

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by

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

Title

Date

PART III - SETTLEMENT SUMMARY

		TITLE XVIII					
		TITLE V	PART A	PART B	HIT	TITLE XIX	
		1	2	3	4	5	
1	HOSPITAL		-44,876				1
2	SUBPROVIDER - IPF						2
3	SUBPROVIDER - IRF						3
4	SUBPROVIDER (OTHER)						4
5	SWING BED - SNF						5
6	SWING BED - NF						6
7	SKILLED NURSING FACILITY						7
8	NURSING FACILITY						8
9	HOME HEALTH AGENCY						9
10	HEALTH CLINIC - RHC						10
11	HEALTH CLINIC - FQHC						11
12	OUTPATIENT REHABILITATION PROVIDER						12
200	TOTAL		-44,876				200

The above amounts represent 'due to' or 'due from' the applicable program for the element of the above complex indicated.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

Hospital and Hospital Health Care Complex Address:

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

Hospital and Hospital-Based Component Identification:

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

20	Cost Reporting Period (mm/dd/yyyy)	From: 09 / 01 / 2014	To: 08 / 31 / 2015							20
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21	Type of control (see instructions)	4								21
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Inpatient PPS Information

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

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

26	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter '1' for urban and '2' for rural.	1					26
27	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, '1' for urban or '2' for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1					27
35	If this is a sole community hospital (SCH), enter the number of periods SCH status is in effect in the cost reporting period.						35
36	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			36
37	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status is in effect in the cost reporting period.						37
38	If line 37 is 1, enter the beginning and ending dates of MDH status. If line 37 is greater than 1, subscript this line for the number of periods in excess of one and enter subsequent dates.	Beginning:		Ending:			38

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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

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

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

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

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

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

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

Teaching Hospitals that Claim Residents in Nonprovider Settings

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

WORKSHEET S-2
PART I

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
PART I

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

Rural Providers

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

Miscellaneous Cost Reporting Information

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

Transplant Center Information

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

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WORKSHEET S-2
PART I

All Providers

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

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

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

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

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

Multicampus

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

COMPLETED BY ALL HOSPITALS

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

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

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

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

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

		Part A		Part B	
		Y/N	Date	Y/N	Date
PS&R Report Data					
		1	2	3	4
16	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/16/2015	Y	12/16/2015
17	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	
18	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		N	
19	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	
20	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	
21	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

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

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

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

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

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

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	Component	Wkst A Line No.	No. of Beds	Bed Days Available	CAH Hours	Inpatient Days / Outpatient Visits / Trips				Total All Patients
						Title V	Title XVIII	Title XIX		
		1	2	3	4	5	6	7	8	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)	30	32	11,680			8,430		9,996	1
2	HMO and other (see instructions)						527			2
3	HMO IPF Subprovider									3
4	HMO IRF Subprovider									4
5	Hospital Adults & Peds. Swing Bed SNF									5
6	Hospital Adults & Peds. Swing Bed NF									6
7	Total Adults & Peds. (exclude observation beds) (see instructions)		32	11,680			8,430		9,996	7
8	Intensive Care Unit	31								8
9	Coronary Care Unit	32								9
10	Burn Intensive Care Unit	33								10
11	Surgical Intensive Care Unit	34								11
12	Other Special Care (specify)	35								12
13	Nursery	43								13
14	Total (see instructions)		32	11,680			8,430		9,996	14
15	CAH Visits									15
16	Subprovider - IPF	40								16
17	Subprovider - IRF	41								17
18	Subprovider I	42								18
19	Skilled Nursing Facility	44								19
20	Nursing Facility	45								20
21	Other Long Term Care	46								21
22	Home Health Agency	101								22
23	ASC (Distinct Part)	115								23
24	Hospice (Distinct Part)	116								24
24.10	Hospice (non-distinct part)	30								24.10
25	CMHC	99								25
26	RHC	88								26
27	Total (sum of lines 14-26)		32							27
28	Observation Bed Days									28
29	Ambulance Trips									29
30	Employee discount days (see instructions)									30
31	Employee discount days-IRF									31
32	Labor & delivery (see instructions)									32
32.01	Total ancillary labor & delivery room outpatient days (see instructions)									32.01
33	LTCH non-covered days									33

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I

	Component	Full Time Equivalents			DISCHARGES				
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		9	10	11	12	13	14	15	
1	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)					331		414	1
2	HMO and other (see instructions)					23			2
3	HMO IPF Subprovider								3
4	HMO IRF Subprovider								4
5	Hospital Adults & Peds. Swing Bed SNF								5
6	Hospital Adults & Peds. Swing Bed NF								6
7	Total Adults & Peds. (exclude observation beds) (see instructions)								7
8	Intensive Care Unit								8
9	Coronary Care Unit								9
10	Burn Intensive Care Unit								10
11	Surgical Intensive Care Unit								11
12	Other Special Care (specify)								12
13	Nursery								13
14	Total (see instructions)		89.98			331		414	14
15	CAH Visits								15
16	Subprovider - IPF								16
17	Subprovider - IRF								17
18	Subprovider I								18
19	Skilled Nursing Facility								19
20	Nursing Facility								20
21	Other Long Term Care								21
22	Home Health Agency								22
23	ASC (Distinct Part)								23
24	Hospice (Distinct Part)								24
24.10	Hospice (non-distinct part)								24.10
25	CMHC								25
26	RHC								26
27	Total (sum of lines 14-26)		89.98						27
32.01	Total ancillary labor & delivery room outpatient days (see instructions)								32

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PARTS II-III

Part II - Wage Data

	Wkst A Line No.	Amount Reported	Reclassif- ication of Salaries (from Worksheet A-6)	Adjusted Salaries (column 2 ± column 3)	Paid Hours Related to Salaries in Column 4	Average Hourly wage (column 4 ± column 5)	
	1	2	3	4	5	6	
SALARIES							
1	200	5,623,195			187,160.00		1
2							2
3							3
4							4
4.01							4.01
5							5
6							6
7	21						7
7.01							7.01
8							8
9	44						9
10							10
OTHER WAGES & RELATED COSTS							
11							11
12							12
13							13
14							14
15							15
16							16
WAGE-RELATED COSTS							
17		829,529					17
18							18
19							19
20							20
21							21
22							22
22.01							22.01
23							23
24							24
25							25
OVERHEAD COSTS - DIRECT SALARIES							
26							26
27		887,833			32,389.00		27
28							28
29							29
30							30
31							31
32							32
33							33
34							34
35							35
36							36
37							37
38							38
39							39
40							40
41		109,410			4,345.00		41
42		117,632			3,867.00		42
43							43

Part III - Hospital Wage Index Summary

1	Net salaries (see instructions)		5,623,195		5,623,195	187,160.00	30.04	1
2	Excluded area salaries (see instructions)							2
3	Subtotal salaries (line 1 minus line 2)		5,623,195		5,623,195	187,160.00	30.04	3
4	Subtotal other wages & related costs (see instructions)							4
5	Subtotal wage-related costs (see instructions)		829,529		829,529		14.75%	5
6	Total (sum of lines 3 through 5)		6,452,724		6,452,724	187,160.00	34.48	6
7	Total overhead cost (see instructions)		1,114,875		1,114,875	40,601.00	27.46	7

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HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

Part IV - Wage Related Cost

Part A - Core List

		Amount Reported	
	RETIREMENT COST		
1	401K Employer Contributions	39,489	1
2	Tax Sheltered Annuity (TSA) Employer Contribution		2
3	Nonqualified Defined Benefit Plan Cost (see instructions)		3
4	Qualified Defined Benefit Plan Cost (see instructions)		4
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization):		
5	401k/TSA Plan Administration Fees		5
6	Legal/Accounting/Management Fees-Pension Plan		6
7	Employee Managed Care Program Administration Fees		7
	HEALTH AND INSURANCE COST		
8	Health Insurance (Purchased or Self Funded)	244,836	8
9	Prescription Drug Plan		9
10	Dental, Hearing and Vision Plan		10
11	Life Insurance (If employee is owner or beneficiary)		11
12	Accident Insurance (If employee is owner or beneficiary)		12
13	Disability Insurance (If employee is owner or beneficiary)		13
14	Long-Term Care Insurance (If employee is owner or beneficiary)		14
15	Workers' Compensation Insurance	96,415	15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		16
	TAXES		
17	FICA-Employers Portion Only	448,789	17
18	Medicare Taxes - Employers Portion Only		18
19	Unemployment Insurance		19
20	State or Federal Unemployment Taxes		20
	OTHER		
21	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)		21
22	Day Care Costs and Allowances		22
23	Tuition Reimbursement		23
24	Total Wage Related cost (Sum of lines 1-23)	829,529	24

Part B - Other Than Core Related Cost

25	OTHER WAGE RELATED COSTs (SPECIFY)		25
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WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3, Part IV, Line 4)

EXHIBIT 3

STEP 1: DETERMINE THE 3-YEAR AVERAGING PERIOD			
1	Wage Index Fiscal Year Ending Date		1
2	Provider's Cost Reporting Period Used for Wage Index Year on Line 1 (FYB in Col. 1, FYE in Col. 2)		2
3	Midpoint of Provider's Cost Reporting Period Shown on Line 2, Adjusted to First of Month		3
4	Date Beginning the 3-Year Averaging Period (subtract 18 months from midpoint shown on Line 3)		4
5	Date Ending the 3-Year Averaging Period (add 18 months to midpoint shown on Line 3)		5
STEP 2 (OPTIONAL): ADJUST AVERAGING PERIOD FOR A NEW PLAN (see instructions)			
6	Effective Date of Pension Plan		6
7	First Day of the Provider Cost Reporting Period Containing the Pension Plan Effective Date		7
8	Starting Date of the Adjusted Averaging Period (date on Line 7, adjusted to first of month)		8

IF THIS DATE OCCURS AFTER THE PERIOD SHOWN ON LINE 2, STOP HERE AND SEE INSTRUCTIONS

STEP 3: AVERAGE PENSION CONTRIBUTIONS DURING THE AVERAGING PERIOD			
9	Beginning Date of Averaging Period from Line 4 or Line 8, as Applicable		9
10	Ending Date of Averaging Period from Line 5		10
11	Enter Provider Contributions Made During Averaging Period on Lines 9 & 10	DEPOSIT DATE(S)	CONTRIBUTION(S) 11
12	Total Calendar Months Included in Averaging Period (36 unless Step 2 completed)		12
13	Total Contributions Made During Averaging Period		13
14	Average Monthly Contribution (Line 13 divided by Line 12)		14
15	Number of MOnths in Provider Cost Reporting Period on Line 2		15
16	Average Pension Contributions (Line 14 times Line 15)		16
STEP 4: TOTAL PENSION COST FOR WAGE INDEX			
17	Annual Prefunding Installment (see instructions)		17
18	Reportable Prefunding Installment ((Line 17 times Line 15) divided by 12)		18
19	Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4)		19

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HOSPITAL CONTRACT LABOR AND BENEFIT COST

**WORKSHEET S-3
PART V**

Part V - Contract Labor and Benefit Cost

Hospital and Hospital-Based Component Identification:

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

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HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	DESCRIPTION	Outpatient		Training		Home		
		Regular	High Flux	Hemo-dialysis	CAPD CCPD	Hemo-dialysis	CAPD CCPD	
		1	2	3	4	5	6	
1	Number of patients in program at end of cost reporting period							1
2	Number of times per week patient receives dialysis							2
3	Average patient dialysis time including setup							3
4	CAPD exchanges per day							4
5	Number of days in year dialysis furnished							5
6	Number of stations							6
7	Treatment capacity per day per station							7
8	Utilization (see instructions)							8
9	Average times dialyzers re-used							9
10	Percentage of patients re-using dialyzers							10

ESRD PPS

		1	2	
10.01	Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter 'Y' for yes or 'N' for no. (see instructions)			10.01
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter 'Y' for yes or 'N' for no. (see instructions for 'new' providers)			10.02
10.03	If you responded 'N' to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)		4	10.03

TRANSPLANT INFORMATION

11	Number of patients on transplant list			11
12	Number of patients transplanted during the cost reporting period			12

EPOETIN

13	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider			13
14	Epoetin amount from Worksheet A for home dialysis program			14
15	Number of EPO units furnished relating to the renal dialysis department			15
16	Number of EPO units furnished relating to the home dialysis department			16

ARANESP

17	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider			17
18	ARANESP amount from Worksheet A for home dialysis program			18
19	Number of ARANESP units furnished relating to the renal dialysis department			19
20	Number of ARANESP units furnished relating to the home dialysis department			20

PHYSICIAN PAYMENT METHOD (Enter 'X' for applicable method(s))

21	MCP	INITIAL METHOD	
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Erythropoiesis-Stimulating Agents (ESA) Statistics:		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.	
		1	2	3	4	5	
22	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)						22

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

		COST CENTER DESCRIPTIONS	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSI- FICATIONS	RECLASSI- FIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUST- MENTS	NET EXPENSES FOR ALLOCA- TION (col. 5 ± col. 6)	
			1	2	3	4	5	6	7	
		GENERAL SERVICE COST CENTERS								
1	00100	Cap Rel Costs-Bldg & Fixt		1,557,660	1,557,660		1,557,660		1,557,660	1
2	00200	Cap Rel Costs-Mvble Equip								2
3	00300	Other Cap Rel Costs							-0-	3
4	00400	Employee Benefits Department		829,529	829,529		829,529		829,529	4
5	00500	Administrative & General	887,833	2,726,184	3,614,017		3,614,017	-1,314,897	2,299,120	5
6	00600	Maintenance & Repairs								6
7	00700	Operation of Plant		74,671	74,671		74,671		74,671	7
8	00800	Laundry & Linen Service		48,070	48,070		48,070		48,070	8
9	00900	Housekeeping		189,493	189,493		189,493		189,493	9
10	01000	Dietary		270,404	270,404		270,404		270,404	10
11	01100	Cafeteria								11
12	01200	Maintenance of Personnel								12
13	01300	Nursing Administration								13
14	01400	Central Services & Supply								14
15	01500	Pharmacy								15
16	01600	Medical Records & Library	109,410	71,107	180,517		180,517		180,517	16
17	01700	Social Service	117,632		117,632		117,632		117,632	17
18	01850	RECREATIONAL THERAPY								18
19	01900	Nonphysician Anesthetists								19
20	02000	Nursing School								20
21	02100	I&R Services-Salary & Fringes Apprvd								21
22	02200	I&R Services-Other Prgm Costs Apprvd								22
23	02300	Paramed Ed Prgm-(specify)								23
		INPATIENT ROUTINE SERVICE COST CENTERS								
30	03000	Adults & Pediatrics	3,608,123	543,060	4,151,183		4,151,183		4,151,183	30
		ANCILLARY SERVICE COST CENTERS								
50	05000	Operating Room		272,506	272,506		272,506		272,506	50
54	05400	Radiology-Diagnostic		286,430	286,430		286,430		286,430	54
60	06000	Laboratory		301,777	301,777		301,777		301,777	60
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	06500	Respiratory Therapy	814,847	126,273	941,120		941,120		941,120	65
66	06600	Physical Therapy	63,552	91,733	155,285		155,285		155,285	66
67	06700	Occupational Therapy	7,281	134,039	141,320		141,320		141,320	67
68	06800	Speech Pathology		82,425	82,425		82,425		82,425	68
71	07100	Medical Supplies Charged to Patients		140,331	140,331		140,331		140,331	71
73	07300	Drugs Charged to Patients	14,517	1,804,696	1,819,213		1,819,213		1,819,213	73
74	07400	Renal Dialysis		208,130	208,130		208,130		208,130	74
76.97	07697	CARDIAC REHABILITATION								76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY								76.98
76.99	07699	LITHOTRIPSY								76.99
		OUTPATIENT SERVICE COST CENTERS								
92	09200	Observation Beds (Non-Distinct Part)								92
		OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF								99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY								99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY								99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY								99.40
		SPECIAL PURPOSE COST CENTERS								
118		SUBTOTALS (sum of lines 1-117)	5,623,195	9,758,518	15,381,713		15,381,713	-1,314,897	14,066,816	118
		NONREIMBURSABLE COST CENTERS								
200		TOTAL (sum of lines 118-199)	5,623,195	9,758,518	15,381,713		15,381,713	-1,314,897	14,066,816	200

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RECLASSIFICATIONS

WORKSHEET A-6

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

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECLASSIFICATIONS

WORKSHEET A-6

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

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.

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RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSETS BALANCES

	Description	Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1	2	3	4	5	6	7	
1	Land								1
2	Land Improvements								2
3	Buildings and Fixtures								3
4	Building Improvements	96,287					96,287		4
5	Fixed Equipment								5
6	Movable Equipment	782,198	240,731		240,731		1,022,929		6
7	HIT-designated Assets								7
8	Subtotal (sum of lines 1-7)	878,485	240,731		240,731		1,119,216		8
9	Reconciling Items								9
10	Total (line 7 minus line 9)	878,485	240,731		240,731		1,119,216		10

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

	Description	SUMMARY OF CAPITAL							Total (1) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	501,737	812,749	178,808	59,820	4,546			1,557,660	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	501,737	812,749	178,808	59,820	4,546			1,557,660	3

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

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

	Description	SUMMARY OF CAPITAL							Total (2) (sum of cols. 9 through 14)	
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
*		9	10	11	12	13	14	15		
1	Cap Rel Costs-Bldg & Fixt	501,737	812,749	178,808	59,820	4,546			1,557,660	1
2	Cap Rel Costs-Mvble Equip									2
3	Total (sum of lines 1-2)	501,737	812,749	178,808	59,820	4,546			1,557,660	3

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

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

	DESCRIPTION(1)	BASIS/ CODE (2)	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		Wkst. A-7 Ref.
				COST CENTER	LINE#	
		1	2	3	4	5
1	Investment income-buildings & fixtures (chapter 2)			Cap Rel Costs-Bldg & Fixt	1	1
2	Investment income-movable equipment (chapter 2)			Cap Rel Costs-Mvble Equip	2	2
3	Investment income-other (chapter 2)					3
4	Trade, quantity, and time discounts (chapter 8)					4
5	Refunds and rebates of expenses (chapter 8)					5
6	Rental of provider space by suppliers (chapter 8)					6
7	Telephone services (pay stations excl) (chapter 21)					7
8	Television and radio service (chapter 21)					8
9	Parking lot (chapter 21)					9
10	Provider-based physician adjustment	Wkst A-8-2	-554,030			10
11	Sale of scrap, waste, etc. (chapter 23)					11
12	Related organization transactions (chapter 10)	Wkst A-8-1	-692,053			12
13	Laundry and linen service					13
14	Cafeteria - employees and guests					14
15	Rental of quarters to employees & others					15
16	Sale of medical and surgical supplies to other than patients					16
17	Sale of drugs to other than patients					17
18	Sale of medical records and abstracts					18
19	Nursing school (tuition,fees,books,etc.)					19
20	Vending machines					20
21	Income from imposition of interest, finance or penalty charges (chapter 21)					21
22	Interest exp on Medicare overpayments & borrowings to repay Medicare overpayments					22
23	Adj for respiratory therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Respiratory Therapy	65	23
24	Adj for physical therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Physical Therapy	66	24
25	Util review-physicians' compensation (chapter 21)			Utilization Review-SNF	114	25
26	Depreciation--buildings & fixtures			Cap Rel Costs-Bldg & Fixt	1	26
27	Depreciation--movable equipment			Cap Rel Costs-Mvble Equip	2	27
28	Non-physician anesthetist			Nonphysician Anesthetists	19	28
29	Physicians' assistant					29
30	Adj for occupational therapy costs in excess of limitation (chapter 14)	Wkst A-8-3		Occupational Therapy	67	30
31	Adj for speech pathology costs in excess of limitation (chapter 14)	Wkst A-8-3		Speech Pathology	68	31
32	CAH HIT Adj for Depreciation					32
33	ADVERTISING	A	-63,740	Administrative & General	5	33
34	OTHER	A	-5,074	Administrative & General	5	34
35						35
36						36
37						37
38						38
39						39
40						40
41						41
42						42
43						43
44						44
45						45
46						46
47						47
48						48
49						49
50	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200)		-1,314,897			50

