

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	24-1325	I	FROM 1/ 1/2005	I	-- AUDITED -- DESK REVIEW	I	/ /
	I		I	TO 12/31/2005	I	-- INITIAL -- REOPENED	I	INTERMEDIARY NO:
	I		I		I	-- FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

MANUALLY SUBMITTED COST REPORT

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: FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2005 AND ENDING 12/31/2005 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	299	-331,611		0
3	SWING BED - SNF	0	-38,334			0
7	HOSPITAL-BASED HHA	0	0			0
100	TOTAL	0	-38,035	-331,610		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.

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y". IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

1	2	3	4
0	0.0000	0.0000	
0.00	0		

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)
 30 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.01 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
 30.02 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 30.04 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.01 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.02 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.03 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.04 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).
 31.05

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f) (1) (i) TEFRA?
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f) (1) (i)?
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f) (1) (i)?
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f) (1) (i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f) (1) (i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f) (1) (i)?

V XVIII XIX

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

1	2	3
N	N	N
N	N	N
N	N	N
N	N	N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. Y
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	Y	Y	Y	Y	Y
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 6,698
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 1/ 1/2005 Y 202.80 N 91,219
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.414(d)(1)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 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 INSTR). 0

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	25	9, 125	84, 110. 32	3	4	5
2 HMO						2, 097	217
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						612	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9, 125				2, 709	217
11 NURSERY							21
12 TOTAL	25	9, 125				2, 709	238
13 RPCH VISITS							
18 HOME HEALTH AGENCY						2, 967	
21 HOSPICE							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS (01/01/2005)						210	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. LESS I&R NON-PHYS ANES	FTES REPL
1 ADULTS & PEDIATRICS	5. 01	5. 02	6	6. 01	6. 02	7	8
2 HMO			3, 606				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			676				
4 ADULTS & PED-SB NF			59				
5 TOTAL ADULTS AND PEDS			4, 341				
11 NURSERY			227				
12 TOTAL			4, 568				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			4, 426				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			242	15	227		
27 AMBULANCE TRIPS (01/01/2005)							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					584	100	1, 146
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
11 NURSERY							
12 TOTAL		148. 15			584	100	1, 146
13 RPCH VISITS							
18 HOME HEALTH AGENCY		2, 279. 00					
21 HOSPICE							
25 TOTAL		2, 427. 15					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS (01/01/2005)							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		429,594	429,594	22,706	452,300
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		328,963	328,963	115,036	443,999
5	0500 EMPLOYEE BENEFITS		1,560,251	1,560,251		1,560,251
6	0600 ADMINISTRATIVE & GENERAL	809,239	1,878,018	2,687,257	-287,163	2,400,094
8	0800 OPERATION OF PLANT	100,394	264,570	364,964		364,964
9	0900 LAUNDRY & LINEN SERVICE		69,142	69,142		69,142
10	1000 HOUSEKEEPING	98,358	76,566	174,924		174,924
11	1100 DIETARY		81,604	81,604		81,604
12	1200 CAFETERIA		6,470	6,470		6,470
14	1400 NURSING ADMINISTRATION	353,876	31,186	385,062		385,062
17	1700 MEDICAL RECORDS & LIBRARY	440,633	63,091	503,724		503,724
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,711,748	404,420	2,116,168	-10,121	2,106,047
33	3300 NURSERY	8,130	5,357	13,487	-61	13,426
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	518,043	658,280	1,176,323	18,392	1,194,715
39	3900 DELIVERY ROOM & LABOR ROOM	12,774	13,589	26,363	1,900	28,263
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	286,645	941,934	1,228,579	46,971	1,275,550
44	4400 LABORATORY	639,529	791,344	1,430,873	40,152	1,471,025
49	4900 RESPIRATORY THERAPY	56,793	137,510	194,303	-439	193,864
50	5000 PHYSICAL THERAPY	188,545	29,587	218,132	3,426	221,558
51	5100 OCCUPATIONAL THERAPY		25,549	25,549	456	26,005
52	5200 SPEECH PATHOLOGY	46,255	14,643	60,898	1,077	61,975
53	5300 ELECTROCARDIOLOGY		51,260	51,260	-46,751	4,509
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	30,039	343,867	373,906	7,956	381,862
56	5600 DRUGS CHARGED TO PATIENTS	372,435	1,251,783	1,624,218	37,722	1,661,940
59	3950 CARDIAC REHAB	134,599	13,681	148,280	817	149,097
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	747,227	2,602,456	3,349,683	39,854	3,389,537
60.01	6001 DIABETIC EDUCATION		40,974	40,974	459	41,433
61	6100 EMERGENCY	34,468	592,700	627,168	3,601	630,769
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	105,603	26,174	131,777	4,010	135,787
71	7100 HOME HEALTH AGENCY	833,568	88,972	922,540		922,540
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
94.01	6951 BAD DEBT EXPENSE					
94.02	6952 HOSPICE					
95	SUBTOTALS	7,528,901	12,823,535	20,352,436	-0-	20,352,436
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 DIALYSIS					
96.02	9602 MASSAGE THERAPY					
96.03	9603 VA MEDICAL CENTER		25,618	25,618		25,618
101	TOTAL	7,528,901	12,849,153	20,378,054	-0-	20,378,054

