

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1328		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 7/26/2011 TIME 15:56

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 BEDFORD REGIONAL MEDICAL CENTER 15-1328  
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	603,390	-37,343	1,317,638
3	SWING BED - SNF	0	13,127	0	0
100	TOTAL	0	616,517	-37,343	1,317,638

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

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









COMPONENT	NO. OF BEDS 1	BED DAYS AVAIL 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	19	6,935	133,999.00			3,396	228
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						422	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	19	6,935	133,999.00			3,818	228
6 INTENSIVE CARE UNIT	6	2,190	8,488.00			212	52
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	25	9,125	142,487.00			4,030	280
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	25						
26 OBSERVATION BED DAYS							304
27 AMBULANCE TRIPS						1,091	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,989				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			422				
4 ADULTS & PED-SB NF			83				
5 TOTAL ADULTS AND PEDS			5,494				
6 INTENSIVE CARE UNIT			348				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			5,842				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			304				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			55				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					854	71	1,484
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		420.60			854	71	1,484
13 RPCH VISITS							



DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	1,083,643
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1,083,643
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.295009
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	14,790,000
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,363,183
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,497,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,801,700
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,363,183

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1328

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

PREPARED 7/26/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,886,030	1,886,030		1,886,030
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	648,827	5,038,618	5,687,445	1,433,581	7,121,026
6	0600 ADMINISTRATIVE & GENERAL	2,821,162	2,970,304	5,791,466	583,863	6,375,329
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	416,858	851,579	1,268,437	-63,406	1,205,031
9	0900 LAUNDRY & LINEN SERVICE		156,968	156,968	-20,928	136,040
10	1000 HOUSEKEEPING	437,414	199,255	636,669	-93,491	543,178
11	1100 DIETARY	406,800	272,823	679,623	-417,427	262,196
12	1200 CAFETERIA				408,692	408,692
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	959,104	80,102	1,039,206		1,039,206
15	1500 CENTRAL SERVICES & SUPPLY	95,340	1,420,315	1,515,655	514,565	2,030,220
16	1600 PHARMACY	113,398	2,860,559	2,973,957	-2,137,822	836,135
17	1700 MEDICAL RECORDS & LIBRARY	765,629	194,261	959,890		959,890
18	1800 SOCIAL SERVICE				40,162	40,162
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,100,809	129,440	2,230,249	-76,399	2,153,850
26	2600 INTENSIVE CARE UNIT	923,524	133,876	1,057,400	-26,861	1,030,539
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,281,192	539,094	1,820,286	-213,744	1,606,542
38	3800 RECOVERY ROOM	62,935		62,935	38,260	101,195
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,281,425	2,093,328	3,374,753	-92,865	3,281,888
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIO SOTOPE	94,659	158,618	253,277	-76,241	177,036
44	4400 LABORATORY	1,309,704	1,572,551	2,882,255	-991,989	1,890,266
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	932,712	126,757	1,059,469	-76,810	982,659
50	5000 PHYSICAL THERAPY	789,110	42,975	832,085	-22,422	809,663
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	3,731	14,778	18,509	-3,843	14,666
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,145,372	1,145,372
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				260,499	260,499
56	5600 DRUGS CHARGED TO PATIENTS				2,056,776	2,056,776
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59.97	3997 CARDIAC REHABILITATION	230,921	39,623	270,544		270,544
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	614,425	349,834	964,259	-69,681	894,578
61	6100 EMERGENCY	1,034,507	457,600	1,492,107	-52,328	1,439,779
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS	819,787	118,102	937,889	-16,597	921,292
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		649,061	649,061	-649,061	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	18,143,973	22,356,451	40,500,424	1,379,855	41,880,279
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,743	969	9,712	-969	8,743
97	9700 RESEARCH					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1328  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 7/26/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES	5,971,280	2,139,208	8,110,488	-1,322,083	6,788,405
98.01	9801 VACANT SPACE					
99	9900 NONPAID WORKERS					
100	7950 FOUNDATION	59,277	286,639	345,916	-56,803	289,113
100.01	7951 CLARIAN HOME CARE					
100.02	7952 CLARIAN RESP CARE					
101	TOTAL	24,183,273	24,783,267	48,966,540	-0-	48,966,540

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 7/26/2011  
I 15-1328 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	81,681	1,967,711
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	534,769	534,769
5	0500 EMPLOYEE BENEFITS	-1,964,111	5,156,915
6	0600 ADMINISTRATIVE & GENERAL	2,573,192	8,948,521
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	302,237	1,507,268
9	0900 LAUNDRY & LINEN SERVICE		136,040
10	1000 HOUSEKEEPING	56,267	599,445
11	1100 DIETARY		262,196
12	1200 CAFETERIA	-77,009	331,683
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		1,039,206
15	1500 CENTRAL SERVICES & SUPPLY		2,030,220
16	1600 PHARMACY		836,135
17	1700 MEDICAL RECORDS & LIBRARY	-865	959,025
18	1800 SOCIAL SERVICE		40,162
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-57,649	2,096,201
26	2600 INTENSIVE CARE UNIT		1,030,539
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-683,980	922,562
38	3800 RECOVERY ROOM		101,195
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-476,327	2,805,561
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		177,036
44	4400 LABORATORY		1,890,266
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-3,600	979,059
50	5000 PHYSICAL THERAPY	-534,702	274,961
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		14,666
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,145,372
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		260,499
56	5600 DRUGS CHARGED TO PATIENTS		2,056,776
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59.97	3997 CARDIAC REHABILITATION		270,544
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-241,646	652,932
61	6100 EMERGENCY	-329,238	1,110,541
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		921,292
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-820,981	41,059,298
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,743
97	9700 RESEARCH		

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
98	9800 PHYSICIANS' PRIVATE OFFICES		6,788,405
98.01	9801 VACANT SPACE		
99	9900 NONPAID WORKERS		
100	7950 FOUNDATION		289,113
100.01	7951 CLARIAN HOME CARE		
100.02	7952 CLARIAN RESP CARE		
101	TOTAL	-820,981	48,145,559



LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.01	VACANT SPACE	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLARIAN HOME CARE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CLARIAN RESP CARE	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
151328

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

PREPARED 7/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 ALLOWABLE ADVERTISING	A	ADMINISTRATIVE & GENERAL	6		56,803
2 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6		649,061
3 BILLABLE MED SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,405,871
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 IMPLANTABLE DEVICES	D	IMPL. DEV. CHARGED TO PATIENT	55.30		260,499
19 NON-BILLABLE SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15	1,223,029	
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		2,056,776
34					
35					
1 DRUGS	F				
2 CAFETERIA	G	CAFETERIA	12	244,630	164,062
3 RECOVERY ROOM	H	RECOVERY ROOM	38	38,260	
4 SOCIAL SERVICES	I	SOCIAL SERVICE	18	40,162	
5 BENEFITS	J	EMPLOYEE BENEFITS	5		1,461,976
6					
7					
8					
36 TOTAL RECLASSIFICATIONS				1,546,081	6,055,048