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

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

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

WORKSHEET A-8-1

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

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wkst. A column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.
	1	2	3	4	5	6	7
1	5	Administrative & General	HO OPERATING	774,707	1,466,760	-692,053	1
2							2
3							3
4							4
5	TOTALS (sum of lines 1-4) Transfer column 6, line 5 to Worksheet A-8, column 2, line 12			774,707	1,466,760	-692,053	5

* The amounts on lines 1 through 4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which have not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		Type of Business	
				Name	Percentage of Ownership		
	1	2	3	4	5	6	
6	F			ACADIANA MANAGEMENT GROUP		MANAGEMENT COMPANY	6
7							7
8							8
9							9
10							10

(1) Use the following symbols to indicate the interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial Or non-financial) specify:

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Total Remun- eration	Professional Component	Provider Component	RCE Amount	Physician/ Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	1	2	3	4	5	6	7	8	9	
1	5	Administrative & Gen AGGREGATE	601,313	523,615	77,697	211,500	465	47,283	2,364	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL	601,313	523,615	77,697		465	47,283	2,364	200

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PROVIDER-BASED PHYSICIANS ADJUSTMENTS

WORKSHEET A-8-2

	Wkst A Line #	Cost Center/ Physician Identifier	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	10	11	12	13	14	15	16	17	18	
1	5	Administrative & Gen AGGREGATE					47,283	30,414	554,030	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
200		TOTAL					47,283	30,414	554,030	200

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	NET EXP FOR COST ALLOCATION (from Wkst A, col.7)	CAP BLDGS & FIXTURES	EMPLOYEE BENEFITS DEPARTMENT	SUBTOTAL (cols.0-4)	ADMINIS-TRATIVE & GENERAL	OPERATION OF PLANT	
		0	1	4	4A	5	7	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	1,557,660	1,557,660					1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department	829,529		829,529				4
5	Administrative & General	2,299,120	161,757	130,972	2,591,849	2,591,849		5
6	Maintenance & Repairs							6
7	Operation of Plant	74,671			74,671	16,866	91,537	7
8	Laundry & Linen Service	48,070			48,070	10,858		8
9	Housekeeping	189,493			189,493	42,801		9
10	Dietary	270,404			270,404	61,076		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	180,517	29,771	16,140	226,428	51,143	1,952	16
17	Social Service	117,632		17,353	134,985	30,489		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	4,151,183	1,186,217	532,268	5,869,668	1,325,781	77,788	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	272,506			272,506	61,551		50
54	Radiology-Diagnostic	286,430			286,430	64,696		54
60	Laboratory	301,777			301,777	68,162		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	941,120	27,743	120,205	1,089,068	245,988	1,819	65
66	Physical Therapy	155,285	15,024	9,375	179,684	40,585	985	66
67	Occupational Therapy	141,320	15,024	1,074	157,418	35,556	985	67
68	Speech Pathology	82,425	14,931		97,356	21,990	979	68
71	Medical Supplies Charged to Patients	140,331	107,193		247,524	55,908	7,029	71
73	Drugs Charged to Patients	1,819,213		2,142	1,821,355	411,389		73
74	Renal Dialysis	208,130			208,130	47,010		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	14,066,816	1,557,660	829,529	14,066,816	2,591,849	91,537	118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	14,066,816	1,557,660	829,529	14,066,816	2,591,849	91,537	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	LAUNDRY & LINEN SERVICE	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	
		8	9	10	16	17	24	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service	58,928						8
9	Housekeeping		232,294					9
10	Dietary			331,480				10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		4,954		284,477			16
17	Social Service					165,474		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	58,928	197,400	331,480	284,477	165,474	8,310,996	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room						334,057	50
54	Radiology-Diagnostic						351,126	54
60	Laboratory						369,939	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		4,617				1,341,492	65
66	Physical Therapy		2,500				223,754	66
67	Occupational Therapy		2,500				196,459	67
68	Speech Pathology		2,485				122,810	68
71	Medical Supplies Charged to Patients		17,838				328,299	71
73	Drugs Charged to Patients						2,232,744	73
74	Renal Dialysis						255,140	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	58,928	232,294	331,480	284,477	165,474	14,066,816	118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	58,928	232,294	331,480	284,477	165,474	14,066,816	202

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

	COST CENTER DESCRIPTIONS	I&R COST & POST STEP- DOWN ADJS	TOTAL				
		25	26				
	GENERAL SERVICE COST CENTERS						
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library						16
17	Social Service						17
18	RECREATIONAL THERAPY						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics		8,310,996				30
	ANCILARY SERVICE COST CENTERS						
50	Operating Room		334,057				50
54	Radiology-Diagnostic		351,126				54
60	Laboratory		369,939				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy		1,341,492				65
66	Physical Therapy		223,754				66
67	Occupational Therapy		196,459				67
68	Speech Pathology		122,810				68
71	Medical Supplies Charged to Patients		328,299				71
73	Drugs Charged to Patients		2,232,744				73
74	Renal Dialysis		255,140				74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)		14,066,816				118
	NONREIMBURSABLE COST CENTERS						
200	Cross Foot Adjustments						200
201	Negative Cost Centers						201
202	TOTAL (sum of lines 118-201)		14,066,816				202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	DIR ASSGND CAP-REL COSTS	CAP BLDGS & FIXTURES	SUBTOTAL	ADMINIS- TRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		0	1	2A	5	7	8	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General		161,757	161,757	161,757			5
6	Maintenance & Repairs							6
7	Operation of Plant				1,053	1,053		7
8	Laundry & Linen Service				678		678	8
9	Housekeeping				2,671			9
10	Dietary				3,812			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library		29,771	29,771	3,192	22		16
17	Social Service				1,903			17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics		1,186,217	1,186,217	82,738	896	678	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room				3,842			50
54	Radiology-Diagnostic				4,038			54
60	Laboratory				4,254			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy		27,743	27,743	15,353	21		65
66	Physical Therapy		15,024	15,024	2,533	11		66
67	Occupational Therapy		15,024	15,024	2,219	11		67
68	Speech Pathology		14,931	14,931	1,372	11		68
71	Medical Supplies Charged to Patients		107,193	107,193	3,489	81		71
73	Drugs Charged to Patients				25,676			73
74	Renal Dialysis				2,934			74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)		1,557,660	1,557,660	161,757	1,053	678	118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)		1,557,660	1,557,660	161,757	1,053	678	202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	HOUSE-KEEPING	DIETARY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP-DOWN ADJS	
		9	10	16	17	24	25	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant							7
8	Laundry & Linen Service							8
9	Housekeeping	2,671						9
10	Dietary		3,812					10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	57		33,042				16
17	Social Service				1,903			17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	2,269	3,812	33,042	1,903	1,311,555		30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					3,842		50
54	Radiology-Diagnostic					4,038		54
60	Laboratory					4,254		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	53				43,170		65
66	Physical Therapy	29				17,597		66
67	Occupational Therapy	29				17,283		67
68	Speech Pathology	29				16,343		68
71	Medical Supplies Charged to Patients	205				110,968		71
73	Drugs Charged to Patients					25,676		73
74	Renal Dialysis					2,934		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	2,671	3,812	33,042	1,903	1,557,660		118
	NONREIMBURSABLE COST CENTERS							
200	Cross Foot Adjustments							200
201	Negative Cost Centers							201
202	TOTAL (sum of lines 118-201)	2,671	3,812	33,042	1,903	1,557,660		202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
PART II

	COST CENTER DESCRIPTIONS	TOTAL				
		26				
	GENERAL SERVICE COST CENTERS					
1	Cap Rel Costs-Bldg & Fixt					1
2	Cap Rel Costs-Mvble Equip					2
4	Employee Benefits Department					4
5	Administrative & General					5
6	Maintenance & Repairs					6
7	Operation of Plant					7
8	Laundry & Linen Service					8
9	Housekeeping					9
10	Dietary					10
11	Cafeteria					11
12	Maintenance of Personnel					12
13	Nursing Administration					13
14	Central Services & Supply					14
15	Pharmacy					15
16	Medical Records & Library					16
17	Social Service					17
18	RECREATIONAL THERAPY					18
19	Nonphysician Anesthetists					19
20	Nursing School					20
21	I&R Services-Salary & Fringes Apprvd					21
22	I&R Services-Other Prgm Costs Apprvd					22
23	Paramed Ed Prgm-(specify)					23
	INPATIENT ROUTINE SERV COST CENTERS					
30	Adults & Pediatrics	1,311,555				30
	ANCILLARY SERVICE COST CENTERS					
50	Operating Room	3,842				50
54	Radiology-Diagnostic	4,038				54
60	Laboratory	4,254				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS					62.30
65	Respiratory Therapy	43,170				65
66	Physical Therapy	17,597				66
67	Occupational Therapy	17,283				67
68	Speech Pathology	16,343				68
71	Medical Supplies Charged to Patients	110,968				71
73	Drugs Charged to Patients	25,676				73
74	Renal Dialysis	2,934				74
76.97	CARDIAC REHABILITATION					76.97
76.98	HYPERBARIC OXYGEN THERAPY					76.98
76.99	LITHOTRIPSY					76.99
	OUTPATIENT SERVICE COST CENTERS					
92	Observation Beds (Non-Distinct Part)					92
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF					99.10
99.20	OUTPATIENT PHYSICAL THERAPY					99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY					99.30
99.40	OUTPATIENT SPEECH PATHOLOGY					99.40
	SPECIAL PURPOSE COST CENTERS					
118	SUBTOTALS (sum of lines 1-117)	1,557,660				118
	NONREIMBURSABLE COST CENTERS					
200	Cross Foot Adjustments					200
201	Negative Cost Centers					201
202	TOTAL (sum of lines 118-201)	1,557,660				202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	CAP BLDGS & FIXTURES SQUARE FEET	CAP MOVABLE EQUIPMENT SQUARE FEET	EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES	RECONCILIATION	ADMINISTRATIVE & GENERAL ACCUM COST	MAINTENANCE & REPAIRS SQUARE FEET	
		1	2	4	5A	5	6	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt	16,900						1
2	Cap Rel Costs-Mvble Equip		16,900					2
4	Employee Benefits Department			5,623,195				4
5	Administrative & General	1,755	1,755	887,833	-2,591,849	11,474,967		5
6	Maintenance & Repairs						15,145	6
7	Operation of Plant					74,671		7
8	Laundry & Linen Service					48,070		8
9	Housekeeping					189,493		9
10	Dietary					270,404		10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration							13
14	Central Services & Supply							14
15	Pharmacy							15
16	Medical Records & Library	323	323	109,410		226,428	323	16
17	Social Service			117,632		134,985		17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,870	12,870	3,608,123		5,869,668	12,870	30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room					272,506		50
54	Radiology-Diagnostic					286,430		54
60	Laboratory					301,777		60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	301	301	814,847		1,089,068	301	65
66	Physical Therapy	163	163	63,552		179,684	163	66
67	Occupational Therapy	163	163	7,281		157,418	163	67
68	Speech Pathology	162	162			97,356	162	68
71	Medical Supplies Charged to Patients	1,163	1,163			247,524	1,163	71
73	Drugs Charged to Patients			14,517		1,821,355		73
74	Renal Dialysis					208,130		74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	16,900	16,900	5,623,195	-2,591,849	11,474,967	15,145	118
	NONREIMBURSABLE COST CENTERS							
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	1,557,660		829,529		2,591,849		202
203	Unit Cost Multiplier (Wkst. B, Part I)	92.169231		0.147519		0.225870		203
204	Cost to be allocated (Per Wkst. B, Part II)					161,757		204
205	Unit Cost Multiplier (Wkst. B, Part II)					0.014097		205

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

	COST CENTER DESCRIPTIONS	OPERATION OF PLANT SQUARE FEET	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY	HOUSE-KEEPING SQUARE FEET	DIETARY MEALS SERVED	NURSING ADMINISTRATION DIRECT NRSING HRS	CENTRAL SERVICES & SUPPLY COSTED REQUIS.	
		7	8	9	10	13	14	
	GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt							1
2	Cap Rel Costs-Mvble Equip							2
4	Employee Benefits Department							4
5	Administrative & General							5
6	Maintenance & Repairs							6
7	Operation of Plant	15,145						7
8	Laundry & Linen Service		9,996					8
9	Housekeeping			15,145				9
10	Dietary				29,988			10
11	Cafeteria							11
12	Maintenance of Personnel							12
13	Nursing Administration					116,110		13
14	Central Services & Supply						100	14
15	Pharmacy							15
16	Medical Records & Library	323		323				16
17	Social Service							17
18	RECREATIONAL THERAPY							18
19	Nonphysician Anesthetists							19
20	Nursing School							20
21	I&R Services-Salary & Fringes Apprvd							21
22	I&R Services-Other Prgm Costs Apprvd							22
23	Paramed Ed Prgm-(specify)							23
	INPATIENT ROUTINE SERV COST CENTERS							
30	Adults & Pediatrics	12,870	9,996	12,870	29,988	116,110		30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room							50
54	Radiology-Diagnostic							54
60	Laboratory							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	301		301				65
66	Physical Therapy	163		163				66
67	Occupational Therapy	163		163				67
68	Speech Pathology	162		162				68
71	Medical Supplies Charged to Patients	1,163		1,163			100	71
73	Drugs Charged to Patients							73
74	Renal Dialysis							74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
	SPECIAL PURPOSE COST CENTERS							
118	SUBTOTALS (sum of lines 1-117)	15,145	9,996	15,145	29,988	116,110	100	118
	NONREIMBURSABLE COST CENTERS							
200	Cross foot adjustments							200
201	Negative cost centers							201
202	Cost to be allocated (Per Wkst. B, Part I)	91,537	58,928	232,294	331,480			202
203	Unit Cost Multiplier (Wkst. B, Part I)	6.044041	5.895158	15.337999	11.053755			203
204	Cost to be allocated (Per Wkst. B, Part II)	1,053	678	2,671	3,812			204
205	Unit Cost Multiplier (Wkst. B, Part II)	0.069528	0.067827	0.176362	0.127118			205

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

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

GENERAL SERVICE COST CENTERS							
1	Cap Rel Costs-Bldg & Fixt						1
2	Cap Rel Costs-Mvble Equip						2
4	Employee Benefits Department						4
5	Administrative & General						5
6	Maintenance & Repairs						6
7	Operation of Plant						7
8	Laundry & Linen Service						8
9	Housekeeping						9
10	Dietary						10
11	Cafeteria						11
12	Maintenance of Personnel						12
13	Nursing Administration						13
14	Central Services & Supply						14
15	Pharmacy						15
16	Medical Records & Library	4,345					16
17	Social Service		3,867				17
18	RECREATIONAL THERAPY						18
19	Nonphysician Anesthetists						19
20	Nursing School						20
21	I&R Services-Salary & Fringes Apprvd						21
22	I&R Services-Other Prgm Costs Apprvd						22
23	Paramed Ed Prgm-(specify)						23
	INPATIENT ROUTINE SERV COST CENTERS						
30	Adults & Pediatrics	4,345	3,867				30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room						50
54	Radiology-Diagnostic						54
60	Laboratory						60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy						65
66	Physical Therapy						66
67	Occupational Therapy						67
68	Speech Pathology						68
71	Medical Supplies Charged to Patients						71
73	Drugs Charged to Patients						73
74	Renal Dialysis						74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
	SPECIAL PURPOSE COST CENTERS						
118	SUBTOTALS (sum of lines 1-117)	4,345	3,867				118
	NONREIMBURSABLE COST CENTERS						
200	Cross foot adjustments						200
201	Negative cost centers						201
202	Cost to be allocated (Per Wkst. B, Part I)	284,477	165,474				202
203	Unit Cost Multiplier (Wkst. B, Part I)	65.472267	42.791311				203
204	Cost to be allocated (Per Wkst. B, Part II)	33,042	1,903				204
205	Unit Cost Multiplier (Wkst. B, Part II)	7.604603	0.492113				205

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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POST STEPDOWN ADJUSTMENTS

WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT	
		PART	LINE NO.		
	1	2	3	4	

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	COSTS					
		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Dis- allowance	Total Costs	
		1	2	3	4	5	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30	Adults & Pediatrics	8,310,996		8,310,996		8,310,996	30
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	334,057		334,057		334,057	50
54	Radiology-Diagnostic	351,126		351,126		351,126	54
60	Laboratory	369,939		369,939		369,939	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	1,341,492		1,341,492		1,341,492	65
66	Physical Therapy	223,754		223,754		223,754	66
67	Occupational Therapy	196,459		196,459		196,459	67
68	Speech Pathology	122,810		122,810		122,810	68
71	Medical Supplies Charged to Patients	328,299		328,299		328,299	71
73	Drugs Charged to Patients	2,232,744		2,232,744		2,232,744	73
74	Renal Dialysis	255,140		255,140		255,140	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct Part)						92
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF						99.10
99.20	OUTPATIENT PHYSICAL THERAPY						99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40	OUTPATIENT SPEECH PATHOLOGY						99.40
200	Subtotal (sum of lines 30 thru 199)	14,066,816		14,066,816		14,066,816	200
201	Less Observation Beds						201
202	Total (line 200 minus line 201)	14,066,816		14,066,816		14,066,816	202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

	COST CENTER DESCRIPTIONS	CHARGES			Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
		Inpatient	Outpatient	Total (column 6 + column 7)				
		6	7	8	9	10	11	
	INPATIENT ROUTINE SERVICE COST CENTERS							
30	Adults & Pediatrics	12,634,269		12,634,269				30
	ANCILLARY SERVICE COST CENTERS							
50	Operating Room	471,509		471,509	0.708485	0.708485	0.708485	50
54	Radiology-Diagnostic	2,155,101		2,155,101	0.162928	0.162928	0.162928	54
60	Laboratory	1,708,872		1,708,872	0.216481	0.216481	0.216481	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS							62.30
65	Respiratory Therapy	11,045,006		11,045,006	0.121457	0.121457	0.121457	65
66	Physical Therapy	263,208		263,208	0.850103	0.850103	0.850103	66
67	Occupational Therapy	225,802		225,802	0.870050	0.870050	0.870050	67
68	Speech Pathology	436,550		436,550	0.281319	0.281319	0.281319	68
71	Medical Supplies Charged to Patients	2,270,684		2,270,684	0.144582	0.144582	0.144582	71
73	Drugs Charged to Patients	3,135,092		3,135,092	0.712178	0.712178	0.712178	73
74	Renal Dialysis	285,914		285,914	0.892366	0.892366	0.892366	74
76.97	CARDIAC REHABILITATION							76.97
76.98	HYPERBARIC OXYGEN THERAPY							76.98
76.99	LITHOTRIPSY							76.99
	OUTPATIENT SERVICE COST CENTERS							
92	Observation Beds (Non-Distinct Part)							92
	OTHER REIMBURSABLE COST CENTERS							
99.10	CORF							99.10
99.20	OUTPATIENT PHYSICAL THERAPY							99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY							99.30
99.40	OUTPATIENT SPEECH PATHOLOGY							99.40
200	Subtotal (sum of lines 30 thru 199)	34,632,007		34,632,007				200
201	Less Observation Beds							201
202	Total (line 200 minus line 201)	34,632,007		34,632,007				202