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS- BLDG & FIXT	-245,705	206,595
4	0400	NEW CAP REL COSTS- MVBLE EQUIP	-63,042	380,957
5	0500	EMPLOYEE BENEFITS	-53,091	1,507,160
6	0600	ADMINISTRATIVE & GENERAL	-486,970	1,913,124
8	0800	OPERATION OF PLANT	-74,310	290,654
9	0900	LAUNDRY & LINEN SERVICE		69,142
10	1000	HOUSEKEEPING	-12,485	162,439
11	1100	DIETARY	-3,350	78,254
12	1200	CAFETERIA		6,470
14	1400	NURSING ADMINISTRATION		385,062
17	1700	MEDICAL RECORDS & LIBRARY	-15,592	488,132
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		2,106,047
33	3300	NURSERY	-408	13,018
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-28,043	1,166,672
39	3900	DELIVERY ROOM & LABOR ROOM		28,263
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC		1,275,550
44	4400	LABORATORY		1,471,025
49	4900	RESPIRATORY THERAPY		193,864
50	5000	PHYSICAL THERAPY		221,558
51	5100	OCCUPATIONAL THERAPY		26,005
52	5200	SPEECH PATHOLOGY	-1,384	60,591
53	5300	ELECTROCARDIOLOGY		4,509
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-27,368	354,494
56	5600	DRUGS CHARGED TO PATIENTS		1,661,940
59	3950	CARDIAC REHAB		149,097
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-2,822,691	566,846
60.01	6001	DIABETIC EDUCATION		41,433
61	6100	EMERGENCY	-147,428	483,341
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES		135,787
71	7100	HOME HEALTH AGENCY		922,540
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
93	9300	HOSPICE		
94	6950	OTHER SPECIAL PURPOSE (SPECIFY)		
94.01	6951	BAD DEBT EXPENSE		
94.02	6952	HOSPICE		
95		SUBTOTALS	-3,981,867	16,370,569
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601	DIALYSIS		
96.02	9602	MASSAGE THERAPY		
96.03	9603	VA MEDICAL CENTER		25,618
101		TOTAL	-3,981,867	16,396,187

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS OF EQUIPMENT RENTAL	B	NEW CAP REL COSTS-MVBLE EQUIP	4			113,244
2						
3						
4						
5						
6						
7						
8						
9						
10 RECLASS OF PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3			22,706
11		NEW CAP REL COSTS-MVBLE EQUIP	4			1,792
12 RECLASS OF MN CARE AND SURCHARGE	C	ADULTS & PEDIATRICS	25		33,238	
13		NURSERY	33		1,039	
14		OPERATING ROOM	37		18,975	
15		DELIVERY ROOM & LABOR ROOM	39		1,900	
16		RADIOLOGY-DIAGNOSTIC	41		46,971	
17		LABORATORY	44		40,152	
18		RESPIRATORY THERAPY	49		3,439	
19		PHYSICAL THERAPY	50		3,426	
20		OCCUPATIONAL THERAPY	51		456	
21		SPEECH PATHOLOGY	52		1,077	
22		ELECTROCARDIOLOGY	53		1,161	
23		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		12,113	
24		DRUGS CHARGED TO PATIENTS	56		41,970	
25		CARDIAC REHAB	59		1,980	
26		DIABETIC EDUCATION	60.01		459	
27		CLINIC	60		39,854	
28		EMERGENCY	61		7,123	
29		ADULTS & PEDIATRICS	25		3,322	
30		AMBULANCE SERVICES	65		4,010	
36 TOTAL RECLASSIFICATIONS					262,665	137,742

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS OF EQUIPMENT RENTAL	B	OPERATING ROOM	37			583	9
2		DRUGS CHARGED TO PATIENTS	56			4,248	
3		ADULTS & PEDIATRICS	25			46,681	
4		NURSERY	33			1,100	
5		RESPIRATORY THERAPY	49			3,878	
6		ELECTROCARDIOLOGY	53			47,912	
7		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,157	
8		CARDIAC REHAB	59			1,163	
9		EMERGENCY	61			3,522	
10 RECLASS OF PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6			24,498	9
11							9
12 RECLASS OF MN CARE AND SURCHARGE	C	ADMINISTRATIVE & GENERAL	6			262,665	
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
36 TOTAL RECLASSIFICATIONS						400,407	

(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.

