

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1318		FROM 1/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2007		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/30/2010 TIME 10:08

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 DUKES MEMORIAL HOSPITAL 15-1318
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	772,317	560,211		0
3	SWING BED - SNF	0	91,806	0		0
100	TOTAL	0	864,123	560,211		0

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTI CAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	21	7,665	100,248.00			1,848	140
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						538	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,665	100,248.00			2,386	140
6 INTENSIVE CARE UNIT	4	1,460				176	
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							59
12 TOTAL	25	9,125	100,248.00			2,562	199
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,909				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			538				
4 ADULTS & PED-SB NF			105				
5 TOTAL ADULTS AND PEDS			4,552				
6 INTENSIVE CARE UNIT			268				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			894				
12 TOTAL			5,714				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL							
26 OBSERVATION BED DAYS			911		911		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					560	43	1,921
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		281.65			560	43	1,921
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL		281.65					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	16,365,885		16,365,885			
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,738,579		4,738,579			
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)						CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	240,000		240,000			
22 ADMINISTRATIVE & GENERAL	1,715,613		1,715,613			
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	333,317		333,317			
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	384,582		384,582			
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	277,948		277,948			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	314,910		314,910			
31 CENTRAL SERVICE AND SUPPLY	184,868		184,868			
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	418,424		418,424			
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	16,365,885		16,365,885			
2 EXCLUDED AREA SALARIES	4,738,579		4,738,579			
3 SUBTOTAL SALARIES	11,627,306		11,627,306			
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS						
6 TOTAL	11,627,306		11,627,306			
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,869,662		3,869,662			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL						
7	RHC						
8	RHB						
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB						
12	RMA						
12 .01	RMX						
12 .02	RML						
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	AAA				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
	TO 12/31/2007	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	306,143
17.01	GROSS MEDICAID REVENUES	1,738,559
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	5,647
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2,050,349
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,003,454
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.437096
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	438,606
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,275,408

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
	TO 12/31/2007	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,054,244
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,628,634
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,148,965
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,492,850

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 15-1318 II PERIOD: I
I FROM 1/ 1/2007 I
I TO 12/31/2007 II PREPARED 4/30/2010 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,854,386	1,854,386	-742,431	1,111,955
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				981,201	981,201
5	0500 EMPLOYEE BENEFITS	240,000	2,365,432	2,605,432	806,471	3,411,903
6.01	0640 ADMITTING	688,342	868,729	1,557,071		1,557,071
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	1,027,271	5,201,905	6,229,176	-381,841	5,847,335
8	0800 OPERATION OF PLANT	333,317	1,436,727	1,770,044		1,770,044
9	0900 LAUNDRY & LINEN SERVICE		134,672	134,672		134,672
10	1000 HOUSEKEEPING	384,582	174,796	559,378		559,378
11	1100 DIETARY	277,948	193,171	471,119		471,119
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	314,910	27,033	341,943		341,943
15	1500 CENTRAL SERVICES & SUPPLY	184,868	3,059	187,927	-64,963	122,964
17	1700 MEDICAL RECORDS & LIBRARY	418,424	260,648	679,072		679,072
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,667,666	322,016	1,989,682	-166,652	1,823,030
26	2600 INTENSIVE CARE UNIT	323,956	37,063	361,019	-6,484	354,535
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY				70,987	70,987
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	554,067	1,140,319	1,694,386	-577,398	1,116,988
38	3800 RECOVERY ROOM	239,942	38,385	278,327	-12,381	265,946
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,219,325	654,873	1,874,198	-67,518	1,806,680
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	821,080	1,059,649	1,880,729	-27,897	1,852,832
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	343,883	64,786	408,669	-17,402	391,267
50	5000 PHYSICAL THERAPY	366,734	48,988	415,722	-6,716	409,006
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	172,529	36,512	209,041	-4,080	204,961
54	5400 ELECTROENCEPHALOGRAPHY	105,747	20,139	125,886	-4,446	121,440
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				994,545	994,545
56	5600 DRUGS CHARGED TO PATIENTS	301,743	819,147	1,120,890	7,333	1,128,223
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	221,966	61,409	283,375	-11,670	271,705
61	6100 EMERGENCY	1,419,006	960,501	2,379,507	-20,946	2,358,561
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	287,014	109,385	396,399	-36,432	359,967
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	11,914,320	17,893,730	29,808,050	711,280	30,519,330
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	4,451,565	2,546,863	6,998,428	-711,280	6,287,148
99	9900 NONPAID WORKERS					
101	TOTAL	16,365,885	20,440,593	36,806,478	-0-	36,806,478

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-22,965	1,088,990
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-7,525	973,676
5	0500 EMPLOYEE BENEFITS	-3,292	3,408,611
6.01	0640 ADMITTING	-1,322	1,555,749
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-2,839,953	3,007,382
8	0800 OPERATION OF PLANT	-24,661	1,745,383
9	0900 LAUNDRY & LINEN SERVICE	-29,750	104,922
10	1000 HOUSEKEEPING		559,378
11	1100 DIETARY	-106,599	364,520
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		341,943
15	1500 CENTRAL SERVICES & SUPPLY	-13	122,951
17	1700 MEDICAL RECORDS & LIBRARY	-8,249	670,823
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,823,030
26	2600 INTENSIVE CARE UNIT		354,535
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		70,987
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-23,351	1,093,637
38	3800 RECOVERY ROOM		265,946
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	2,049	1,808,729
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-41,183	1,811,649
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		391,267
50	5000 PHYSICAL THERAPY		409,006
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		204,961
54	5400 ELECTROENCEPHALOGRAPHY	5,548	126,988
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		994,545
56	5600 DRUGS CHARGED TO PATIENTS	-380	1,127,843
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		271,705
61	6100 EMERGENCY	-168,101	2,190,460
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		359,967
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-3,269,747	27,249,583
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		6,287,148
99	9900 NONPAID WORKERS		
101	TOTAL	-3,269,747	33,536,731

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
	TO 12/31/2007	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATION	0640	ADMINISTRATION
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
151318

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		994,545
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		48,412
17					
18					
19					
20					
21					
22					
23					
24					
25 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		59,973
26 PROPERTY TAXES	D	NEW CAP REL COSTS-BLDG & FIXT	3		320,777
27					
28 NURSERY COSTS	E	NURSERY	33	58,644	12,343
29 INTEREST EXPENSE	F	RADIOLOGY-DIAGNOSTIC	41		5,228
30		LABORATORY	44		4,336
31		EMERGENCY	61		259
32		AMBULANCE SERVICES	65		1,864
33 MME DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		1,032,910
34 PHYS PRACTICE OVERHEADS	H	EMPLOYEE BENEFITS	5		806,471
35 YELLOW PAGES	I	OTHER ADMINISTRATIVE AND GENERAL	6.02		5,909
1 POB DEPR/TAXES	L	PHYSICIANS' PRIVATE OFFICES	98		120,379
2		PHYSICIANS' PRIVATE OFFICES	98		51,709
3		NEW CAP REL COSTS-BLDG & FIXT	3		30,108
4 ER OB COVERAGE	J	EMERGENCY	61		36,193
36 TOTAL RECLASSIFICATIONS				58,644	3,531,416