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,311,555		1,311,555	9,996	131.21	8,430	1,106,100	30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,311,555		1,311,555	9,996		8,430	1,106,100	200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
1	2	3	4	5	6	7	8
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,842	471,509	0.008148	389,580	3,174	50
54	Radiology-Diagnostic	4,038	2,155,101	0.001874	1,763,959	3,306	54
60	Laboratory	4,254	1,708,872	0.002489	1,419,907	3,534	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	43,170	11,045,006	0.003909	9,160,064	35,807	65
66	Physical Therapy	17,597	263,208	0.066856	209,172	13,984	66
67	Occupational Therapy	17,283	225,802	0.076541	181,433	13,887	67
68	Speech Pathology	16,343	436,550	0.037437	371,304	13,901	68
71	Medical Supplies Charged to Pat	110,968	2,270,684	0.048870	1,830,681	89,465	71
73	Drugs Charged to Patients	25,676	3,135,092	0.008190	2,543,428	20,831	73
74	Renal Dialysis	2,934	285,914	0.010262	249,428	2,560	74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	246,105	21,997,738		18,118,956	200,449	200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	9,996		8,430		30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	9,996		8,430		200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-2025

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-2025

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	471,509			389,580				50
54	Radiology-Diagnostic	2,155,101			1,763,959				54
60	Laboratory	1,708,872			1,419,907				60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	11,045,006			9,160,064				65
66	Physical Therapy	263,208			209,172				66
67	Occupational Therapy	225,802			181,433				67
68	Speech Pathology	436,550			371,304				68
71	Medical Supplies Charged to Pat	2,270,684			1,830,681				71
73	Drugs Charged to Patients	3,135,092			2,543,428				73
74	Renal Dialysis	285,914			249,428				74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	21,997,738			18,118,956				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.708485							50
54	Radiology-Diagnostic	0.162928							54
60	Laboratory	0.216481							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.121457							65
66	Physical Therapy	0.850103							66
67	Occupational Therapy	0.870050							67
68	Speech Pathology	0.281319							68
71	Medical Supplies Charged to Pat	0.144582							71
73	Drugs Charged to Patients	0.712178							73
74	Renal Dialysis	0.892366							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
PART I

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, (col. 26))	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 minus col. 2)	Total Patient Days	Per Diem (col. 3 ÷ col. 4)	Inpatient Program Days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	INPATIENT ROUTINE SERVICE COST CENTERS								
30	Adults & Pediatrics General Routine Care)	1,311,555		1,311,555	9,996	131.21			30
31	Intensive Care Unit								31
32	Coronary Care Unit								32
33	Burn Intensive Care Unit								33
34	Surgical Intensive Care Unit								34
35	Other Special Care (specify)								35
40	Subprovider - IPF								40
41	Subprovider - IRF								41
42	Subprovider I								42
43	Nursery								43
44	Skilled Nursing Facility								44
45	Nursing Facility								45
200	Total (lines 30-199)	1,311,555		1,311,555	9,996				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART II

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

(A)	Cost Center Description	Capital Related Cost (from Wkst. B, Part II (col. 26))	Total Charges (from Wkst. C, Part I, (col. 8))	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (col. 3 x col. 4)	
		1	2	3	4	5	
	ANCILLARY SERVICE COST CENTERS						
50	Operating Room	3,842	471,509	0.008148			50
54	Radiology-Diagnostic	4,038	2,155,101	0.001874			54
60	Laboratory	4,254	1,708,872	0.002489			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65	Respiratory Therapy	43,170	11,045,006	0.003909			65
66	Physical Therapy	17,597	263,208	0.066856			66
67	Occupational Therapy	17,283	225,802	0.076541			67
68	Speech Pathology	16,343	436,550	0.037437			68
71	Medical Supplies Charged to Pat	110,968	2,270,684	0.048870			71
73	Drugs Charged to Patients	25,676	3,135,092	0.008190			73
74	Renal Dialysis	2,934	285,914	0.010262			74
76.97	CARDIAC REHABILITATION						76.97
76.98	HYPERBARIC OXYGEN THERAPY						76.98
76.99	LITHOTRIPSY						76.99
	OUTPATIENT SERVICE COST CENTERS						
92	Observation Beds (Non-Distinct)						92
	OTHER REIMBURSABLE COST CENTERS						
200	Total (sum of lines 50-199)	246,105	21,997,738				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

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

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

**WORKSHEET D
PART III**

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

		Total Patient Days	Per Diem (col. 5÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
(A)	Cost Center Description	6	7	8	9	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30	Adults & Pediatrics (General Routine Care)	9,996				30
31	Intensive Care Unit					31
32	Coronary Care Unit					32
33	Burn Intensive Care Unit					33
34	Surgical Intensive Care Unit					34
35	Other Special Care (specify)					35
40	Subprovider - IPF					40
41	Subprovider - IRF					41
42	Subprovider I					42
43	Nursery					43
44	Skilled Nursing Facility					44
45	Nursing Facility					45
200	Total (lines 30-199)	9,996				200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-2025

**WORKSHEET D
PART IV**

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

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

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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**APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS**

COMPONENT CCN: 15-2025

**WORKSHEET D
PART IV**

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

(A)	Cost Center Description	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6÷ col. 7)	Inpatient Program Charges	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	471,509							50
54	Radiology-Diagnostic	2,155,101							54
60	Laboratory	1,708,872							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	11,045,006							65
66	Physical Therapy	263,208							66
67	Occupational Therapy	225,802							67
68	Speech Pathology	436,550							68
71	Medical Supplies Charged to Pat	2,270,684							71
73	Drugs Charged to Patients	3,135,092							73
74	Renal Dialysis	285,914							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Total (sum of lines 50-199)	21,997,738							200

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICE COSTS

COMPONENT CCN: 15-2025

WORKSHEET D
PART V

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

(A)	Cost Center Description	Cost to Charge Ratio (from Wkst C, Part I, col. 9)	Program Charges			Program Cost			
			PPS Reim-bursed Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	PPS Services (see inst.)	Cost Reim-bursed Subject to Ded. & Coins. (see inst.)	Cost Reim-bursed Not Subject to Ded. & Coins. (see inst.)	
	ANCILLARY SERVICE COST CENTERS								
50	Operating Room	0.708485							50
54	Radiology-Diagnostic	0.162928							54
60	Laboratory	0.216481							60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS								62.30
65	Respiratory Therapy	0.121457							65
66	Physical Therapy	0.850103							66
67	Occupational Therapy	0.870050							67
68	Speech Pathology	0.281319							68
71	Medical Supplies Charged to Pat	0.144582							71
73	Drugs Charged to Patients	0.712178							73
74	Renal Dialysis	0.892366							74
76.97	CARDIAC REHABILITATION								76.97
76.98	HYPERBARIC OXYGEN THERAPY								76.98
76.99	LITHOTRIPSY								76.99
	OUTPATIENT SERVICE COST CENTERS								
92	Observation Beds (Non-Distinct)								92
	OTHER REIMBURSABLE COST CENTERS								
200	Subtotal (see instructions)								200
201	Less PBP Clinic Lab. Services-Program Only Charges								201
202	Net Charges (line 200 - line 201)								202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,996	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,996	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	9,996	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,430	9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	8,310,996	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	8,310,996	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,310,996	37

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					831.43	38
39	Program general inpatient routine service cost (line 9 x line 38)					7,008,955	39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)					7,008,955	41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,722,114	48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)					11,731,069	49
							PASS THROUGH COST ADJUSTMENTS
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,106,100	50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					200,449	51
52	Total Program excludable cost (sum of lines 50 and 51)					1,306,549	52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)					10,424,520	53
							TARGET AMOUNT AND LIMIT COMPUTATION
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
							PROGRAM INPATIENT ROUTINE SWING BED COST
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87	Total observation bed days (see instructions)		87				
88	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	831.43	88				
89	Observation bed cost (line 87 x line 88) (see instructions)		89				
		Cost	Routine Cost (from line 27)	col. 1÷col. 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost col. 3 x col. 4 (see instructions)	
		1	2	3	4	5	
90	Capital-related cost						90
91	Nursing School						91
92	Allied Health						92
93	Other Medical Education						93

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART I

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

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

1	Inpatient days (including private room days and swing-bed days, excluding newborn)	9,996	1
2	Inpatient days (including private room days, excluding swing-bed and newborn days)	9,996	2
3	Private room days (excluding swing-bed private room days). If you have only private room days, do not complete this line.		3
4	Semi-private room days (excluding swing-bed private room days)	9,996	4
5	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		5
6	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		6
7	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		7
8	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		8
9	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		9
10	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		10
11	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		11
12	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		12
13	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		13
14	Medically necessary private room days applicable to the program (excluding swing-bed days)		14
15	Total nursery days (title V or XIX only)		15
16	Nursery days (title V or XIX only)		16

SWING-BED ADJUSTMENT

17	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		17
18	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		18
19	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		19
20	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		20
21	Total general inpatient routine service cost (see instructions)	8,310,996	21
22	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		22
23	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		23
24	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		24
25	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		25
26	Total swing-bed cost (see instructions)		26
27	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	8,310,996	27

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	General inpatient routine service charges (excluding swing-bed and observation bed charges)		28
29	Private room charges (excluding swing-bed charges)		29
30	Semi-private room charges (excluding swing-bed charges)		30
31	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		31
32	Average private room per diem charge (line 29 ÷ line 3)		32
33	Average semi-private room per diem charge (line 30 ÷ line 4)		33
34	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		34
35	Average per diem private room cost differential (line 34 x line 31)		35
36	Private room cost differential adjustment (line 3 x line 35)		36
37	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	8,310,996	37

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PART II

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

PART II - HOSPITALS AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS

38	Adjusted general inpatient routine service cost per diem (see instructions)					831.43	38
39	Program general inpatient routine service cost (line 9 x line 38)						39
40	Medically necessary private room cost applicable to the Program (line 14 x line 35)						40
41	Total Program general inpatient routine service cost (line 39 + line 40)						41
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1	2	3	4	5	
42	Nursery (Titles V and XIX only)						42
	Intensive Care Type Inpatient Hospital Units						
43	Intensive Care Unit						43
44	Coronary Care Unit						44
45	Burn Intensive Care Unit						45
46	Surgical Intensive Care Unit						46
47	Other Special Care (specify)						47
							1
48	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48
49	Total program inpatient costs (sum of lines 41 through 48)(see instructions)						49
	PASS THROUGH COST ADJUSTMENTS						
50	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50
51	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51
52	Total Program excludable cost (sum of lines 50 and 51)						52
53	Total Program inpatient operating cost excluding capital related, nonphysician anesthetist and medical education costs (line 49 minus line 52)						53
	TARGET AMOUNT AND LIMIT COMPUTATION						
54	Program discharges						54
55	Target amount per discharge						55
56	Target amount (line 54 x line 55)						56
57	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57
58	Bonus payment (see instructions)						58
59	Lesser of line 53 ÷ line 54 or line 55 from the cost reporting period ending 1996, updated and compounded by the market basket.						59
60	Lesser of line 53 ÷ line 54 or line 55 from prior year cost report, updated by the market basket.						60
61	If line 53 ÷ 54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (line 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61
62	Relief payment (see instructions)						62
63	Allowable Inpatient cost plus incentive payment (see instructions)						63
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions) (title XVIII only)						64
65	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions) (title XVIII only)						65
66	Total Medicare swing-bed SNF inpatient routine costs (title XVIII only. For CAH, see instructions)						66
67	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67
68	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68
69	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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COMPUTATION OF INPATIENT OPERATING COST

COMPONENT CCN: 15-2025

WORKSHEET D-1
PARTS III & IV

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

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

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

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics		10,116,000		30
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.708485	389,580	276,012	50
54	Radiology-Diagnostic	0.162928	1,763,959	287,398	54
60	Laboratory	0.216481	1,419,907	307,383	60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.121457	9,160,064	1,112,554	65
66	Physical Therapy	0.850103	209,172	177,818	66
67	Occupational Therapy	0.870050	181,433	157,856	67
68	Speech Pathology	0.281319	371,304	104,455	68
71	Medical Supplies Charged to Patients	0.144582	1,830,681	264,684	71
73	Drugs Charged to Patients	0.712178	2,543,428	1,811,373	73
74	Renal Dialysis	0.892366	249,428	222,581	74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)		18,118,956	4,722,114	200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)		18,118,956		202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

COMPONENT CCN: 15-2025

WORKSHEET D-3

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

(A)	COST CENTER DESCRIPTION	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1	2	3	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30	Adults & Pediatrics				30
	ANCILLARY SERVICE COST CENTERS				
50	Operating Room	0.708485			50
54	Radiology-Diagnostic	0.162928			54
60	Laboratory	0.216481			60
62.30	BLOOD CLOTTING FOR HEMOPHILIACS				62.30
65	Respiratory Therapy	0.121457			65
66	Physical Therapy	0.850103			66
67	Occupational Therapy	0.870050			67
68	Speech Pathology	0.281319			68
71	Medical Supplies Charged to Patients	0.144582			71
73	Drugs Charged to Patients	0.712178			73
74	Renal Dialysis	0.892366			74
76.97	CARDIAC REHABILITATION				76.97
76.98	HYPERBARIC OXYGEN THERAPY				76.98
76.99	LITHOTRIPSY				76.99
	OUTPATIENT SERVICE COST CENTERS				
92	Observation Beds (Non-Distinct Part)				92
	OTHER REIMBURSABLE COST CENTERS				
200	Total (sum of lines 50-94, and 96-98)				200
201	Less PBP Clinic Laboratory Services-Program only charges (line 61)				201
202	Net Charges (line 200 minus line 201)				202

(A) Worksheet A line numbers

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E
PART B

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

PART B - MEDICAL AND OTHER HEALTH SERVICES

		1	1.01	1.02	
1	Medical and other services (see instructions)				1
2	Medical and other services reimbursed under OPSP (see instructions)				2
3	PPS payments				3
4	Outlier payment (see instructions)				4
5	Enter the hospital specific payment to cost ratio (see instructions)				5
6	Line 2 times line 5				6
7	Sum of line 3 and line 4 divided by line 6				7
8	Transitional corridor payment (see instructions)				8
9	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200				9
10	Organ acquisition				10
11	Total cost (sum of lines 1 and 10) (see instructions)				11
	COMPUTATION OF LESSER OF COST OR CHARGES				
	REASONABLE CHARGES				
12	Ancillary service charges				12
13	Organ acquisition charges (from Wkst. D-4, Part III, col. 4, line 69)				13
14	Total reasonable charges (sum of lines 12 and 13)				14
	CUSTOMARY CHARGES				
15	Aggregate amount actually collected from patients liable for payment for services on a charge basis				15
16	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)				16
17	Ratio of line 15 to line 16 (not to exceed 1.000000)	1.000000			17
18	Total customary charges (see instructions)				18
19	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11 (see instructions)				19
20	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18 (see instructions)				20
21	Lesser of cost or charges (line 11 minus line 20) (for CAH, see instructions)				21
22	Interns and residents (see instructions)				22
23	Cost of physicians' services in a teaching hospital (see instructions)				23
24	Total prospective payment (sum of lines 3, 4, 8 and 9)				24
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25	Deductibles and coinsurance (see instructions)				25
26	Deductibles and coinsurance relating to amount on line 24 (see instructions)				26
27	Subtotal [(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23] (see instructions)				27
28	Direct graduate medical education payments (from Wkst. E-4, line 50)				28
29	ESRD direct medical education costs (from Wkst. E-4, line 36)				29
30	Subtotal (sum of lines 27 through 29)				30
31	Primary payer payments				31
32	Subtotal (line 30 minus line 31)				32
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33	Composite rate ESRD (from Wkst. I-5, line 11)				33
34	Allowable bad debts (see instructions)				34
35	Adjusted reimbursable bad debts (see instructions)				35
36	Allowable bad debts for dual eligible beneficiaries (see instructions)				36
37	Subtotal (see instructions)				37
38	MSP-LCC reconciliation amount from PS&R				38
39	Other adjustments (specify) (see instructions)				39
39.50	Pioneer ACO demonstration payment adjustment (see instructions)				39.50
40	Subtotal (see instructions)				40
40.01	Sequestration adjustment (see instructions)				40.01
41	Interim payments				41
42	Tentative settlement (for contractors use only)				42
43	Balance due provider/program (see instructions)				43
44	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2				44

TO BE COMPLETED BY CONTRACTOR

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

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

COMPONENT CCN: 15-2025

WORKSHEET E-1
PART I

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

	DESCRIPTION	INPATIENT PART A		PART B	
		mm/dd/yyyy 1	AMOUNT 2	mm/dd/yyyy 3	AMOUNT 4
1	Total interim payments paid to provider		12,175,040		1
2	Interim payments payable on individual bills, either submitted or to be submitted to the intermediary for services rendered in the cost reporting period. If none, write 'NONE' or enter a zero				2
3	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)	08/31/2015	222,680		3.01
					3.02
	Program				3.03
	to				3.04
	Provider				3.05
					3.06
					3.07
					3.08
					3.09
					3.10
					3.50
					3.51
	Provider				3.52
	to				3.53
	Program				3.54
					3.55
					3.56
					3.57
					3.58
					3.59
	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		222,680		3.99
4	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		12,397,720		4
TO BE COMPLETED BY CONTRACTOR					
5	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write 'NONE' or enter a zero. (1)				5.01
					5.02
	Program				5.03
	to				5.04
	Provider				5.05
					5.06
					5.07
					5.08
					5.09
					5.10
					5.50
					5.51
	Provider				5.52
	to				5.53
	Program				5.54
					5.55
					5.56
					5.57
					5.58
					5.59
	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)				5.99
6	Determined net settlement amount (balance due) based on the cost report (1)				6.01
					6.02
7	Total Medicare program liability (see instructions)				7
8	Name of Contractor	Contractor Number		NPR Date (Month/Day/Year)	
					8

(1) On lines 3, 5, and 6, where an amount is due provider to program, show the amount and date on which the provider agrees to the amount of repayment even though total repayment is not accomplished until a later date.

