

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		15-0172		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 10:15

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:
 PHYSICIANS MEDICAL CENTER 15-0172

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		83,183		1	0
100	TOTAL	0		83,183		1	0

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		12				251	19
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT		12				251	19
6 TOTAL		12				251	19
12 RPCH VISITS							
25 TOTAL OBSERVATION BED DAYS		12					2
26 AMBULANCE TRIPS							
27 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	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			677				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT			677				
6 TOTAL			677				
12 RPCH VISITS							
25 TOTAL OBSERVATION BED DAYS			84				
26 AMBULANCE TRIPS							
27 EMPLOYEE DISCOUNT DAYS							
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					165	8	285
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS INTENSIVE CARE UNIT							
6 TOTAL		56.00			165	8	285
12 RPCH VISITS							
25 TOTAL OBSERVATION BED DAYS		56.00					
26 AMBULANCE TRIPS							
27 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	2,824,288		2,824,288	116,188.00	24.31	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	585,560		585,560			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	489,205	-74,147	415,058	21,447.00	19.35	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	45,255		45,255	2,204.00	20.53	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	28,395		28,395	2,087.00	13.61	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION		74,147	74,147	2,080.00	35.65	
31 CENTRAL SERVICE AND SUPPLY	84,063		84,063	5,723.00	14.69	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	2,824,288		2,824,288	116,188.00	24.31	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	2,824,288		2,824,288	116,188.00	24.31	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	585,560		585,560		20.73	
6 TOTAL	3,409,848		3,409,848	116,188.00	29.35	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	646,918		646,918	33,541.00	19.29	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0172	FROM 1/1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET S-10

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
 - 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

- 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) .218605
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0172	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0172

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

PREPARED 5/27/2011
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		1,101,907	1,101,907	264,544	1,366,451
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		93,254	93,254		93,254
5	0500 EMPLOYEE BENEFITS		647,155	647,155		647,155
6	0600 ADMINISTRATIVE & GENERAL	489,205	2,078,948	2,568,153	-74,147	2,494,006
8	0800 OPERATION OF PLANT	45,255	530,058	575,313		575,313
9	0900 LAUNDRY & LINEN SERVICE		54,350	54,350		54,350
10	1000 HOUSEKEEPING	28,395	85,465	113,860		113,860
11	1100 DIETARY		28,758	28,758		28,758
14	1400 NURSING ADMINISTRATION				74,147	74,147
15	1500 CENTRAL SERVICES & SUPPLY	84,063	106,244	190,307		190,307
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY		94,280	94,280		94,280
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	623,358	84,009	707,367		707,367
26	2600 INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,478,714		1,478,714		1,478,714
38	3800 RECOVERY ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	75,298		75,298		75,298
44	4400 LABORATORY					
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
49	4900 RESPIRATORY THERAPY					
50	5000 PHYSICAL THERAPY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		842,115	842,115		842,115
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		886,529	886,529		886,529
56	5600 DRUGS CHARGED TO PATIENTS		284,929	284,929		284,929
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		264,544	264,544	-264,544	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	2,824,288	7,182,545	10,006,833	-0-	10,006,833
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 SHELLLED SPACE					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
101	TOTAL	2,824,288	7,182,545	10,006,833	-0-	10,006,833

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0172
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,366,286
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-165	93,254
5	0500 EMPLOYEE BENEFITS		647,155
6	0600 ADMINISTRATIVE & GENERAL	-933,749	1,560,257
8	0800 OPERATION OF PLANT		575,313
9	0900 LAUNDRY & LINEN SERVICE		54,350
10	1000 HOUSEKEEPING		113,860
11	1100 DIETARY		28,758
14	1400 NURSING ADMINISTRATION		74,147
15	1500 CENTRAL SERVICES & SUPPLY		190,307
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY		94,280
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		707,367
26	2600 INTENSIVE CARE UNIT		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,478,714
38	3800 RECOVERY ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		75,298
44	4400 LABORATORY		
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		842,115
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		886,529
56	5600 DRUGS CHARGED TO PATIENTS		284,929
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-933,914	9,072,919
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 SHELLED SPACE		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
101	TOTAL	-933,914	9,072,919