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

RECLASSIFICATIONS

PROVIDER NO:
151318

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		64,963	
2		ADULTS & PEDIATRICS	25		92,903	
3		INTENSIVE CARE UNIT	26		6,205	
4		OPERATING ROOM	37		572,786	
5		RECOVERY ROOM	38		12,381	
6		RADIOLOGY-DIAGNOSTIC	41		38,793	
7		LABORATORY	44		32,233	
8		RESPIRATORY THERAPY	49		17,243	
9		PHYSICAL THERAPY	50		6,429	
10		ELECTROCARDIOLOGY	53		4,080	
11		ELECTROENCEPHALOGRAPHY	54		4,446	
12		DRUGS CHARGED TO PATIENTS	56		41,079	
13		CLINIC	60		11,650	
14		EMERGENCY	61		53,971	
15		AMBULANCE SERVICES	65		35,383	
16 DRUGS CHARGED	B	ADULTS & PEDIATRICS	25		2,762	
17		INTENSIVE CARE UNIT	26		279	
18		OPERATING ROOM	37		4,612	
19		RADIOLOGY-DIAGNOSTIC	41		33,953	
20		RESPIRATORY THERAPY	49		159	
21		PHYSICAL THERAPY	50		287	
22		CLINIC	60		20	
23		EMERGENCY	61		3,427	
24		AMBULANCE SERVICES	65		2,913	
25 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		59,973	12
26 PROPERTY TAXES	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		316,090	13
27		PHYSICIANS' PRIVATE OFFICES	98		4,687	13
28 NURSERY COSTS	E	ADULTS & PEDIATRICS	25	58,644	12,343	
29 INTEREST EXPENSE	F	OTHER ADMINISTRATIVE AND GENERAL	6.02		5,228	
30		OTHER ADMINISTRATIVE AND GENERAL	6.02		4,336	
31		OTHER ADMINISTRATIVE AND GENERAL	6.02		259	
32		OTHER ADMINISTRATIVE AND GENERAL	6.02		1,864	
33 MME DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		1,032,910	9
34 PHYS PRACTICE OVERHEADS	H	PHYSICIANS' PRIVATE OFFICES	98		806,471	
35 YELLOW PAGES	I	PHYSICIANS' PRIVATE OFFICES	98		5,909	
1 POB DEPR/TAXES	L	NEW CAP REL COSTS-BLDG & FIXT	3		120,379	9
2		NEW CAP REL COSTS-MVBLE EQUIP	4		51,709	9
3		PHYSICIANS' PRIVATE OFFICES	98		30,108	10
4 ER OB COVERAGE	J	PHYSICIANS' PRIVATE OFFICES	98		36,193	
36 TOTAL RECLASSIFICATIONS				58,644	3,531,416	

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

RECLASSIFICATIONS

PROVIDER NO:
151318

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	994,545	CENTRAL SERVICES & SUPPLY	15	64,963	
2.00			0	ADULTS & PEDIATRICS	25	92,903	
3.00			0	INTENSIVE CARE UNIT	26	6,205	
4.00			0	OPERATING ROOM	37	572,786	
5.00			0	RECOVERY ROOM	38	12,381	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	38,793	
7.00			0	LABORATORY	44	32,233	
8.00			0	RESPIRATORY THERAPY	49	17,243	
9.00			0	PHYSICAL THERAPY	50	6,429	
10.00			0	ELECTROCARDIOLOGY	53	4,080	
11.00			0	ELECTROENCEPHALOGRAPHY	54	4,446	
12.00			0	DRUGS CHARGED TO PATIENTS	56	41,079	
13.00			0	CLINIC	60	11,650	
14.00			0	EMERGENCY	61	53,971	
15.00			0	AMBULANCE SERVICES	65	35,383	
TOTAL RECLASSIFICATIONS FOR CODE A			994,545	TOTAL RECLASSIFICATIONS FOR CODE A			994,545

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	48,412	ADULTS & PEDIATRICS	25	2,762	
2.00			0	INTENSIVE CARE UNIT	26	279	
3.00			0	OPERATING ROOM	37	4,612	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	33,953	
5.00			0	RESPIRATORY THERAPY	49	159	
6.00			0	PHYSICAL THERAPY	50	287	
7.00			0	CLINIC	60	20	
8.00			0	EMERGENCY	61	3,427	
9.00			0	AMBULANCE SERVICES	65	2,913	
TOTAL RECLASSIFICATIONS FOR CODE B			48,412	TOTAL RECLASSIFICATIONS FOR CODE B			48,412

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	59,973	OTHER ADMINISTRATIVE AND GENER	6.02	59,973	
TOTAL RECLASSIFICATIONS FOR CODE C			59,973	TOTAL RECLASSIFICATIONS FOR CODE C			59,973

RECLASS CODE: D
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	320,777	OTHER ADMINISTRATIVE AND GENER	6.02	316,090	
2.00			0	PHYSICIANS' PRIVATE OFFICES	98	4,687	
TOTAL RECLASSIFICATIONS FOR CODE D			320,777	TOTAL RECLASSIFICATIONS FOR CODE D			320,777

RECLASS CODE: E
EXPLANATION : NURSERY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	70,987	ADULTS & PEDIATRICS	25	70,987	
TOTAL RECLASSIFICATIONS FOR CODE E			70,987	TOTAL RECLASSIFICATIONS FOR CODE E			70,987

RECLASS CODE: F
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	5,228	OTHER ADMINISTRATIVE AND GENER	6.02	5,228	
2.00	LABORATORY	44	4,336	OTHER ADMINISTRATIVE AND GENER	6.02	4,336	
3.00	EMERGENCY	61	259	OTHER ADMINISTRATIVE AND GENER	6.02	259	
4.00	AMBULANCE SERVICES	65	1,864	OTHER ADMINISTRATIVE AND GENER	6.02	1,864	
TOTAL RECLASSIFICATIONS FOR CODE F			11,687	TOTAL RECLASSIFICATIONS FOR CODE F			11,687

RECLASS CODE: G
EXPLANATION : MME DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,032,910	NEW CAP REL COSTS-BLDG & FIXT	3	1,032,910	
TOTAL RECLASSIFICATIONS FOR CODE G			1,032,910	TOTAL RECLASSIFICATIONS FOR CODE G			1,032,910

RECLASSIFICATIONS

PROVIDER NO:
151318

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : PHYS PRACTICE OVERHEADS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	806,471	PHYSICIANS' PRIVATE OFFICES	98	806,471	
TOTAL RECLASSIFICATIONS FOR CODE H			806,471				806,471

RECLASS CODE: I
EXPLANATION : YELLOW PAGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENERAL	6.02	5,909	PHYSICIANS' PRIVATE OFFICES	98	5,909	
TOTAL RECLASSIFICATIONS FOR CODE I			5,909				5,909

RECLASS CODE: L
EXPLANATION : POB DEPR/TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	120,379	NEW CAP REL COSTS-BLDG & FIXT	3	120,379	
2.00	PHYSICIANS' PRIVATE OFFICES	98	51,709	NEW CAP REL COSTS-MVBLE EQUIP	4	51,709	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	30,108	PHYSICIANS' PRIVATE OFFICES	98	30,108	
TOTAL RECLASSIFICATIONS FOR CODE L			202,196				202,196

RECLASS CODE: J
EXPLANATION : ER OB COVERAGE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	36,193	PHYSICIANS' PRIVATE OFFICES	98	36,193	
TOTAL RECLASSIFICATIONS FOR CODE J			36,193				36,193

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	540,000					540,000	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	15,559,737	34,181		34,181		15,593,918	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	7,267,112	540,962		540,962		7,808,074	
7 SUBTOTAL	23,366,849	575,143		575,143		23,941,992	
8 RECONCILING ITEMS	-91,158				-91,158		
9 TOTAL	23,458,007	575,143		575,143	91,158	23,941,992	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	16,133,918		16,133,918	.673875				
4	NEW CAP REL COSTS-MV	7,808,074		7,808,074	.326125				
5	TOTAL	23,941,992		23,941,992	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	708,802	-562		59,973	320,777		1,088,990
4	NEW CAP REL COSTS-MV	973,676						973,676
5	TOTAL	1,682,478	-562		59,973	320,777		2,062,666