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

RECLASSIFICATIONS

PROVIDER NO:  
151328

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

PREPARED 7/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 ALLOWABLE ADVERTISING	A	FOUNDATION	100		56,803	
2 INTEREST EXPENSE	B	INTEREST EXPENSE	88		649,061	
3 BILLABLE MED SUPPLIES	C	EMPLOYEE BENEFITS	5		8,763	
4		ADMINISTRATIVE & GENERAL	6		10,682	
5		DIETARY	11		53	
6		CENTRAL SERVICES & SUPPLY	15		708,464	
7		PHARMACY	16		107,834	
8		ADULTS & PEDIATRICS	25		75,624	
9		INTENSIVE CARE UNIT	26		26,095	
10		OPERATING ROOM	37		168,627	
11		RADIOLOGY-DIAGNOSTIC	41		92,667	
12		RADIOISOTOPE	43		76,241	
13		RESPIRATORY THERAPY	49		36,283	
14		PHYSICAL THERAPY	50		22,422	
15		ELECTROCARDIOLOGY	53		3,843	
16		EMERGENCY	61		52,328	
17		AMBULANCE SERVICES	65		15,945	
18 IMPLANTABLE DEVICES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		260,499	
19 NON-BILLABLE SUPPLIES	E	EMPLOYEE BENEFITS	5		222	
20		ADMINISTRATIVE & GENERAL	6		1,914	
21		OPERATION OF PLANT	8		63,406	
22		LAUNDRY & LINEN SERVICE	9		20,928	
23		HOUSEKEEPING	10		93,491	
24		DIETARY	11		8,682	
25		PHARMACY	16		48,245	
26		ADULTS & PEDIATRICS	25		775	
27		INTENSIVE CARE UNIT	26		766	
28		OPERATING ROOM	37		6,857	
29		RADIOLOGY-DIAGNOSTIC	41		198	
30		LABORATORY	44		937,252	
31		RESPIRATORY THERAPY	49		39,641	
32		AMBULANCE SERVICES	65		652	
33 DRUGS	F	EMPLOYEE BENEFITS	5		19,410	
34		PHARMACY	16		1,981,743	
35		LABORATORY	44		54,737	
1 DRUGS	F	RESPIRATORY THERAPY	49		886	
2 CAFETERIA	G	DIETARY	11	244,630	164,062	
3 RECOVERY ROOM	H	OPERATING ROOM	37	38,260		
4 SOCIAL SERVICES	I	ADMINISTRATIVE & GENERAL	6	40,162		
5 BENEFITS	J	ADMINISTRATIVE & GENERAL	6		69,243	
6		CLINIC	60		69,681	
7		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		969	
8		PHYSICIANS' PRIVATE OFFICES	98		1,322,083	
36 TOTAL RECLASSIFICATIONS				323,052	7,278,077	

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

RECLASSIFICATIONS

PROVIDER NO:  
151328

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

PREPARED 7/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : ALLOWABLE ADVERTISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	56,803	FOUNDATION	100	56,803	
TOTAL RECLASSIFICATIONS FOR CODE A			56,803				56,803

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	649,061	INTEREST EXPENSE	88	649,061	
TOTAL RECLASSIFICATIONS FOR CODE B			649,061				649,061

RECLASS CODE: C  
EXPLANATION : BILLABLE MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,405,871	EMPLOYEE BENEFITS	5	8,763	
2.00			0	ADMINISTRATIVE & GENERAL	6	10,682	
3.00			0	DIETARY	11	53	
4.00			0	CENTRAL SERVICES & SUPPLY	15	708,464	
5.00			0	PHARMACY	16	107,834	
6.00			0	ADULTS & PEDIATRICS	25	75,624	
7.00			0	INTENSIVE CARE UNIT	26	26,095	
8.00			0	OPERATING ROOM	37	168,627	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	92,667	
10.00			0	RADIOISOTOPE	43	76,241	
11.00			0	RESPIRATORY THERAPY	49	36,283	
12.00			0	PHYSICAL THERAPY	50	22,422	
13.00			0	ELECTROCARDIOLOGY	53	3,843	
14.00			0	EMERGENCY	61	52,328	
15.00			0	AMBULANCE SERVICES	65	15,945	
TOTAL RECLASSIFICATIONS FOR CODE C			1,405,871				1,405,871

RECLASS CODE: D  
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	260,499	MEDICAL SUPPLIES CHARGED TO PA	55	260,499	
TOTAL RECLASSIFICATIONS FOR CODE D			260,499				260,499

RECLASS CODE: E  
EXPLANATION : NON-BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	1,223,029	EMPLOYEE BENEFITS	5	222	
2.00			0	ADMINISTRATIVE & GENERAL	6	1,914	
3.00			0	OPERATION OF PLANT	8	63,406	
4.00			0	LAUNDRY & LINEN SERVICE	9	20,928	
5.00			0	HOUSEKEEPING	10	93,491	
6.00			0	DIETARY	11	8,682	
8.00			0	PHARMACY	16	48,245	
9.00			0	ADULTS & PEDIATRICS	25	775	
10.00			0	INTENSIVE CARE UNIT	26	766	
11.00			0	OPERATING ROOM	37	6,857	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	198	
13.00			0	LABORATORY	44	937,252	
14.00			0	RESPIRATORY THERAPY	49	39,641	
16.00			0	AMBULANCE SERVICES	65	652	
TOTAL RECLASSIFICATIONS FOR CODE E			1,223,029				1,223,029

RECLASS CODE: F  
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,056,776	EMPLOYEE BENEFITS	5	19,410	
2.00			0	PHARMACY	16	1,981,743	

RECLASSIFICATIONS

PROVIDER NO:  
151328

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

PREPARED 7/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	LABORATORY	44	54,737	
4.00			0	RESPIRATORY THERAPY	49	886	
TOTAL RECLASSIFICATIONS FOR CODE F			2,056,776				2,056,776

RECLASS CODE: G  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	408,692	DIETARY	11	408,692	
TOTAL RECLASSIFICATIONS FOR CODE G			408,692				408,692

RECLASS CODE: H  
EXPLANATION : RECOVERY ROOM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	38,260	OPERATING ROOM	37	38,260	
TOTAL RECLASSIFICATIONS FOR CODE H			38,260				38,260

RECLASS CODE: I  
EXPLANATION : SOCIAL SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	40,162	ADMINISTRATIVE & GENERAL	6	40,162	
TOTAL RECLASSIFICATIONS FOR CODE I			40,162				40,162

RECLASS CODE: J  
EXPLANATION : BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,461,976	ADMINISTRATIVE & GENERAL	6	69,243	
2.00			0	CLINIC	60	69,681	
3.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	969	
4.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,322,083	
TOTAL RECLASSIFICATIONS FOR CODE J			1,461,976				1,461,976