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	A	-3,571	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,668,501			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	15,193			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA-EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-15,592	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,164	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST	B	-53,670	ADMINISTRATIVE & GENERAL	6	
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		HOME HEALTH AGENCY	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS PLANT INCOME	B	-4,397	OPERATION OF PLANT	8	
37.01					
37.02 MISCELLANEOUS A & G	B	-3,210	ADMINISTRATIVE & GENERAL	6	
37.03 SUP SOLD DIETARY	B	-3,350	DIETARY	11	
37.04 PHYSICIAN RECRUITMENT EXPENSE	A	-99,438	ADMINISTRATIVE & GENERAL	6	
37.05 ANESTHESIA RENT	B	-9,756	OPERATION OF PLANT	8	
37.06 SUP SOLD NURSERY	B	-408	NURSERY	33	
37.08 BAD DEBT NON ALLOWABLE	A	-240,346	ADMINISTRATIVE & GENERAL	6	
37.09 CRD SHARED SVCS BLDG	A	-26,106	NEW CAP REL COSTS-BLDG &	3	9
37.10 CRC SHARED SVCS EQUIP	A	-12,485	NEW CAP REL COSTS-MVBLE E	4	9
37.11 ADMIN SHARED SERVICES	B	-2,270	ADMINISTRATIVE & GENERAL	6	
37.12 PLANT SHARED SVCS	A	-60,157	OPERATION OF PLANT	8	
37.13 HOUSEKEEPING SHARED SVCS	A	-12,485	HOUSEKEEPING	10	
38 OUTREACH MED SUPPLIES SOLD	B	-27,368	MEDICAL SUPPLIES CHARGED	55	
38.01 OUTREACH OR STAFF AND EQUIP SOLD	B	-28,043	OPERATING ROOM	37	
38.02 OUTREACH CLINIC TIME	B	-39,118	CLINIC	60	
38.03 OUTREACH AUDIOLOGY	B	-1,384	SPEECH PATHOLOGY	52	
39 CLINIC ADMIN CONNECT RENTAL INCOME	B	-5,656	CLINIC	60	
40 CLINIC DEPRECIATION MOVABLE EQUIPMEN	A	-50,557	NEW CAP REL COSTS-MVBLE E	4	9
41 CLINIC DEPRECIATION BUILDING	A	-219,599	NEW CAP REL COSTS-BLDG &	3	9
42 MIDLEVEL SALARIES	A	-256,844	CLINIC	60	
43 MIDLEVEL BENEFITS	A	-53,091	EMPLOYEE BENEFITS	5	
44 CLINIC REIMB FOR PAYROLL SERVICES FO	B	-4,000	ADMINISTRATIVE & GENERAL	6	
45 MD MALPRACTICE INSURANCE	A	-82,570	ADMINISTRATIVE & GENERAL	6	
46 LOBBYING DUES OFFSET	A	-1,924	ADMINISTRATIVE & GENERAL	6	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,981,867			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	15,193		15,193	
2						
3						
4						
5	TOTALS		15,193		15,193	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
G		0.00			
		0.00			0.00
		0.00			0.00
		0.00			0.00
		0.00			0.00
5.01		0.00			0.00
5.02		0.00			0.00
5.03		0.00			0.00
5.04		0.00			0.00
5.05		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.

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
61	ER PHYSICIANS - ON CALL	567,031	147,428	419,603				
44	LABORATORY	24,750		24,750				
60	CLINIC MDS	2,521,073	2,521,073					
101	TOTAL	3,112,854	2,668,501	444,353				

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
61	ER PHYSICIANS - ON CALL							147,428
44	LABORATORY							
60	CLINIC MDS							2,521,073
101	TOTAL							2,668,501