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,854,386						1,854,386
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,854,386						1,854,386

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 15-1318

PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-190,808			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,620,770			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-103,809	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS	B	-800	OPERATION OF PLANT	8	
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-8,249	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-2,790	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	7,705	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	B	-7,119	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 CPRTRAINING	B	-3,292	EMPLOYEE BENEFITS	5	
38 ACLS, FLU SHOTS	B	-1,420	OTHER ADMINISTRATIVE AND	6.02	
39 CREDENTIALING REVS	B	-6,250	OTHER ADMINISTRATIVE AND	6.02	
40 OTHER INCOME	B	4,590	OTHER ADMINISTRATIVE AND	6.02	
41 COUNTY HEALTH NURSE	A	-3,575	OTHER ADMINISTRATIVE AND	6.02	
42 CLINIC SPACE RENTAL	B	-30,670	NEW CAP REL COSTS-BLDG &	3	10
43 NONALLOWABLE LEGAL FEES	A	-82,165	OTHER ADMINISTRATIVE AND	6.02	
44 SLEEP LAB STARTUP	A	5,548	ELECTROENCEPHALOGRAPHY	54	
45 PHYSICIAN PRACTICE ADMINISTRATIVE SU	A	-155,123	OTHER ADMINISTRATIVE AND	6.02	
46 PATIENT PHONE SERVICE COSTS	A	-11,962	OPERATION OF PLANT	8	
47 PATIENT TV SERVICE COST	A	-11,899	OPERATION OF PLANT	8	
48 PATIENT TV DEPRECIATION	A	-406	NEW CAP REL COSTS-MVBLE E	4	9
49 LAB CONTRACT	B	-45,576	LABORATORY	44	
49.01 GARNISHMENT	B	-1,313	OTHER ADMINISTRATIVE AND	6.02	
49.02 INTEREST INCOME	B	-1,322	ADMINITTING	6.01	
49.03 LOBBYING COST IN DUES	A	-5,263	OTHER ADMINISTRATIVE AND	6.02	
49.12 INVOICE PENALTIES	A	-13	CENTRAL SERVICES & SUPPLY	15	
49.13 INVOICE PENALTIES	A	-380	DRUGS CHARGED TO PATIENTS	56	
49.14 INVOICE PENALTIES	A	1,586	OTHER ADMINISTRATIVE AND	6.02	
49.15 SPOUSE TRAVEL	A	-644	OPERATING ROOM	37	
49.18 BRING ON XRAY/LAB MCMC LEASE	A	4,393	LABORATORY	44	
49.19 BRING ON XRAY/LAB MCMC LEASE	A	2,049	RADIOLOGY-DIAGNOSTIC	41	
49.20					
49.21					
49.22					
49.23					
49.24					
49.25					
49.26					
49.27					
49.28					
49.29					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,269,747			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 2	OTHER ADMINISTRATIVE AND THI INTEREST EXPENSE	15,084	2,014,282	-1,999,198	
2	6 2	OTHER ADMINISTRATIVE AND THI MGMT FEES	536,699	1,079,211	-542,512	
3	6 2	OTHER ADMINISTRATIVE AND THI INSURANCE GEN	90,841	90,841		
4	6 2	OTHER ADMINISTRATIVE AND THI MALP INSUR	258,823	307,709	-48,886	
4.01	5	EMPLOYEE BENEFITS	243,640	243,640		
4.02	6 2	OTHER ADMINISTRATIVE AND THI IS FEES	84,450	84,874	-424	
4.03	9	LAUNDRY & LINEN SERVICE HOSPITAL LAUNDRY SVC	98,463	128,213	-29,750	
4.04						
4.05						
4.06						
4.07						
4.08						
5		TOTALS	1,328,000	3,948,770	-2,620,770	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	F	0.00	HOSPITAL LAUNDR	0.00	CONSOLIDATED LA
2	B	0.00	COMMUNITY HEALTH SYSTEMS	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED: 4/30/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 37	AGGREGATE	22,707	22,707					
2 44	AGGREGATE	96,000		96,000				
3 61	AGGREGATE	719,488	168,101	551,387				
4 65	AGGREGATE	4,992		4,992				
5 60	AGGREGATE	4,667		4,667				
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	847,854	190,808	657,046				

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION			
	GENERAL SERVICE COST					
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEE	T	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	7	SQUARE	FEE	T	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALA	RIE	ENTERED
6.01	ADMINITTING	16	GROSS	REVE	NUE	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM.	COST		ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEE	T	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY		ENTERED
10	HOUSEKEEPING	9	SQUARE	FEE	T	ENTERED
11	DIETARY	10	MEALS	SERV	ED	ENTERED
12	CAFETERIA	11	FTE HOURS			ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRS	ING	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQ	UIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS	REVE	NUE	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE E FITS	EMPLOYEE BENE	ADMINITTING	SUBTOTAL	OTHER ADMINIS TRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,088,990	1,088,990					
005 NEW CAP REL COSTS-MVBLE E	973,676		973,676				
006 EMPLOYEE BENEFITS	3,408,611	8,210	7,373	3,424,194			
006 01 ADMINITTING	1,555,749	12,492	11,218	146,163	1,725,622		
006 02 OTHER ADMINIS TRATIVE AND	3,007,382	54,638	49,066	218,132		3,329,218	3,329,218
008 OPERATION OF PLANT	1,745,383	344,283	309,178	70,777		2,469,621	357,860
009 LAUNDRY & LINEN SERVICE	104,922	13,517	12,138			130,577	18,921
010 HOUSEKEEPING	559,378	11,190	10,049	81,663		662,280	95,968
011 DIETARY	364,520	46,398	41,667	59,020		511,605	74,134
012 CAFETERIA							
014 NURSING ADMINISTRATION	341,943	5,277	4,739	66,868		418,827	60,690
015 CENTRAL SERVICES & SUPPLY	122,951	27,693	24,869	39,255		214,768	31,121
017 MEDICAL RECORDS & LIBRARY	670,823	24,301	21,823	88,849		805,796	116,764
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,823,030	205,742	184,762	341,661	102,730	2,657,925	385,147
027 INTENSIVE CARE UNIT	354,535	12,109	10,874	68,789	7,702	454,009	65,788
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	70,987	4,447	3,993	12,453	12,248	104,128	15,089
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,093,637	89,098	80,013	117,651	221,834	1,602,233	232,172
038 RECOVERY ROOM	265,946	6,414	5,760	50,950	32,608	361,678	52,409
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,808,729	62,666	56,275	258,913	366,752	2,553,335	369,991
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,811,649	25,054	22,500	174,349	265,931	2,299,483	333,207
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	391,267	10,754	9,658	73,020	41,116	525,815	76,193
050 PHYSICAL THERAPY	409,006	21,998	19,755	77,873	49,334	577,966	83,750
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	204,961	7,297	6,553	36,635	53,485	308,931	44,766
054 ELECTROENCEPHALOGRAPHY	126,988	10,419	9,356	22,454	18,667	187,884	27,225
055 MEDICAL SUPPLIES CHARGED	994,545				71,038	1,065,583	154,408
056 DRUGS CHARGED TO PATIENTS	1,127,843	12,928	11,609	64,072	206,976	1,423,428	206,262
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	271,705	6,773	6,082	47,132	3,605	335,297	48,586
061 EMERGENCY	2,190,460	43,159	38,758	301,313	203,918	2,777,608	402,499
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	359,967	17,380	15,608	60,945	67,678	521,578	75,579
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	27,249,583	1,084,237	973,676	2,478,937	1,725,622	26,299,573	3,328,529
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		4,753				4,753	689
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	6,287,148			945,257		7,232,405	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	33,536,731	1,088,990	973,676	3,424,194	1,725,622	33,536,731	3,329,218