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	571,735	340,976		340,976		912,711	
2	LAND IMPROVEMENTS	685,691	377,740		377,740		1,063,431	
3	BUILDINGS & FIXTURE	12,307,917					12,307,917	
4	BUILDING IMPROVEMENT	2,707,755	317,530		317,530		3,025,285	
5	FIXED EQUIPMENT	5,222,245	19,637		19,637		5,241,882	
6	MOVABLE EQUIPMENT	15,461,093	614,574		614,574		16,075,667	
7	SUBTOTAL	36,956,436	1,670,457		1,670,457		38,626,893	
8	RECONCILING ITEMS							
9	TOTAL	36,956,436	1,670,457		1,670,457		38,626,893	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	22,551,226		22,551,226	.583822				
4	NEW CAP REL COSTS-MV	16,075,667		16,075,667	.416178				
5	TOTAL	38,626,893		38,626,893	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,967,711						1,967,711
4	NEW CAP REL COSTS-MV	534,769						534,769
5	TOTAL	2,502,480						2,502,480

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,886,030						1,886,030
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,886,030						1,886,030

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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-9,940	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-80,472	NEW CAP REL COSTS-BLDG &		3	9
9 TELEPHONE SERVICES	A	-136,545	ADMINISTRATIVE & GENERAL		6	
10 TELEVISION AND RADIO SERVICE	A	-6,827	ADULTS & PEDIATRICALS		25	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,493,145				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,305,781				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-82,420	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-865	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-100	OPERATION OF PLANT		8	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 CLINIC REVENUE	B	-50,822	ADULTS & PEDIATRICALS		25	
38 OCCUPATIONAL HEALTH REVENUE	B	-534,702	PHYSICAL THERAPY		50	
39 PHYSICIAN RECRUITMENT	A	-89,467	ADMINISTRATIVE & GENERAL		6	
40 SELF INSURANCE	A	-2,376,731	EMPLOYEE BENEFITS		5	
41 ECKARD MISC REVENUE	B	-101,665	CLINIC		60	
42 DR DEWITTE OTHER REV	B	-9,900	CLINIC		60	
43 E. GRANT MISC REVENUE	B	-129,781	CLINIC		60	
44 COUNSELING MISC REV	B	-300	CLINIC		60	
45 PATRONAGE DIVIDENDS	B	-2,242	ADMINISTRATIVE & GENERAL		6	
46 INC FRM OPERATING INV	B	-16	ADMINISTRATIVE & GENERAL		6	
47 CASH OVER AND SHORT	B	-71	ADMINISTRATIVE & GENERAL		6	
48 MISC REVENUE	B	-10,436	ADMINISTRATIVE & GENERAL		6	
49 LOBBYING FEES	A	-3,731	ADMINISTRATIVE & GENERAL		6	
49.01 NON-ALLOWABLE ASSET ADDITIONS - 2001	A	-97	NEW CAP REL COSTS-BLDG &		3	9
49.02 NON-ALLOWABLE ASSET ADDITIONS - 2001	A	-1,045	NEW CAP REL COSTS-MVBLE E		4	9
49.03 NON-ALLOWABLE ASSET ADDITIONS - 2003	A	-3,157	NEW CAP REL COSTS-BLDG &		3	9
49.04 NON-ALLOWABLE ASSET ADDITIONS - 2003	A	-2,285	NEW CAP REL COSTS-MVBLE E		4	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-820,981				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	9
1	3	NEW CAP REL COSTS-BLDG &	165,407		165,407	9
2	4	NEW CAP REL COSTS-MVBLE E	538,099		538,099	9
3	5	EMPLOYEE BENEFITS	515,684	103,064	412,620	
4	6	ADMINISTRATIVE & GENERAL	3,295,862	470,222	2,825,640	
4.01	8	OPERATION OF PLANT	302,337		302,337	
4.02	10	HOUSEKEEPING	56,267		56,267	
4.03	12	CAFETERIA	5,411		5,411	
4.04	25	ADULTS & PEDIATRICS	5,457	5,457		
4.05	49	RESPIRATORY THERAPY	5,342	5,342		
4.06	100	FOUNDATION	14,350	14,350		
5		TOTALS	4,904,216	598,435	4,305,781	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	CLARIAN HEALTH PARTNERS	100.00	CLARIAN HEALTH PARTNERS	100.00	HOME OFFICE
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1328  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 7/26/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	EMERGENCY SERVICE	360,000	329,238	30,762				
2 41	RADIOLOGY	476,327	476,327					
3 49	SLEEP MANAGEMENT	3,600	3,600					
4 37	ANESTHESIOLOGY	683,980	683,980					
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6								
7								
8								
9								
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101	TOTAL	1,523,907	1,493,145	30,762				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1328  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 7/26/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	61	EMERGENCY SERVICE						329,238
2	41	RADIOLOGY						476,327
3	49	SLEEP MANAGEMENT						3,600
4	37	ANESTHESIOLOGY						683,980
5								
6								
7								
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27								
28								
29								
30								
101		TOTAL						1,493,145

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1328  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 7/26/2011  
 NOT A CMS WORKSHEET

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-MVBLE E 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5a.00	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,967,711	1,967,711					
005 NEW CAP REL COSTS-MVBLE E	534,769		534,769				
006 EMPLOYEE BENEFITS	5,156,915	15,138	4,114	5,176,167			
007 ADMINISTRATIVE & GENERAL	8,948,521	221,287	60,140	565,291	9,795,239	9,795,239	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,507,268	214,684	58,345	93,724	1,874,021	478,653	
010 LAUNDRY & LINEN SERVICE	136,040				136,040	34,747	
011 HOUSEKEEPING	599,445	10,267	2,790	98,346	710,848	181,561	
012 DIETARY	262,196	36,437	9,902	36,462	344,997	88,117	
013 CAFETERIA	331,683	27,901	7,583	55,001	422,168	107,828	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,039,206	45,677	12,414	215,639	1,312,936	335,344	
016 CENTRAL SERVICES & SUPPLY	2,030,220	19,044	5,176	21,436	2,075,876	530,210	
017 PHARMACY	836,135	20,554	5,586	25,496	887,771	226,750	
018 MEDICAL RECORDS & LIBRARY	959,025	60,211	16,364	170,091	1,205,691	307,952	
019 SOCIAL SERVICE	40,162			9,030	49,192	12,564	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,096,201	126,633	34,415	471,581	2,728,830	696,984	
027 INTENSIVE CARE UNIT	1,030,539	38,762	10,534	207,024	1,286,859	328,683	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	922,562	106,200	28,862	234,003	1,291,627	329,901	
039 RECOVERY ROOM	101,195	45,022	12,236	22,752	181,205	46,282	
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	2,805,561	126,673	34,426	288,108	3,254,768	831,317	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE	177,036			21,283	198,319	50,654	
045 LABORATORY	1,890,266	55,974	15,212	289,610	2,251,062	574,955	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	979,059	54,977	14,941	209,705	1,258,682	321,486	
051 PHYSICAL THERAPY	274,961	41,590	11,303	177,419	505,273	129,054	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	14,666			839	15,505	3,960	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	1,145,372				1,145,372	292,545	
057 30 IMPL. DEV. CHARGED TO PAT	260,499				260,499	66,535	
058 DRUGS CHARGED TO PATIENTS	2,056,776				2,056,776	525,331	
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC REHABILITATION	270,544	22,607	6,144	51,919	351,214	89,705	
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	652,932	29,401	7,990	136,656	826,979	211,223	
064 EMERGENCY	1,110,541	40,755	11,076	232,592	1,394,964	356,295	
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES	921,292	58,460	15,888	184,316	1,179,956	301,378	
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	41,059,298	1,418,254	385,441	3,818,323	39,002,669	7,460,014	
083 NONREIMBURS COST CENTERS							
084 GI FT, FLOWER, COFFEE SHOP	8,743	9,411	2,558	1,966	22,678	5,792	
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC	6,788,405	481,455	130,846	1,342,551	8,743,257	2,233,153	
087 01 VACANT SPACE		57,051	15,505		72,556	18,532	