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	206,595	206,595					
005 NEW CAP REL COSTS-MVBLE E	380,957		380,957				
006 EMPLOYEE BENEFITS	1,507,160			1,507,160			
008 ADMINISTRATIVE & GENERAL	1,913,124	23,188	39,241	167,703	2,143,256	2,143,256	
009 OPERATION OF PLANT	290,654	9,060	15,331	20,805	335,850	50,503	386,353
010 LAUNDRY & LINEN SERVICE	69,142				69,142	10,397	
011 HOUSEKEEPING	162,439	169	286	20,383	183,277	27,560	338
012 DIETARY	78,254				78,254	11,767	
014 CAFETERIA	6,470				6,470	973	
017 NURSING ADMINISTRATION	385,062	2,990	5,059	73,335	466,446	70,141	5,989
025 MEDICAL RECORDS & LIBRARY	488,132	2,327	3,937	91,315	585,711	88,075	4,661
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	2,106,047	36,127	61,142	354,732	2,558,048	384,663	72,376
039 NURSERY	13,018	2,262	3,827	1,685	20,792	3,127	4,531
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	1,166,672	31,152	52,717	107,357	1,357,898	204,191	62,403
044 DELIVERY ROOM & LABOR ROO	28,263	2,990	5,059	2,647	38,959	5,858	5,989
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	1,275,550	8,600	14,554	59,403	1,358,107	204,223	17,228
051 LABORATORY	1,471,025	3,150	5,330	132,533	1,612,038	242,407	6,310
052 RESPIRATORY THERAPY	193,864	997	1,686	11,769	208,316	31,325	1,996
055 PHYSICAL THERAPY	221,558	7,444	12,596	39,073	280,671	42,205	14,911
056 OCCUPATIONAL THERAPY	26,005	212	359		26,576	3,996	425
059 SPEECH PATHOLOGY	60,591			9,586	70,177	10,553	
060 ELECTROCARDIOLOGY	4,509				4,509	678	
061 MEDICAL SUPPLIES CHARGED	354,494	13,522	22,883	6,225	397,124	59,717	27,088
062 DRUGS CHARGED TO PATIENTS	1,661,940	4,679	7,919	77,182	1,751,720	263,411	9,373
060 01 CARDIAC REHAB	149,097	2,743	4,641	27,894	184,375	27,725	5,494
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	566,846		88,830	101,761	757,437	113,898	105,148
061 01 DIABETIC EDUCATION	41,433			7,143	48,576	7,305	
062 02 EMERGENCY	483,341	7,509	12,706		503,556	75,721	15,041
065 01 OBSERVATION BEDS (NON-DIS							
071 01 OTHER REIMBURS COST CNTRS							
065 01 AMBULANCE SERVICES	135,787	4,320	7,310	21,885	169,302	25,458	8,653
071 01 HOME HEALTH AGENCY	922,540	1,993	3,373	172,744	1,100,650	165,508	3,992
093 01 SPEC PURPOSE COST CENTERS							
094 01 HOSPICE							
094 01 OTHER SPECIAL PURPOSE (SP							
094 02 BAD DEBT EXPENSE							
095 02 HOSPICE		997	1,686		2,683	403	1,996
096 01 SUBTOTALS	16,370,569	166,431	370,472	1,507,160	16,319,920	2,131,788	373,942
096 01 NONREIMBURS COST CENTERS							
096 02 GIFT, FLOWER, COFFEE SHOP							
096 01 DIALYSIS		6,196	10,485		16,681	2,508	12,411
096 02 MASSAGE THERAPY							
101 03 VA MEDICAL CENTER	25,618	33,968			59,586	8,960	
102 01 CROSS FOOT ADJUSTMENT							
103 02 NEGATIVE COST CENTER							
103 03 TOTAL	16,396,187	206,595	380,957	1,507,160	16,396,187	2,143,256	386,353

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	9	10	11	12	14	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	79,539						
011 HOUSEKEEPING	3,950	215,125					
012 DIETARY			90,021				
014 CAFETERIA				7,443			
017 NURSING ADMINISTRATION		3,337		293	546,206		
025 MEDICAL RECORDS & LIBRARY		2,597		784		681,828	
033 INPAT ROUTINE SRVC CNTRS							
037 ADULTS & PEDIATRICS	44,833	40,335	90,021	1,823	352,538	88,910	3,633,547
039 NURSERY	1,425	2,525		8	1,623	3,068	37,099
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	8,433	34,777		551	106,624	21,682	1,796,559
044 DELIVERY ROOM & LABOR ROO	1,357	3,337		14	2,638		58,152
049 ANESTHESIOLOGY							
050 RADIOLOGY-DIAGNOSTIC	4,128	9,601		272		67,433	1,660,992
051 LABORATORY		3,516		820		24,478	1,889,569
052 RESPIRATORY THERAPY		1,112		83		1,023	243,855
055 PHYSICAL THERAPY	2,557	8,310		173		25,228	374,055
059 OCCUPATIONAL THERAPY		237				1,023	32,257
060 SPEECH PATHOLOGY				35		1,023	81,788
061 ELECTROCARDIOLOGY	2,589						7,776
062 MEDICAL SUPPLIES CHARGED		15,096		15	2,942		501,982
065 DRUGS CHARGED TO PATIENTS		5,224		291	56,203		2,086,222
071 CARDIAC REHAB		3,062		122	23,638	3,068	247,484
093 OUTPAT SERVICE COST CNTRS							
094 01 CLINIC	3,859	58,601		820		374,255	1,414,018
094 02 DIABETIC EDUCATION							55,881
095 EMERGENCY	6,408	8,382				67,569	676,677
096 OBSERVATION BEDS (NON-DIS							
096 01 OTHER REIMBURS COST CNTRS							
096 02 AMBULANCE SERVICES		4,822		144			208,379
097 HOME HEALTH AGENCY		2,225		1,195		3,068	1,276,638
098 SPEC PURPOSE COST CENTERS							
099 HOSPICE							
100 OTHER SPECIAL PURPOSE (SP							
100 01 BAD DEBT EXPENSE							
100 02 HOSPICE		1,112					6,194
101 SUBTOTALS	79,539	208,208	90,021	7,443	546,206	681,828	16,289,124
102 NONREIMBURS COST CENTERS							
102 01 GIFT, FLOWER, COFFEE SHOP							
102 02 DIALYSIS		6,917					38,517
102 03 MASSAGE THERAPY							
103 VA MEDICAL CENTER							68,546
104 CROSS FOOT ADJUSTMENT							
105 NEGATIVE COST CENTER							
106 TOTAL	79,539	215,125	90,021	7,443	546,206	681,828	16,396,187