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SHELLED SPACE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150172

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST	A	NEW CAP REL COSTS-BLDG & FIXT	3		264,544
2 NURSING ADMIN SALARY	C	NURSING ADMINISTRATION	14	74,147	
36 TOTAL RECLASSIFICATIONS				74,147	264,544

(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:
150172

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
	1	6	7	8	9	
1 INTEREST	A	INTEREST EXPENSE	88		264,544	11
2 NURSING ADMIN SALARY	C	ADMINISTRATIVE & GENERAL	6	74,147		
36 TOTAL RECLASSIFICATIONS				74,147	264,544	

(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:
150172

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

PREPARED 5/27/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	264,544
TOTAL RECLASSIFICATIONS FOR CODE A			264,544

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	264,544	
		264,544	

RECLASS CODE: C
EXPLANATION : NURSING ADMIN SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	74,147
TOTAL RECLASSIFICATIONS FOR CODE C			74,147

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	74,147	
		74,147	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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 II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	850,190					850,190	
2 LAND IMPROVEMENTS	768,718					768,718	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMENT	7,396,260	2,807		2,807		7,399,067	
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	3,746,720	151,966		151,966	500	3,898,186	
7 SUBTOTAL	12,761,888	154,773		154,773	500	12,916,161	
8 RECONCILING ITEMS							
9 TOTAL	12,761,888	154,773		154,773	500	12,916,161	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	9,017,975		9,017,975	.698193				
4	NEW CAP REL COSTS-MV	3,898,186		3,898,186	.301807				
5	TOTAL	12,916,161		12,916,161	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	874,997		264,379		226,910		1,366,286
4	NEW CAP REL COSTS-MV	43,493	49,761					93,254
5	TOTAL	918,490	49,761	264,379		226,910		1,459,540

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	874,997				226,910		1,101,907
4	NEW CAP REL COSTS-MV	43,493	49,761					93,254
5	TOTAL	918,490	49,761			226,910		1,195,161

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
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		-165	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 REMOVAL OF SUITE LEASE	A	-859,512	ADMINISTRATIVE & GENERAL	6	
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 MARKETING COSTS	A	-25,698	ADMINISTRATIVE & GENERAL	6	
41 MISC INCOME	B	-48,539	ADMINISTRATIVE & GENERAL	6	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-933,914			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL		1	1	
2						
3						
4						
5		TOTALS		1	1	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	C	100.00	PHYSICIANS MEDICAL CENTER	0.00	HOSPITAL
2	A	100.00	PHYSICIANS SURG PROP, LLC	0.00	PROPERTY COMPANY
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.

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0172 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	PATIENT	DAYS	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	PATIENT	DAYS	ENTERED
14	NURSING ADMINISTRATION	8	NURSING	HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	9	COSTED	REQUIS.	ENTERED
16	PHARMACY	10	COSTED	REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	PATIENT	REVENUE	ENTERED

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 OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,366,286	1,366,286					
005 NEW CAP REL COSTS-MVBLE E	93,254		93,254				
006 EMPLOYEE BENEFITS	647,155			647,155			
008 ADMINISTRATIVE & GENERAL	1,560,257	234,192	15,984	95,106	1,905,539	1,905,539	
009 OPERATION OF PLANT	575,313	86,950	5,935	10,370	678,568	180,406	858,974
010 LAUNDRY & LINEN SERVICE	54,350				54,350	14,450	
011 HOUSEKEEPING	113,860	19,322	1,319	6,506	141,007	37,489	15,880
014 DIETARY	28,758	21,022	1,435		51,215	13,616	17,277
015 NURSING ADMINISTRATION	74,147			16,990	91,137	24,230	
016 CENTRAL SERVICES & SUPPLY	190,307	217,643	14,855	19,262	442,067	117,529	178,875
017 PHARMACY		5,323	363		5,686	1,512	4,374
025 MEDICAL RECORDS & LIBRARY	94,280	21,380	1,459		117,119	31,138	17,571
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	707,367	353,435	24,123	142,836	1,227,761	326,416	290,479
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,478,714	400,668	27,348	338,831	2,245,561	597,009	329,298
044 RECOVERY ROOM							
045 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC	75,298	6,351	433	17,254	99,336	26,410	5,220
050 LABORATORY							
055 PBP CLINICAL LAB SERVICES							
056 RESPIRATORY THERAPY							
061 PHYSICAL THERAPY							
062 MEDICAL SUPPLIES CHARGED	842,115				842,115	223,887	
095 30 IMPL. DEV. CHARGED TO PAT	886,529				886,529	235,695	
096 DRUGS CHARGED TO PATIENTS	284,929				284,929	75,752	
097 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY							
099 OBSERVATION BEDS (NON-DIS							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	9,072,919	1,366,286	93,254	647,155	9,072,919	1,905,539	858,974
103 NONREIMBURS COST CENTERS							
104 GIFT, FLOWER, COFFEE SHOP							
105 01 SHELLED SPACE							
106 RESEARCH							
107 PHYSICIANS' PRIVATE OFFIC							
108 NONPAID WORKERS							
109 CROSS FOOT ADJUSTMENT							
110 NEGATIVE COST CENTER							
111 TOTAL	9,072,919	1,366,286	93,254	647,155	9,072,919	1,905,539	858,974