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:
15-1318

PERIOD:
FROM 1/ 1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET B
PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	2,827,481						
009 LAUNDRY & LINEN SERVICE	57,096	206,594					
010 HOUSEKEEPING	47,269		805,517				
011 DIETARY	195,992		51,975		833,706		
012 CAFETERIA					570,698		
014 NURSING ADMINISTRATION	22,291		5,911		570,698	570,698	
015 CENTRAL SERVICES & SUPPLY	116,978		31,021			11,527	519,246
017 MEDICAL RECORDS & LIBRARY	102,648		27,221			16,028	409,916
INPAT ROUTINE SRVC CNTRS						35,801	2,560
025 ADULTS & PEDIATRICS	869,078	83,122	230,470	248,388	87,562	185,746	14,268
026 INTENSIVE CARE UNIT	51,150	4,010	13,564	14,620	11,280	23,928	932
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY	18,783		4,981		9,076	19,252	502
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	376,361	36,814	99,806		31,362	66,528	28,596
038 RECOVERY ROOM	27,093		7,185		12,128	25,727	1,271
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	264,706	23,529	70,197		61,673		27,283
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	105,833	343	28,066		60,199		114,557
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	45,428		12,047		17,184		2,467
050 PHYSICAL THERAPY	92,921		24,642		18,395		1,842
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	30,824	6,217	8,174		9,808		927
054 ELECTROENCEPHALOGRAPHY	44,010		11,671		5,494		649
055 MEDICAL SUPPLIES CHARGED							189,342
056 DRUGS CHARGED TO PATIENTS	54,608		14,481		14,003		4,674
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	28,610		7,587		9,954		2,931
061 EMERGENCY	182,309	52,559	48,346		93,368	198,065	13,793
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	73,416		19,469				3,007
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,807,404	206,594	716,814	833,706	504,842	519,246	409,601
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	20,077		5,324				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			83,379		65,856		315
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,827,481	206,594	805,517	833,706	570,698	519,246	409,916

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMINITTING				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY	1,090,790			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	64,939	4,826,645		4,826,645
026 INTENSIVE CARE UNIT	4,869	644,150		644,150
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY	7,743	179,554		179,554
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	140,229	2,614,101		2,614,101
038 RECOVERY ROOM	20,613	508,104		508,104
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC	231,799	3,602,513		3,602,513
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY	168,104	3,109,792		3,109,792
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	25,991	705,125		705,125
050 PHYSICAL THERAPY	31,186	830,702		830,702
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	33,810	443,457		443,457
054 ELECTROENCEPHALOGRAPHY	11,800	288,733		288,733
055 MEDICAL SUPPLIES CHARGED	44,905	1,454,238		1,454,238
056 DRUGS CHARGED TO PATIENTS	130,837	1,848,293		1,848,293
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC	2,279	435,244		435,244
061 EMERGENCY	128,904	3,897,451		3,897,451
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES	42,782	735,831		735,831
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
070 I&R SERVICES-NOT APPRVD P				
092 SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	1,090,790	26,123,933		26,123,933
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		30,843		30,843
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		7,381,955		7,381,955
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,090,790	33,536,731		33,536,731

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		8,210	7,373	15,583	15,583		
006 01 ADMITTING		12,492	11,218	23,710	665	24,375	
006 02 OTHER ADMINISTRATIVE AND		54,638	49,066	103,704	992		104,696
008 OPERATION OF PLANT		344,283	309,178	653,461	322		11,254
009 LAUNDRY & LINEN SERVICE		13,517	12,138	25,655			595
010 HOUSEKEEPING		11,190	10,049	21,239	372		3,018
011 DIETARY		46,398	41,667	88,065	268		2,331
012 CAFETERIA							
014 NURSING ADMINISTRATION		5,277	4,739	10,016	304		1,909
015 CENTRAL SERVICES & SUPPLY		27,693	24,869	52,562	179		979
017 MEDICAL RECORDS & LIBRARY		24,301	21,823	46,124	404		3,672
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		205,742	184,762	390,504	1,554	1,452	12,112
026 INTENSIVE CARE UNIT		12,109	10,874	22,983	313	109	2,069
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY		4,447	3,993	8,440	57	173	475
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		89,098	80,013	169,111	535	3,135	7,301
038 RECOVERY ROOM		6,414	5,760	12,174	232	461	1,648
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		62,666	56,275	118,941	1,178	5,171	11,636
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		25,054	22,500	47,554	793	3,758	10,479
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		10,754	9,658	20,412	332	581	2,396
050 PHYSICAL THERAPY		21,998	19,755	41,753	354	697	2,634
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		7,297	6,553	13,850	167	756	1,408
054 ELECTROENCEPHALOGRAPHY		10,419	9,356	19,775	102	264	856
055 MEDICAL SUPPLIES CHARGED						1,004	4,856
056 DRUGS CHARGED TO PATIENTS		12,928	11,609	24,537	291	2,925	6,487
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		6,773	6,082	12,855	214	51	1,528
061 EMERGENCY		43,159	38,758	81,917	1,371	2,882	12,654
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		17,380	15,608	32,988	277	956	2,377
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
070 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		1,084,237	973,676	2,057,913	11,276	24,375	104,674
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		4,753		4,753			22
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					4,307		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,088,990	973,676	2,062,666	15,583	24,375	104,696

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	665,037						
009 LAUNDRY & LINEN SERVICE	13,429	39,679					
010 HOUSEKEEPING	11,118		35,747				
011 DIETARY	46,098		2,307				
012 CAFETERIA				139,069			
014 NURSING ADMINISTRATION	5,243		262		95,197		
015 CENTRAL SERVICES & SUPPLY	27,514		1,377		95,197	19,657	
017 MEDICAL RECORDS & LIBRARY	24,143		1,208				85,285
025 INPAT ROUTINE SRVC CNTRS							533
026 ADULTS & PEDIATRICS	204,413	15,964	10,227	41,433	14,606	7,032	2,968
027 INTENSIVE CARE UNIT	12,031	770	602	2,439	1,882	906	194
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY	4,418		221		1,514	729	105
035 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	88,522	7,071	4,429		5,231	2,519	5,950
039 RECOVERY ROOM	6,372		319		2,023	974	265
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	62,260	4,519	3,115		10,287		5,676
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	24,892	66	1,245		10,042		23,834
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	10,685		535		2,866		513
051 PHYSICAL THERAPY	21,855		1,094		3,068		383
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	7,250	1,194	363		1,636		193
055 ELECTROENCEPHALOGRAPHY	10,351		518		916		135
056 MEDICAL SUPPLIES CHARGED							39,393
058 DRUGS CHARGED TO PATIENTS	12,844		643		2,336		972
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	6,729		337		1,660		610
065 EMERGENCY	42,880	10,095	2,145		15,576	7,497	2,870
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
070 AMBULANCE SERVICES	17,268		864				626
092 DURABLE MEDICAL EQUIP-REN							
095 DURABLE MEDICAL EQUIP-SOL							
096 I&R SERVICES-NOT APPRVD P							
097 SPEC PURPOSE COST CENTERS							
099 AMBULATORY SURGICAL CENTE							
101 SUBTOTALS	660,315	39,679	31,811	139,069	84,212	19,657	85,220
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP	4,722		236				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			3,700		10,985		65
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	665,037	39,679	35,747	139,069	95,197	19,657	85,285