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATION		
025 MEDICAL RECORDS & LIBRARY		
033 INPAT ROUTINE SRVC CNTRS		
ADULTS & PEDIATRICS		3,633,547
NURSERY		37,099
037 ANCILLARY SRVC COST CNTRS		
039 OPERATING ROOM		1,796,559
040 DELIVERY ROOM & LABOR ROO		58,152
041 ANESTHESIOLOGY		
044 RADIOLOGY-DIAGNOSTIC		1,660,992
049 LABORATORY		1,889,569
050 RESPIRATORY THERAPY		243,855
051 PHYSICAL THERAPY		374,055
052 OCCUPATIONAL THERAPY		32,257
053 SPEECH PATHOLOGY		81,788
055 ELECTROCARDIOLOGY		7,776
056 MEDICAL SUPPLIES CHARGED		501,982
059 DRUGS CHARGED TO PATIENTS		2,086,222
CARDIAC REHAB		247,484
060 OUTPAT SERVICE COST CNTRS		
060 01 CLINIC		1,414,018
061 01 DIABETIC EDUCATION		55,881
062 01 EMERGENCY		676,677
062 02 OBSERVATION BEDS (NON-DIS		
065 02 OTHER REIMBURS COST CNTRS		
071 02 AMBULANCE SERVICES		208,379
071 02 HOME HEALTH AGENCY		1,276,638
093 02 SPEC PURPOSE COST CENTERS		
094 02 HOSPICE		
094 01 OTHER SPECIAL PURPOSE (SP		
094 02 01 BAD DEBT EXPENSE		
094 02 02 HOSPICE		6,194
095 02 SUBTOTALS		16,289,124
096 02 NONREIMBURS COST CENTERS		
096 01 01 GIFT, FLOWER, COFFEE SHOP		
096 02 01 DIALYSIS		38,517
096 02 02 MASSAGE THERAPY		
096 03 03 VA MEDICAL CENTER		68,546
101 03 CROSS FOOT ADJUSTMENT		
102 03 NEGATIVE COST CENTER		
103 03 TOTAL		16,396,187

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILI- TATION	ADMINISTRATIV	OPERATION OF
	OSTS-BLDG &	OSTS-MVBLE E	FITS		E & GENERAL	PLANT
	(SQUARE FT)	(SQUARE FEET)	()		(ACCUM. COST)	(SQUARE FEET)
	3	4	5	6a. 00	6	8
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &	47,683					
005 NEW CAP REL COSTS-MVBLE E		51,958				
006 EMPLOYEE BENEFITS			7,272,715			
008 ADMINISTRATIVE & GENERAL	5,352	5,352	809,239	-2,143,256	14,252,931	
009 OPERATION OF PLANT	2,091	2,091	100,394		335,850	44,515
010 LAUNDRY & LINEN SERVICE					69,142	
011 HOUSEKEEPING	39	39	98,358		183,277	39
012 DIETARY					78,254	
014 CAFETERIA					6,470	
017 NURSING ADMINISTRATION	690	690	353,876		466,446	690
025 MEDICAL RECORDS & LIBRARY	537	537	440,633		585,711	537
033 INPAT ROUTINE SRVC CNTRS						
037 ADULTS & PEDIATRICS	8,339	8,339	1,711,748		2,558,048	8,339
039 NURSERY	522	522	8,130		20,792	522
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	7,190	7,190	518,043		1,357,898	7,190
044 DELIVERY ROOM & LABOR ROO	690	690	12,774		38,959	690
049 ANESTHESIOLOGY						
050 RADIOLOGY-DIAGNOSTIC	1,985	1,985	286,645		1,358,107	1,985
051 LABORATORY	727	727	639,529		1,612,038	727
052 RESPIRATORY THERAPY	230	230	56,793		208,316	230
053 PHYSICAL THERAPY	1,718	1,718	188,545		280,671	1,718
055 OCCUPATIONAL THERAPY	49	49			26,576	49
056 SPEECH PATHOLOGY			46,255		70,177	
059 ELECTROCARDIOLOGY					4,509	
060 MEDICAL SUPPLIES CHARGED	3,121	3,121	30,039		397,124	3,121
061 DRUGS CHARGED TO PATIENTS	1,080	1,080	372,435		1,751,720	1,080
062 CARDIAC REHAB	633	633	134,599		184,375	633
065 OUTPAT SERVICE COST CNTRS						
066 CLINIC		12,115	491,041		757,437	12,115
067 01 DIABETIC EDUCATION			34,468		48,576	
068 EMERGENCY	1,733	1,733			503,556	1,733
069 OBSERVATION BEDS (NON-DIS						
070 OTHER REIMBURS COST CNTRS						
071 AMBULANCE SERVICES	997	997	105,603		169,302	997
072 HOME HEALTH AGENCY	460	460	833,568		1,100,650	460
073 SPEC PURPOSE COST CENTERS						
074 HOSPICE						
075 01 OTHER SPECIAL PURPOSE (SP						
076 BAD DEBT EXPENSE						
077 02 HOSPICE	230	230			2,683	230
078 SUBTOTALS	38,413	50,528	7,272,715	-2,143,256	14,176,664	43,085
079 NONREIMBURS COST CENTERS						
080 GIFT, FLOWER, COFFEE SHOP						
081 01 DIALYSIS	1,430	1,430			16,681	1,430
082 02 MASSAGE THERAPY						
083 03 VA MEDICAL CENTER	7,840				59,586	
084 CROSS FOOT ADJUSTMENT						
085 NEGATIVE COST CENTER						
086 COST TO BE ALLOCATED	206,595	380,957	1,507,160		2,143,256	386,353
087 (WRKSHT B, PART I)						
088 UNIT COST MULTIPLIER	4.332676		.207235		.150373	
089 (WRKSHT B, PT I)						
090 COST TO BE ALLOCATED		7.332018				8.679164
091 (WRKSHT B, PART II)						
092 UNIT COST MULTIPLIER						
093 (WRKSHT B, PT II)						
094 COST TO BE ALLOCATED					62,429	25,862
095 (WRKSHT B, PART III)						
096 UNIT COST MULTIPLIER					.004380	
097 (WRKSHT B, PT III)						.580973