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 FOUNDATION	289,113	1,540	419	13,327	304,399	77,748	
100 01 CLARIAN HOME CARE							
100 02 CLARIAN RESP CARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	48,145,559	1,967,711	534,769	5,176,167	48,145,559	9,795,239	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,352,674						
010 LAUNDRY & LINEN SERVICE		170,787					
011 HOUSEKEEPING	15,927		908,336				
012 DIETARY	56,524		36,669	526,307			
013 CAFETERIA	43,283		36,419		609,698		
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	70,857		17,561		23,311		1,760,009
016 CENTRAL SERVICES & SUPPLY	29,542		9,180		5,722		
017 PHARMACY	31,884		37,467		11,809		
018 MEDICAL RECORDS & LIBRARY	93,404		2,295		38,299		
019 SOCIAL SERVICE					1,522		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	196,443	66,704	242,111	496,500	74,016		843,557
027 INTENSIVE CARE UNIT	60,130	16,764	52,833	29,807	23,002		262,157
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	164,746	7,562	33,077		27,857		317,487
039 RECOVERY ROOM	69,842	942	42,905		2,909		33,154
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	196,505	15,370	38,265		39,416		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE		926			2,370		
045 LABORATORY	86,831		25,893		41,285		
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	85,285		16,863		31,306		
051 PHYSICAL THERAPY	64,518	8,294	17,811		22,868		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					135		
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED		7,889					
057 30 IMPL. DEV. CHARGED TO PAT							
058 DRUGS CHARGED TO PATIENTS							
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC REHABILITATION	35,070				7,051		
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	45,609		13,819		13,871		
064 EMERGENCY	63,222	46,336	90,150		26,643		303,654
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES	90,687				39,435		
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	1,500,309	170,787	713,318	526,307	432,827		1,760,009
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP	14,599				944		
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC	746,876		188,283		173,153		
087 01 VACANT SPACE	88,501						

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
099	NONREIMBURS COST CENTERS							
	NONPAID WORKERS							
100	FOUNDATION	2,389				2,254		
100	01 CLARIAN HOME CARE			6,735		520		
100	02 CLARIAN RESP CARE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,352,674	170,787	908,336	526,307	609,698		1,760,009

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	2,650,530						
017 PHARMACY	52,402	1,248,083					
018 MEDICAL RECORDS & LIBRARY			1,647,641				
019 SOCIAL SERVICE				63,278			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	842		111,861		49,085		
027 INTENSIVE CARE UNIT	832				14,193		
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	7,448		91,676				
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	215		481,088				
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,018,013		332,220				
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	43,057						
051 PHYSICAL THERAPY			4,205				
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	1,194,278						
057 30 IMPL. DEV. CHARGED TO PAT	332,735						
058 DRUGS CHARGED TO PATIENTS		1,248,083					
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC REHABILITATION							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC			10,093				
064 EMERGENCY			242,226				
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES	708		19,344				
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	2,650,530	1,248,083	1,292,713	63,278			
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC			354,928				
087 01 VACANT SPACE							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 FOUNDATION							
100 01 CLARIAN HOME CARE							
100 02 CLARIAN RESP CARE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,650,530	1,248,083	1,647,641	63,278			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS			5,506,933		5,506,933
027 INTENSIVE CARE UNIT			2,075,260		2,075,260
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U					
033 SUBPROVIDER					
034 NURSERY					
035 SKILLED NURSING FACILITY					
036 NURSING FACILITY					
01 ICF/MR					
037 OTHER LONG TERM CARE					
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM			2,271,381		2,271,381
040 RECOVERY ROOM			377,239		377,239
041 DELIVERY ROOM & LABOR ROO					
042 ANESTHESIOLOGY					
043 RADIOLOGY-DIAGNOSTIC			4,856,944		4,856,944
044 RADIOLOGY-THERAPEUTIC					
045 RADIOISOTOPE			252,269		252,269
046 LABORATORY			4,330,259		4,330,259
047 PBP CLINICAL LAB SERVICES					
048 WHOLE BLOOD & PACKED RED					
049 BLOOD STORING, PROCESSING					
050 INTRAVENOUS THERAPY					
051 RESPIRATORY THERAPY			1,756,679		1,756,679
052 PHYSICAL THERAPY			752,023		752,023
053 OCCUPATIONAL THERAPY					
054 SPEECH PATHOLOGY					
055 ELECTROCARDIOLOGY			19,600		19,600
056 ELECTROENCEPHALOGRAPHY					
057 MEDICAL SUPPLIES CHARGED			2,640,084		2,640,084
058 30 IMPL. DEV. CHARGED TO PAT			659,769		659,769
059 DRUGS CHARGED TO PATIENTS			3,830,190		3,830,190
060 RENAL DIALYSIS					
061 ASC (NON-DISTINCT PART)					
062 97 CARDIAC REHABILITATION			483,040		483,040
063 OUTPAT SERVICE COST CNTRS					
064 CLINIC			1,121,594		1,121,594
065 EMERGENCY			2,523,490		2,523,490
066 OBSERVATION BEDS (NON-DIS					
067 OTHER REIMBURS COST CNTRS					
068 HOME PROGRAM DIALYSIS					
069 AMBULANCE SERVICES			1,631,508		1,631,508
070 DURABLE MEDICAL EQUIP-REN					
071 DURABLE MEDICAL EQUIP-SOL					
072 CORF					
073 I&R SERVICES-NOT APPRVD P					
074 HOME HEALTH AGENCY					
075 LUNG ACQUISITION					
076 SPEC PURPOSE COST CENTERS					
077 KIDNEY ACQUISITION					
078 LIVER ACQUISITION					
079 HEART ACQUISITION					
080 OTHER ORGAN ACQUISITION					
081 AMBULATORY SURGICAL CENTE					
082 HOSPICE					
083 SUBTOTALS			35,088,262		35,088,262
084 NONREIMBURS COST CENTERS					
085 GIFT, FLOWER, COFFEE SHOP			44,013		44,013
086 RESEARCH					
087 PHYSICIANS' PRIVATE OFFIC			12,439,650		12,439,650
088 01 VACANT SPACE			179,589		179,589



COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		15,138	4,114	19,252	19,252		
007 ADMINISTRATION & GENERAL		221,287	60,140	281,427	2,102	283,529	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		214,684	58,345	273,029	348	13,855	
010 LAUNDRY & LINEN SERVICE							1,006
011 HOUSEKEEPING		10,267	2,790	13,057	366	5,255	
012 DIETARY		36,437	9,902	46,339	136	2,551	
013 CAFETERIA		27,901	7,583	35,484	205	3,121	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		45,677	12,414	58,091	802	9,707	
016 CENTRAL SERVICES & SUPPLY		19,044	5,176	24,220	80	15,347	
017 PHARMACY		20,554	5,586	26,140	95	6,563	
018 MEDICAL RECORDS & LIBRARY		60,211	16,364	76,575	632	8,914	
019 SOCIAL SERVICE					34	364	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		126,633	34,415	161,048	1,753	20,174	
027 INTENSIVE CARE UNIT		38,762	10,534	49,296	770	9,514	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		106,200	28,862	135,062	870	9,549	
039 RECOVERY ROOM		45,022	12,236	57,258	85	1,340	
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		126,673	34,426	161,099	1,071	24,062	
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE					79	1,466	
045 LABORATORY		55,974	15,212	71,186	1,077	16,642	
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		54,977	14,941	69,918	780	9,305	
051 PHYSICAL THERAPY		41,590	11,303	52,893	660	3,735	
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					3	115	
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED						8,468	
057 30 IMPL. DEV. CHARGED TO PAT						1,926	
058 DRUGS CHARGED TO PATIENTS						15,206	
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC REHABILITATION		22,607	6,144	28,751	193	2,597	
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC		29,401	7,990	37,391	508	6,114	
064 EMERGENCY		40,755	11,076	51,831	865	10,313	
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES		58,460	15,888	74,348	685	8,723	
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS		1,418,254	385,441	1,803,695	14,199	215,932	
083 NONREIMBURS COST CENTERS							
084 GI FT, FLOWER, COFFEE SHOP		9,411	2,558	11,969	7	168	
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC		481,455	130,846	612,301	4,996	64,643	
087 01 VACANT SPACE		57,051	15,505	72,556		536	

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	4a	5	6	7
099 NONREIMBURS COST CENTERS							
100 NONPAID WORKERS							
100 FOUNDATION		1,540	419	1,959	50	2,250	
100 01 CLARIAN HOME CARE							
100 02 CLARIAN RESP CARE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,967,711	534,769	2,502,480	19,252	283,529	

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	287,232						
010 LAUNDRY & LINEN SERVICE		1,006					
011 HOUSEKEEPING	1,944		20,622				
012 DIETARY	6,901		832	56,759			
013 CAFETERIA	5,284				44,921		
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	8,651		399		1,717		79,367
016 CENTRAL SERVICES & SUPPLY	3,607		208		422		
017 PHARMACY	3,893		851		870		
018 MEDICAL RECORDS & LIBRARY	11,403		52		2,822		
019 SOCIAL SERVICE					112		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	23,983	392	5,496	53,544	5,453		38,040
027 INTENSIVE CARE UNIT	7,341	99	1,199	3,215	1,695		11,822
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	20,113	45	751		2,052		14,317
039 RECOVERY ROOM	8,527	6	974		214		1,495
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	23,991	91	869		2,904		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE		5			175		
045 LABORATORY	10,601		588		3,042		
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	10,412		383		2,307		
051 PHYSICAL THERAPY	7,877	49	404		1,685		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					10		
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED		46					
057 30 IMPL. DEV. CHARGED TO PAT							
058 DRUGS CHARGED TO PATIENTS							
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC REHABILITATION	4,282				519		
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	5,568		314		1,022		
064 EMERGENCY	7,719	273	2,047		1,963		13,693
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES	11,072				2,906		
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	183,169	1,006	16,194	56,759	31,890		79,367
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP	1,782				70		
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC	91,184		4,275		12,757		
087 01 VACANT SPACE	10,805						

COST CENTER DESCRIPTION		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		8	9	10	11	12	13	14
099	NONREIMBURS COST CENTERS							
	NONPAID WORKERS							
100	FOUNDATION	292				166		
100	01 CLARIAN HOME CARE			153		38		
100	02 CLARIAN RESP CARE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	287,232	1,006	20,622	56,759	44,921		79,367









COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE MAINTENANCE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	195,493					
005 NEW CAP REL COSTS-MVB		195,493				
006 EMPLOYEE BENEFITS	1,504	1,504	23,022,140			
007 ADMINISTRATIVE & GENERAL	21,985	21,985	2,514,260	-9,795,239	38,350,320	
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT	21,329	21,329	416,858		1,874,021	
010 LAUNDRY & LINEN SERVICE					136,040	
011 HOUSEKEEPING	1,020	1,020	437,414		710,848	
012 DIETARY	3,620	3,620	162,171		344,997	
013 CAFETERIA	2,772	2,772	244,630		422,168	
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION	4,538	4,538	959,104		1,312,936	
016 CENTRAL SERVICES & SUPPLY	1,892	1,892	95,340		2,075,876	
017 PHARMACY	2,042	2,042	113,398		887,771	
018 MEDICAL RECORDS & LIBRARY	5,982	5,982	756,516		1,205,691	
020 SOCIAL SERVICE			40,162		49,192	
021 NONPHYSICIAN ANESTHETISTS						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY & BENEFITS						
024 I&R SERVICES-OTHER PERSONNEL						
025 INPATIENT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	12,581	12,581	2,097,463		2,728,830	
027 INTENSIVE CARE UNIT	3,851	3,851	920,786		1,286,859	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE UNIT						
033 SUBPROVIDER						
034 NURSERY						
035 SKILLED NURSING FACILITY						
035 01 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SERVICE CENTER						
038 OPERATING ROOM	10,551	10,551	1,040,780		1,291,627	
039 RECOVERY ROOM	4,473	4,473	101,195		181,205	
040 DELIVERY ROOM & LABOR						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC	12,585	12,585	1,281,425		3,254,768	
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE			94,659		198,319	
045 LABORATORY	5,561	5,561	1,288,104		2,251,062	
046 PBP CLINICAL LAB SERVICE						
047 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	5,462	5,462	932,712		1,258,682	
050 PHYSICAL THERAPY	4,132	4,132	789,110		505,273	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			3,731		15,505	
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARACTERIZED					1,145,372	
055 30 IMPL. DEV. CHARGED TO PATIENT					260,499	
056 DRUGS CHARGED TO PATIENT					2,056,776	
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PARADISE)						
059 97 CARDIAC REHABILITATION	2,246	2,246	230,921		351,214	
060 OUTPAT SERVICE COST CENTER						
061 CLINIC	2,921	2,921	607,807		826,979	
062 EMERGENCY	4,049	4,049	1,034,507		1,394,964	
064 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 OTHER REIMBURSABLE COST CENTER						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES	5,808	5,808	819,787		1,179,956	
068 DURABLE MEDICAL EQUIPMENT						
069 DURABLE MEDICAL EQUIPMENT						
070 CORF						
071 I&R SERVICES-NOT APPROPRIATE						
072 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
083 SPEC PURPOSE COST CENTER						
084 KIDNEY ACQUISITION						
085 LIVER ACQUISITION						
086 HEART ACQUISITION						
092 OTHER ORGAN ACQUISITION						
093 AMBULATORY SURGICAL CENTER						
095 HOSPICE						
095 SUBTOTALS	140,904	140,904	16,982,840	-9,795,239	29,207,430	
096 NONREIMBURSABLE COST CENTER						
096 GIFT, FLOWER, COFFEE	935	935	8,743		22,678	