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 ADMINITTING				
006 02 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
017 MEDICAL RECORDS & LIBRARY	82,056			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	4,885	707,150		707,150
026 INTENSIVE CARE UNIT	366	44,664		44,664
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY	582	16,714		16,714
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	10,549	304,353		304,353
038 RECOVERY ROOM	1,551	26,019		26,019
039 DELIVERY ROOM & LABOR ROO				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC	17,438	240,221		240,221
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY	12,646	135,309		135,309
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	1,955	40,275		40,275
050 PHYSICAL THERAPY	2,346	74,184		74,184
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY	2,543	29,360		29,360
054 ELECTROENCEPHALOGRAPHY	888	33,805		33,805
055 MEDICAL SUPPLIES CHARGED	3,378	48,631		48,631
056 DRUGS CHARGED TO PATIENTS	9,843	60,878		60,878
058 ASC (NON-DISTINCT PART)				
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC	171	24,155		24,155
061 EMERGENCY	9,697	189,584		189,584
062 OBSERVATION BEDS (NON-DIS				
062 OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES	3,218	58,574		58,574
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
070 I&R SERVICES-NOT APPRVD P				
092 SPEC PURPOSE COST CENTERS				
092 AMBULATORY SURGICAL CENTE				
095 SUBTOTALS	82,056	2,033,876		2,033,876
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		9,733		9,733
097 RESEARCH				
098 PHYSICIANS' PRIVATE OFFIC		19,057		19,057
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	82,056	2,062,666		2,062,666

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	ADMITTING	OTHER ADMINIS	
	OSTS-BLDG &	OSTS-MVBLE E	FITS		TRATIVE AND	
	(SQUARE FEE T	(SQUARE)FEE T	(GROSS)SALA RIE	(GROSS)REVE NUE	RECONCI L- IATION	(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	184,900					
005 NEW CAP REL COSTS-MVB		184,093				
006 EMPLOYEE BENEFITS	1,394	1,394	16,125,885			
006 01 ADMINITTING	2,121	2,121	688,342	59,766,987		
006 02 OTHER ADMINIS	9,277	9,277	1,027,271		-3,329,218	22,975,109
008 OPERATION OF PLANT	58,456	58,456	333,317			2,469,621
009 LAUNDRY & LINEN SERVI	2,295	2,295				130,577
010 HOUSEKEEPING	1,900	1,900	384,582			662,280
011 DIETARY	7,878	7,878	277,948			511,605
012 CAFETERIA						
014 NURSING ADMINIS	896	896	314,910			418,827
015 CENTRAL SERVICES & SU	4,702	4,702	184,868			214,768
017 MEDICAL RECORDS & LIB	4,126	4,126	418,424			805,796
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	34,933	34,933	1,609,022	3,558,131		2,657,925
026 INTENSIVE CARE UNIT	2,056	2,056	323,956	266,773		454,009
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY	755	755	58,644	424,227		104,128
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	15,128	15,128	554,067	7,683,344		1,602,233
038 RECOVERY ROOM	1,089	1,089	239,942	1,129,413		361,678
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	10,640	10,640	1,219,325	12,701,612		2,553,335
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	4,254	4,254	821,080	9,210,681		2,299,483
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	1,826	1,826	343,883	1,424,091		525,815
050 PHYSICAL THERAPY	3,735	3,735	366,734	1,708,714		577,966
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	1,239	1,239	172,529	1,852,504		308,931
054 ELECTROENCEPHALOGRAPH	1,769	1,769	105,747	646,538		187,884
055 MEDICAL SUPPLIES CHAR				2,460,434		1,065,583
056 DRUGS CHARGED TO PATI	2,195	2,195	301,743	7,168,733		1,423,428
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC	1,150	1,150	221,966	124,871		335,297
061 EMERGENCY	7,328	7,328	1,419,006	7,062,845		2,777,608
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	2,951	2,951	287,014	2,344,076		521,578
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
092 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
095 SUBTOTALS	184,093	184,093	11,674,320	59,766,987	-3,329,218	22,970,355
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	807					4,753
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			4,451,565		-7,232,404	1
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,088,990	973,676	3,424,194	1,725,622		3,329,218
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.889616		.212341			
(WRKSHT B, PT I)		5.289044		.028872		.144905
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			15,583	24,375		104,696
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000966		.000408	.004557
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

15-1318

FROM 1/ 1/2007

WORKSHEET B-1

TO 12/31/2007

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS) SERVED	(FTE HOURS)	(DIRECT) NRS NG	(COSTED) REQ UIS.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 OTHER ADMINI STRATIVE							
008 OPERATION OF PLANT	113,652						
009 LAUNDRY & LINEN SERVI	2,295	150,437					
010 HOUSEKEEPING	1,900		122,095				
011 DI ETARY	7,878		7,878	49,726			
012 CAFETERIA				34,039	444,269		
014 NURSING ADMINI STRATIO	896		896		8,973	190,550	
015 CENTRAL SERVI CES & SU	4,702		4,702		12,477		2,153,150
017 MEDICAL RECORDS & LIB	4,126		4,126		27,870		13,445
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDI ATRICS	34,933	60,528	34,933	14,815	68,164	68,164	74,944
026 INTENSIVE CARE UNIT	2,056	2,920	2,056	872	8,781	8,781	4,897
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY	755		755		7,065	7,065	2,639
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	15,128	26,807	15,128		24,414	24,414	150,206
038 RECOVERY ROOM	1,089		1,089		9,441	9,441	6,678
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	10,640	17,133	10,640		48,010		143,310
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	4,254	250	4,254		46,863		601,727
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,826		1,826		13,377		12,959
050 PHYSICAL THERAPY	3,735		3,735		14,320		9,677
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,239	4,527	1,239		7,635		4,871
054 ELECTROENCEPHALOGRAPH	1,769		1,769		4,277		3,409
055 MEDICAL SUPPLIES CHAR							994,545
056 DRUGS CHARGED TO PATI	2,195		2,195		10,901		24,552
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
060 CLINIC	1,150		1,150		7,749		15,394
061 EMERGENCY	7,328	38,272	7,328		72,685	72,685	72,451
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	2,951		2,951				15,793
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
092 SPEC PURPOSE COST CEN							
092 AMBULATORY SURGICAL C							
095 SUBTOTALS	112,845	150,437	108,650	49,726	393,002	190,550	2,151,497
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	807		807				
097 RESEARCH							
098 PHYSICIANS' PRIVATE O			12,638		51,267		1,653
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,827,481	206,594	805,517	833,706	570,698	519,246	409,916
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	24.878410	1.373292	6.597461	16.765998	1.284578	2.724986	.190380
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	665,037	39,679	35,747	139,069	95,197	19,657	85,285
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	5.851520	.263758	.292780	2.796706	.214278	.103159	.039609
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	(GROSS REVENUE)
		17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 ADMINISTRATION		
006 02 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLIES		
017 MEDICAL RECORDS & LIBRARY	59,766,987	
025 INPATIENT ROUTINE SERVICE CENTER		
026 ADULTS & PEDIATRICS	3,558,131	
027 INTENSIVE CARE UNIT	266,773	
028 CORONARY CARE UNIT		
029 BURN INTENSIVE CARE UNIT		
033 SURGICAL INTENSIVE CARE UNIT	424,227	
034 NURSERY		
035 SKILLED NURSING FACILITY		
037 NURSING FACILITY		
038 ANCILLARY SERVICE COST CENTER		
039 OPERATING ROOM	7,683,344	
040 RECOVERY ROOM	1,129,413	
041 DELIVERY ROOM & LABOR		
042 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	12,701,612	
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
044 LABORATORY	9,210,681	
045 PBP CLINICAL LAB SERVICE		
046 WHOLE BLOOD & PACKED		
047 BLOOD STORAGE, PROCESSING		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY	1,424,091	
050 PHYSICAL THERAPY	1,708,714	
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY	1,852,504	
054 ELECTROENCEPHALOGRAPHY	646,538	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,460,434	
056 DRUGS CHARGED TO PATIENTS	7,168,733	
058 ASC (NON-DISTINCT PATIENTS)		
060 OUTPATIENT SERVICE COST CENTER		
061 CLINIC	124,871	
061 EMERGENCY	7,062,845	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
065 OTHER REIMBURSABLE COST CENTER		
066 AMBULANCE SERVICES	2,344,076	
066 DURABLE MEDICAL EQUIPMENT		
067 DURABLE MEDICAL EQUIPMENT		
070 I&R SERVICES-NOT APPROPRIATE		
092 SPECIFIC PURPOSE COST CENTER		
095 AMBULATORY SURGICAL CENTER	59,766,987	
096 SUBTOTALS		
096 NONREIMBURSABLE COST CENTER		
097 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFICE		
099 NONPAID WORKERS		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,090,790	
104 (PER WORKSHEET B, PART I)		
104 UNIT COST MULTIPLIER		.018251
105 (WORKSHEET B, PT I)		
105 COST TO BE ALLOCATED		
106 (PER WORKSHEET B, PART I)		
106 UNIT COST MULTIPLIER		
106 (WORKSHEET B, PT I)		
107 COST TO BE ALLOCATED	82,056	
107 (PER WORKSHEET B, PART I)		
108 UNIT COST MULTIPLIER		.001373
108 (WORKSHEET B, PT I)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-1318PERIOD:
FROM 1/ 1/2007
TO 12/31/2007PREPARED 4/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,826,645		4,826,645		4,826,645
26	INTENSIVE CARE UNIT	644,150		644,150		644,150
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	179,554		179,554		179,554
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,614,101		2,614,101		2,614,101
38	RECOVERY ROOM	508,104		508,104		508,104
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,602,513		3,602,513		3,602,513
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,109,792		3,109,792		3,109,792
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	705,125		705,125		705,125
50	PHYSICAL THERAPY	830,702		830,702		830,702
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	443,457		443,457		443,457
54	ELECTROENCEPHALOGRAPHY	288,733		288,733		288,733
55	MEDICAL SUPPLIES CHARGED	1,454,238		1,454,238		1,454,238
56	DRUGS CHARGED TO PATIENTS	1,848,293		1,848,293		1,848,293
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	435,244		435,244		435,244
61	EMERGENCY	3,897,451		3,897,451		3,897,451
62	OBSERVATION BEDS (NON-DIS	820,656		820,656		820,656
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	735,831		735,831		735,831
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	26,944,589		26,944,589		26,944,589
102	LESS OBSERVATION BEDS	820,656		820,656		820,656
103	TOTAL	26,123,933		26,123,933		26,123,933