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(LBS OF LAUND)	(SQUARE FEET)	(PATIENT DAY)	(FTE'S)	(NURS FTE'S)	(%OF TIME)
	9	10	11	12	14	17
GENERAL SERVICE COST CNTR						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE	39,908					
010 HOUSEKEEPING	1,982	44,476				
011 DIETARY				100		
012 CAFETERIA					14,191	
014 NURSING ADMINISTRATION		690			559	5,384
017 MEDICAL RECORDS & LIBRARY		537			1,494	10,000
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	22,495	8,339		100	3,475	1,304
033 NURSERY	715	522			16	45
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	4,231	7,190			1,051	318
039 DELIVERY ROOM & LABOR ROO	681	690			26	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	2,071	1,985			518	989
044 LABORATORY		727			1,564	359
049 RESPIRATORY THERAPY		230			159	15
050 PHYSICAL THERAPY	1,283	1,718			329	370
051 OCCUPATIONAL THERAPY		49				15
052 SPEECH PATHOLOGY					67	15
053 ELECTROCARDIOLOGY	1,299					
055 MEDICAL SUPPLIES CHARGED		3,121			29	29
056 DRUGS CHARGED TO PATIENTS		1,080			554	554
059 CARDIAC REHAB		633			233	233
OUTPAT SERVICE COST CNTRS						
060 CLINIC	1,936	12,115			1,563	5,489
060 01 DIABETIC EDUCATION						
061 EMERGENCY	3,215	1,733				991
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES		997			275	
071 HOME HEALTH AGENCY		460			2,279	45
SPEC PURPOSE COST CENTERS						
093 HOSPICE						
094 OTHER SPECIAL PURPOSE (SP						
094 01 BAD DEBT EXPENSE						
094 02 HOSPICE		230				
095 SUBTOTALS	39,908	43,046		100	14,191	5,384
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
096 01 DIALYSIS		1,430				
096 02 MASSAGE THERAPY						
096 03 VA MEDICAL CENTER						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	79,539	215,125	90,021	7,443	546,206	681,828
(PER WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		4.836878		.524487		68.182800
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED	1.993059		900.210000		101.449851	
(PER WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	303	1,296	343	28	10,514	9,160
(PER WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.029139		.001973		.916000
(WRKSHT B, PT III)						
	.007592		3.430000		1.952823	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3, 633, 547		3, 633, 547		3, 633, 547
33	NURSERY	37, 099		37, 099		37, 099
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1, 796, 559		1, 796, 559		1, 796, 559
39	DELIVERY ROOM & LABOR ROO	58, 152		58, 152		58, 152
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	1, 660, 992		1, 660, 992		1, 660, 992
44	LABORATORY	1, 889, 569		1, 889, 569		1, 889, 569
49	RESPIRATORY THERAPY	243, 855		243, 855		243, 855
50	PHYSICAL THERAPY	374, 055		374, 055		374, 055
51	OCCUPATIONAL THERAPY	32, 257		32, 257		32, 257
52	SPEECH PATHOLOGY	81, 788		81, 788		81, 788
53	ELECTROCARDIOLOGY	7, 776		7, 776		7, 776
55	MEDICAL SUPPLIES CHARGED	501, 982		501, 982		501, 982
56	DRUGS CHARGED TO PATIENTS	2, 086, 222		2, 086, 222		2, 086, 222
59	CARDIAC REHAB OUTPAT SERVICE COST CNTRS	247, 484		247, 484		247, 484
60	CLINIC	1, 414, 018		1, 414, 018		1, 414, 018
60	01 DIABETIC EDUCATION	55, 881		55, 881		55, 881
61	EMERGENCY	676, 677		676, 677		676, 677
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	193, 919		193, 919		193, 919
65	AMBULANCE SERVICES	208, 379		208, 379		208, 379
101	SUBTOTAL	15, 200, 211		15, 200, 211		15, 200, 211
102	LESS OBSERVATION BEDS	193, 919		193, 919		193, 919
103	TOTAL	15, 006, 292		15, 006, 292		15, 006, 292