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE FEET)	FITS (GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a.00	6	7
097 NONREIMBURS COST CENT						
098 RESEARCH						
098 PHYSICIANS' PRIVATE O	47,833	47,833	5,971,280		8,743,257	
098 01 VACANT SPACE	5,668	5,668			72,556	
099 NONPAID WORKERS						
100 FOUNDATION	153	153	59,277		304,399	
100 01 CLARIAN HOME CARE						
100 02 CLARIAN RESP CARE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,967,711	534,769	5,176,167		9,795,239	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.065378	2.735489	.224834		.255415	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			19,252		283,529	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000836		.007393	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(FTE)	(NUMBER) HOUSED	(DIRECT)SING HRS	(NR)
		8	9	10	11	12	13	14	
	GENERAL SERVICE COST								
003	NEW CAP REL COSTS-BLD								
004	NEW CAP REL COSTS-MVB								
005	EMPLOYEE BENEFITS								
006	ADMINISTRATIVE & GENERAL								
007	MAINTENANCE & REPAIRS								
008	OPERATION OF PLANT	150,675							
009	LAUNDRY & LINEN SERVICE		234,242						
010	HOUSEKEEPING	1,020		18,207					
011	DIETARY	3,620		735	33,301				
012	CAFETERIA	2,772		730		31,648			
013	MAINTENANCE OF PERSONNEL								
014	NURSING ADMINISTRATION	4,538		352		1,210		8,016	
015	CENTRAL SERVICES & SUPPORT	1,892		184		297			
016	PHARMACY	2,042		751		613			
017	MEDICAL RECORDS & LIBRARY	5,982		46		1,988			
018	SOCIAL SERVICE					79			
020	NONPHYSICIAN ANESTHETIC								
021	NURSING SCHOOL								
022	I&R SERVICES-SALARY & BENEFIT								
023	I&R SERVICES-OTHER PROGRAMS								
024	PARAMEDICAL PROGRAM								
025	INPATIENT ROUTINE SERVICE CENTER	12,581	91,488	4,853	31,415	3,842		3,842	
026	ADULTS & PEDIATRICS	3,851	22,992	1,059	1,886	1,194		1,194	
027	INTENSIVE CARE UNIT								
028	CORONARY CARE UNIT								
029	BURN INTENSIVE CARE UNIT								
031	SURGICAL INTENSIVE CARE UNIT								
033	SUBPROVIDER								
034	NURSERY								
035	SKILLED NURSING FACILITY								
035	NURSING FACILITY								
035	ICF/MR								
036	OTHER LONG TERM CARE								
037	ANCILLARY SERVICE CENTER								
038	OPERATING ROOM	10,551	10,372	663		1,446		1,446	
039	RECOVERY ROOM	4,473	1,292	860		151		151	
040	DELIVERY ROOM & LABOR								
041	ANESTHESIOLOGY								
042	RADIOLOGY-DIAGNOSTIC	12,585	21,080	767		2,046			
043	RADIOLOGY-THERAPEUTIC								
044	RADIOISOTOPE		1,270			123			
045	LABORATORY	5,561		519		2,143			
046	PBP CLINICAL LAB SERVICE								
047	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING								
048	INTRAVENOUS THERAPY								
049	RESPIRATORY THERAPY	5,462		338		1,625			
050	PHYSICAL THERAPY	4,132	11,376	357		1,187			
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY					7			
054	ELECTROENCEPHALOGRAPHY								
055	MEDICAL SUPPLIES CHARACTERIZED		10,820						
055	30 IMPL. DEV. CHARGED TO PATIENT								
056	DRUGS CHARGED TO PATIENT								
057	RENAL DIALYSIS								
058	ASC (NON-DISTINCT PAR)								
059	97 CARDIAC REHABILITATION	2,246				366			
060	OUTPATIENT SERVICE COST CENTER								
061	CLINIC	2,921		277		720			
062	EMERGENCY	4,049	63,552	1,807		1,383		1,383	
064	OBSERVATION BEDS (NON-REIMBURSABLE)								
065	OTHER REIMBURSABLE COST CENTER								
066	HOME PROGRAM DIALYSIS								
067	AMBULANCE SERVICES	5,808				2,047			
069	DURABLE MEDICAL EQUIPMENT								
070	DURABLE MEDICAL EQUIPMENT								
071	CORP								
072	I&R SERVICES-NOT APPROPRIATE								
073	HOME HEALTH AGENCY								
074	LUNG ACQUISITION								
075	SPEC PURPOSE COST CENTER								
076	KIDNEY ACQUISITION								
077	LIVER ACQUISITION								
078	HEART ACQUISITION								
079	OTHER ORGAN ACQUISITION								
080	AMBULATORY SURGICAL CENTER								
081	HOSPICE								
082	SUBTOTALS	96,086	234,242	14,298	33,301	22,467		8,016	
083	NONREIMBURSABLE COST CENTER								
084	GIFT, FLOWER, COFFEE	935				49			