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

**WORKSHEET E-1
PART II**

Check applicable box: Hospital CAH

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION

1	Total hospital discharges as defined in AARA §4102 (Wkst. S-3, Pt. I, col. 15, line 14)		1
2	Medicare days (Wkst. S-3, Pt. I, col. 6, sum of lines 1, 8-12)		2
3	Medicare HMO days (Wkst. S-3, Pt. I, col. 6, line 2)		3
4	Total inpatient days (Wkst. S-3, Pt. I, col. 8, sum of lines 1, 8-12)	9,996	4
5	Total hospital charges (Wkst. C, Pt. I, col. 8, line 200)		5
6	Total hospital charity care charges (Wkst. S-10, col. 3, line 20)		6
7	CAH only - The reasonable cost incurred for the purchase of certified HIT technology (Wkst. S-2, Pt. I, line 168)		7
8	Calculation of the HIT incentive payment (see instructions)		8
9	Sequestration adjustment amount (see instructions)		9
10	Calculation of the HIT incentive payment after sequestration (see instructions)		10

INPATIENT HOSPITAL SERVICES UNDER THE IPPS & CAH

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

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

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CALCULATION OF REIMBURSEMENT SETTLEMENT

**WORKSHEET E-3
PART IV**

Check applicable box: Hospital

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

1	Net Federal PPS payment (see instructions)	12,807,065	1
2	Outlier payments	115,593	2
3	Total PPS payments (sum of lines 1 and 2)	12,922,658	3
4	Nursing and allied health managed care payments (see instructions)		4
5	Organ acquisition DO NOT USE THIS LINE		5
6	Cost of physicians' services in a teaching hospital (see instructions)		6
7	Subtotal (see instructions)	12,922,658	7
8	Primary payer payments		8
9	Subtotal (line 7 less line 8)	12,922,658	9
10	Deductibles	115,194	10
11	Subtotal (line 9 minus line 10)	12,807,464	11
12	Coinsurance	383,954	12
13	Subtotal (line 11 minus line 12)	12,423,510	13
14	Allowable bad debts (exclude bad debts for professional services) (see instructions)	279,127	14
15	Adjusted reimbursable bad debts (see instructions)	181,433	15
16	Allowable bad debts for dual eligible beneficiaries (see instructions)	224,945	16
17	Subtotal (sum of lines 13 and 15)	12,604,943	17
18	Direct graduate medical education payments (from Wkst. E-4, line 49)		18
19	Other pass through costs (see instructions)		19
20	Outlier payments reconciliation		20
21	Other adjustments (specify) (see instructions)		21
21.50	Pioneer ACO demonstration payment adjustment (see instructions)		21.50
22	Total amount payable to the provider (see instructions)	12,604,943	22
22.01	Sequestration adjustment (see instructions)	252,099	22.01
23	Interim payments	12,397,720	23
24	Tentative settlement (for contractor use only)		24
25	Balance due provider/program (line 22 minus lines 22.01, 23 and 24)	-44,876	25
26	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		26

TO BE COMPLETED BY CONTRACTOR

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

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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CALCULATION OF REIMBURSEMENT SETTLEMENT

COMPONENT CCN: 15-2025

WORKSHEET E-3
PART VII

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

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

		INPATIENT TITLE V OR TITLE XIX	OUTPAT- IENT TITLE V OR TITLE XIX	
COMPUTATION OF NET COST OF COVERED SERVICES				
1	Inpatient hospital/SNF/NF services			1
2	Medical and other services			2
3	Organ acquisition (certified transplant centers only)			3
4	Subtotal (sum of lines 1, 2 and 3)			4
5	Inpatient primary payer payments			5
6	Outpatient primary payer payments			6
7	Subtotal (line 4 less sum of lines 5 and 6)			7
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
8	Routine service charges			8
9	Ancillary service charges			9
10	Organ acquisition charges, net of revenue			10
11	Incentive from target amount computation			11
12	Total reasonable charges (sum of lines 8-11)			12
CUSTOMARY CHARGES				
13	Amount actually collected from patients liable for payment for services on a charge basis			13
14	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			14
15	Ratio of line 13 to line 14 (not to exceed 1.000000)	1.000000	1.000000	15
16	Total customary charges (see instructions)			16
17	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			17
18	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			18
19	Interns and residents (see instructions)			19
20	Cost of physicians' services in a teaching hospital (see instructions)			20
21	Cost of covered services (lesser of line 4 or line 16)			21
PROSPECTIVE PAYMENT AMOUNT				
22	Other than outlier payments			22
23	Outlier payments			23
24	Program capital payments			24
25	Capital exception payments (see instructions)			25
26	Routine and ancillary service other pass through costs			26
27	Subtotal (sum of lines 22 through 26)			27
28	Customary charges (Titles V or XIX PPS covered services only)			28
29	Titles V or XIX (sum of lines 21 and 27)			29
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30	Excess of reasonable cost (from line 18)			30
31	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			31
32	Deductibles			32
33	Coinsurance			33
34	Allowable bad debts (see instructions)			34
35	Utilization review			35
36	Subtotal (sum of lines 31, 34 and 35 minus the sum of lines 32 and 33)			36
37	OTHER ADJUSTMENTS (SPECIFY) (see instructions)			37
38	Subtotal (line 36 ± line 37)			38
39	Direct graduate medical education payments (from Wkst. E-4)			39
40	Total amount payable to the provider (sum of lines 38 and 39)			40
41	Interim payments			41
42	Balance due provider/program (line 40 minus line 41)			42
43	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			43

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BALANCE SHEET

WORKSHEET G

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

Assets (Omit Cents)		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	146,446			1
2	Temporary investments				2
3	Notes receivable				3
4	Accounts receivable	1,650,377			4
5	Other receivables				5
6	Allowances for uncollectible notes and accounts receivable				6
7	Inventory				7
8	Prepaid expenses	245,584			8
9	Other current assets				9
10	Due from other funds				10
11	Total current assets (sum of lines 1-10)	2,042,407			11
FIXED ASSETS					
12	Land				12
13	Land improvements				13
14	Accumulated depreciation				14
15	Buildings				15
16	Accumulated depreciation				16
17	Leasehold improvements	96,287			17
18	Accumulated depreciation				18
19	Fixed equipment				19
20	Accumulated depreciation				20
21	Audomobiles and trucks				21
22	Accumulated depreciation				22
23	Major movable equipment	1,022,929			23
24	Accumulated depreciation	-603,002			24
25	Minor equipment depreciable				25
26	Accumulated depreciation				26
27	HIT designated assets				27
28	Accumulated depreciation				28
29	Minor equipment-nondepreciable				29
30	Total fixed assets (sum of lines 12-29)	516,214			30
OTHER ASSETS					
31	Investments				31
32	Deposits on leases	115,345			32
33	Due from owners/officers				33
34	Other assets	2,671,569			34
35	Total other assets (sum of lines 31-34)	2,786,914			35
36	Total assets (sum of lines 11, 30 and 35)	5,345,535			36
Liabilities and Fund Balances (Omit Cents)					
		1	2	3	4
CURRENT LIABILITIES					
37	Accounts payable	1,959,102			37
38	Salaries, wages and fees payable	270,292			38
39	Payroll taxes payable				39
40	Notes and loans payable (short term)				40
41	Deferred income				41
42	Accelerated payments				42
43	Due to other funds	704,852			43
44	Other current liabilities				44
45	Total current liabilities (sum of lines 37 thru 44)	2,934,246			45
LONG TERM LIABILITIES					
46	Mortgage payable				46
47	Notes payable	1,200,433			47
48	Unsecured loans				48
49	Other long term liabilities				49
50	Total long term liabilities (sum of lines 46 thru 49)	1,200,433			50
51	Total liabilities (sum of lines 45 and 50)	4,134,679			51
CAPITAL ACCOUNTS					
52	General fund balance	1,210,856			52
53	Specific purpose fund				53
54	Donor created - endowment fund balance - restricted				54
55	Donor created - endowment fund balance - unrestricted				55
56	Governing body created - endowment fund balance				56
57	Plant fund balance - invested in plant				57
58	Plant fund balance - reserve for plant improvement, replacement, and expansion				58
59	Total fund balances (sum of lines 52 thru 58)	1,210,856			59
60	Total liabilities and fund balances (sum of lines 51 and 59)	5,345,535			60

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	Fund balances at beginning of period		248,964		
2	Net income (loss) (from Worksheet G-3, line 29)		1,459,820		
3	Total (sum of line 1 and line 2)		1,708,784		
4	Additions (credit adjustments) (specify)				
5					
6					
7					
8					
9					
10	Total additions (sum of lines 4-9)				
11	Subtotal (line 3 plus line 10)		1,708,784		
12	Deductions (debit adjustments) (specify)				
13	DISTRIBUTIONS				
14	DISTRIBUTIONS				
15					
16					
17					
18	Total deductions (sum of lines 12-17)				
19	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,708,784		

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

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES				
1	Hospital	12,634,269		12,634,269	1
2	Subprovider IPF				2
3	Subprovider IRF				3
5	Swing Bed - SNF				5
6	Swing Bed - NF				6
7	Skilled nursing facility				7
8	Nursing facility				8
9	Other long term care				9
10	Total general inpatient care services (sum of lines 1-9)	12,634,269		12,634,269	10
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
11	Intensive Care Unit				11
12	Coronary Care Unit				12
13	Burn Intensive Care Unit				13
14	Surgical Intensive Care Unit				14
15	Other Special Care (specify)				15
16	Total intensive care type inpatient hospital services (sum of lines 11-15)				16
17	Total inpatient routine care services (sum of lines 10 and 16)	12,634,269		12,634,269	17
18	Ancillary services	21,997,738		21,997,738	18
19	Outpatient services				19
20	Rural Health Clinic (RHC)				20
21	Federally Qualified Health Center (FQHC)				21
22	Home health agency				22
23	Ambulance				23
25	ASC				25
26	Hospice				26
27	Other (specify)				27
27.01	PART B PHYSICIAN REVENUE	497,638		497,638	27.01
28	Total patient revenues (sum of lines 17-27) (transfer column 3 to Worksheet G-3, line 1)	35,129,645		35,129,645	28

PART II - OPERATING EXPENSES

		1	2	
29	Operating expenses (per Worksheet A, column 3, line 200)		15,381,713	29
30	Add (specify)			30
31				31
32				32
33				33
34				34
35				35
36	Total additions (sum of lines 30-35)			36
37	Deduct (specify)			37
38				38
39				39
40				40
41				41
42	Total deductions (sum of lines 37-41)			42
43	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Worksheet G-3, line 4)		15,381,713	43

CENTRAL INDIANA-AMG SPECIALTY HOSPIT Provider CCN: 15-2025	In Lieu of Form CMS-2552-10	Period : From: 09/01/2014 To: 08/31/2015	Run Date: 01/28/2016 Run Time: 22:28 Version: 2015.10 (12/18/2015)
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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	Total patient revenues (from Worksheet G-2, Part I, column 3, line 28)	35,129,645	1
2	Less contractual allowances and discounts on patients' accounts	18,294,909	2
3	Net patient revenues (line 1 minus line 2)	16,834,736	3
4	Less total operating expenses (from Worksheet G-2, Part II, line 43)	15,381,713	4
5	Net income from service to patients (line 3 minus line 4)	1,453,023	5

OTHER INCOME

6	Contributions, donations, bequests, etc.		6
7	Income from investments		7
8	Revenues from telephone and other miscellaneous communication services		8
9	Revenue from television and radio service		9
10	Purchase discounts		10
11	Rebates and refunds of expenses		11
12	Parking lot receipts		12
13	Revenue from laundry and linen service		13
14	Revenue from meals sold to employees and guests		14
15	Revenue from rental of living quarters		15
16	Revenue from sale of medical and surgical supplies to otehr than patients		16
17	Revenue from sale of drugs to other than patients		17
18	Revenue from sale of medical records and abstracts	1,497	18
19	Tuition (fees, sale of textbooks, uniforms, etc.)		19
20	Revenue from gifts, flowers, coffee shops and canteen		20
21	Rental of vending machines		21
22	Rental of hosptial space		22
23	Governmental appropriations		23
24	Other (OTHER INCOME)	5,300	24
25	Total other income (sum of lines 6-24)	6,797	25
26	Total (line 5 plus line 25)	1,459,820	26
29	Net income (or loss) for the period (line 26 minus line 28)	1,459,820	29

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2015

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
1001650		80155 · Insurance-Property & G/L	40,930		1.02	Capital Related Costs - Buildings
1001790		80295 · Rent	447,943		1.02	Capital Related Costs - Buildings
1001810		80375 · Taxes-Property	4,546		1.02	Capital Related Costs - Buildings
1002210		90155 · Insurance-Property & G/L	18,890		1.02	Capital Related Costs - Buildings
1002350		90295 · Rent	364,806		1.02	Capital Related Costs - Buildings
1003240		99010 · Amortization Expense	257,205		1.02	Capital Related Costs - Buildings
1003250		99015 · Depreciation Expense	244,532		1.02	Capital Related Costs - Buildings
1003260		99020 · Interest Expense	178,808	1,557,660	1.02	Capital Related Costs - Buildings
1001600		80105 · Employee Health and Screening	7,553		4.02	Employee Benefits - Other
1001630		80145 · Insurance-Employee Health/Life	159,786		4.02	Employee Benefits - Other
1001660		80160 · Insurance-Worker's Comp	90,794		4.02	Employee Benefits - Other
1001750		80240 · Pension Plan Expense	39,111		4.02	Employee Benefits - Other
1002190		90145 · Insurance-Employee Health/Life	77,497		4.02	Employee Benefits - Other
1002220		90160 · Insurance-Worker's Comp	5,621		4.02	Employee Benefits - Other
1002310		90240 · Pension Plan Expense	378		4.02	Employee Benefits - Other
1002860		81600 · Payroll Tax Expense	320,037		4.02	Employee Benefits - Other
1003110		91600 · Payroll Tax Expense	128,752	829,529	4.02	Employee Benefits - Other
1002640		81501 · Administrator	189,590		5.01	Administrative & General - Salary
1002650		81505 · Admissions Coordinator	94,266		5.01	Administrative & General - Salary
1002660		81510 · Case Manager	70,935		5.01	Administrative & General - Salary
1002670		81515 · Central Supply	34,401		5.01	Administrative & General - Salary
1002680		81520 · Clerical-Admin. Asst.	43,575		5.01	Administrative & General - Salary
1002690		81525 · Clinical Supervisor	19,121		5.01	Administrative & General - Salary
1002730		81545 · Marketing	(131)		5.01	Administrative & General - Salary
1002800		81561 · QA/Infection Control	89,022		5.01	Administrative & General - Salary
1002850		81585 · Ward Clerk/Receptionist	102,576		5.01	Administrative & General - Salary
1002990		91501 · Administrator	61,679		5.01	Administrative & General - Salary
1003000		91525 · Clinical Supervisor	19,121		5.01	Administrative & General - Salary
1003100		91585 · Ward Cler/Receptionist	163,678	887,833	5.01	Administrative & General - Salary
1001520		80010 · Auto/Fuel	361		5.02	Administrative & General - Other
1001540		80020 · Bank Fees	20,218		5.02	Administrative & General - Other
1001550		80035 · Cable Services	2,714		5.02	Administrative & General - Other
1001560		80050 · Computer Software Lease/Maint.	75,110		5.02	Administrative & General - Other
1001570		80075 · Continuing Education	14,471		5.02	Administrative & General - Other
1001580		80080 · Copier Lease/Maintenance	11,777		5.02	Administrative & General - Other
1001590		80100 · Dues and Subscriptions	25,593		5.02	Administrative & General - Other
1001610		80120 · Equipment Rentals-Other	26,316		5.02	Administrative & General - Other
1001640		80150 · Insurance-Prof. Liability	45,682		5.02	Administrative & General - Other
1001670		80175 · Licenses and Permits	3,364		5.02	Administrative & General - Other
1001680		80180 · Marketing and Advertising	42,357		5.02	Administrative & General - Other
1001690		80195 · Medical Director/Asst Med Dir	325,313		5.02	Administrative & General - Other
1001700		80200 · Minor Equipment	6,974		5.02	Administrative & General - Other
1001710		80205 · Miscellaneous Expense	5,074		5.02	Administrative & General - Other
1001720		80210 · Office Expense/Printing	21,657		5.02	Administrative & General - Other
1001730		80225 · Parking	1,442		5.02	Administrative & General - Other
1001740		80235 · Payroll Processing Fees	10,355		5.02	Administrative & General - Other
1001760		80260 · Postage & Freight	5,651		5.02	Administrative & General - Other
1001770		80265 · Professional Fees-Accounting	14,239		5.02	Administrative & General - Other
1001780		80275 · Professional Fees-Other	52,433		5.02	Administrative & General - Other
1001820		80380 · Taxes-Sales	6,031		5.02	Administrative & General - Other
1001840		80400 · Travel	88,188		5.02	Administrative & General - Other
1001850		80425 · Waste Disposal Service	936		5.02	Administrative & General - Other
1001860		81001 · Billing/Collections/AP	399,142		5.02	Administrative & General - Other
1001940		80001 · Management Oversight-Main	498,927		5.02	Administrative & General - Other
1002100		81120 · Transcription Services	19,769		5.02	Administrative & General - Other
1002110		81125 · Transportation	43,898		5.02	Administrative & General - Other
1002120		90035 · Cable Services	2,419		5.02	Administrative & General - Other
1002130		90050 · Computer Software Lease/Mainten	27,363		5.02	Administrative & General - Other
1002140		90075 · Continuing Education	2,314		5.02	Administrative & General - Other
1002160		90100 · Dues and Subscriptions	12,994		5.02	Administrative & General - Other
1002170		90105 · Employee Health and Screening	2,455		5.02	Administrative & General - Other
1002200		90150 · Insurance-Prof. Liability	33,510		5.02	Administrative & General - Other
1002230		90175 · Licenses and Permits	4,290		5.02	Administrative & General - Other
1002240		90180 · Marketing and Advertising	21,383		5.02	Administrative & General - Other
1002250		90195 · Medical Director/Asst Med Dir	276,000		5.02	Administrative & General - Other
1002260		90200 · Minor Equipment	4,711		5.02	Administrative & General - Other
1002270		90205 · Miscellaneous Expense	291		5.02	Administrative & General - Other
1002280		90210 · Office Expense/Printing	1,978		5.02	Administrative & General - Other
1002290		90225 · Parking	153		5.02	Administrative & General - Other
1002300		90235 · Payroll Processing Fees	4,122		5.02	Administrative & General - Other
1002320		90260 · Postage & Freight	1,295		5.02	Administrative & General - Other
1002330		90265 · Professional Fees-Accounting	1,504		5.02	Administrative & General - Other
1002340		90275 · Professional Fees-Other	8,870		5.02	Administrative & General - Other
1002370		90380 · Taxes-Sales	185		5.02	Administrative & General - Other
1002380		90385 · Telephone Expense	3,848		5.02	Administrative & General - Other
1002390		90400 · Travel	15,409		5.02	Administrative & General - Other
1002400		91001 · Billing/Collections/AP-B	234,252		5.02	Administrative & General - Other
1002470		90001 · Management Oversight-Loc 2	292,815		5.02	Administrative & General - Other
1002630		91120 · Transcription Services	6,031	2,726,184	5.02	Administrative & General - Other
1001800		80300 · Repairs and Maintenance	35,414		7.02	Operation of Plant - Other
1001830		80385 · Telephone Service	19,934		7.02	Operation of Plant - Other
1002020		81080 · Supplies-Maintenance	722		7.02	Operation of Plant - Other
1002150		90080 · Copier Lease/Maintenance	6,428		7.02	Operation of Plant - Other
1002360		90300 · Repairs and Maintenance	11,504		7.02	Operation of Plant - Other
1002550		91080 · Supplies-Maintenance	669	74,671	7.02	Operation of Plant - Other
1001930		81040 · Laundry-Contract Services	48,070	48,070	8.02	Laundry & Linen - Other
1001620		80130 · Housekeeping-Contract Services	92,328		9.02	Housekeeping - Other
1002010		81075 · Supplies-Housekeeping/Janitoria	24,718		9.02	Housekeeping - Other
1002180		90130 · Housekeeping-Contract Services	67,600		9.02	Housekeeping - Other

Central Indiana - AMG Specialty Hospital
Worksheet A Expense Groupings
August 31, 2015