COMPUTATION OF RATIO OF COSTS TO CHARGES

15-1318

FROM 1/1/2007

WORKSHEET C

TO 12/31/2007

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,784,735		2,784,735			
26	INTENSIVE CARE UNIT	266,773		266,773			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	424,227		424,227			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,394,980	5,288,363	7,683,343	.340230	.340230	.340230
38	RECOVERY ROOM	200,807	928,606	1,129,413	.449883	.449883	.449883
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,162,572	11,539,039	12,701,611	.283626	.283626	.283626
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,584,250	7,626,431	9,210,681	.337629	.337629	.337629
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,006,103	417,988	1,424,091	.495140	.495140	.495140
50	PHYSICAL THERAPY	598,808	1,109,906	1,708,714	.486156	.486156	.486156
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	398,317	1,454,187	1,852,504	.239382	.239382	.239382
54	ELECTROENCEPHALOGRAPHY	58,729	587,809	646,538	.446583	.446583	.446583
55	MEDICAL SUPPLIES CHARGED	789,910	1,670,525	2,460,435	.591049	.591049	.591049
56	DRUGS CHARGED TO PATIENTS	3,089,751	4,078,982	7,168,733	.257827	.257827	.257827
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	578	124,293	124,871	3.485549	3.485549	3.485549
61	EMERGENCY	265,118	6,797,728	7,062,846	.551824	.551824	.551824
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	29,007	744,389	773,396	1.061107	1.061107	1.061107
65	AMBULANCE SERVICES	720	2,343,356	2,344,076	.313911	.313911	.313911
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,055,385	44,711,602	59,766,987			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,055,385	44,711,602	59,766,987			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4,826,645		4,826,645		4,826,645
26	INTENSIVE CARE UNIT	644,150		644,150		644,150
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY	179,554		179,554		179,554
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,614,101		2,614,101		2,614,101
38	RECOVERY ROOM	508,104		508,104		508,104
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,602,513		3,602,513		3,602,513
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,109,792		3,109,792		3,109,792
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	705,125		705,125		705,125
50	PHYSICAL THERAPY	830,702		830,702		830,702
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	443,457		443,457		443,457
54	ELECTROENCEPHALOGRAPHY	288,733		288,733		288,733
55	MEDICAL SUPPLIES CHARGED	1,454,238		1,454,238		1,454,238
56	DRUGS CHARGED TO PATIENTS	1,848,293		1,848,293		1,848,293
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	435,244		435,244		435,244
61	EMERGENCY	3,897,451		3,897,451		3,897,451
62	OBSERVATION BEDS (NON-DIS	820,656		820,656		820,656
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	735,831		735,831		735,831
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	26,944,589		26,944,589		26,944,589
102	LESS OBSERVATION BEDS	820,656		820,656		820,656
103	TOTAL	26,123,933		26,123,933		26,123,933

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-1318

PERIOD:
FROM 1/1/2007
TO 12/31/2007

PREPARED 4/30/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	2,784,735		2,784,735			
26	INTENSIVE CARE UNIT	266,773		266,773			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	424,227		424,227			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,394,980	5,288,363	7,683,343	.340230	.340230	.340230
38	RECOVERY ROOM	200,807	928,606	1,129,413	.449883	.449883	.449883
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,162,572	11,539,039	12,701,611	.283626	.283626	.283626
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,584,250	7,626,431	9,210,681	.337629	.337629	.337629
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,006,103	417,988	1,424,091	.495140	.495140	.495140
50	PHYSICAL THERAPY	598,808	1,109,906	1,708,714	.486156	.486156	.486156
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	398,317	1,454,187	1,852,504	.239382	.239382	.239382
54	ELECTROENCEPHALOGRAPHY	58,729	587,809	646,538	.446583	.446583	.446583
55	MEDICAL SUPPLIES CHARGED	789,910	1,670,525	2,460,435	.591049	.591049	.591049
56	DRUGS CHARGED TO PATIENTS	3,089,751	4,078,982	7,168,733	.257827	.257827	.257827
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	578	124,293	124,871	3.485549	3.485549	3.485549
61	EMERGENCY	265,118	6,797,728	7,062,846	.551824	.551824	.551824
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	29,007	744,389	773,396	1.061107	1.061107	1.061107
65	AMBULANCE SERVICES	720	2,343,356	2,344,076	.313911	.313911	.313911
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,055,385	44,711,602	59,766,987			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,055,385	44,711,602	59,766,987			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,614,101	304,353	2,309,748			2,614,101
38	RECOVERY ROOM	508,104	26,019	482,085			508,104
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,602,513	240,221	3,362,292			3,602,513
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,109,792	135,309	2,974,483			3,109,792
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	705,125	40,275	664,850			705,125
50	PHYSICAL THERAPY	830,702	74,184	756,518			830,702
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	443,457	29,360	414,097			443,457
54	ELECTROENCEPHALOGRAPHY	288,733	33,805	254,928			288,733
55	MEDICAL SUPPLIES CHARGED	1,454,238	48,631	1,405,607			1,454,238
56	DRUGS CHARGED TO PATIENTS	1,848,293	60,878	1,787,415			1,848,293
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	435,244	24,155	411,089			435,244
61	EMERGENCY	3,897,451	189,584	3,707,867			3,897,451
62	OBSERVATION BEDS (NON-DIS	820,656		820,656			820,656
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	735,831	58,574	677,257			735,831
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	21,294,240	1,265,348	20,028,892			21,294,240
102	LESS OBSERVATION BEDS	820,656		820,656			820,656
103	TOTAL	20,473,584	1,265,348	19,208,236			20,473,584