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	68,800						
011 HOUSEKEEPING		194,376					
014 DIETARY		3,983	86,091				
015 NURSING ADMINISTRATION				115,367			
016 CENTRAL SERVICES & SUPPLY		41,240		7,471	787,182		
017 PHARMACY		1,009				12,581	
025 MEDICAL RECORDS & LIBRARY		4,051					169,879
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	68,800	66,970	86,091	28,271			1,694
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		75,920		75,928			126,799
044 RECOVERY ROOM							
045 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		1,203		3,697			9,717
050 LABORATORY							
055 PBP CLINICAL LAB SERVICES							
056 RESPIRATORY THERAPY							
061 PHYSICAL THERAPY							
062 MEDICAL SUPPLIES CHARGED					385,719		16,784
095 30 IMPL. DEV. CHARGED TO PAT					401,463		9,952
096 DRUGS CHARGED TO PATIENTS						12,581	4,933
097 OUTPAT SERVICE COST CNTRS							
098 EMERGENCY							
099 OBSERVATION BEDS (NON-DIS							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	68,800	194,376	86,091	115,367	787,182	12,581	169,879
103 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 01 SHELLED SPACE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	68,800	194,376	86,091	115,367	787,182	12,581	169,879

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
014 DIETARY			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
025 MEDICAL RECORDS & LIBRARY			
026 INPAT ROUTINE SRVC CNTRS	2,096,482		2,096,482
037 ADULTS & PEDIATRICS			
038 INTENSIVE CARE UNIT			
040 ANCILLARY SRVC COST CNTRS			
041 OPERATING ROOM	3,450,515		3,450,515
044 RECOVERY ROOM			
045 ANESTHESIOLOGY			
049 RADIOLOGY-DIAGNOSTIC	145,583		145,583
050 LABORATORY			
055 PBP CLINICAL LAB SERVICES			
056 RESPIRATORY THERAPY			
061 PHYSICAL THERAPY			
062 MEDICAL SUPPLIES CHARGED	1,468,505		1,468,505
095 30 IMPL. DEV. CHARGED TO PAT	1,533,639		1,533,639
096 DRUGS CHARGED TO PATIENTS	378,195		378,195
097 OUTPAT SERVICE COST CNTRS			
098 EMERGENCY			
099 OBSERVATION BEDS (NON-DIS			
101 SPEC PURPOSE COST CENTERS			
102 SUBTOTALS	9,072,919		9,072,919
103 NONREIMBURS COST CENTERS			
01 GIFT, FLOWER, COFFEE SHOP			
01 SHELLED SPACE			
01 RESEARCH			
01 PHYSICIANS' PRIVATE OFFIC			
01 NONPAID WORKERS			
01 CROSS FOOT ADJUSTMENT			
01 NEGATIVE COST CENTER			
01 TOTAL	9,072,919		9,072,919