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	NR
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(FTE)	(NUMBER HOUSED)	(DIRECT )SING HRS	
	NONREIMBURS COST CENT	8	9	10	11	12	13	14	
097	RESEARCH								
098	PHYSICIANS' PRIVATE O	47,833		3,774		8,988			
098	01 VACANT SPACE	5,668							
099	NONPAID WORKERS								
100	FOUNDATION	153				117			
100	01 CLARIAN HOME CARE			135		27			
100	02 CLARIAN RESP CARE								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,352,674	170,787	908,336	526,307	609,698		1,760,009	
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	15.614229	.729105	49.889383	15.804540	19.264977		219.562001	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	287,232	1,006	20,622	56,759	44,921		79,367	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.906302	.004295	1.132641	1.704423	1.419395		9.901073	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT	NONPHYSICIAN ANESTHETISTS (ASSIGNED) TIME	NURSING SCHOOL (ASSIGNED) TIME	I&R SERVICES-SALARY & FRI (ASSIGNED) TIME
	15	16	17	18	20	21	22
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO							
016 CENTRAL SERVICES & SU	2, 440, 257						
017 PHARMACY	48, 245	100		1, 959			
018 MEDICAL RECORDS & LIB							
019 SOCIAL SERVICE					107		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	775		133		83		
027 INTENSIVE CARE UNIT	766				24		
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACIL							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	6, 857		109				
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	198		572				
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	937, 252		395				
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	39, 641						
051 PHYSICAL THERAPY			5				
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPH							
056 MEDICAL SUPPLIES CHAR	1, 099, 533						
057 30 IMPL. DEV. CHARGED TO	306, 338						
058 DRUGS CHARGED TO PATI		100					
059 97 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PAR							
061 CARDIAC REHABILITATIO							
062 OUTPAT SERVICE COST C							
063 CLINIC			12				
064 EMERGENCY			288				
065 OBSERVATION BEDS (NON							
066 OTHER REIMBURS COST C							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES	652		23				
069 DURABLE MEDICAL EQUIP							
070 DURABLE MEDICAL EQUIP							
071 CORF							
072 I&R SERVICES-NOT APPR							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CEN							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 OTHER ORGAN ACQUISITI							
080 AMBULATORY SURGICAL C							
081 HOSPICE							
082 SUBTOTALS	2, 440, 257	100	1, 537		107		
083 NONREIMBURS COST CENT							
084 GIFT, FLOWER, COFFEE							

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
		(COSTED EQUI S. )	R(COSTED )EQUI S.	R(TIME )SPENT	(TIME )SPENT	(ASSIGNED ) TIME	(ASSIGNED ) TIME	(ASSIGNED ) TIME
		15	16	17	18	20	21	22
097	NONREIMBURS COST CENT RESEARCH							
098	PHYSICIANS' PRIVATE O			422				
098	01 VACANT SPACE							
099	NONPAID WORKERS							
100	FOUNDATION							
100	01 CLARIAN HOME CARE							
100	02 CLARIAN RESP CARE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	2,650,530	1,248,083	1,647,641	63,278			
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.086168	12,480.830000	841.062277	591.383178			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	43,884	39,280	100,398	510			
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.017983	392.800000	51.249617	4.766355			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME )	(ASSIGNED TIME )
		23	24
003 GENERAL SERVICE COST			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
007 ADMINISTRATIVE & GENE			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
013 CAFETERIA			
014 MAINTENANCE OF PERSON			
015 NURSING ADMINISTRATIO			
016 CENTRAL SERVICES & SU			
017 PHARMACY			
018 MEDICAL RECORDS & LIB			
019 SOCIAL SERVICE			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS			
027 INTENSIVE CARE UNIT			
028 CORONARY CARE UNIT			
029 BURN INTENSIVE CARE U			
030 SURGICAL INTENSIVE CA			
031 SUBPROVIDER			
032 NURSERY			
033 SKILLED NURSING FACIL			
034 NURSING FACILITY			
035 01 ICF/MR			
036 OTHER LONG TERM CARE			
037 ANCILLARY SRVC COST C			
038 OPERATING ROOM			
039 RECOVERY ROOM			
040 DELIVERY ROOM & LABOR			
041 ANESTHESIOLOGY			
042 RADIOLOGY-DIAGNOSTIC			
043 RADIOLOGY-THERAPEUTIC			
044 RADIOISOTOPE			
045 LABORATORY			
046 PBP CLINICAL LAB SERV			
047 WHOLE BLOOD & PACKED			
048 BLOOD STORING, PROCES			
049 INTRAVENOUS THERAPY			
050 RESPIRATORY THERAPY			
051 PHYSICAL THERAPY			
052 OCCUPATIONAL THERAPY			
053 SPEECH PATHOLOGY			
054 ELECTROCARDIOLOGY			
055 ELECTROENCEPHALOGRAPH			
056 MEDICAL SUPPLIES CHAR			
057 30 IMPL. DEV. CHARGED TO			
058 DRUGS CHARGED TO PATI			
059 97 RENAL DIALYSIS			
060 ASC (NON-DISTINCT PAR			
061 CARDIAC REHABILITATIO			
062 OUTPAT SERVICE COST C			
063 CLINIC			
064 EMERGENCY			
065 OBSERVATION BEDS (NON			
066 OTHER REIMBURS COST C			
067 HOME PROGRAM DIALYSIS			
068 AMBULANCE SERVICES			
069 DURABLE MEDICAL EQUIP			
070 DURABLE MEDICAL EQUIP			
071 CORF			
072 I&R SERVICES-NOT APPR			
073 HOME HEALTH AGENCY			
074 LUNG ACQUISITION			
075 SPEC PURPOSE COST CEN			
076 KIDNEY ACQUISITION			
077 LIVER ACQUISITION			
078 HEART ACQUISITION			
079 OTHER ORGAN ACQUISITI			
080 AMBULATORY SURGICAL C			
081 HOSPICE			
082 SUBTOTALS			
083 NONREIMBURS COST CENT			
084 GIFT, FLOWER, COFFEE			