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,683,343	.340230	.340230
38	RECOVERY ROOM	1,129,413	.449883	.449883
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	12,701,611	.283626	.283626
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	9,210,681	.337629	.337629
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,424,091	.495140	.495140
50	PHYSICAL THERAPY	1,708,714	.486156	.486156
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,852,504	.239382	.239382
54	ELECTROENCEPHALOGRAPHY	646,538	.446583	.446583
55	MEDICAL SUPPLIES CHARGED	2,460,435	.591049	.591049
56	DRUGS CHARGED TO PATIENTS	7,168,733	.257827	.257827
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	124,871	3.485549	3.485549
61	EMERGENCY	7,062,846	.551824	.551824
62	OBSERVATION BEDS (NON-DIS	773,396	1.061107	1.061107
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,344,076	.313911	.313911
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	56,291,252		
102	LESS OBSERVATION BEDS	773,396		
103	TOTAL	55,517,856		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,614,101	304,353	2,309,748			2,614,101
38	RECOVERY ROOM	508,104	26,019	482,085			508,104
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,602,513	240,221	3,362,292			3,602,513
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,109,792	135,309	2,974,483			3,109,792
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	705,125	40,275	664,850			705,125
50	PHYSICAL THERAPY	830,702	74,184	756,518			830,702
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	443,457	29,360	414,097			443,457
54	ELECTROENCEPHALOGRAPHY	288,733	33,805	254,928			288,733
55	MEDICAL SUPPLIES CHARGED	1,454,238	48,631	1,405,607			1,454,238
56	DRUGS CHARGED TO PATIENTS	1,848,293	60,878	1,787,415			1,848,293
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	435,244	24,155	411,089			435,244
61	EMERGENCY	3,897,451	189,584	3,707,867			3,897,451
62	OBSERVATION BEDS (NON-DIS	820,656		820,656			820,656
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	735,831	58,574	677,257			735,831
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	21,294,240	1,265,348	20,028,892			21,294,240
102	LESS OBSERVATION BEDS	820,656		820,656			820,656
103	TOTAL	20,473,584	1,265,348	19,208,236			20,473,584

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,683,343	.340230	.340230
38	RECOVERY ROOM	1,129,413	.449883	.449883
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	12,701,611	.283626	.283626
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	9,210,681	.337629	.337629
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,424,091	.495140	.495140
50	PHYSICAL THERAPY	1,708,714	.486156	.486156
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,852,504	.239382	.239382
54	ELECTROENCEPHALOGRAPHY	646,538	.446583	.446583
55	MEDICAL SUPPLIES CHARGED	2,460,435	.591049	.591049
56	DRUGS CHARGED TO PATIENTS	7,168,733	.257827	.257827
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	124,871	3.485549	3.485549
61	EMERGENCY	7,062,846	.551824	.551824
62	OBSERVATION BEDS (NON-DIS	773,396	1.061107	1.061107
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,344,076	.313911	.313911
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	56,291,252		
102	LESS OBSERVATION BEDS	773,396		
103	TOTAL	55,517,856		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	2,614,101	7,683,343			
38	RECOVERY ROOM	508,104	1,129,413			
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,602,513	12,701,611			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,109,792	9,210,681			
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	705,125	1,424,091			
50	PHYSICAL THERAPY	830,702	1,708,714			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	443,457	1,852,504			
54	ELECTROENCEPHALOGRAPHY	288,733	646,538			
55	MEDICAL SUPPLIES CHARGED	1,454,238	2,460,435			
56	DRUGS CHARGED TO PATIENTS	1,848,293	7,168,733			
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	435,244	124,871			
61	EMERGENCY	3,897,451	7,062,846			
62	OBSERVATION BEDS (NON-DIS	820,656	773,396			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	735,831	2,344,076			
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	21,294,240	56,291,252			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET C
 PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,614,101	22,707	2,636,808	7,683,343			
38	RECOVERY ROOM	508,104		508,104	1,129,413			
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	3,602,513		3,602,513	12,701,611			
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY	3,109,792		3,109,792	9,210,681			
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	705,125		705,125	1,424,091			
50	PHYSICAL THERAPY	830,702		830,702	1,708,714			
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY	443,457		443,457	1,852,504			
54	ELECTROENCEPHALOGRAPHY	288,733		288,733	646,538			
55	MEDICAL SUPPLIES CHARGED	1,454,238		1,454,238	2,460,435			
56	DRUGS CHARGED TO PATIENTS	1,848,293		1,848,293	7,168,733			
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	435,244		435,244	124,871			
61	EMERGENCY	3,897,451	168,101	4,065,552	7,062,846			
62	OBSERVATION BEDS (NON-DIS	820,656		820,656	773,396			
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES	735,831		735,831	2,344,076			
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	21,294,240	190,808	21,485,048	56,291,252			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				707,150	71,006	636,144
26	INTENSIVE CARE UNIT				44,664		44,664
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY				16,714		16,714
101	TOTAL				768,528		697,522

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,820	140			131.98	18,477
26	INTENSIVE CARE UNIT	268				166.66	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY	894	59			18.70	1,103
101	TOTAL	5,982	199				19,580

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1318
 COMPONENT NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 4/30/2010
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		304,353	7,683,343	85,383		
38	RECOVERY ROOM		26,019	1,129,413	8,130		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		240,221	12,701,611	37,569		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		135,309	9,210,681	54,999		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		40,275	1,424,091	9,508		
50	PHYSICAL THERAPY		74,184	1,708,714	11,025		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		29,360	1,852,504	4,165		
54	ELECTROENCEPHALOGRAPHY		33,805	646,538			
55	MEDICAL SUPPLIES CHARGED		48,631	2,460,435	15,294		
56	DRUGS CHARGED TO PATIENTS		60,878	7,168,733	125,389		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		24,155	124,871	236		
61	EMERGENCY		189,584	7,062,846	12,364		
62	OBSERVATION BEDS (NON-DIS			773,396	3,345		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		1,206,774	53,947,176	367,407		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-1318
 PREPARED 4/30/2010
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.039612	3,382
38	RECOVERY ROOM	.023038	187
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.018913	711
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.014690	808
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.028281	269
50	PHYSICAL THERAPY	.043415	479
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.015849	66
54	ELECTROENCEPHALOGRAPHY	.052286	
55	MEDICAL SUPPLIES CHARGED	.019765	302
56	DRUGS CHARGED TO PATIENTS	.008492	1,065
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.193440	46
61	EMERGENCY	.026842	332
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		7,647

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-1318
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 4/30/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					4,820	
26	INTENSIVE CARE UNIT					268	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY					894	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL					5,982	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		140
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		59
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		199