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET B
 PART III

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	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL		234,192	15,984	250,176		250,176	
009 OPERATION OF PLANT		86,950	5,935	92,885		23,685	116,570
010 LAUNDRY & LINEN SERVICE						1,897	
011 HOUSEKEEPING		19,322	1,319	20,641		4,922	2,155
014 DIETARY		21,022	1,435	22,457		1,788	2,345
015 NURSING ADMINISTRATION						3,181	
016 CENTRAL SERVICES & SUPPLY		217,643	14,855	232,498		15,430	24,275
017 PHARMACY		5,323	363	5,686		198	594
025 MEDICAL RECORDS & LIBRARY		21,380	1,459	22,839		4,088	2,385
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS		353,435	24,123	377,558		42,855	39,420
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		400,668	27,348	428,016		78,382	44,688
044 RECOVERY ROOM							
045 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		6,351	433	6,784		3,467	708
050 LABORATORY							
055 PBP CLINICAL LAB SERVICES							
056 RESPIRATORY THERAPY							
055 PHYSICAL THERAPY							
055 MEDICAL SUPPLIES CHARGED						29,394	
056 30 IMPL. DEV. CHARGED TO PAT						30,944	
056 DRUGS CHARGED TO PATIENTS						9,945	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY							
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
096 SUBTOTALS		1,366,286	93,254	1,459,540		250,176	116,570
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
097 SHELLED SPACE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,366,286	93,254	1,459,540		250,176	116,570

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	9	10	11	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	1,897						
011 HOUSEKEEPING		27,718					
014 DIETARY		568	27,158				
015 NURSING ADMINISTRATION				3,181			
016 CENTRAL SERVICES & SUPPLY		5,881		206	278,290		
017 PHARMACY		144				6,622	
025 MEDICAL RECORDS & LIBRARY		578					29,890
026 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	1,897	9,550	27,158	779			298
038 INTENSIVE CARE UNIT							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		10,825		2,094			22,315
044 RECOVERY ROOM							
045 ANESTHESIOLOGY							
049 RADIOLOGY-DIAGNOSTIC		172		102			1,709
050 LABORATORY							
055 PBP CLINICAL LAB SERVICES							
056 RESPIRATORY THERAPY							
061 PHYSICAL THERAPY							
062 MEDICAL SUPPLIES CHARGED						136,362	2,951
095 30 IMPL. DEV. CHARGED TO PAT						141,928	1,750
096 DRUGS CHARGED TO PATIENTS							867
097 OUTPAT SERVICE COST CNTRS						6,622	
098 EMERGENCY							
099 OBSERVATION BEDS (NON-DIS							
101 SPEC PURPOSE COST CENTERS							
102 SUBTOTALS	1,897	27,718	27,158	3,181	278,290	6,622	29,890
103 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 01 SHELLED SPACE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	1,897	27,718	27,158	3,181	278,290	6,622	29,890

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
014 DIETARY			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
025 MEDICAL RECORDS & LIBRARY			
026 INPAT ROUTINE SRVC CNTRS	499,515		499,515
037 ADULTS & PEDIATRICS			
038 INTENSIVE CARE UNIT			
040 ANCILLARY SRVC COST CNTRS			
041 OPERATING ROOM	586,320		586,320
044 RECOVERY ROOM			
045 ANESTHESIOLOGY			
049 RADIOLOGY-DIAGNOSTIC	12,942		12,942
050 LABORATORY			
055 PBP CLINICAL LAB SERVICES			
056 RESPIRATORY THERAPY			
061 PHYSICAL THERAPY			
062 MEDICAL SUPPLIES CHARGED	168,707		168,707
095 30 IMPL. DEV. CHARGED TO PAT	174,622		174,622
096 DRUGS CHARGED TO PATIENTS	17,434		17,434
097 OUTPAT SERVICE COST CNTRS			
098 EMERGENCY			
099 OBSERVATION BEDS (NON-DIS			
101 SPEC PURPOSE COST CENTERS			
102 SUBTOTALS	1,459,540		1,459,540
103 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
097 01 SHELLED SPACE			
098 RESEARCH			
099 PHYSICIANS' PRIVATE OFFIC			
101 NONPAID WORKERS			
102 CROSS FOOT ADJUSTMENTS			
103 NEGATIVE COST CENTER			
TOTAL	1,459,540		1,459,540

