, Don J.	305842380A	5/18/2016	5/31/2016	X	103323700799		7/19/2016	6/24/2016		4,186	4,186		4,186
Baxter, Kenneth	310604904A	2/19/2016	3/11/2016	X	103571429299		4/5/2016	3/31/2016		3,220	3,220		3,220
Birkle, Beth	306923688A	3/9/2016	3/26/2016	X	103882188899		4/19/2016	4/14/2016	1,288		1,288		1,288
Doran, Richard	316823999A	8/18/2015	9/17/2015	X	104000777399		10/13/2015	10/8/2015		3,150	3,150		3,150
Hancock, Nickie	312504627D	3/10/2016	4/25/2016	X	104031814799		5/24/2016	5/19/2016		644	644		644
Riggs, Deborah	313587690A	9/14/2015	10/21/2015	X	104315821999		11/17/2015	11/12/2015	1,342		1,342		1,342
Weber, Peggy	312328812A	12/15/2015	12/31/2015	X	104631537899		1/26/2016	1/21/2016	671		671		671

Schedule 6

Medicare Bad Debts - Part A

Name: AMG Specialty Hospital-Muncie
 Provider # 15-2025
 FYE 31-Aug-16

Prepared By _____
 Date Prepared _____

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Jackson, Elizabeth	309527266A	10/14/2015	11/11/2015	X	104691691099		12/8/2015	12/3/2015	1,342		1,342		1,342
Kaiser, Beth	310440115A	10/29/2015	11/24/2015	X	105094831299		12/22/2015	12/17/2015	2,601		2,601		2,601
Neff, Mark	285569097A	12/4/2015	12/30/2015	X	105751990099		2/16/2016	2/11/2016	1,341		1,341		1,341
Goth, Robert	317602443A	9/15/2015	10/15/2015	X	105797713299		11/17/2015	11/5/2015		17,010	17,010		17,010
Brockman, Marie	WD407242871	12/3/2015	12/20/2015	X	105886119499		3/8/2016	1/13/2016	1,342		1,342		1,342
Rothel, Lynette	249156451T	3/2/2016	3/4/2016	X	106237075299		5/24/2016	3/24/2016	1,288		1,288		1,288
Hendricks, Norma	311202254D	1/6/2016	2/1/2016	X	106263090899		3/1/2016	2/25/2016		9,795	9,795		9,795
Clifford, Marshall	309701687A	3/27/2015	4/16/2015			6/4/2015	10/8/2015	5/7/2015	1,260		1,260		1,260
Young, Debra	315769085A	1/26/2015	3/5/2015			6/4/2015	10/8/2015	3/26/2015		11,340	11,340		11,340
Sigler, Karen	315660772A	3/4/2015	3/30/2015			6/4/2015	10/8/2015	5/6/2015	671	3,465	4,136		4,136
Foster Sr., Mark	305885644A	4/28/2015	5/27/2015			7/8/2015	11/10/2015	6/24/2015	1,341		1,341		1,341
Mullen, Mary	307077194C1	6/11/2015	7/10/2015			8/4/2015	12/4/2015	7/30/2015	1,341		1,341		1,341
Denney, Miley	303528990A	7/2/2015	7/23/2015			9/8/2015	1/8/2016	8/13/2015	671		671		671
Cook, Randa	317520042D	7/2/2015	8/3/2015			9/8/2015	1/8/2016	8/27/2015	1,931		1,931		1,931
Slusser, Rickie	313701285A	6/15/2015	7/20/2015			9/8/2015	1/8/2016	8/13/2015	1,342		1,342		1,342
Cantu Coronado, Jose D	299569434A	6/12/2015	7/13/2015			9/8/2015	1/8/2016	8/6/2015	1,260		1,260		1,260
Schulte, Joseph	491404404A	6/11/2015	7/27/2015			9/8/2015	1/8/2016	8/20/2015		7,245	7,245		7,245
Goth, Robert	317602443A	6/9/2015	7/31/2015			9/8/2015	1/8/2016	8/20/2015		3,150	3,150		3,150
Frame, Sylvia	307583765A	7/13/2015	8/11/2015			10/6/2015	2/4/2016	9/10/2015		1,260	1,260		1,260
Craig, John	311621824A	9/1/2015	10/6/2015			11/9/2015	3/9/2016	10/29/2015		945	945		945
Harrison, Jerry	000005549	10/9/2015	10/29/2015			3/3/2016	7/1/2016	2/4/2016		1,750	1,750		1,750
Buchanan, Dennis	M2000636500	12/7/2015	12/28/2015			3/3/2016	7/1/2016	2/6/2016		1,355	1,355		1,355
Buchanan, Dennis	M2000636500	1/6/2016	1/9/2016			4/8/2016	8/8/2016	3/10/2016		780	780		780
Wachob, Curtis	312401206A	1/29/2016	3/1/2016			4/8/2016	8/8/2016	3/24/2016		1,932	1,932		1,932
Cope, Sheila	21135	1/17/2014	2/11/2014			4/8/2016	8/8/2016	4/4/2016			-		
PAGE TOTAL									49,366	130,771	180,137	-	180,137
Daully Eligible									39,550	97,549	137,098	-	137,098