

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	41-0001	I	FROM 10/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 9/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 3/13/2008 TIME 10:12

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:
MEMORIAL HOSPITAL OF RHODE ISLAND 41-0001
FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2006 AND ENDING 9/30/2007 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	-291,214	148,806	0	0
2	SUBPROVIDER	0	33,232	0	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	-257,982	148,806	0	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.

RECEIVED

MAR 19 2008

R.I. DEPT. OF HEALTH
CTR. FOR HEALTH DATA & ANALYSIS

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 111 BREWSTER STREET
 1.01 CITY: PAWTUCKET P.O. BOX: STATE: RI ZIP CODE: 02860- COUNTY: PROVIDENCE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				PAYMENT SYSTEM (P,T,O OR N)			
COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	V 4	XVIII 5	XIX 6
02.00	HOSPITAL	MEMORIAL HOSPITAL OF RHODE ISLAND	41-0001	7/1/1966	N	P	N
03.00	SUBPROVIDER	MEMORIAL REHAB UNIT	41-T001	10/1/1984	N	P	N
09.00	HOSPITAL-BASED HHA	MEMORIAL HOSPITAL - HHA	41-7025	9/10/1968	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/1/2006 TO: 9/30/2007
 18 TYPE OF CONTROL
 TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y N
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N Y
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

		1	2	3	4
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)	0	0.0000	0.0000	
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	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)		%	Y/N		
28.03	STAFFING	0.00%			
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?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	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).	N			
30.04	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				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
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	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
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)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	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-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 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? N
 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? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 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	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
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
 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 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.
 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. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 10/ 1/2006 N 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? Y
 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. Y
 58.01 IF LINE 58 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. 412.424(d)(1)(iii)(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). Y N 0
 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. 412.424(d)(1)(iii)(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 N/A	I/P DAYS / TITLE	O/P VISITS / TITLE	TRIPS / TITLE
1 ADULTS & PEDIATRICS	132	48,180	2.01	3	4	5
2 HMO					12,573	4,128
2 01 HMO - (IRF PPS SUBPROVIDER)					6,950	2,083
3 ADULTS & PED-SB SNF						5
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	132	48,180			12,573	4,128
6 INTENSIVE CARE UNIT	17	6,205			1,739	581
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL	149	54,385			14,312	4,709
13 RPCH VISITS						
14 SUBPROVIDER	18	6,570			2,171	277
18 HOME HEALTH AGENCY						
25 TOTAL	167					
26 OBSERVATION BED DAYS						65
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TITLE XVIII	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			29,315				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			29,315				
6 INTENSIVE CARE UNIT			4,282				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			1,441				
12 TOTAL			35,038			70.49	
13 RPCH VISITS							
14 SUBPROVIDER			4,272			.15	
18 HOME HEALTH AGENCY			70,038				
25 TOTAL						70.64	
26 OBSERVATION BED DAYS	53	12	700	366	334		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
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 XIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,499	813	6,563
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	70.49	1,332.67			2,499	813	6,563
13 RPCH VISITS							
14 SUBPROVIDER	.15	26.17			139	16	267
18 HOME HEALTH AGENCY		63.89					
25 TOTAL	70.64	1,422.73					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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
1 SALARIES						
2 TOTAL SALARY	80,434,045		80,434,045	2,959,288.50	27.18	
3 NON-PHYSICIAN ANESTHETIST PART A						
4.01 NON-PHYSICIAN ANESTHETIST PART B						
5 PHYSICIAN - PART A	1,361,147		1,361,147	14,154.07	96.17	
6.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,679,727		1,679,727	21,652.23	77.58	
7 PHYSICIAN - PART B	6,291,247		6,291,247	80,422.78	78.23	
8.01 NON-PHYSICIAN - PART B						
9 INTERNS & RESIDENTS (APPRVD)	3,448,544	-186,948	3,261,596	149,090.55	21.88	
10.01 CONTRACT SERVICES, I&R	755,039		755,039	21,902.40	34.47	
11 HOME OFFICE PERSONNEL						
12 SNF						
13.01 EXCLUDED AREA SALARIES	7,425,300	3,763,075	11,188,375	309,209.75	36.18	
14 OTHER WAGES & RELATED COSTS						
15.01 CONTRACT LABOR:	1,184,193		1,184,193	21,694.73	54.58	
16.02 PHARMACY SERVICES UNDER CONTRACT						
17.02 LABORATORY SERVICES UNDER CONTRACT						
18.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
19 CONTRACT LABOR: PHYS PART A	10,065		10,065	138.70	72.57	
20.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	32,473		32,473	255.65	127.02	
21 HOME OFFICE SALARIES & WAGE RELATED COSTS						
22 HOME OFFICE: PHYS PART A						
23.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
24 WAGE RELATED COSTS						
25 WAGE-RELATED COSTS (CORE)	16,799,248		16,799,248			CMS 339
26 WAGE-RELATED COSTS (OTHER)						CMS 339
27 EXCLUDED AREAS	2,821,904		2,821,904			CMS 339
28 NON-PHYS ANESTHETIST PART A						CMS 339
29 NON-PHYS ANESTHETIST PART B						CMS 339
30 PHYSICIAN PART A	405,195		405,195			CMS 339
31.01 PART A TEACHING PHYSICIANS	500,033		500,033			CMS 339
32 PHYSICIAN PART B	1,872,821		1,872,821			CMS 339
33.01 WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
34 INTERNS & RESIDENTS (APPRVD)	970,934		970,934			CMS 339
35 OVERHEAD COSTS - DIRECT SALARIES						
36 EMPLOYEE BENEFITS	424,642		424,642	14,742.75	28.80	
37 ADMINISTRATIVE & GENERAL	9,743,635	-571,495	9,172,140	381,228.65	24.06	
38.01 A & G UNDER CONTRACT						
39 MAINTENANCE & REPAIRS	891,576		891,576	43,769.75	20.37	
40 OPERATION OF PLANT	342,254		342,254	20,267.25	16.89	
41 LAUNDRY & LINEN SERVICE	324,664		324,664	21,368.50	15.19	
42 HOUSEKEEPING	1,778,049		1,778,049	121,594.50	14.62	
43.01 HOUSEKEEPING UNDER CONTRACT						
44 DIETARY	1,524,183	-938,439	585,744	40,819.29	14.35	
45.01 DIETARY UNDER CONTRACT	541,531		541,531	15,091.50	35.88	
46 CAFETERIA		938,439	938,439	65,397.96	14.35	
47 MAINTENANCE OF PERSONNEL						
48 NURSING ADMINISTRATION	2,790,359	-957,915	1,832,444	45,444.45	40.32	
49 CENTRAL SERVICE AND SUPPLY	454,634		454,634	26,103.50	17.42	
50 PHARMACY	1,130,717	110,700	1,241,417	39,950.00	31.07	
51 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	943,242		943,242	56,252.25	16.77	
52 SOCIAL SERVICE	198,344		198,344	6,160.00	32.20	
53 OTHER GENERAL SERVICE	5,267,991	-31,356	5,236,635	110,672.65	47.32	