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
1002540		91075 · Supplies-Houskeeping/Janitorial	4,847	189,493	9.02	Housekeeping - Other
1002700		81533 · Dietician-Contract	53,829		10.02	Dietary - Other
1001890		81015 · Dietary, Food	9,313		10.02	Dietary - Other
1001900		81020 · Dietary, Purchased Services	90,471		10.02	Dietary - Other
1002000		81070 · Supplies-Dietary/Kitchen	21,318		10.02	Dietary - Other
1002430		91015 · Dietary, Food	1,354		10.02	Dietary - Other
1002440		91020 · Dietary, Purchased Services	60,323		10.02	Dietary - Other
1002530		91070 · Supplies-Dietary/Kitchen	5,956		10.02	Dietary - Other
1003010		91533 · Dietician-Contract	27,840	270,404	10.02	Dietary - Other
1002710		81535 · HIM/Coding	88,248		16.01	Med Records & Library - Salary
1003020		91535 · HIM/Coding	21,162	109,410	16.01	Med Records & Library - Salary
1002050		81095 · Supplies-Office/HIM	20,098		16.02	Med Records & Library - Other
1002580		91095 · Supplies-Office/HIM	9,384		16.02	Med Records & Library - Other
1002720		81536 · HIM/Coding-Contract Services	23,950		16.02	Med Records & Library - Other
1003030		91536 · HIM/Coding-Contract Services	17,675	71,107	16.02	Med Records & Library - Other
1002810		81565 · Social Services	53,040		17.01	Social Service - Salary
1003080		91565 · Social Services	64,592	117,632	17.01	Social Service - Salary
1002740		81550 · Nurses-Nurse Liaison	295,492		30.01	Adults and Pediatrics - Salary
1002750		81551 · Nurses-Chief Clinical Officer	77,681		30.01	Adults and Pediatrics - Salary
1002790		81560 · Physician	516,663		30.01	Adults and Pediatrics - Salary
1002870		81610 · Nurses - RN	869,400		30.01	Adults and Pediatrics - Salary
1002880		81611 · Nurses - LPN	364,048		30.01	Adults and Pediatrics - Salary
1002890		81612 · Nurses - Aides/CNAs	183,030		30.01	Adults and Pediatrics - Salary
1002900		81613 · Nurses - Wound Care	69,313		30.01	Adults and Pediatrics - Salary
1002910		81614 · Nurses - Contract Services	141,293		30.01	Adults and Pediatrics - Salary
1002920		81615 · Nurses - RN - Other Pay	62,405		30.01	Adults and Pediatrics - Salary
1002930		81617 · Nurses - LPN - Other Pay	17,094		30.01	Adults and Pediatrics - Salary
1002940		81618 · Nurses - Aides/CNAs - Other Pay	18,795		30.01	Adults and Pediatrics - Salary
1002950		81619 · Nurses - Wound Care - Other Pay	6,430		30.01	Adults and Pediatrics - Salary
1003040		91550 · Nurses-Nurse Liaison	10,131		30.01	Adults and Pediatrics - Salary
1003050		91551 · Nurses-Chief Clinical Officer	17,122		30.01	Adults and Pediatrics - Salary
1003120		91610 · Nurses - RN	505,977		30.01	Adults and Pediatrics - Salary
1003130		91611 · Nurses - LPN	149,491		30.01	Adults and Pediatrics - Salary
1003140		91612 · Nurses - Aides/CNAs	48,032		30.01	Adults and Pediatrics - Salary
1003150		91613 · Nurses - Wound Care	52,490		30.01	Adults and Pediatrics - Salary
1003160		91614 · Nurses - Contract Services	58,002		30.01	Adults and Pediatrics - Salary
1003170		91615 · Nurses - RN - Other Pay	31,473		30.01	Adults and Pediatrics - Salary
1003180		91617 · Nurses - LPN - Other Pay	12,736		30.01	Adults and Pediatrics - Salary
1003190		91618 · Nurses - Aides/CNAs - Other Pay	2,689		30.01	Adults and Pediatrics - Salary
1003200		91619 · Nurses - Wound Care - Other Pay	3,701		30.01	Adults and Pediatrics - Salary
1002760		81552 · Nurse Practitioner	94,635	3,608,123	30.01	Adults and Pediatrics - Salary
1001910		81025 · Equipment Rentals-Nursing	81,944		30.02	Adults and Pediatrics - Other
1002030		81085 · Supplies-Nursing	230,292		30.02	Adults and Pediatrics - Other
1002450		91025 · Equipment Rentals-Nursing	104,183		30.02	Adults and Pediatrics - Other
1002560		91085 · Supplies-Nursing	126,641	543,060	30.02	Adults and Pediatrics - Other
1001960		81050 · Outpatient Procedures	212,281		50.02	Operating Room-Other
1002490		91050 · Outpatient Procedures	60,225	272,506	50.02	Operating Room-Other
1001990		81065 · Radiology-Contract Services	194,027		54.02	Radiology-Diagnostic-Other
1002520		91065 · Radiology-Contract Services	92,403	286,430	54.02	Radiology-Diagnostic-Other
1001870		81005 · Blood Storage & Processing	36,073		60.02	Laboratory - Other
1001920		81035 · Laboratory Fees	187,362		60.02	Laboratory - Other
1002410		91005 · Blood Storage & Processing	9,051		60.02	Laboratory - Other
1002460		91035 · Laboratory Fees	69,291	301,777	60.02	Laboratory - Other
1002840		81576 · Therapy-Respiratory Therapist	506,478		65.01	Oxygen (Inhal) Therapy - Salary
1003090		91575 · Therapy-Respiratory Therapist	308,369	814,847	65.01	Oxygen (Inhal) Therapy - Salary
1002080		81110 · Supplies-Respiratory Therapy	83,768		65.02	Oxygen (Inhal) Therapy - Other
1002610		91110 · Supplies-Respiratory Therapy	42,505	126,273	65.02	Oxygen (Inhal) Therapy - Other
1002820		81570 · Therapy-Director of Therapy	63,552	63,552	66.01	Physical Therapy - Salary
1002070		81105 · Supplies-Physical Therapy	3,925		66.02	Physical Therapy - Other
1002600		91105 · Supplies-Physical Therapy	2,216		66.02	Physical Therapy - Other
1002970		81625 · Therapy - Contract PT	40,547		66.02	Physical Therapy - Other
1003220		91625 · Therapy - Contract PT	45,045	91,733	66.02	Physical Therapy - Other
1002830		81574 · Therapy-PT/OT Techs	7,281	7,281	67.01	Occupational Therapy - Salary
1002040		81090 · Supplies-Occupational Therapy	81		67.02	Occupational Therapy - Other
1002570		91090 · Supplies-Occupational Therapy	83		67.02	Occupational Therapy - Other
1002960		81621 · Therapy - Contract OT	74,075		67.02	Occupational Therapy - Other
1003210		91621 · Therapy - Contract OT	59,800	134,039	67.02	Occupational Therapy - Other
1002980		81622 · Therapy - Contract ST	62,925		68.02	Speech Pathology - Other
1003230		91622 · Therapy - Contract ST	19,500	82,425	68.02	Speech Pathology - Other
1001950		81045 · Medical Gas	2,758		71.02	Medical Supplies Chargeable - Other
1002090		81115 · Supplies-Wound Care	96,189		71.02	Medical Supplies Chargeable - Other
1002480		91045 · Medical Gas	1,906		71.02	Medical Supplies Chargeable - Other
1002620		91115 · Supplies-Wound Care	39,478	140,331	71.02	Medical Supplies Chargeable - Other
1002770		81553 · Pharmacist	14,517	14,517	73.01	Drugs Chargeable - Salary
1001970		81055 · Pharmacy	689,976		73.02	Drugs Chargeable - Other
1001980		81060 · Pharmacy-Contract Services	201,334		73.02	Drugs Chargeable - Other
1002060		81100 · Supplies-Pharmacy	14,396		73.02	Drugs Chargeable - Other
1002500		91055 · Pharmacy	413,513		73.02	Drugs Chargeable - Other
1002510		91060 · Pharmacy-Contract Services	54,996		73.02	Drugs Chargeable - Other
1002590		91100 · Supplies-Pharmacy	3,990		73.02	Drugs Chargeable - Other
1002780		81558 · Pharmacist-Contract Services	266,789		73.02	Drugs Chargeable - Other
1003060		91558 · Pharmacist-Contract Services	134,736		73.02	Drugs Chargeable - Other
1003070		91559 · Pharmacy Tech-Contract Services	24,966	1,804,696	73.02	Drugs Chargeable - Other
1001880		81010 · Dialysis-Contract Services	175,680		74.02	Dialysis - Other
1002420		91010 · Dialysis-Contract Services	32,450	208,130	74.02	Dialysis - Other
TOTAL			15,381,713	15,381,713		

Central Indiana - AMG Specialty Hospital
 Worksheet A-8 Adjustments to Expenses
 August 31, 2015

Account Number	Division	Account Description	Medicare Balance	W/S A-8 Subtotal	A-8	Worksheet A-8 Description
1001680		80180 · Marketing and Advertising	42,357		31	Advertising/Marketing
1002240		90180 · Marketing and Advertising	21,383	63,740	31	Advertising/Marketing
1001710		80205 · Miscellaneous Expense	5,074	5,074	44	Other
TOTAL			68,814	68,814		

ACADIANA MANAGEMENT GROUP
 Provider number: HB-0043
 Period from 01/01/2014 to 12/31/2014

Worksheet H

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Allocation of Home Office Capital Costs to Chain Components

Chain Components	Medicare No.	Fiscal Year End	-----	Old Capital	Related Costs	-----	-----	New Capital	Related Costs	-----	
			Direct Home Office Costs	Functional Home Office Costs	Pooled Home Office Costs	Total Allocation of Costs	Direct Home Office Costs	Functional Home Office Costs	Pooled Home Office Costs	Total Allocation of Costs	
			1	2	3	4	5	6	7	8	
Health Care Facilities:											

1	LTAC of Louisiana	19-2029	12/31/2014	0	0	0	0	0	0	20,387	20,387
1.01	Central Indiana - AMG	15-2025	08/31/2014	0	0	0	0	0	0	20,999	20,999
1.02	Albuquerque - AMG Specialty	32-2003	05/31/2014	0	0	0	0	0	0	15,533	15,533
1.03	Physicians Alliance Hospital (HOUMA)	19-2037	05/31/2014	0	0	0	0	0	0	21,854	21,854
1.04	The Neuromedical Center of Baton Rouge	19-3090	12/31/2014	0	0	0	0	0	0	12,645	12,645
1.05	Lafayette Physical Rehab	19-3093	12/31/2014	0	0	0	0	0	0	14,765	14,765
1.06	LTAC Hospital of Feliciana	19-2041	12/31/2014	0	0	0	0	0	0	5,817	5,817
1.07	LTAC Hospital of Denham	19-2008	12/31/2014	0	0	0	0	0	0	8,379	8,379
1.08	LTAC Hospital of Wash/St. Tammany	19-2046	12/31/2014	0	0	0	0	0	0	19,842	19,842
1.09	LTAC Hospital of Greenwood	25-2010	12/31/2014	0	0	0	0	0	0	16,557	16,557
1.10	LTAC Hospital of Wichita	17-2003	05/31/2014	0	0	0	0	0	0	13,068	13,068
1.11	LTAC Hospital of Edmond	37-2005	05/31/2014	0	0	0	0	0	0	19,418	19,418
1.12	TULSA-AMG SPECIALTY HOSPITAL	37-2011	08/31/2014	0	0	0	0	0	0	14,783	14,783

18	Total (lines 1-17)			0	0	0	0	0	0	204,047	204,047
27	Other Managed Facilities			0	0	0	0	0	0	0	0

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

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

34	Grand Total			0	0	0	0	0	0	204,047	204,047

ACADIANA MANAGEMENT GROUP
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Worksheet H

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Allocation of Home Office Capital Costs to Chain Components

Chain Components	Medicare No.	Fiscal Year End	-----	Other Capital	Related Costs	-----	-----	Non-Capital	Related Costs	-----	
			Direct Home Office Costs 9	Functional Home Office Costs 10	Pooled Home Office Costs 11	Total Allocation of Costs 12	Direct Home Office Costs 13	Functional Home Office Costs 14	Pooled Home Office Costs 15	Total Allocation of Costs 16	
Health Care Facilities:											
1	LTAC of Louisiana	19-2029	12/31/2014	0	0	0	0	0	0	731,751	731,751
1.01	Central Indiana - AMG	15-2025	08/31/2014	0	0	0	0	0	0	753,708	753,708
1.02	Albuquerque AMG Specialty	32-2003	05/31/2014	0	0	0	0	0	0	557,510	557,510
1.03	Physicians Alliance Hospital (HOUMA)	19-2037	05/31/2014	0	0	0	0	0	0	784,402	784,402
1.04	The Neuromedical Center of Baton Rouge	19-3090	12/31/2014	0	0	0	0	0	0	453,856	453,856
1.05	Lafayette Physical Rehab	19-3093	12/31/2014	0	0	0	0	0	0	529,965	529,965
1.06	LTAC Hospital of Feliciana	19-2041	12/31/2014	0	0	0	0	0	0	208,780	208,780
1.07	LTAC Hospital of Denham	19-2008	12/31/2014	0	0	0	0	0	0	300,752	300,752
1.08	LTAC Hospital of Wash/St. Tammany	19-2046	12/31/2014	0	0	0	0	0	0	712,189	712,189
1.09	LTAC Hospital of Greenwood	25-2010	12/31/2014	0	0	0	0	0	0	594,268	594,268
1.10	LTAC Hospital of Wichita	17-2003	05/31/2014	0	0	0	0	0	0	469,024	469,024
1.11	LTAC Hospital of Edmond	37-2005	05/31/2014	0	0	0	0	0	0	696,992	696,992
1.12	TULSA-AMG SPECIALTY HOSPITAL	37-2011	08/31/2014	0	0	0	0	0	0	530,610	530,610
18	Total (lines 1-17)			0	0	0	0	0	0	7,323,807	7,323,807
27	Other Managed Facilities			0	0	0	0	0	0	0	0
28	Total (lines 19-27)			0	0	0	0	0	0	0	0
33	Total (lines 29-32)			0	0	0	0	0	0	0	0
34	Grand Total			0	0	0	0	0	0	7,323,807	7,323,807

ACADIANA MANAGEMENT GROUP
 Provider number: HB-0043
 Period from 01/01/2014 to 12/31/2014

Worksheet H

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Allocation of Home Office Capital Costs to Chain Components

Chain Components	Medicare No.	Fiscal Year End	----- Total Home Office Costs -----			
			Direct Home Office Costs 17	Functional Home Office Costs 18	Pooled Home Office Costs 19	Total Allocation of Costs 20
----- Health Care Facilities: -----						
1 LTAC of Louisiana	19-2029	12/31/2014	0	0	752,138	752,138
1.01 Central Indiana - AMG	15-2025	08/31/2014	0	0	774,707	774,707
1.02 Albuquerque - AMG Specialty	32-2003	05/31/2014	0	0	573,043	573,043
1.03 Physicians Alliance Hospital (HOUMA)	19-2037	05/31/2014	0	0	806,256	806,256
1.04 The Neuromedical Center of Baton Rouge	19-3090	12/31/2014	0	0	466,501	466,501
1.05 Lafayette Physical Rehab	19-3093	12/31/2014	0	0	544,730	544,730
1.06 LTAC Hospital of Feliciana	19-2041	12/31/2014	0	0	214,597	214,597
1.07 LTAC Hospital of Denham	19-2008	12/31/2014	0	0	309,131	309,131
1.08 LTAC Hospital of Wash/St. Tammany	19-2046	12/31/2014	0	0	732,031	732,031
1.09 LTAC Hospital of Greenwood	25-2010	12/31/2014	0	0	610,825	610,825
1.10 LTAC Hospital of Wichita	17-2003	05/31/2014	0	0	482,092	482,092
1.11 LTAC Hospital of Edmond	37-2005	05/31/2014	0	0	716,410	716,410
1.12 TULSA-AMG SPECIALTY HOSPITAL	37-2011	08/31/2014	0	0	545,393	545,393
18 Total (lines 1-17)			0	0	7,527,854	7,527,854
27 Other Managed Facilities			0	0	0	0
28 Total (lines 19-27)			0	0	0	0
33 Total (lines 29-32)			0	0	0	0
34 Grand Total			0	0	7,527,854	7,527,854

Central Indiana - AMG Specialty Hospital

August 31, 2015

Inpatient Part A

Summary of PS&R

Claims Paid through 12/16/2015

Title XVIII-Medicare

IP

	9/1/2014-8/31/2015	Total
111 Med-Sur-gy/PVT	4,329,600	4,329,600
121 Med-Sur-gy/2Bed	5,786,400	5,786,400
Total Accomadations	10,116,000	10,116,000

Discharges	331	331
Patient Days	8,430	8,430

CR

Line #			
999	230 Nursing Increm	3,504	3,504
73	250 Pharmacy	2,543,428	2,543,428
71	270 Med-Surg Supplies	246,387	246,387
71	271 Med-Surg Supplies	1,058,002	1,058,002
60	300 Lab	755,572	755,572
60	301 Lab	467,373	467,373
60	302 Lab	0	0
60	305 Lab	126	126
60	306 Lab	72,903	72,903
60	307 Lab	1,783	1,783
60	309 Lab	409	409
54	320 DX Xray	198,874	198,874
54	323 DX Xray	400	400
54	324 DX Xray	104,240	104,240
55	331 Radiology Therapy	0	0
55	335 Chemotherapy IV	0	0
54	340 Nuclear Medicine	762	762
54	341 Nuclear Medicine	28,497	28,497
54	342 Nuclear Medicine	0	0
54	350 CT Scan	288,470	288,470
50	360 OR Services	10,020	10,020
50	361 OR Services	352,957	352,957
50	379 Anesthesia	750	750
60	381 Blood/PKD Red	105,292	105,292
60	383 Blood/Plasma	1,338	1,338
60	384 Blood/Platelets	4,519	4,519
60	391 Blood	6,872	6,872
54	402 Imaging Service	10,689	10,689
54	403 Imaging Service	0	0
65	410 Inhalation Therapy	9,158,849	9,158,849
65	412 Inhalation Therapy	0	0
66	420 Physical Therapy	209,172	209,172
67	430 Occupational Therapy	181,433	181,433
68	440 Speech Therapy	371,304	371,304
65	460 Pulmonary	1,215	1,215
54	480 Cardiology	56,203	56,203
54	610 MRI	13,645	13,645
54	611 MRI	12,006	12,006
54	612 MRI	11,236	11,236
54	730 EKG	18,916	18,916
54	732 Telemetry	1,015,638	1,015,638
54	740 EEG	4,383	4,383
50	761 Treatment Room	25,853	25,853
74	800 Inpatient Dialysis	0	0
74	801 Inpatient Dialysis	207,578	207,578
74	802 Inpatient Dialysis	41,850	41,850
60	921 Perivascular Lab	3,720	3,720
71	947 Complex Medical Equip	526,292	526,292
	Total Ancillary	18,122,460	18,122,460
	Total Charges	28,238,460	28,238,460
	Federal Specific	12,807,065	12,807,065
	Outlier	115,593	115,593
	Low Volume Adjustment	0	0
	Gross Reimbursement	12,922,658	12,922,658
	Deductible	115,194	115,194
	Coinsurance	383,954	383,954
	Sequestration	248,470	248,470
	Net Reimbursement	12,175,040	12,175,040
		12,807,065	

Worksheet D by Line #

50	Operating / Surgery	389,580	389,580
52	Labor & Delivery	0	0
53	Anesthesia	0	0
54	Radiology-Diagnostic	1,763,959	1,763,959
55	Radiology-Therapeutic	0	0
58	MRI	0	0
60	Laboratory	1,419,907	1,419,907
63	Blood	0	0
64	IV Therapy	0	0
65	Oxygen (Inhal) Therapy	9,160,064	9,160,064
66	Physical Therapy	209,172	209,172
67	Occupational Therapy	181,433	181,433
68	Speech Pathology	371,304	371,304
69	EKG	0	0
71	Medical Supplies Chargeal	1,830,681	1,830,681
73	Drugs Chargeable	2,543,428	2,543,428
74	Dialysis	249,428	249,428
76	Psychological Services	0	0
88	RHC #1	0	0
89	RHC #2	0	0
90	Clinic	0	0
91	Emergency Room	0	0
92	Observation Room	0	0
999	Unidentified-MUST BE REI	3,504	3,504
		18,122,460	18,122,460