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE OPERATION OF E & GENERAL PLANT
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)
	3	4	5	6a. 00	6
					(SQUARE FEET)
					8
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD	30,547				
005 NEW CAP REL COSTS-MVB		30,547			
006 EMPLOYEE BENEFITS			2,824,288		
008 ADMINISTRATIVE & GENE	5,236	5,236	415,058	-1,905,539	7,167,380
009 OPERATION OF PLANT	1,944	1,944	45,255		678,568
010 LAUNDRY & LINEN SERVI					54,350
011 HOUSEKEEPING	432	432	28,395		141,007
014 DIETARY	470	470			51,215
015 NURSING ADMINISTRATIO			74,147		91,137
016 CENTRAL SERVICES & SU	4,866	4,866	84,063		442,067
017 PHARMACY	119	119			5,686
025 MEDICAL RECORDS & LIB	478	478			117,119
026 INPAT ROUTINE SRVC CN					
037 ADULTS & PEDIATRICS	7,902	7,902	623,358		1,227,761
038 INTENSIVE CARE UNIT					
040 ANCILLARY SRVC COST C					
041 OPERATING ROOM	8,958	8,958	1,478,714		2,245,561
044 RECOVERY ROOM					
045 ANESTHESIOLOGY					
049 RADIOLOGY-DIAGNOSTIC	142	142	75,298		99,336
050 LABORATORY					
055 PBP CLINICAL LAB SERV					842,115
056 RESPIRATORY THERAPY					886,529
061 PHYSICAL THERAPY					284,929
062 MEDICAL SUPPLIES CHAR					
095 30 IMPL. DEV. CHARGED TO					
096 DRUGS CHARGED TO PATI					
097 OUTPAT SERVICE COST C					
098 EMERGENCY					
099 OBSERVATION BEDS (NON					
101 SPEC PURPOSE COST CEN					
102 SUBTOTALS	30,547	30,547	2,824,288	-1,905,539	7,167,380
103 NONREIMBURS COST CENT					
104 GIFT, FLOWER, COFFEE					
105 01 SHELLED SPACE					
106 RESEARCH					
107 PHYSICIANS' PRIVATE O					
108 NONPAID WORKERS					
109 CROSS FOOT ADJUSTMENT					
110 NEGATIVE COST CENTER					
111 COST TO BE ALLOCATED	1,366,286	93,254	647,155		1,905,539
112 (WRKSHT B, PART I)					
113 UNIT COST MULTIPLIER	44.727338		.229139		.265863
114 (WRKSHT B, PT I)		3.052804			
115 COST TO BE ALLOCATED					
116 (WRKSHT B, PART II)					
117 UNIT COST MULTIPLIER					
118 (WRKSHT B, PT II)					
119 COST TO BE ALLOCATED					250,176
120 (WRKSHT B, PART III)					
121 UNIT COST MULTIPLIER					.034905
122 (WRKSHT B, PT III)					
					4.988659

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(PATIENT DAYS)	(NURSING HOURS)	(COSTED) REQUIS.	(COSTED) REQUISITION	(PATIENT) REVENUE
	9	10		11	14	15	16	17
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	100							
010 HOUSEKEEPING		22,935						
011 DIETARY		470		100				
014 NURSING ADMINISTRATION					88,370			
015 CENTRAL SERVICES & SUPPLY		4,866			5,723	100		
016 PHARMACY		119					100	
017 MEDICAL RECORDS & LIBRARY		478						41,377,386
025 INPAT ROUTINE SRVC CN								
026 ADULTS & PEDIATRICS INTENSIVE CARE UNIT	100	7,902		100	21,655			412,534
037 ANCILLARY SRVC COST CENTER OPERATING ROOM		8,958			58,160			30,885,355
038 RECOVERY ROOM								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC		142			2,832			2,366,614
044 LABORATORY								
045 PBP CLINICAL LAB SERVICE								
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY								
055 MEDICAL SUPPLIES CHARGED TO						49		4,087,681
055 30 IMPL. DEV. CHARGED TO						51		2,423,853
056 DRUGS CHARGED TO OUTPAT SERVICE COST CENTER							100	1,201,349
061 EMERGENCY								
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)								
095 SUBTOTALS	100	22,935		100	88,370	100	100	41,377,386
096 NONREIMBURS COST CENTER								
096 01 GIFT, FLOWER, COFFEE								
096 01 SHELLED SPACE								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	68,800	194,376		86,091	115,367	787,182	12,581	169,879
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		8.475082		860.910000	1.305500	7,871.820000	125.810000	.004106
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	688.000000							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1,897	27,718		27,158	3,181	278,290	6,622	29,890
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		1.208546		271.580000	.035996	2,782.900000	66.220000	.000722