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	68,259,488	186,948	68,446,436	2,686,220.54	25.48	
2 EXCLUDED AREA SALARIES	7,425,300	3,763,075	11,188,375	309,209.75	36.18	
3 SUBTOTAL SALARIES	60,834,188	-3,576,127	57,258,061	2,377,010.79	24.09	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,226,731		1,226,731	22,089.08	55.54	
5 SUBTOTAL WAGE-RELATED COSTS	17,204,443		17,204,443		30.05	
6 TOTAL	79,265,362	-3,576,127	75,689,235	2,399,099.87	31.55	
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	26,355,821	-1,450,066	24,905,755	1,008,863.00	24.69	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,856	0	0
2 UNDUPLICATED CENSUS COUNT				
	TOTAL			
	5			
1 HOME HEALTH AIDE HOURS	4,856			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				

	HHA NO. OF FTE EMPLOYEES (2080 HRS)		
	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.94		.94
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	4.10		4.10
5 OTHER ADMINISTRATIVE PERSONEL	11.56		11.56
6 DIRECTING NURSING SERVICE	25.07		25.07
7 NURSING SUPERVISOR	2.01		2.01
8 PHYSICAL THERAPY SERVICE	6.86		6.86
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	11.49		11.49
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	2	0	
20	6483		
20.01	1123		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	11,573	4,139	329	249
22 SKILLED NURSING VISIT CHARGES	242,500	84,774	598	7,018
23 PHYSICAL THERAPY VISITS	3,639	358	54	66
24 PHYSICAL THERAPY VISIT CHARGES	620,794	61,297	9,198	11,199
25 OCCUPATIONAL THERAPY VISITS	540	164	8	13
26 OCCUPATIONAL THERAPY VISIT CHARGES	92,290	28,102	1,388	2,256
27 SPEECH PATHOLOGY VISITS	350	81	5	0
28 SPEECH PATHOLOGY VISIT CHARGES	59,949	13,694	844	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	3,380	1,256	8	93
32 HOME HEALTH AIDE VISIT CHARGES	242,501	84,774	598	7,018
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	19,482	5,998	404	421
34 OTHER CHARGES	53,545	26,934	942	1,020
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,311,579	299,575	13,568	28,511
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	19,482	0	404	421
37 TOTAL NUMBER OF OUTLIER EPISODES	0	5,997	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	81,111	58,213	1,878	1,093