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

REPORT COVER PAGE FOR REQUEST: BTAR654-S-2581859

Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages	Provider#-Report Type	Total # of Pages
152025-118	4	152025-11S	5				

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 1
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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STATISTIC SECTION

DISCHARGES	23		
MEDICARE DAYS	527		
CLAIMS	23		

CHARGE SECTION

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

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	320	\$384,000.00						
0121	MED-SUR-GY/2BED	186	\$223,200.00						
0202	ICU/MEDICAL	21	\$35,910.00						
TOTAL ACCOMMODATIONS		527	\$643,110.00						

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

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	11	\$171.50						
0250	PHARMACY	15,887	\$120,964.46						
0270	MED-SUR SUPPLIES	591	\$16,207.67						
0271	NONSTER SUPPLY	614	\$65,178.36						
0300	LABORATORY or (LAB)	1,587	\$43,090.90						
0301	LAB/CHEMISTRY	335	\$30,732.67						
0305	LAB/HEMATOLOGY	2	\$10.04						
0306	LAB/BACT-MICRO	43	\$3,182.55						
0307	LAB/UROLOGY	1	\$37.38						
0320	DX X-RAY	55	\$7,729.02						
0324	DX X-RAY/CHEST	7	\$642.60						
0350	CT SCAN	12	\$12,154.52						

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 2
 Report #: OD44203
 Report Type: 118

SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0360	OR SERVICES	8	\$56,160.00						
0361	OR/MINOR	41	\$18,359.00						
0381	BLOOD/PKD RED	4	\$2,683.06						
0383	BLOOD/PLASMA	2	\$205.80						
0391	BLOOD/ADMIN	1	\$648.00						
0410	RESPIRATORY SVC	10,938	\$684,291.76						
0420	PHYSICAL THERP/15 MIN	227	\$16,119.00						
0430	OCCUPATION THER/15 MIN	183	\$14,256.00						
0440	SPEECH PATHOL/15 MIN	65	\$14,796.15						
0480	CARDIOLOGY	7	\$6,140.70						
0730	EKG/ECG	16	\$1,116.45						
0732	TELEMETRY	136	\$51,272.00						
0761	TREATMENT RM	2	\$1,000.00						
0801	DIALY/INPT	8	\$9,174.72						
0947	COMPLX MED EQUIP-ANC	324	\$26,061.91						
TOTAL ANCILLARY		31,107	\$1,202,386.22						
TOTAL COVERED CHARGES			\$1,845,496.22						

REIMBURSEMENT SECTION
 OPERATING

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$705,209.89		
OUTLIER	\$0.00		
DSH/LIP	\$0.00		

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 3
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
DSH UNCOMP. CARE	\$0.00			
IME/TEACHING ADJ.	\$0.00			
NEW TECHNOLOGY	\$0.00			
IPF ECT	\$0.00			
TOTAL OPERATING PAYMENTS	\$705,209.89			

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

CAPITAL

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

PAYMENT

GROSS REIMBURSEMENT	\$705,209.89			
LESS				
HAC Reduction	\$0.00			
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$0.00			

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 4
 Report #: OD44203
 Report Type: 118

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
BLOOD DEDUCTIBLE	\$2,683.06			
COINSURANCE	\$10,080.00			
NET MSP PAYMENTS	\$0.00			
SEQUESTRATION	\$0.00			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$692,446.83			
NET REIMBURSEMENT	\$0.00			

ADDITIONAL INFORMATION SECTION

CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$145,200.73			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	23			
DRG/CMG WEIGHT	26.1251			
WEIGHT/DISCHARGES	1.1359			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
 INPATIENT LONG TERM CARE - PART A PPS

Page: 1
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--	--

STATISTIC SECTION

DISCHARGES	331		
MEDICARE DAYS	8,430		
CLAIMS	331		

CHARGE SECTION

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

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0111	MED-SUR-GY/PVT	3,608	\$4,329,600.00						
0121	MED-SUR-GY/2BED	4,822	\$5,786,400.00						
0180	LEAVE OF ABSENCE OR LOA	0	\$0.00						
TOTAL ACCOMMODATIONS		8,430	\$10,116,000.00						

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

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0230	NURSING INCREM	235	\$3,503.50						
0250	PHARMACY	271,409	\$2,543,428.38						
0270	MED-SUR SUPPLIES	10,085	\$246,386.76						
0271	NONSTER SUPPLY	10,530	\$1,058,002.48						
0300	LABORATORY or (LAB)	27,800	\$755,572.27						
0301	LAB/CHEMISTRY	5,551	\$467,372.98						
0305	LAB/HEMATOLOGY	25	\$125.91						
0306	LAB/BACT-MICRO	1,027	\$72,903.01						
0307	LAB/UROLOGY	55	\$1,782.72						
0309	LAB/OTHER	2	\$408.80						
0320	DX X-RAY	1,147	\$198,873.56						
0323	DX X-RAY/ARTER	1	\$400.00						

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 2
 Report #: OD44203
 Report Type: 115

SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
--	--	--	--

REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0324	DX X-RAY/CHEST	1,133	\$104,239.90						
0340	NUCLEAR MEDICINE or (NUC	1	\$762.28						
0341	NUC MED/DX	11	\$28,496.91						
0350	CT SCAN	223	\$288,469.73						
0360	OR SERVICES	3	\$10,020.00						
0361	OR/MINOR	504	\$352,957.00						
0379	ANESTHE/OTHER	2	\$750.00						
0381	BLOOD/PKD RED	160	\$105,291.54						
0383	BLOOD/PLASMA	14	\$1,337.70						
0384	BLOOD/PLATELETS	5	\$4,519.15						
0391	BLOOD/ADMIN	13	\$6,871.95						
0402	ULTRASOUND	36	\$10,689.03						
0410	RESPIRATORY SVC	176,668	\$9,158,848.66						
0420	PHYSICAL THERP/15 MIN	3,026	\$209,172.00						
0430	OCCUPATION THER/15 MIN	2,471	\$181,433.00						
0440	SPEECH PATHOL/15 MIN	1,298	\$371,304.15						
0460	PULMONARY FUNC	6	\$1,215.00						
0480	CARDIOLOGY	53	\$56,203.45						
0610	MRT	10	\$13,644.55						
0611	MRI - BRAIN	7	\$12,005.55						
0612	MRI - SPINE	5	\$11,236.05						
0730	EKG/ECG	288	\$18,916.20						
0732	TELEMETRY	2,698	\$1,015,638.00						
0740	EEG	15	\$4,383.25						

PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

PROVIDER SUMMARY REPORT
 INPATIENT LONG TERM CARE - PART A PPS

Page: 3
 Report #: OD44203
 Report Type: 115

		SERVICES FOR PERIOD 09/01/14 - 08/31/15		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested		SERVICES FOR PERIOD No Data Requested	
REV CODE	DESCRIPTION	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES	UNITS	CHARGES
0761	TREATMENT RM	42	\$25,852.50						
0801	DIALY/INPT	182	\$207,578.04						
0802	DIALY/INPT/PER	31	\$41,850.00						
0921	PERI VASCUL LAB	8	\$3,720.00						
0947	COMPLX MED EQUIP-ANC	6,205	\$526,291.69						
TOTAL ANCILLARY		522,985	\$18,122,457.65						
TOTAL COVERED CHARGES			\$28,238,457.65						

REIMBURSEMENT SECTION

OPERATING

HOSPITAL SPECIFIC	\$0.00		
FEDERAL SPECIFIC	\$12,807,064.99		
OUTLIER	\$115,592.90		
DSH/LIP	\$0.00		
DSH UNCOMP. CARE	\$0.00		
IME/TEACHING ADJ.	\$0.00		
NEW TECHNOLOGY	\$0.00		
IPF ECT	\$0.00		
TOTAL OPERATING PAYMENTS	\$12,922,657.89		

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

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

Program ID: REDESIGN
 Paid Dates: 08/01/07 THRU 12/16/15
 Report Run Date: 12/16/15
 Provider FYE: 08/31
 Provider Number: 152025 Central Indiana AMG Specialty Hospital

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

Page: 4
 Report #: OD44203
 Report Type: 115

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
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CAPITAL

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

PAYMENT

GROSS REIMBURSEMENT	\$12,922,657.89			
LESS				
HAC Reduction	\$0.00			
DEVICE CREDIT	\$0.00			
CASH DEDUCTIBLE	\$36,056.00			
BLOOD DEDUCTIBLE	\$79,138.24			
COINSURANCE	\$383,954.00			
NET MSP PAYMENTS	\$0.00			
SEQUESTRATION	\$248,470.37			
MSP PASS THRU RECONCILIATION	\$0.00			
OTHER ADJUSTMENTS	\$0.00			
NET REIMBURSEMENT	\$12,175,039.28			

ADDITIONAL INFORMATION SECTION

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

Program ID: REDESIGN
Paid Dates: 08/01/07 THRU 12/16/15
Report Run Date: 12/16/15
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PROVIDER SUMMARY REPORT
INPATIENT LONG TERM CARE - PART A PPS

Page: 5
Report #: OD44203
Report Type: 115

	SERVICES FOR PERIOD 09/01/14 - 08/31/15	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested	SERVICES FOR PERIOD No Data Requested
CALCULATED NET REIMB FOR PIP	\$0.00			
ACTUAL CLAIM PAYMENTS FOR PIP	\$0.00			
CLAIM INTEREST PAYMENTS	\$0.00			
IRF PENALTY AMOUNT	\$0.00			
LTCH SHORT STAY OUTLIER PAYMENTS	\$1,049,474.70			
CAP FED-SPECIFIC @ 100%	\$0.00			
CAP OUTLIER @ 100%	\$0.00			
DISCHARGES	331			
DRG/CMG WEIGHT	400.5194			
WEIGHT/DISCHARGES	1.2100			
DISCHARGE FRACTION	0			
DRG WEIGHT FRACTION	0.0000			
DRG WEIGHT FRACTION/DISCHARGES	0.0000			
PPS PAYMENTS	\$0.00			

Central Indiana - AMG Specialty Hospital
Worksheet G Balance Sheet Groupings
August 31, 2015

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
1000010	10100	BOK:10401 · BOK Commercial Deposit Account	179,776		101.00	Cash on Hand and in Banks
1000020	10100	BOK:10301 · BOK Payroll	(814)		101.00	Cash on Hand and in Banks
1000030	10100	BOK:10101 · BOK Operating	(44,149)		101.00	Cash on Hand and in Banks
1000040	10102	Business First Operating	11,133		101.00	Cash on Hand and in Banks
1000050	10900	Petty Cash	500	146,446	101.00	Cash on Hand and in Banks
1000060	11000	Accounts Receivable-Operating:11001 · Accounts Receivable-Billings	1,922,120		104.00	Accounts Receivable
1000070	11000	Accounts Receivable-Operating:11002 · Accounts Receivable-Part B	714,676		104.00	Accounts Receivable
1000080	11000	Accounts Receivable-Operating:12110 · Allowance for Contractuals	(392,090)		104.00	Accounts Receivable
1000090	11000	Accounts Receivable-Operating:12120 · Allow for Contractuals-Part B	(594,329)	1,650,377	104.00	Accounts Receivable
1000100	15000	Prepaid Expenses:15100 · Prepaid Insurance-Main	100,994		108.00	Prepaid Expenses
1000110	15000	Prepaid Expenses:15120 · Prepaid Insurance-Loc 2	46,494		108.00	Prepaid Expenses
1000120	15000	Prepaid Expenses:15200 · Prepaid Service Contracts-Main	2,999		108.00	Prepaid Expenses
1000130	15000	Prepaid Expenses:15300 · Prepaid Pharmacy-Main	72,164		108.00	Prepaid Expenses
1000140	15000	Prepaid Expenses:15500 · Prepaid Expense Adv-Main	1,500		108.00	Prepaid Expenses
1000150	15000	Prepaid Expenses:15600 · Prepaid Other-Main	10,715		108.00	Prepaid Expenses
1000160	15000	Prepaid Expenses:15620 · Prepaid Other-Loc 2	10,718	245,584	108.00	Prepaid Expenses
1000220	16106	Leasehold Improvements-Loc 2	96,287	96,287	117.00	Leasehold Improvements
1000170	16101	Computer Equip/Software-Main	45,704		123.00	Major Moveable Equipment
1000180	16103	Hospital Equipment-Main	529,601		123.00	Major Moveable Equipment
1000190	16121	Computer Equip/Software-Loc 2	10,837		123.00	Major Moveable Equipment
1000200	16122	Furniture & Fixtures-Loc 2	9,866		123.00	Major Moveable Equipment
1000210	16123	Hospital Equipment-Loc 2	426,921	1,022,929	123.00	Major Moveable Equipment
1000230	16900	Accumulated Depreciation	(603,002)	(603,002)	124.00	Less: Accumulated Depreciation
1000260	17000	Other Assets:17335 · Loan Fees	5,387		126.00	Other Fixed Assets
1000270	17000	Other Assets:17336 · Loan Fees #2	17,962		126.00	Other Fixed Assets
1000280	17000	Other Assets:17500 · Goodwill	3,334,923		126.00	Other Fixed Assets
1000290	17000	Other Assets:17900 · Accumulated Amortization	(686,703)	2,671,569	126.00	Other Fixed Assets
1000240	17000	Other Assets:17100 · Deposits	34,000		129.00	Deposits on Leases
1000250	17000	Other Assets:17200 · Insurance Collateral	81,345	115,345	129.00	Deposits on Leases
1000300	20000	Accounts Payable	(1,538,584)		134.00	Accounts Payable
1000450	22300	Leases Payable-Equipment:22301 · Equipment Lease #1	(17,582)		134.00	Accounts Payable
1000460	22300	Leases Payable-Equipment:22302 · Equipment Lease #2	(7,880)		134.00	Accounts Payable
1000470	22300	Leases Payable-Equipment:22303 · Equipment Lease #3	(152,000)		134.00	Accounts Payable
1000480	22300	Leases Payable-Equipment:22351 · Equipment Lease #1- Loc 2	(18,759)		134.00	Accounts Payable
1000490	22300	Leases Payable-Equipment:22352 · Equipment Lease #2- Loc 2	(71,489)		134.00	Accounts Payable
1000500	22300	Leases Payable-Equipment:22353 · Equipment Lease #3- Loc 2	(26,298)		134.00	Accounts Payable
1000510	22300	Leases Payable-Equipment:22354 · Equipment Lease #4- Loc 2	(76,143)		134.00	Accounts Payable
1000520	22300	Leases Payable-Equipment:22355 · Equipment Lease #5- Loc 2	(50,367)	(1,959,102)	134.00	Accounts Payable
1000310	20100	Accrued Expenses:20102 · Accrued Payroll	(267,500)		135.00	Salaries, Wages & Fees Payable
1000320	20200	Payroll Liabilities:20220 · Direct Deposit Sweep Account	(2,792)	(270,292)	135.00	Salaries, Wages & Fees Payable
1000530	23000	Due to Others:23011 · Due to Medicare 2	(704,852)	(704,852)	141.00	Intercompany Accounts
1000330	20400	Equipment Financing-Short Term:20405 · Equip Note Short-term #5-Muncie	(3,333)		144.00	Notes Payable
1000340	20500	Insurance Notes Payable:20502 · Ins. Note Payable-Workers Comp	(67,698)		144.00	Notes Payable
1000350	20500	Insurance Notes Payable:20532 · Ins. Note Payable-WC- Loc 2	(25,523)		144.00	Notes Payable
1000360	20500	Insurance Notes Payable:20510 · Ins. Note Payable-Imperial-Main	(18,402)		144.00	Notes Payable
1000370	20500	Insurance Notes Payable:20511 · Ins. Note Payable-Imperial-Hanc	(13,906)		144.00	Notes Payable
1000380		Due to M. Reddy, M.D.	(22,397)		144.00	Notes Payable
1000390	22100	Notes Payable-Financing:22110 · BOK Line of Credit:22112 · Due to/fr AMG-Treasur	(19,390)		144.00	Notes Payable
1000400	22100	Notes Payable-Financing:22110 · BOK Line of Credit:22111 · Note Payable-AMG RLC	(993,641)		144.00	Notes Payable
1000410	22200	Notes Payable-Equipment:22201 · Equipment Note #1	(8,722)		144.00	Notes Payable
1000420	22200	Notes Payable-Equipment:22202 · Equipment Note #2	(13,577)		144.00	Notes Payable
1000430	22200	Notes Payable-Equipment:22203 · Equipment Note #3	(4,584)		144.00	Notes Payable
1000440	22200	Notes Payable-Equipment:22205 · Equipment Note #5	(9,260)	(1,200,433)	144.00	Notes Payable
1000540		Distributions- AMG Hospital Com	40,728		151.00	Retained Earnings / General Fund Balance
1000550		Equity-AMG Hospital Co II	(1,145,506)		151.00	Retained Earnings / General Fund Balance
1000560		Distributions-R&H of Indiana	1,001,377		151.00	Retained Earnings / General Fund Balance
1000570	39000	Retained Earnings	352,365	(1,210,856)	151.00	Retained Earnings / General Fund Balance
TOTAL			1,459,820	0		

Central Indiana - AMG Specialty Hospital
Worksheet G Revenue Groupings
August 31, 2015