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			7,683,343			85,383	
38	RECOVERY ROOM			1,129,413			8,130	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			12,701,611			37,569	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			9,210,681			54,999	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			1,424,091			9,508	
50	PHYSICAL THERAPY			1,708,714			11,025	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			1,852,504			4,165	
54	ELECTROENCEPHALOGRAPHY			646,538				
55	MEDICAL SUPPLIES CHARGED			2,460,435			15,294	
56	DRUGS CHARGED TO PATIENTS			7,168,733			125,389	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			124,871			236	
61	EMERGENCY			7,062,846			12,364	
62	OBSERVATION BEDS (NON-DIS			773,396			3,345	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			53,947,176			367,407	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	114,750					
38	RECOVERY ROOM	17,693					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	264,270					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	306,663					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	30,551					
50	PHYSICAL THERAPY	11,518					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	732					
54	ELECTROENCEPHALOGRAPHY	17,488					
55	MEDICAL SUPPLIES CHARGED	27,581					
56	DRUGS CHARGED TO PATIENTS	114,238					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	5,786					
61	EMERGENCY	303,672					
62	OBSERVATION BEDS (NON-DIS	37,648					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	72,278					
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,324,868					

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	911
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	900.83
85	OBSERVATION BED COST	820,656

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,341,998		820,656	
87	NEW CAPITAL-RELATED COST	707,150	.162863	820,656	133,654
88	NON PHYSICIAN ANESTHETIST	4,341,998		820,656	
89	MEDICAL EDUCATION	4,341,998		820,656	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		956,705	
26	INTENSIVE CARE UNIT		184,332	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.340230	407,995	138,812
38	RECOVERY ROOM	.449883	48,940	22,017
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.283626	530,388	150,432
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.337629	769,080	259,664
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.495140	674,050	333,749
50	PHYSICAL THERAPY	.486156	201,433	97,928
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.239382	241,164	57,730
54	ELECTROENCEPHALOGRAPHY	.446583	58,256	26,016
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.591049	289,890	171,339
56	DRUGS CHARGED TO PATIENTS	.257827	1,390,002	358,380
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.485549	216	753
61	EMERGENCY	.551824	5,097	2,813
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.061107		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,616,511	1,619,633
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,616,511	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.340230	954	325
38	RECOVERY ROOM	.449883		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.283626	20,055	5,688
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.337629	36,571	12,347
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.495140	74,042	36,661
50	PHYSICAL THERAPY	.486156	263,005	127,861
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.239382	7,800	1,867
54	ELECTROENCEPHALOGRAPHY	.446583		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.591049	1,376	813
56	DRUGS CHARGED TO PATIENTS	.257827	124,488	32,096
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.485549	126	439
61	EMERGENCY	.551824		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.061107		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		528,417	218,097
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		528,417	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.340230		
38	RECOVERY ROOM	.449883		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.283626		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.337629		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.495140		
50	PHYSICAL THERAPY	.486156		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.239382		
54	ELECTROENCEPHALOGRAPHY	.446583		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.591049		
56	DRUGS CHARGED TO PATIENTS	.257827		
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	3.485549		
61	EMERGENCY	.551824		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.061107		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,117,017
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,117,017

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,168,187
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	45,817
18.01	CAH ACTUAL BILLED COINSURANCE	2,110,888
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,011,482
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,011,482
24	PRIMARY PAYER PAYMENTS	2,427
25	SUBTOTAL	3,009,055

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	387,898
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	387,898
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	387,898
28	SUBTOTAL	3,396,953
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,396,953
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,836,742
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	560,211
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	99,050

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
COMPONENT NO:	TO 12/31/2007	WORKSHEET E-2
15-2318		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	489,492	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	220,278	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	538	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	709,770	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	709,770	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	709,770	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	10,168	
14	80% OF PART B COSTS		
15	SUBTOTAL	699,602	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	699,602	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	607,796	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	91,806	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
COMPONENT NO:	TO 12/31/2007	WORKSHEET E-3
15-1318		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,707,390
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,707,390
5	PRIMARY PAYER PAYMENTS	3,861
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,740,564

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,740,564
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	436,973
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,303,591
23	COINSURANCE	3,720
24	SUBTOTAL	3,299,871
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	51,701
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	51,701
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	51,701
26	SUBTOTAL	3,351,572
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,351,572
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,579,255
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	772,317
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	23,973
34	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XVIII SNF	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		125,732
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		125,732
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		125,732
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		99,909
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		99,909
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		99,909
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		99,909
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1318	FROM 1/ 1/2007	4/30/2010
COMPONENT NO:	TO 12/31/2007	WORKSHEET E-3
-		PART III

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

TITLE XVIII

SNF

TITLE V OR
TITLE XIX

1

TITLE XVIII
SNF PPS

2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	-318,061			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,930,817			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,174,223			
7	INVENTORY	905,944			
8	PREPAID EXPENSES	172,805			
9	OTHER CURRENT ASSETS	76,514			
10	DUE FROM OTHER FUNDS	804,085			
11	TOTAL CURRENT ASSETS	7,397,881			
FIXED ASSETS					
12	LAND	540,000			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	15,593,918			
14.01	LESS ACCUMULATED DEPRECIATION	-5,904,685			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	7,788,034			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	20,040			
21	TOTAL FIXED ASSETS	18,037,307			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	54,000			
25	OTHER ASSETS	729,000			
26	TOTAL OTHER ASSETS	783,000			
27	TOTAL ASSETS	26,218,188			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,027,508			
29 SALARIES, WAGES & FEES PAYABLE	500,816			
30 PAYROLL TAXES PAYABLE	747,993			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,240			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	80,136			
36 TOTAL CURRENT LIABILITIES	2,363,693			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	26,533,243			
41 OTHER LONG TERM LIABILITIES	971,440			
42 TOTAL LONG-TERM LIABILITIES	27,504,683			
43 TOTAL LIABILITIES	29,868,376			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-3,650,188			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-3,650,188			
52 TOTAL LIABILITIES AND FUND BALANCES	26,218,188			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-2,942,850		
2	NET INCOME (LOSS)		-788,647		
3	TOTAL		-3,731,497		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CORPORATE PUSHDOWN ALLOCA	81,309			
6					
7					
8					
9					
10	TOTAL ADDITIONS		81,309		
11	SUBTOTAL		-3,650,188		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-3,650,188		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,208,962		3,208,962
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,208,962		3,208,962
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	266,773		266,773
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	266,773		266,773
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,475,735		3,475,735
17 00 ANCILLARY SERVICES	11,505,551		11,505,551
18 00 OUTPATIENT SERVICES		42,441,622	42,441,622
20 00 AMBULANCE SERVICES	720	2,343,356	2,344,076
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
24 00 PRO FEES		3,969	3,969
25 00 TOTAL PATIENT REVENUES	14,982,006	44,788,947	59,770,953

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		36,806,478	
ADD (SPECIFY)			
27 00 BAD DEBTS	1,777,929		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,777,929	
DEDUCT (SPECIFY)			
34 00 PHYSICIAN PRACTICES EXPENSES	6,737,048		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		6,737,048	
40 00 TOTAL OPERATING EXPENSES		31,847,359	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	59,770,953
2	LESS: ALLOWANCES AND DISCOUNTS ON	29,014,339
3	NET PATIENT REVENUES	30,756,614
4	LESS: TOTAL OPERATING EXPENSES	31,847,359
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	-1,090,745
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	85,504
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	8,249
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDI NG MACHI NES	
22	RENTAL OF HOSPITAL SPACE	30,670
23	GOVERNMENTAL APPROPRIATI ONS	
24	MI SCELLANEOUS	177,675
25	TOTAL OTHER INCOME	302,098
26	TOTAL	-788,647
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-788,647

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-1318
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-1318
 PREPARED 4/30/2010
 WORKSHEET L
 PARTS I-IV

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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