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	2,096,482		2,096,482		2,096,482
26	INTENSIVE CARE UNIT					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,450,515		3,450,515		3,450,515
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	145,583		145,583		145,583
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
55	MEDICAL SUPPLIES CHARGED	1,468,505		1,468,505		1,468,505
55	30 IMPL. DEV. CHARGED TO PAT	1,533,639		1,533,639		1,533,639
56	DRUGS CHARGED TO PATIENTS	378,195		378,195		378,195
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	231,412		231,412		231,412
101	SUBTOTAL	9,304,331		9,304,331		9,304,331
102	LESS OBSERVATION BEDS	231,412		231,412		231,412
103	TOTAL	9,072,919		9,072,919		9,072,919

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	412,534		412,534			
26	INTENSIVE CARE UNIT						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,882,158	25,003,198	30,885,356	.111720	.111720	.111720
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	156,631	2,209,983	2,366,614	.061515	.061515	.061515
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED	1,153,043	2,934,638	4,087,681	.359251	.359251	.359251
55	30 IMPL. DEV. CHARGED TO PAT	1,540,731	883,122	2,423,853	.632728	.632728	.632728
56	DRUGS CHARGED TO PATIENTS	208,167	993,182	1,201,349	.314809	.314809	.314809
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,907	120,476	126,383	1.831037	1.831037	1.831037
101	SUBTOTAL	9,359,171	32,144,599	41,503,770			
102	LESS OBSERVATION BEDS						
103	TOTAL	9,359,171	32,144,599	41,503,770			

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	3,450,515	586,320	2,864,195			3,450,515
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	145,583	12,942	132,641			145,583
45	LABORATORY						
49	PBP CLINICAL LAB SERVICES						
50	RESPIRATORY THERAPY						
55	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED	1,468,505	168,707	1,299,798			1,468,505
55	30 IMPL. DEV. CHARGED TO PAT	1,533,639	174,622	1,359,017			1,533,639
56	DRUGS CHARGED TO PATIENTS	378,195	17,434	360,761			378,195
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
	OBSERVATION BEDS (NON-DIS	231,412	55,137	176,275			231,412
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	7,207,849	1,015,162	6,192,687			7,207,849
102	LESS OBSERVATION BEDS	231,412	55,137	176,275			231,412
103	TOTAL	6,976,437	960,025	6,016,412			6,976,437

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	30,885,356	.111720	.111720
40	RECOVERY ROOM			
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	2,366,614	.061515	.061515
45	LABORATORY			
49	PBP CLINICAL LAB SERVICES			
50	RESPIRATORY THERAPY			
55	PHYSICAL THERAPY			
55	MEDICAL SUPPLIES CHARGED	4,087,681	.359251	.359251
56	30 IMPL. DEV. CHARGED TO PAT	2,423,853	.632728	.632728
56	DRUGS CHARGED TO PATIENTS	1,201,349	.314809	.314809
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY			
101	OBSERVATION BEDS (NON-DIS	126,383	1.831037	1.831037
102	OTHER REIMBURS COST CNTRS			
103	SUBTOTAL	41,091,236		
	LESS OBSERVATION BEDS	126,383		
	TOTAL	40,964,853		