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
1000580		40111 · Room & Board-Medicare	(6,998,400)		201.00	Total Gross Patient Charges (See WS C Rev)
1000590		40112 · Nursing Care Spec-Medicare	(342)		201.00	Total Gross Patient Charges (See WS C Rev)
1000720		40311 · Room & Board-Private	(1,226,790)		201.00	Total Gross Patient Charges (See WS C Rev)
1000730		40312 · Nursing Care Spec-Private	(50)		201.00	Total Gross Patient Charges (See WS C Rev)
1000860		40411 · Room & Board-Mcare Adv	(337,200)		201.00	Total Gross Patient Charges (See WS C Rev)
1001070		41111 · Room & Board-Medicare	(3,117,600)		201.00	Total Gross Patient Charges (See WS C Rev)
1001080		41112 · Nursing Care Spec-Medicare	(1,961)		201.00	Total Gross Patient Charges (See WS C Rev)
1001200		41311 · Room & Board-Private	(643,320)		201.00	Total Gross Patient Charges (See WS C Rev)
1001210		41312 · Nursing Care Spec-Private	(772)		201.00	Total Gross Patient Charges (See WS C Rev)
1001330		41411 · Room & Board-Mcare Adv	(305,910)		201.00	Total Gross Patient Charges (See WS C Rev)
1001340		41412 · Nursing Care Spec-Mcare Adv	(1,924)	(12,634,269)	201.00	Total Gross Patient Charges (See WS C Rev)
1001500		40600 · Physician Billings	(917,361)		205.50	Part B Supplier Rev, bnet of expense
1001510		40907 · Cont Adj - Physician Billings	419,723	(497,638)	205.50	Part B Supplier Rev, bnet of expense
1000640		40117 · Minor Procedures-Medicare	(329,438)		206.50	Operating / Surgery
1000780		40317 · Minor Procedures-Private	(31,391)		206.50	Operating / Surgery
1000910		40417 · Minor Procedures-Mcare Adv	(4,775)		206.50	Operating / Surgery
1001260		41317 · Minor Procedures-Private	(25,623)		206.50	Operating / Surgery
1001390		41417 · Minor Procedures-Mcare Adv	(80,282)	(471,509)	206.50	Operating / Surgery
1000630		40116 · Radiology Rev-Medicare	(1,156,603)		206.54	Radiology-Diagnostic
1000770		40316 · Radiology Rev-Private	(150,047)		206.54	Radiology-Diagnostic
1000900		40416 · Radiology Rev-Mcare Adv	(52,047)		206.54	Radiology-Diagnostic
1001120		41116 · Radiology Rev-Medicare	(639,881)		206.54	Radiology-Diagnostic
1001250		41316 · Radiology Rev-Private	(97,999)		206.54	Radiology-Diagnostic
1001380		41416 · Radiology Rev-Mcare Adv	(58,524)	(2,155,101)	206.54	Radiology-Diagnostic
1000620		40115 · Laboratory Rev-Medicare	(1,085,696)		206.60	Laboratory
1000650		40118 · Blood Prod/Admin-Medicare	(95,623)		206.60	Laboratory
1000760		40315 · Laboratory Rev-Private	(162,803)		206.60	Laboratory
1000790		40318 · Blood Prod/Admin-Private	(6,706)		206.60	Laboratory
1000890		40415 · Laboratory Rev-Mcare Adv	(51,493)		206.60	Laboratory
1000920		40418 · Blood Prod/Admin-Mcare Adv	(1,341)		206.60	Laboratory
1001110		41115 · Laboratory Rev-Medicare	(208,871)		206.60	Laboratory
1001140		41118 · Blood Prod/Admin-Medicare	(24,511)		206.60	Laboratory
1001240		41315 · Laboratory Rev-Private	(43,476)		206.60	Laboratory
1001270		41318 · Blood Prod/Admin-Private	(1,707)		206.60	Laboratory
1001370		41415 · Laboratory Rev-Mcare Adv	(23,851)		206.60	Laboratory
1001400		41418 · Blood Prod/Admin-Mcare Adv	(2,794)	(1,708,872)	206.60	Laboratory
1000690		40122 · Respiratory Therapy-Medicare	(6,661,078)		206.65	Oxygen (Inhal) Therapy
1000830		40322 · Respiratory Therapy-Private	(715,830)		206.65	Oxygen (Inhal) Therapy
1000960		40422 · Respiratory Therapy-Mcare Adv	(451,153)		206.65	Oxygen (Inhal) Therapy
1001180		41122 · Respiratory Therapy-Medicare	(2,499,991)		206.65	Oxygen (Inhal) Therapy
1001310		41322 · Respiratory Therapy-Private	(515,482)		206.65	Oxygen (Inhal) Therapy
1001440		41422 · Respiratory Therapy-Mcare Adv	(201,472)	(11,045,006)	206.65	Oxygen (Inhal) Therapy
1000660		40119 · Physical Therapy-Medicare	(143,428)		206.66	Physical Therapy
1000800		40319 · Physical Therapy-Private	(24,807)		206.66	Physical Therapy
1000930		40419 · Physical Therapy-Mcare Adv	(8,789)		206.66	Physical Therapy
1001150		41119 · Physical Therapy-Medicare	(65,865)		206.66	Physical Therapy
1001280		41319 · Physical Therapy-Private	(13,352)		206.66	Physical Therapy
1001410		41419 · Physical Therapy-Mcare Adv	(6,967)	(263,208)	206.66	Physical Therapy
1000670		40120 · Occupational Therapy-Medicare	(104,430)		206.67	Occupational Therapy
1000810		40320 · Occupational Therapy-Private	(16,400)		206.67	Occupational Therapy
1000940		40420 · Occupational Therapy-Mcare Adv	(6,503)		206.67	Occupational Therapy
1001160		41120 · Occupational Therapy-Medicare	(77,239)		206.67	Occupational Therapy
1001290		41320 · Occupational Therapy-Private	(14,259)		206.67	Occupational Therapy
1001420		41420 · Occupational Therapy-Mcare Adv	(6,971)	(225,802)	206.67	Occupational Therapy
1000680		40121 · Speech Therapy-Medicare	(284,501)		206.68	Speech Pathology
1000820		40321 · Speech Therapy-Private	(33,097)		206.68	Speech Pathology
1000950		40421 · Speech Therapy-Mcare Adv	(12,865)		206.68	Speech Pathology
1001170		41121 · Speech Therapy-Medicare	(86,802)		206.68	Speech Pathology
1001300		41321 · Speech Therapy-Private	(17,354)		206.68	Speech Pathology
1001430		41421 · Speech Therapy-Mcare Adv	(1,931)	(436,550)	206.68	Speech Pathology
1000610		40114 · Medical Supplies-Medicare	(811,748)		206.71	Medical Supplies Chargeable
1000710		40124 · Complex Med Equip-Medicare	(205,664)		206.71	Medical Supplies Chargeable
1000750		40314 · Medical Supplies-Private	(122,256)		206.71	Medical Supplies Chargeable
1000850		40324 · Complex Medical Equip-Private	(37,933)		206.71	Medical Supplies Chargeable
1000880		40414 · Medical Supplies-Mcare Adv	(37,844)		206.71	Medical Supplies Chargeable
1000970		40424 · Complex Medical Equip-Mcare Adv	(3,304)		206.71	Medical Supplies Chargeable
1001100		41114 · Medical Supplies-Medicare	(488,964)		206.71	Medical Supplies Chargeable
1001190		41124 · Complex Med Equip-Medicare	(323,280)		206.71	Medical Supplies Chargeable
1001230		41314 · Medical Supplies-Private	(94,479)		206.71	Medical Supplies Chargeable
1001320		41324 · Complex Medical Equip-Private	(83,419)		206.71	Medical Supplies Chargeable
1001360		41414 · Medical Supplies-Mcare Adv	(41,857)		206.71	Medical Supplies Chargeable
1001450		41424 · Complex Medical Equip-Mcare Adv	(19,936)	(2,270,684)	206.71	Medical Supplies Chargeable
1000600		40113 · Pharmacy Rev-Medicare	(1,667,516)		206.73	Drugs Chargeable
1000740		40313 · Pharmacy Rev-Private	(276,785)		206.73	Drugs Chargeable
1000870		40413 · Pharmacy Rev-Mcare Adv	(64,658)		206.73	Drugs Chargeable
1001090		41113 · Pharmacy Rev-Medicare	(896,368)		206.73	Drugs Chargeable
1001220		41313 · Pharmacy Rev-Private	(171,787)		206.73	Drugs Chargeable
1001350		41413 · Pharmacy Rev-Mcare Adv	(57,978)	(3,135,092)	206.73	Drugs Chargeable
1000700		40123 · Dialysis Rev-Medicare	(75,691)		206.74	Dialysis
1000840		40323 · Dialysis Rev-Private	(4,587)		206.74	Dialysis
1001130		41117 · Minor Procedures-Medicare	(205,636)	(285,914)	206.74	Dialysis
1000980		40901 · Cont Adj - Medicare	10,410,020		302.00	Less: Allowances and Discounts
1000990		40903 · Cont Adj - Private	1,130,555		302.00	Less: Allowances and Discounts
1001000		40904 · Cont Adj - Mcare Adv	621,605		302.00	Less: Allowances and Discounts
1001010		40905 · Cont Adj - Mcaid Adv	29,038		302.00	Less: Allowances and Discounts
1001020		40911 · Sequestration Adjustments	177,554		302.00	Less: Allowances and Discounts
1001030		40906 · Cont Adj - Bad Debt	222,680		302.00	Less: Allowances and Discounts
1001040		40910 · Cost Report Settlement	(222,680)		302.00	Less: Allowances and Discounts
1001460		41901 · Cont Adj - Medicare	4,396,268		302.00	Less: Allowances and Discounts

Central Indiana - AMG Specialty Hospital
 Worksheet G Revenue Groupings
 August 31, 2015

Account Number	Division	Account Description	Medicare Balance	Cost Center Subtotal	MC #	Cost Center Description
1001470		41903 · Cont Adj - Private	875,313		302.00	Less: Allowances and Discounts
1001480		41904 · Cont Adj - Mcare Adv	492,086		302.00	Less: Allowances and Discounts
1001490		41911 · Sequestration Adjustments	90,022		302.00	Less: Allowances and Discounts
1001530		80015 · Bad Debt Expense	72,448	18,294,909	302.00	Less: Allowances and Discounts
1001050		40803 · Income-Medical Records	(1,497)	(1,497)	318.00	Sale of Medical Records and Abstracts
1001060		40805 · Income-Miscellaneous	(5,300)	(5,300)	323.00	Other Miscellaneous Income
TOTAL			(16,841,533)	(16,841,533)		

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1000010		10100 · BOK:10401 · BOK Commercial Deposit Account	179,776	
1000020		10100 · BOK:10301 · BOK Payroll		814
1000030		10100 · BOK:10101 · BOK Operating		44,149
1000040		10102 · Business First Operating	11,133	
1000050		10900 · Petty Cash	500	
1000060		11000 · Accounts Receivable-Operating:11001 · Accounts Receivable-Billings	1,922,120	
1000070		11000 · Accounts Receivable-Operating:11002 · Accounts Receivable-Part B	714,676	
1000080		11000 · Accounts Receivable-Operating:12110 · Allowance for Contractuals		392,090
1000090		11000 · Accounts Receivable-Operating:12120 · Allow for Contractuals-Part B		594,329
1000100		15000 · Prepaid Expenses:15100 · Prepaid Insurance-Main	100,994	
1000110		15000 · Prepaid Expenses:15120 · Prepaid Insurance-Loc 2	46,494	
1000120		15000 · Prepaid Expenses:15200 · Prepaid Service Contracts-Main	2,999	
1000130		15000 · Prepaid Expenses:15300 · Prepaid Pharmacy-Main	72,164	
1000140		15000 · Prepaid Expenses:15500 · Prepaid Expense Adv-Main	1,500	
1000150		15000 · Prepaid Expenses:15600 · Prepaid Other-Main	10,715	
1000160		15000 · Prepaid Expenses:15620 · Prepaid Other-Loc 2	10,718	
1000170		16101 · Computer Equip/Software-Main	45,704	
1000180		16103 · Hospital Equipment-Main	529,601	
1000190		16121 · Computer Equip/Software-Loc 2	10,837	
1000200		16122 · Furniture & Fixtures-Loc 2	9,866	
1000210		16123 · Hospital Equipment-Loc 2	426,921	
1000220		16106 · Leasehold Improvements-Loc 2	96,287	
1000230		16900 · Accumulated Depreciation		603,002
1000240		17000 · Other Assets:17100 · Deposits	34,000	
1000250		17000 · Other Assets:17200 · Insurance Collateral	81,345	
1000260		17000 · Other Assets:17335 · Loan Fees	5,387	
1000270		17000 · Other Assets:17336 · Loan Fees #2	17,962	
1000280		17000 · Other Assets:17500 · Goodwill	3,334,923	
1000290		17000 · Other Assets:17900 · Accumulated Amortization		686,703
1000300		20000 · Accounts Payable		1,538,584
1000310		20100 · Accrued Expenses:20102 · Accrued Payroll		267,500
1000320		20200 · Payroll Liabilities:20220 · Direct Deposit Sweep Account		2,792
1000330		20400 · Equipment Financing-Short Term:20405 · Equip Note Short-term #5-Muncie		3,333
1000340		20500 · Insurance Notes Payable:20502 · Ins. Note Payable-Workers Comp		67,698
1000350		20500 · Insurance Notes Payable:20532 · Ins. Note Payable-WC- Loc 2		25,523
1000360		20500 · Insurance Notes Payable:20510 · Ins. Note Payable-Imperial-Main		18,402
1000370		20500 · Insurance Notes Payable:20511 · Ins. Note Payable-Imperial-Hanc		13,906
1000380		Due to M. Reddy, M.D.		22,397
1000390		22100 · Notes Payable-Financing:22110 · BOK Line of Credit:22112 · Due to/fr AMG-Treasu		19,390
1000400		22100 · Notes Payable-Financing:22110 · BOK Line of Credit:22111 · Note Payable-AMG RL		993,641
1000410		22200 · Notes Payable-Equipment:22201 · Equipment Note #1		8,722
1000420		22200 · Notes Payable-Equipment:22202 · Equipment Note #2		13,577
1000430		22200 · Notes Payable-Equipment:22203 · Equipment Note #3		4,584
1000440		22200 · Notes Payable-Equipment:22205 · Equipment Note #5		9,260
1000450		22300 · Leases Payable-Equipment:22301 · Equipment Lease #1		17,582
1000460		22300 · Leases Payable-Equipment:22302 · Equipment Lease #2		7,880
1000470		22300 · Leases Payable-Equipment:22303 · Equipment Lease #3		152,000
1000480		22300 · Leases Payable-Equipment:22351 · Equipment Lease #1- Loc 2		18,759
1000490		22300 · Leases Payable-Equipment:22352 · Equipment Lease #2- Loc 2		71,489
1000500		22300 · Leases Payable-Equipment:22353 · Equipment Lease #3- Loc 2		26,298
1000510		22300 · Leases Payable-Equipment:22354 · Equipment Lease #4- Loc 2		76,143
1000520		22300 · Leases Payable-Equipment:22355 · Equipment Lease #5- Loc 2		50,367
1000530		23000 · Due to Others:23011 · Due to Medicare 2		704,852
1000540		Distributions- AMG Hospital Com	40,728	
1000550		Equity-AMG Hospital Co II		1,145,506
1000560		Distributions-R&H of Indiana	1,001,377	
1000570		39000 · Retained Earnings	352,365	
1000580		40111 · Room & Board-Medicare		6,998,400
1000590		40112 · Nursing Care Spec-Medicare		342
1000600		40113 · Pharmacy Rev-Medicare		1,667,516
1000610		40114 · Medical Supplies-Medicare		811,748
1000620		40115 · Laboratory Rev-Medicare		1,085,696
1000630		40116 · Radiology Rev-Medicare		1,156,603

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1000640		40117 · Minor Procedures-Medicare		329,438
1000650		40118 · Blood Prod/Admin-Medicare		95,623
1000660		40119 · Physical Therapy-Medicare		143,428
1000670		40120 · Occupational Therapy-Medicare		104,430
1000680		40121 · Speech Therapy-Medicare		284,501
1000690		40122 · Respiratory Therapy-Medicare		6,661,078
1000700		40123 · Dialysis Rev-Medicare		75,691
1000710		40124 · Complex Med Equip-Medicare		205,664
1000720		40311 · Room & Board-Private		1,226,790
1000730		40312 · Nursing Care Spec-Private		50
1000740		40313 · Pharmacy Rev-Private		276,785
1000750		40314 · Medical Supplies-Private		122,256
1000760		40315 · Laboratory Rev-Private		162,803
1000770		40316 · Radiology Rev-Private		150,047
1000780		40317 · Minor Procedures-Private		31,391
1000790		40318 · Blood Prod/Admin-Private		6,706
1000800		40319 · Physical Therapy-Private		24,807
1000810		40320 · Occupational Therapy-Private		16,400
1000820		40321 · Speech Therapy-Private		33,097
1000830		40322 · Respiratory Therapy-Private		715,830
1000840		40323 · Dialysis Rev-Private		4,587
1000850		40324 · Complex Medical Equip-Private		37,933
1000860		40411 · Room & Board-Mcare Adv		337,200
1000870		40413 · Pharmacy Rev-Mcare Adv		64,658
1000880		40414 · Medical Supplies-Mcare Adv		37,844
1000890		40415 · Laboratory Rev-Mcare Adv		51,493
1000900		40416 · Radiology Rev-Mcare Adv		52,047
1000910		40417 · Minor Procedures-Mcare Adv		4,775
1000920		40418 · Blood Prod/Admin-Mcare Adv		1,341
1000930		40419 · Physical Therapy-Mcare Adv		8,789
1000940		40420 · Occupational Therapy-Mcare Adv		6,503
1000950		40421 · Speech Therapy-Mcare Adv		12,865
1000960		40422 · Respiratory Therapy-Mcare Adv		451,153
1000970		40424 · Complex Medical Equip-Mcare Adv		3,304
1000980		40901 · Cont Adj - Medicare	10,410,020	
1000990		40903 · Cont Adj - Private	1,130,555	
1001000		40904 · Cont Adj - Mcare Adv	621,605	
1001010		40905 · Cont Adj - Mcaid Adv	29,038	
1001020		40911 · Sequestration Adjustments	177,554	
1001030		40906 · Cont Adj - Bad Debt	222,680	
1001040		40910 · Cost Report Settlement		222,680
1001050		40803 · Income-Medical Records		1,497
1001060		40805 · Income-Miscellaneous		5,300
1001070		41111 · Room & Board-Medicare		3,117,600
1001080		41112 · Nursing Care Spec-Medicare		1,961
1001090		41113 · Pharmacy Rev-Medicare		896,368
1001100		41114 · Medical Supplies-Medicare		488,964
1001110		41115 · Laboratory Rev-Medicare		208,871
1001120		41116 · Radiology Rev-Medicare		639,881
1001130		41117 · Minor Procedures-Medicare		205,636
1001140		41118 · Blood Prod/Admin-Medicare		24,511
1001150		41119 · Physical Therapy-Medicare		65,865
1001160		41120 · Occupational Therapy-Medicare		77,239
1001170		41121 · Speech Therapy-Medicare		86,802
1001180		41122 · Respiratory Therapy-Medicare		2,499,991
1001190		41124 · Complex Med Equip-Medicare		323,280
1001200		41311 · Room & Board-Private		643,320
1001210		41312 · Nursing Care Spec-Private		772
1001220		41313 · Pharmacy Rev-Private		171,787
1001230		41314 · Medical Supplies-Private		94,479
1001240		41315 · Laboratory Rev-Private		43,476
1001250		41316 · Radiology Rev-Private		97,999
1001260		41317 · Minor Procedures-Private		25,623