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR OTHER PRGM C GM	
	(ASSIGNED TIME	(ASSIGNED TIME )
NONREIMBURS COST CENT	23	24
097 RESEARCH		
098 PHYSICIANS' PRIVATE O		
098 01 VACANT SPACE		
099 NONPAID WORKERS		
100 FOUNDATION		
100 01 CLARIAN HOME CARE		
100 02 CLARIAN RESP CARE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		
105 COST TO BE ALLOCATED (PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		
107 COST TO BE ALLOCATED (PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,980,057		4,980,057			
26	INTENSIVE CARE UNIT	1,895,994		1,895,994			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,057,252	8,402,703	11,459,955	.198202	.198202	
38	RECOVERY ROOM	186,619	406,896	593,515	.635601	.635601	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	2,149,946	24,345,951	26,495,897	.183309	.183309	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	102,793	1,225,483	1,328,276	.189922	.189922	
44	LABORATORY	3,119,669	21,755,077	24,874,746	.174083	.174083	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,378,811	1,378,811	1.274054	1.274054	
50	PHYSICAL THERAPY	362,538	3,262,005	3,624,543	.207481	.207481	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	771,684	4,126,527	4,898,211	.004001	.004001	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,933,703	3,104,204	5,037,907	.524044	.524044	
55	30 IMPL. DEV. CHARGED TO PAT	788,299	357,505	1,145,804	.575813	.575813	
56	DRUGS CHARGED TO PATIENTS	9,579,865	9,265,962	18,845,827	.203238	.203238	
57	RENAL DIALYSIS						
58	ASC (NON-DI STINCT PART)						
59	97 CARDIAC REHABILITATION	874,259	207,043	1,081,302	.446721	.446721	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	105	332,113	332,218	3.376078	3.376078	
61	EMERGENCY	385,302	8,288,871	8,674,173	.290920	.290920	
62	OBSERVATION BEDS (NON-DIS	44,726	321,204	365,930	.800511	.800511	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,557	1,924,937	1,926,494	.846879	.846879	
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	30,234,368	88,705,292	118,939,660			
102	LESS OBSERVATION BEDS						
103	TOTAL	30,234,368	88,705,292	118,939,660			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	2,271,381	188,468	2,082,913			2,271,381
39	RECOVERY ROOM	377,239	69,899	307,340			377,239
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	4,856,944	243,406	4,613,538			4,856,944
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	252,269	1,725	250,544			252,269
45	LABORATORY	4,330,259	140,235	4,190,024			4,330,259
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,756,679	93,818	1,662,861			1,756,679
51	PHYSICAL THERAPY	752,023	67,559	684,464			752,023
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	19,600	128	19,472			19,600
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	2,640,084	28,286	2,611,798			2,640,084
57	30 IMPL. DEV. CHARGED TO PAT	659,769	7,435	652,334			659,769
58	DRUGS CHARGED TO PATIENTS	3,830,190	54,486	3,775,704			3,830,190
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	97 CARDIAC REHABILITATION	483,040	36,342	446,698			483,040
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC	1,121,594	51,532	1,070,062			1,121,594
64	EMERGENCY	2,523,490	103,464	2,420,026			2,523,490
65	OBSERVATION BEDS (NON-DIS	292,931		292,931			292,931
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES	1,631,508	98,925	1,532,583			1,631,508
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
71	SUBTOTAL	27,799,000	1,185,708	26,613,292			27,799,000
72	LESS OBSERVATION BEDS	292,931		292,931			292,931
73	TOTAL	27,506,069	1,185,708	26,320,361			27,506,069



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,271,381	188,468	2,082,913			2,271,381
38	RECOVERY ROOM	377,239	69,899	307,340			377,239
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,856,944	243,406	4,613,538			4,856,944
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	252,269	1,725	250,544			252,269
44	LABORATORY	4,330,259	140,235	4,190,024			4,330,259
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,756,679	93,818	1,662,861			1,756,679
50	PHYSICAL THERAPY	752,023	67,559	684,464			752,023
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	19,600	128	19,472			19,600
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,640,084	28,286	2,611,798			2,640,084
55	30 IMPL. DEV. CHARGED TO PAT	659,769	7,435	652,334			659,769
56	DRUGS CHARGED TO PATIENTS	3,830,190	54,486	3,775,704			3,830,190
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	97 CARDIAC REHABILITATION	483,040	36,342	446,698			483,040
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,121,594	51,532	1,070,062			1,121,594
61	EMERGENCY	2,523,490	103,464	2,420,026			2,523,490
62	OBSERVATION BEDS (NON-DIS	292,931		292,931			292,931
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,631,508	98,925	1,532,583			1,631,508
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	27,799,000	1,185,708	26,613,292			27,799,000
102	LESS OBSERVATION BEDS	292,931		292,931			292,931
103	TOTAL	27,506,069	1,185,708	26,320,361			27,506,069

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,459,955	.198202	.198202
38	RECOVERY ROOM	593,515	.635601	.635601
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	26,495,897	.183309	.183309
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	1,328,276	.189922	.189922
44	LABORATORY	24,874,746	.174083	.174083
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,378,811	1.274054	1.274054
50	PHYSICAL THERAPY	3,624,543	.207481	.207481
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	4,898,211	.004001	.004001
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	5,037,907	.524044	.524044
55	30 IMPL. DEV. CHARGED TO PAT	1,145,804	.575813	.575813
56	DRUGS CHARGED TO PATIENTS	18,845,827	.203238	.203238
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	97 CARDIAC REHABILITATION	1,081,302	.446721	.446721
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	332,218	3.376078	3.376078
61	EMERGENCY	8,674,173	.290920	.290920
62	OBSERVATION BEDS (NON-DIS	365,930	.800511	.800511
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,926,494	.846879	.846879
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	112,063,609		
102	LESS OBSERVATION BEDS	365,930		
103	TOTAL	111,697,679		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.198202		.198202		
38 RECOVERY ROOM	.635601		.635601		
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.183309		.183309		
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.189922		.189922		
44 LABORATORY	.174083		.174083		
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	1.274054		1.274054		
50 PHYSICAL THERAPY	.207481		.207481		
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.004001		.004001		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.524044		.524044		
55 30 IMPL. DEV. CHARGED TO PATIENT	.575813		.575813		
56 DRUGS CHARGED TO PATIENTS	.203238		.203238		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 97 CARDIAC REHABILITATION	.446721		.446721		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	3.376078		3.376078		
61 EMERGENCY	.290920		.290920		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.800511		.800511		
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.846879		.846879		
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,521,470			
38 RECOVERY ROOM		87,782			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		8,309,945			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE		585,964			
44 LABORATORY		8,810,566			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		287,626			
50 PHYSICAL THERAPY		710,949			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,657,712			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		984,262			
55 30 IMPL. DEV. CHARGED TO PATIENT		138,708			
56 DRUGS CHARGED TO PATIENTS		3,497,236			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 97 CARDIAC REHABILITATION		152,377			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		11,532			
61 EMERGENCY		2,765,967			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		30,522,096			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		30,522,096			





















TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	304
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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









TITLE XVII HOSPITAL

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		6,702,505		2,945,267
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM	9/2/2010	16,690		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		-16,690		NONE
4 TOTAL INTERIM PAYMENTS		6,685,815		2,945,267
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		603,390		
SETTLEMENT TO PROGRAM				37,343
7 TOTAL MEDICARE PROGRAM LIABILITY		7,289,205		2,907,924

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		602,529		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	9/ 2/2010	13,366		
ADJUSTMENTS TO PROGRAM .51	12/30/2010	27,120		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-40,486		NONE
4 TOTAL INTERIM PAYMENTS		562,043		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01		13,127		
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		575,170		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES		7,749,884
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		7,749,884
5	PRIMARY PAYER PAYMENTS		2,732
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		7,824,624

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		

CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		7,824,624
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		673,200
21	EXCESS REASONABLE COST		
22	SUBTOTAL		7,151,424
23	COINSURANCE		
24	SUBTOTAL		7,151,424
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		137,781
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		137,781
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		104,182
26	SUBTOTAL		7,289,205
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		7,289,205
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		6,685,815
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		603,390
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		347,498	
2	MEDICAL AND OTHER SERVICES		970,140	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,317,638	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,317,638	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		5,419,501	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		5,419,501	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		5,419,501	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		4,101,863	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,317,638	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,317,638	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,317,638	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,317,638	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,317,638	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,317,638	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,317,638	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		1,317,638	

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

TITLE XIX

HOSPITAL

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59      PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.