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	3,450,515	586,320	2,864,195	58,632	166,123	3,225,760
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC	145,583	12,942	132,641	1,294	7,693	136,596
45	LABORATORY						
49	PBP CLINICAL LAB SERVICES						
50	RESPIRATORY THERAPY						
55	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED	1,468,505	168,707	1,299,798	16,871	75,388	1,376,246
55	30 IMPL. DEV. CHARGED TO PAT	1,533,639	174,622	1,359,017	17,462	78,823	1,437,354
56	DRUGS CHARGED TO PATIENTS	378,195	17,434	360,761	1,743	20,924	355,528
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
101	OBSERVATION BEDS (NON-DIS	231,412	55,137	176,275	5,514	10,224	215,674
102	OTHER REIMBURS COST CNTRS						
103	SUBTOTAL	7,207,849	1,015,162	6,192,687	101,516	359,175	6,747,158
	LESS OBSERVATION BEDS	231,412	55,137	176,275	5,514	10,224	215,674
	TOTAL	6,976,437	960,025	6,016,412	96,002	348,951	6,531,484

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	30,885,356	.104443	.109822
40	RECOVERY ROOM			
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	2,366,614	.057718	.060969
45	LABORATORY			
49	PBP CLINICAL LAB SERVICES			
50	RESPIRATORY THERAPY			
55	PHYSICAL THERAPY			
55	MEDICAL SUPPLIES CHARGED	4,087,681	.336681	.355124
55	30 IMPL. DEV. CHARGED TO PAT	2,423,853	.593004	.625523
56	DRUGS CHARGED TO PATIENTS	1,201,349	.295941	.313358
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY			
	OBSERVATION BEDS (NON-DIS	126,383	1.706511	1.787408
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	41,091,236		
102	LESS OBSERVATION BEDS	126,383		
103	TOTAL	40,964,853		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		586,320	30,885,356	1,884,464		
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
44	RADIOLOGY-DIAGNOSTIC		12,942	2,366,614	56,767		
45	LABORATORY						
49	PBP CLINICAL LAB SERVICES						
50	RESPIRATORY THERAPY						
55	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED		168,707	4,087,681	391,647		
55	30 IMPL. DEV. CHARGED TO PAT		174,622	2,423,853	628,287		
56	DRUGS CHARGED TO PATIENTS		17,434	1,201,349	77,611		
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS		55,137	126,383	2,097		
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,015,162	41,091,236	3,040,873		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0172
 COMPONENT NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.018984	35,775
40	RECOVERY ROOM		
41	ANESTHESIOLOGY		
44	RADIOLOGY-DIAGNOSTIC	.005469	310
45	LABORATORY		
49	PBP CLINICAL LAB SERVICES		
50	RESPIRATORY THERAPY		
55	PHYSICAL THERAPY		
55	MEDICAL SUPPLIES CHARGED	.041272	16,164
55	30 IMPL. DEV. CHARGED TO PAT	.072043	45,264
56	DRUGS CHARGED TO PATIENTS	.014512	1,126
61	OUTPAT SERVICE COST CNTRS		
62	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS	.436269	915
101	OTHER REIMBURS COST CNTRS		
	TOTAL		99,554

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

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					761	
26	INTENSIVE CARE UNIT						
101	TOTAL					761	

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

PROVIDER NO: 15-0172
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		251
26	INTENSIVE CARE UNIT		
101	TOTAL		251

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			30,885,356			1,884,464	
38	RECOVERY ROOM							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			2,366,614			56,767	
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
55	MEDICAL SUPPLIES CHARGED			4,087,681			391,647	
55	30 IMPL. DEV. CHARGED TO PAT			2,423,853			628,287	
56	DRUGS CHARGED TO PATIENTS			1,201,349			77,611	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS			126,383			2,097	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			41,091,236			3,040,873	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	84
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	2,754.90
85	OBSERVATION BED COST	231,412