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1001270		41318 · Blood Prod/Admin-Private		1,707
1001280		41319 · Physical Therapy-Private		13,352
1001290		41320 · Occupational Therapy-Private		14,259
1001300		41321 · Speech Therapy-Private		17,354
1001310		41322 · Respiratory Therapy-Private		515,482
1001320		41324 · Complex Medical Equip-Private		83,419
1001330		41411 · Room & Board-Mcare Adv		305,910
1001340		41412 · Nursing Care Spec-Mcare Adv		1,924
1001350		41413 · Pharmacy Rev-Mcare Adv		57,978
1001360		41414 · Medical Supplies-Mcare Adv		41,857
1001370		41415 · Laboratory Rev-Mcare Adv		23,851
1001380		41416 · Radiology Rev-Mcare Adv		58,524
1001390		41417 · Minor Procedures-Mcare Adv		80,282
1001400		41418 · Blood Prod/Admin-Mcare Adv		2,794
1001410		41419 · Physical Therapy-Mcare Adv		6,967
1001420		41420 · Occupational Therapy-Mcare Adv		6,971
1001430		41421 · Speech Therapy-Mcare Adv		1,931
1001440		41422 · Respiratory Therapy-Mcare Adv		201,472
1001450		41424 · Complex Medical Equip-Mcare Adv		19,936
1001460		41901 · Cont Adj - Medicare	4,396,268	
1001470		41903 · Cont Adj - Private	875,313	
1001480		41904 · Cont Adj - Mcare Adv	492,086	
1001490		41911 · Sequestration Adjustments	90,022	
1001500		40600 · Physician Billings		917,361
1001510		40907 · Cont Adj - Physician Billings	419,723	
1001520		80010 · Auto/Fuel	361	
1001530		80015 · Bad Debt Expense	72,448	
1001540		80020 · Bank Fees	20,218	
1001550		80035 · Cable Services	2,714	
1001560		80050 · Computer Software Lease/Maint.	75,110	
1001570		80075 · Continuing Education	14,471	
1001580		80080 · Copier Lease/Maintenance	11,777	
1001590		80100 · Dues and Subscriptions	25,593	
1001600		80105 · Employee Health and Screening	7,553	
1001610		80120 · Equipment Rentals-Other	26,316	
1001620		80130 · Housekeeping-Contract Services	92,328	
1001630		80145 · Insurance-Employee Health/Life	159,786	
1001640		80150 · Insurance-Prof. Liability	45,682	
1001650		80155 · Insurance-Property & G/L	40,930	
1001660		80160 · Insurance-Worker's Comp	90,794	
1001670		80175 · Licenses and Permits	3,364	
1001680		80180 · Marketing and Advertising	42,357	
1001690		80195 · Medical Director/Asst Med Dir	325,313	
1001700		80200 · Minor Equipment	6,974	
1001710		80205 · Miscellaneous Expense	5,074	
1001720		80210 · Office Expense/Printing	21,657	
1001730		80225 · Parking	1,442	
1001740		80235 · Payroll Processing Fees	10,355	
1001750		80240 · Pension Plan Expense	39,111	
1001760		80260 · Postage & Freight	5,651	
1001770		80265 · Professional Fees-Accounting	14,239	
1001780		80275 · Professional Fees-Other	52,433	
1001790		80295 · Rent	447,943	
1001800		80300 · Repairs and Maintenance	35,414	
1001810		80375 · Taxes-Property	4,546	
1001820		80380 · Taxes-Sales	6,031	
1001830		80385 · Telephone Service	19,934	
1001840		80400 · Travel	88,188	
1001850		80425 · Waste Disposal Service	936	
1001860		81001 · Billing/Collections/AP	399,142	
1001870		81005 · Blood Storage & Processing	36,073	
1001880		81010 · Dialysis-Contract Services	175,680	
1001890		81015 · Dietary, Food	9,313	

Central Indiana - AMG Specialty Hospital
Working Trial Balance
August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1001900		81020 · Dietary, Purchased Services	90,471	
1001910		81025 · Equipment Rentals-Nursing	81,944	
1001920		81035 · Laboratory Fees	187,362	
1001930		81040 · Laundry-Contract Services	48,070	
1001940		80001 · Management Oversight-Main	498,927	
1001950		81045 · Medical Gas	2,758	
1001960		81050 · Outpatient Procedures	212,281	
1001970		81055 · Pharmacy	689,976	
1001980		81060 · Pharmacy-Contract Services	201,334	
1001990		81065 · Radiology-Contract Services	194,027	
1002000		81070 · Supplies-Dietary/Kitchen	21,318	
1002010		81075 · Supplies-Housekeeping/Janitoria	24,718	
1002020		81080 · Supplies-Maintenance	722	
1002030		81085 · Supplies-Nursing	230,292	
1002040		81090 · Supplies-Occupational Therapy	81	
1002050		81095 · Supplies-Office/HIM	20,098	
1002060		81100 · Supplies-Pharmacy	14,396	
1002070		81105 · Supplies-Physical Therapy	3,925	
1002080		81110 · Supplies-Respiratory Therapy	83,768	
1002090		81115 · Supplies-Wound Care	96,189	
1002100		81120 · Transcription Services	19,769	
1002110		81125 · Transportation	43,898	
1002120		90035 · Cable Services	2,419	
1002130		90050 · Computer Software Lease/Mainten	27,363	
1002140		90075 · Continuing Education	2,314	
1002150		90080 · Copier Lease/Maintenance	6,428	
1002160		90100 · Dues and Subscriptions	12,994	
1002170		90105 · Employee Health and Screening	2,455	
1002180		90130 · Housekeeping-Contract Services	67,600	
1002190		90145 · Insurance-Employee Health/Life	77,497	
1002200		90150 · Insurance-Prof. Liability	33,510	
1002210		90155 · Insurance-Property & G/L	18,890	
1002220		90160 · Insurance-Worker's Comp	5,621	
1002230		90175 · Licenses and Permits	4,290	
1002240		90180 · Marketing and Advertising	21,383	
1002250		90195 · Medical Director/Asst Med Dir	276,000	
1002260		90200 · Minor Equipment	4,711	
1002270		90205 · Miscellaneous Expense	291	
1002280		90210 · Office Expense/Printing	1,978	
1002290		90225 · Parking	153	
1002300		90235 · Payroll Processing Fees	4,122	
1002310		90240 · Pension Plan Expense	378	
1002320		90260 · Postage & Freight	1,295	
1002330		90265 · Professional Fees-Accounting	1,504	
1002340		90275 · Professional Fees-Other	8,870	
1002350		90295 · Rent	364,806	
1002360		90300 · Repairs and Maintenance	11,504	
1002370		90380 · Taxes-Sales	185	
1002380		90385 · Telephone Expense	3,848	
1002390		90400 · Travel	15,409	
1002400		91001 · Billing/Collections/AP-B	234,252	
1002410		91005 · Blood Storage & Processing	9,051	
1002420		91010 · Dialysis-Contract Services	32,450	
1002430		91015 · Dietary, Food	1,354	
1002440		91020 · Dietary, Purchased Services	60,323	
1002450		91025 · Equipment Rentals-Nursing	104,183	
1002460		91035 · Laboratory Fees	69,291	
1002470		90001 · Management Oversight-Loc 2	292,815	
1002480		91045 · Medical Gas	1,906	
1002490		91050 · Outpatient Procedures	60,225	
1002500		91055 · Pharmacy	413,513	
1002510		91060 · Pharmacy-Contract Services	54,996	
1002520		91065 · Radiology-Contract Services	92,403	

Central Indiana - AMG Specialty Hospital
 Working Trial Balance
 August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1002530		91070 · Supplies-Dietary/Kitchen	5,956	
1002540		91075 · Supplies-Houskeeping/Janitorial	4,847	
1002550		91080 · Supplies-Maintenance	669	
1002560		91085 · Supplies-Nursing	126,641	
1002570		91090 · Supplies-Occupational Therapy	83	
1002580		91095 · Supplies-Office/HIM	9,384	
1002590		91100 · Supplies-Pharmacy	3,990	
1002600		91105 · Supplies-Physical Therapy	2,216	
1002610		91110 · Supplies-Respiratory Therapy	42,505	
1002620		91115 · Supplies-Wound Care	39,478	
1002630		91120 · Transcription Services	6,031	
1002640		81501 · Administrator	189,590	
1002650		81505 · Admissions Coordinator	94,266	
1002660		81510 · Case Manager	70,935	
1002670		81515 · Central Supply	34,401	
1002680		81520 · Clerical-Admin. Asst.	43,575	
1002690		81525 · Clinical Supervisor	19,121	
1002700		81533 · Dietician-Contract	53,829	
1002710		81535 · HIM/Coding	88,248	
1002720		81536 · HIM/Coding-Contract Services	23,950	
1002730		81545 · Marketing		131
1002740		81550 · Nurses-Nurse Liaison	295,492	
1002750		81551 · Nurses-Chief Clinical Officer	77,681	
1002760		81552 · Nurse Practitioner	94,635	
1002770		81553 · Pharmacist	14,517	
1002780		81558 · Pharmacist-Contract Services	266,789	
1002790		81560 · Physician	516,663	
1002800		81561 · QA/Infection Control	89,022	
1002810		81565 · Social Services	53,040	
1002820		81570 · Therapy-Director of Therapy	63,552	
1002830		81574 · Therapy-PT/OT Techs	7,281	
1002840		81576 · Therapy-Respiratory Therapist	506,478	
1002850		81585 · Ward Clerk/Receptionist	102,576	
1002860		81600 · Payroll Tax Expense	320,037	
1002870		81610 · Nurses - RN	869,400	
1002880		81611 · Nurses - LPN	364,048	
1002890		81612 · Nurses - Aides/CNAs	183,030	
1002900		81613 · Nurses - Wound Care	69,313	
1002910		81614 · Nurses - Contract Services	141,293	
1002920		81615 · Nurses - RN - Other Pay	62,405	
1002930		81617 · Nurses - LPN - Other Pay	17,094	
1002940		81618 · Nurses - Aides/CNAs - Other Pay	18,795	
1002950		81619 · Nurses - Wound Care - Other Pay	6,430	
1002960		81621 · Therapy - Contract OT	74,075	
1002970		81625 · Therapy - Contract PT	40,547	
1002980		81622 · Therapy - Contract ST	62,925	
1002990		91501 · Administrator	61,679	
1003000		91525 · Clinical Supervisor	19,121	
1003010		91533 · Dietician-Contract	27,840	
1003020		91535 · HIM/Coding	21,162	
1003030		91536 · HIM/Coding-Contract Services	17,675	
1003040		91550 · Nurses-Nurse Liaison	10,131	
1003050		91551 · Nurses-Chief Clinical Officer	17,122	
1003060		91558 · Pharmacist-Contract Services	134,736	
1003070		91559 · Pharmacy Tech-Contract Services	24,966	
1003080		91565 · Social Services	64,592	
1003090		91575 · Therapy-Respiratory Therapist	308,369	
1003100		91585 · Ward Cler/Receptionist	163,678	
1003110		91600 · Payroll Tax Expense	128,752	
1003120		91610 · Nurses - RN	505,977	
1003130		91611 · Nurses - LPN	149,491	
1003140		91612 · Nurses - Aides/CNAs	48,032	
1003150		91613 · Nurses - Wound Care	52,490	

Central Indiana - AMG Specialty Hospital
 Working Trial Balance
 August 31, 2015

Account Number	Division	Account Description	Debit	Credit
1003160		91614 · Nurses - Contract Services	58,002	
1003170		91615 · Nurses - RN - Other Pay	31,473	
1003180		91617 · Nurses - LPN - Other Pay	12,736	
1003190		91618 · Nurses - Aides/CNAs - Other Pay	2,689	
1003200		91619 · Nurses - Wound Care - Other Pay	3,701	
1003210		91621 · Therapy - Contract OT	59,800	
1003220		91625 · Therapy - Contract PT	45,045	
1003230		91622 · Therapy - Contract ST	19,500	
1003240		99010 · Amortization Expense	257,205	
1003250		99015 · Depreciation Expense	244,532	
1003260		99020 · Interest Expense	178,808	
TOTAL			43,380,248	43,380,248

Schedule 6

Medicare Bad Debts - Part A

Name: AMG Specialty Hospital-MuncieProvider # 15-2050FYE 31-Aug-15

Prepared By _____

Date Prepared _____

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID NUMBER	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Davis, James	453987859A	2/17/2015	4/13/2015	X	10065025449		5/12/2015	5/7/2015		32,760	32,760		32,760
Adams, Beth	304967614A	6/30/2015	7/6/2015	X	100001527999		8/11/2015	02/30/2015	1,890		1,890		1,890
Bradley, Michael	314842072A	2/12/2015	2/23/2015	X	100049172899		3/24/2015	3/19/2015	1,260		1,260		1,260
Clifford, Marshall	309701687A	9/4/2014	9/12/2014	X	100089043299		10/7/2014	10/1/2014	1,216		1,216		1,216
East, Elizabeth	307868464A	1/20/2015	2/11/2015	X	100137047599		3/10/2015	3/5/2015	1,260		1,260		1,260
Jenkins, Taggard	313829370A	10/24/2014	11/24/2014	X	100224657599		12/23/2014	12/17/2014		14,288	14,288		14,288
Jenkins, Taggard	313829370A	12/17/2014	1/12/2015	X	100224657599		02/17/2015	2/11/2015		16,050	16,050		16,050
Jackson, Johnetta	310885052A	10/1/2014	11/4/2014	X	100241157599		12/9/2014	11/26/2014	671		671		671
Young, Debra	315769085A	1/26/2015	3/15/2015	X	100543647099		5/5/2015	3/26/2015		315	315		315
Asberry, Michael	310703846A	5/5/2015	6/3/2015	X	100618642199		7/7/2015	6/25/2015	670		670		670
Lyon, Steven	305581672W1	2/23/2015	4/6/2015	X	100705651699		5/19/2015	5/11/2015	1,342	13,860	15,202		15,202
Massey, David	306681176A	11/24/2014	1/6/2015	X	100708648999		3/4/2015	1/28/2015	1,216		1,216		1,216
Young, Alan	590140656A	5/12/2015	6/8/2015	X	100779654199		8/4/2015	7/2/2015	2,012		2,012		2,012
King, Curtis	320209633A	10/16/2014	12/23/2014	X	100826767499		1/20/2015	1/14/2015	2,012	10,944	12,956		12,956
Burke, Carmen	310680894A	4/23/2015	5/16/2015	X	100852769799		6/9/2015	6/4/2015		3,780	3,780		3,780
Emerson, Esther	311380894A	7/3/2014	8/5/2014	X	100983964699		9/2/2014	8/27/2014	1,341		1,341		1,341
Land, Rosemarie	313729991A	2/10/2015	3/23/2015	X	101078951799		4/28/2015	4/20/2015		945	945		945
Land, Rosemarie	313729991A	4/9/2015	5/5/2015	X	101078951799		7/14/2015	6/19/2015		13,545	13,545		13,545
Woodson, Alice	313182189D	11/13/2014	1/12/2015	X	101586753299		2/10/2015	2/4/2015		4,073	4,073		4,073
Liffick, Alonzo	555352655A	12/9/2014	1/6/2015	X	101825309499		3/3/2015	1/6/2015	1,216		1,216		1,216
Curless, Hildegard	570373115A	5/8/2015	6/15/2015	X	101968291199		7/21/2015	7/9/2015	19,215		19,215		19,215
Rogers, Dianna	313580192A	4/20/2015	04/25/2015	X	102005001036		5/26/2015	5/14/2015	1,260		1,260		1,260
Foster, Harvey	308584827A	1/26/2015	3/13/2015	X	102226730499		4/14/2015	4/8/2015	2,012	3,465	5,477		5,477
Foster, Harvey	308584827A	5/15/2015	6/10/2015	X	102226730499		8/4/2015	7/2/2015	11,340		11,340		11,340
Dougherty, Arthur	314525140A	2/2/2015	2/12/2015	X	102559319399		3/10/2015	3/5/2015		1,575	1,575		1,575
Adkins, Pamela J.	313462284A	5/4/2015	6/4/2015	X	103141858399		7/7/2015	6/25/2015	1,341		1,341		1,341
Blanton, Kathy	312649198A	3/31/2015	5/4/2015	X	103186039699		6/2/2015	5/28/2015		315	315		315
Laudermilt, Wanda	305480878M	7/28/2014	8/25/2014	X	103253355499		9/23/2014	9/18/2014	671	17,024	17,695		17,695
Grubb, Susan	303506514A	1/15/2015	2/12/2015	X	103310980099		3/10/2015	3/5/2015	671	2,205	2,876		2,876
Clark, Carl	303869827A	3/6/2015	3/30/2015	X	103846607299		4/28/2015	4/23/2015	1,341		1,341		1,341
Doran, Richard	316823999A	10/22/2014	11/21/2014	X	104000777399		12/23/2014	12/17/2014		12,464	12,464		12,464
Doran, Richard	316823999A	5/21/2015	6/22/2015	X	104000777399		7/21/2015	7/16/2015	2,602		2,602		2,602
Griffey, Hollis	306628116A	9/19/2014	10/10/2014	X	104068235199		11/11/2014	11/5/2014		5,776	5,776		5,776
Keeley, Paula	312341303A	12/24/2014	1/27/2015	X	104208911899		2/24/2015	2/19/2015		4,095	4,095		4,095
Ice, Dean	313461751A	10/23/2014	11/5/2014	X	104323971299		12/9/2014	12/3/2014	1,341		1,341		1,341
Ice, Dean	313461751A	11/14/2014	11/28/2014	X	104323971299		12/23/2014	12/17/2014	671		671		671

Schedule 6

Medicare Bad Debts - Part A

Name: AMG Specialty Hospital-Muncie

Provider # 15-2050

FYE 31-Aug-15

Prepared By _____

Date Prepared _____

(1) PATIENT NAME	(2) HIC. NO.	(3) DATES OF SERVICE		YES	(4) INDIGENCY & WEL. RECIP. (CK IF APPL.) MEDICAID	(5) DATE FIRST BILL SENT TO BENEFICIARY	(6) WRITE OFF DATE	(7) REMIT. ADVICE DATES	(8)* DEDUCT	(9)* CO-INS	(10) TOTAL	(11) AMOUNT COLLECTED	(12) MEDICARE BAD DEBT Col. (10-11)
		FROM	TO										
Hancock, John	317728906A	1/27/2015	3/3/2015	X	104489728699		5/5/2015	3/26/2015	1,341		1,341		1,341
Crump, Mary	306263754A	6/2/2015	7/3/2015	X	104760574499		8/4/2015	7/23/2015	1,260		1,260		1,260
Billbrey, Kristie	305064235A	10/8/2014	11/7/2014	X	104838616199		12/9/2014	11/26/2014	1,216		1,216		1,216
Swanson, Scott	380601041A	10/17/2014	11/21/2014	X	105247757599		12/23/2014	12/18/2014	2,557		2,557		2,557
Randall, Florence	310305657D	8/15/2014	9/16/2014	X	105638733394		2/10/2015	10/5/2014	511		511		511
Brown, Ralph	316565737A	8/7/2014	9/5/2014	X	105889682899		9/30/2014	9/24/2014	2,012		2,012		2,012
Swingle, Mark	303588194A	3/28/2014	4/18/2014			5/14/2014	10/8/2014	5/7/2014	1,216		1,216		1,216
Marquis, Robert	317466770A	4/4/2014	5/14/2014			7/3/2014	11/4/2014	6/4/2014	2,012	1,520	3,532		3,532
Trawick, James	312465936A	3/21/2014	4/24/2014			6/4/2014	12/4/2014	5/14/2014	2,557		2,557		2,557
Davenport, Harold	257589481A	6/5/2014	7/7/2014			8/13/2014	12/16/2014	7/30/2014		1,216	1,216		1,216
Smith, Barbara	312161740D	7/21/2014	8/19/2014			10/8/2014	2/18/2015	9/10/2014	671		671		671
Mahaney, Janice M.	316326475D	7/25/2014	8/19/2014			10/8/2014	2/18/2015	9/10/2014		11,248	11,248		11,248
Castor, William	311466628A	8/15/2014	9/9/2014			10/8/2014	2/18/2015	10/1/2014	1,341		1,341		1,341
Wilson, Laura	314385945D	3/18/2014	6/11/2014			11/4/2014	3/4/2015	10/29/2014	2,012	20,064	22,076		22,076
Stinson, Steven	312665127A	10/10/2014	10/31/2014			12/3/2014	4/20/2015	11/19/2014		6,384	6,384		6,384
Crane, Danielle	309924400A	8/8/2014	9/10/2014			1/23/2015	5/25/2015	10/1/2014	1,341		1,341		1,341
Hampshire, Phyllis	301266877D	1/14/2015	1/23/2015			3/6/2015	7/5/2015	2/11/2015	1,341		1,341		1,341
Heffel, Lois	304466282A	3/4/2015	3/12/2015			4/13/2015	8/13/2015	4/2/2015	1,260		1,260		1,260
											-		
											-		
PAGE TOTAL									81,216	197,911	279,127	-	279,127
Dually Eligible									67,466	157,479	224,945	-	224,945