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,109,914		3,109,914			
33	NURSERY	97,180		97,180			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	790,151	985,200	1,775,351	1.011946	1.011946	1.011946
39	DELIVERY ROOM & LABOR ROO	126,580	51,173	177,753	.327151	.327151	.327151
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	772,832	3,589,698	4,362,530	.380741	.380741	.380741
44	LABORATORY	1,183,983	2,572,830	3,756,813	.502971	.502971	.502971
49	RESPIRATORY THERAPY	231,755	90,038	321,793	.757801	.757801	.757801
50	PHYSICAL THERAPY	40,950	279,571	320,521	1.167022	1.167022	1.167022
51	OCCUPATIONAL THERAPY	26,036	16,596	42,632	.756638	.756638	.756638
52	SPEECH PATHOLOGY	26,926	73,822	100,748	.811808	.811808	.811808
53	ELECTROCARDIOLOGY	61,710	46,943	108,653	.071567	.071567	.071567
55	MEDICAL SUPPLIES CHARGED	842,850	290,492	1,133,342	.442922	.442922	.442922
56	DRUGS CHARGED TO PATIENTS	1,506,675	2,420,200	3,926,875	.531268	.531268	.531268
59	CARDIAC REHAB OUTPAT SERVICE COST CNTRS	6,615	178,615	185,230	1.336090	1.336090	1.336090
60	CLINIC	500	811,653	812,153	1.741073	1.741073	1.741073
60	01 DIABETIC EDUCATION	146	42,780	42,926	1.301798	1.301798	1.301798
61	EMERGENCY	98,270	331,959	430,229	1.572830	1.572830	1.572830
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		310,808	310,808	.623919	.623919	.623919
65	AMBULANCE SERVICES	161,704	213,472	375,176	.555417	.555417	.555417
101	SUBTOTAL	9,084,777	12,305,850	21,390,627			
102	LESS OBSERVATION BEDS						
103	TOTAL	9,084,777	12,305,850	21,390,627			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Cost/Charge	Outpatient	Outpatient
	Ratio (C. Pt I, col. 9)	Ratio (C. Pt I, col. 9)	Ratio (C. Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	1.011946		1.011946		
39 DELIVERY ROOM & LABOR ROOM	.327151		.327151		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.380741		.380741		
44 LABORATORY	.502971		.502971		
49 RESPIRATORY THERAPY	.757801		.757801		
50 PHYSICAL THERAPY	1.167022		1.167022		
51 OCCUPATIONAL THERAPY	.756638		.756638		
52 SPEECH PATHOLOGY	.811808		.811808		
53 ELECTROCARDIOLOGY	.071567		.071567		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.442922		.442922		
56 DRUGS CHARGED TO PATIENTS	.531268		.531268		
59 CARDIAC REHAB	1.336090		1.336090		
OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.741073		1.741073		
60 01 DIABETIC EDUCATION	1.301798		1.301798		
61 EMERGENCY	1.572830		1.572830		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.623919		.623919		
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES (01/01/2005 LIMIT	.555417		.555417		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	PPS Services 1/1/05 to 12/31/05	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	4	5	5.04	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		481,852			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		1,339,088			
44 LABORATORY		890,428			
49 RESPIRATORY THERAPY		26,239			
50 PHYSICAL THERAPY		67,952			
51 OCCUPATIONAL THERAPY		6,500			
52 SPEECH PATHOLOGY		29,136			
53 ELECTROCARDIOLOGY		46,209			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		76,442			
56 DRUGS CHARGED TO PATIENTS		1,295,078			
59 CARDIAC REHAB		83,422			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		280,117			
60 01 DIABETIC EDUCATION		18,267			
61 EMERGENCY		83,202			
62 OBSERVATION BEDS (NON-DISTINCT PART)		96,180			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES (01/01/2005 LIMIT		173,866			
101 SUBTOTAL		4,993,978			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		4,993,978			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services 1/1/05 to 12/31/05	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	8	9	9.04	10	11
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		487,608			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		509,846			
44 LABORATORY		447,859			
49 RESPIRATORY THERAPY		19,884			
50 PHYSICAL THERAPY		79,301			
51 OCCUPATIONAL THERAPY		4,918			
52 SPEECH PATHOLOGY		23,653			
53 ELECTROCARDIOLOGY		3,307			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		33,858			
56 DRUGS CHARGED TO PATIENTS		688,033			
59 CARDIAC REHAB		111,459			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		487,704			
60 01 DIABETIC EDUCATION		23,780			
61 EMERGENCY		130,863			
62 OBSERVATION BEDS (NON-DISTINCT PART)		60,009			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES (01/01/2005 LIMIT		81,493			
101 SUBTOTAL		3,193,575			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		3,193,575			