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	2,096,482		231,412	
87	NEW CAPITAL-RELATED COST	499,515	.238263	231,412	55,137
88	NON PHYSICIAN ANESTHETIST	2,096,482		231,412	
89	MEDICAL EDUCATION	2,096,482		231,412	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		146,310	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.111720	1,884,464	210,532
38	RECOVERY ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.061515	56,767	3,492
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359251	391,647	140,700
55	30 IMPL. DEV. CHARGED TO PATIENT	.632728	628,287	397,535
56	DRUGS CHARGED TO PATIENTS	.314809	77,611	24,433
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.831037	2,097	3,840
101	TOTAL		3,040,873	780,532
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,040,873	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		8,697	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.111720	12,733	1,423
38	RECOVERY ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.061515	3,295	203
44	LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.359251	24,255	8,714
55	30 IMPL. DEV. CHARGED TO PATIENT	.632728	32,410	20,507
56	DRUGS CHARGED TO PATIENTS	.314809	4,379	1,379
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.831037		
101	TOTAL		77,072	32,226
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		77,072	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	922,497	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	922,497	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	224,662	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	1,147,159	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	1,147,159	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	164,936	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	982,223	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	982,223	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	899,040	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	83,183	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0172	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-0172		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,345,188
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	2,042,651
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,042,651

COMPUTATION OF REIMBURSEMENT SETTLEMENT

DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	488,326
19	SUBTOTAL (SEE INSTRUCTIONS)	1,554,325
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,554,325
24	PRIMARY PAYER PAYMENTS	229
25	SUBTOTAL	1,554,096

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

COMPOSITE RATE ESRD		
BAD DEBTS (SEE INSTRUCTIONS)		
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,554,096
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,554,096
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,554,095
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

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		899,040		1,554,095
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		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL			NONE	NONE
4 TOTAL INTERIM PAYMENTS		899,040		1,554,095
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99	NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			83,183	1
7 TOTAL MEDICARE PROGRAM LIABILITY			982,223	1,554,096

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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	306,332			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	1,233,418			
5 OTHER RECEIVABLES	37,414			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	366,350			
8 PREPAID EXPENSES	68,813			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	2,012,327			
FIXED ASSETS				
12 LAND	850,190			
12.01 LAND IMPROVEMENTS	768,718			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	7,399,067			
14.01 LESS ACCUMULATED DEPRECIATION	-2,080,843			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,376,109			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE	522,078			
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	10,835,319			
OTHER ASSETS				
22 INVESTMENTS	282,771			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	998,776			
26 TOTAL OTHER ASSETS	1,281,547			
27 TOTAL ASSETS	14,129,193			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	478,884			
29 SALARIES, WAGES & FEES PAYABLE	166,028			
30 PAYROLL TAXES PAYABLE	5,830			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,074,174			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,058,311			
36 TOTAL CURRENT LIABILITIES	3,783,227			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	5,853,526			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,733,331			
42 TOTAL LONG-TERM LIABILITIES	7,586,857			
43 TOTAL LIABILITIES	11,370,084			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	2,759,109			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	2,759,109			
52 TOTAL LIABILITIES AND FUND BALANCES	14,129,193			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		1,565,027		
2 NET INCOME (LOSS)		1,606,973		
3 TOTAL		3,172,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 CAPITAL CONTRIBUTIONS	30,000			
7				
8				
9				
10 TOTAL ADDITIONS		30,000		
11 SUBTOTAL		3,202,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 REDEMPTION OF EQUITIES	116,291			
15 DISTRIBUTIONS	326,600			
16				
17				
18 TOTAL DEDUCTIONS		442,891		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		2,759,109		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	412,534		412,534
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	412,534		412,534
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	412,534		412,534
17 00 ANCILLARY SERVICES	8,940,730	32,024,122	40,964,852
18 00 OUTPATIENT SERVICES	5,907	120,476	126,383
24 00			
25 00 TOTAL PATIENT REVENUES	9,359,171	32,144,598	41,503,769

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		10,006,833	
ADD (SPECIFY)			
27 00 BAD DEBTS	414,798		
28 00 ROUNDING	9		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		414,807	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		10,421,640	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0172
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	41,503,769
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	30,427,716
3	NET PATIENT REVENUES	11,076,053
4	LESS: TOTAL OPERATING EXPENSES	10,421,640
5	NET INCOME FROM SERVICE TO PATIENTS	654,413
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	93,048
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	RENTAL REVENUE FROM PHYS SURG PROP	859,512
25	TOTAL OTHER INCOME	952,560
26	TOTAL	1,606,973
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,606,973

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0172	FROM 1/ 1/2010	5/27/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0172		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	164,754
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	99,554
3	TOTAL INPATIENT PROGRAM CAPITAL COST	264,308
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	224,662
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	