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

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,583
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,848
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,848
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	676
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	59
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,097
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	612
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	141.78
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,633,547
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	8,365
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	550,057
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,083,490

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,245,122
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,245,122
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.950192
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	843.33
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,083,490

TITLE XVIII PART A

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 801.32
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,680,368
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,680,368

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,663,009
49 TOTAL PROGRAM INPATIENT COSTS					3,343,377

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 490,408
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 490,408
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	242
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	801.32
85	OBSERVATION BED COST	193,919

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL

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		1,723,170	
37	ANCILLARY SRVC COST CNTRS			
39	OPERATING ROOM	1.011946	298,819	302,389
40	DELIVERY ROOM & LABOR ROOM	.327151		
41	ANESTHESIOLOGY			
44	RADIOLOGY-DIAGNOSTIC	.380741	463,487	176,469
49	LABORATORY	.502971	711,329	357,778
50	RESPIRATORY THERAPY	.757801	119,545	90,591
51	PHYSICAL THERAPY	1.167022	22,741	26,539
52	OCCUPATIONAL THERAPY	.756638	13,907	10,523
53	SPEECH PATHOLOGY	.811808	17,416	14,138
55	ELECTROCARDIOLOGY	.071567	45,615	3,265
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.442922	513,312	227,357
59	DRUGS CHARGED TO PATIENTS	.531268	671,691	356,848
60	CARDIAC REHAB	1.336090	5,375	7,181
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.741073	360	627
61	01 DIABETIC EDUCATION	1.301798		
61	EMERGENCY	1.572830	56,779	89,304
62	OBSERVATION BEDS (NON-DISTINCT PART)	.623919		
65	OTHER REIMBURS COST CNTRS			
101	AMBULANCE SERVICES (01/01/2005 LIMIT			
102	TOTAL		2,940,376	1,663,009
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		2,940,376	

TITLE XVIII, PART A SWING BED SNF

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1.011946		
39	DELIVERY ROOM & LABOR ROOM	.327151		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.380741	18,619	7,089
44	LABORATORY	.502971	43,835	22,048
49	RESPIRATORY THERAPY	.757801	31,514	23,881
50	PHYSICAL THERAPY	1.167022	11,795	13,765
51	OCCUPATIONAL THERAPY	.756638	8,303	6,282
52	SPEECH PATHOLOGY	.811808	3,712	3,013
53	ELECTROCARDIOLOGY	.071567	765	55
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.442922	46,334	20,522
56	DRUGS CHARGED TO PATIENTS	.531268	122,846	65,264
59	CARDIAC REHAB	1.336090		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.741073		
60	01 DIABETIC EDUCATION	1.301798		
61	EMERGENCY	1.572830		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.623919		
65	AMBULANCE SERVICES (01/01/2005 LIMIT			
101	TOTAL		287,723	161,919
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		287,723	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,204,665
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)	3,204,665
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)	3,236,712
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	CAH DEDUCTIBLES	48,433
18.01	CAH ACTUAL BILLED COINSURANCE	813,960
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,374,319
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	2,374,319
24	PRIMARY PAYER PAYMENTS	590
25	SUBTOTAL	2,373,729
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,373,729
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,373,729
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,705,340
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-331,611
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,646,092		2,731,440
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/2/2006	70,800		
ADJUSTMENTS TO PROVIDER .02	10/25/2005	280,000		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			3/2/2006	4,300
ADJUSTMENTS TO PROGRAM .51			10/25/2005	21,800
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
4 SUBTOTAL		350,800		-26,100
4 TOTAL INTERIM PAYMENTS		2,996,892		2,705,340
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		611,008		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/ 2/2006	11,900		
ADJUSTMENTS TO PROVIDER .02	10/25/2005	70,400		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
4 SUBTOTAL		82,300		NONE
4 TOTAL INTERIM PAYMENTS		693,308		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE 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)	495,312	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	163,538	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	612	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	658,850	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	658,850	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	658,850	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,876	
14	80% OF PART B COSTS		
15	SUBTOTAL	654,974	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	654,974	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	693,308	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	-38,334	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	3,343,377
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,343,377
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	3,376,811

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,376,811
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	379,392
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,997,419
23	COINSURANCE	228
24	SUBTOTAL	2,997,191
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELI GI BLE BENEFICIARIES	
26	SUBTOTAL	2,997,191
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILI ZATION	
28	OTHER ADJUSTMENTS (SPECI FY)	
29	AMOUNTS APPLI CABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,997,191
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,996,892
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	299
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	