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	1,948	18,238
22 SKILLED NURSING VISIT CHARGES	0	37,210	372,100
23 PHYSICAL THERAPY VISITS	0	449	4,566
24 PHYSICAL THERAPY VISIT CHARGES	0	76,981	779,469
25 OCCUPATIONAL THERAPY VISITS	0	114	839
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	19,603	143,639
27 SPEECH PATHOLOGY VISITS	0	56	492
28 SPEECH PATHOLOGY VISIT CHARGES	0	9,500	83,987
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	533	5,270
32 HOME HEALTH AIDE VISIT CHARGES	0	37,210	372,101
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	3,100	29,405
34 OTHER CHARGES	0	11,422	93,863
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	191,926	1,845,159
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	3,100	23,407
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	5,997
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	29,755	172,050

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .418995
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT					
3.02	0302 NEW CAP REL COSTS-MACCOLL		65,899	65,899	5,929	71,828
3.03	0303 NEW CAP REL COSTS-RICHARDSON		96,061	96,061	42,499	138,560
3.04	0304 NEW CAP REL COSTS-WOOD		279,238	279,238	78,752	357,990
3.05	0305 NEW CAP REL COSTS-HODGSON		563,869	563,869	86,112	649,981
3.06	0306 NEW CAP REL COSTS-OPD				2,642	2,642
3.07	0307 NEW CAP REL COSTS-GARAGE		1,026	1,026	2,036	3,062
3.08	0308 NEW CAP REL COSTS-ABC		27,079	27,079	23,355	50,434
3.09	0309 NEW CAP REL COSTS-AMBULATORY		63,423	63,423	4,272	67,695
3.10	0310 NEW CAP REL COSTS-SAYLES		389,868	389,868	326,900	716,768
3.11	0311 NEW CAP REL COSTS-NOTRE DAME		43,256	43,256	6,557	49,813
3.12	0312 NEW CAP REL COSTS-PRIMARY CARE		229,644	229,644	10,162	239,806
3.13	0313 NEW CAP REL 555 PROSPECT ST.		37,550	37,550	1,224	38,774
3.14	0314 NEW CAP REL COSTS - PLAINVILLE		52,626	52,626		52,626
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,315,662	2,315,662	132,654	2,448,316
5	0500 EMPLOYEE BENEFITS	424,642	308,241	732,883	26,077,457	26,810,340
6.01	0610 COMMUNICATIONS	256,045	292,643	548,688		548,688
6.02	0620 INFORMATION SERVICES	1,797,350	1,256,670	3,054,020		3,054,020
6.03	0630 PURCHASING RECEIVING AND STORES	403,093	569,288	972,381		972,381
6.04	0640 ADMITTING	285,559	21,522	307,081		307,081
6.05	0650 BUSINESS OFFICE	1,955,797	197,129	2,152,926	-458,516	1,694,410
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	4,533,953	31,461,083	35,995,036	-22,777,765	13,217,271
6.07	0661 GRANTS ADMINISTRATION	511,838	61,275	573,113	-140,356	432,757
7	0700 MAINTENANCE & REPAIRS	891,576	412,864	1,304,440	-275	1,304,165
8	0800 OPERATION OF PLANT	342,254	3,406,494	3,748,748	-949	3,747,799
9	0900 LAUNDRY & LINEN SERVICE	324,664	167,235	491,899	13,584	505,483
10	1000 HOUSEKEEPING	1,778,049	317,240	2,095,289		2,095,289
11	1100 DIETARY	1,524,183	1,989,289	3,513,472	-2,163,244	1,350,228
12	1200 CAFETERIA				2,163,244	2,163,244
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	2,790,359	53,562	2,843,921	-957,926	1,885,995
15	1500 CENTRAL SERVICES & SUPPLY	454,634	255,862	710,496	-31,981	678,515
16	1600 PHARMACY	1,130,717	6,184,714	7,315,431	-5,893,359	1,422,072
17	1700 MEDICAL RECORDS & LIBRARY	943,242	165,661	1,108,903		1,108,903
18	1800 SOCIAL SERVICE	198,344	346	198,690		198,690
19	1950 DEPARTMENT OF MEDICINE	848,273	332,485	1,180,758	-138,935	1,041,823
19.01	1951 DEPARTMENT OF CARDIOLOGY	925,750	527,177	1,452,927	-283,295	1,169,632
19.02	1952 DEPARTMENT OF SURGERY	296,542	181,935	478,477	-42,325	436,152
19.03	1953 DEPARTMENT OF FAMILY CARE	3,197,426	1,346,481	4,543,907	-403,539	4,140,368
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,448,544	1,167,254	4,615,798	-496,071	4,119,727
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	335,459	61,414	396,873	842,912	1,239,785
24	2400 PARAMED ED PRGM-(SPECIFY)				414,842	414,842
24.01	2410 PSYCHOLOGY INTERNS PARAMEDICAL					
25	2500 ADULTS & PEDIATRICS	10,635,124	1,554,335	12,189,459	-692,744	11,496,715
26	2600 INTENSIVE CARE UNIT	4,174,188	667,245	4,841,433	-969,906	3,871,527
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,201,246	139,041	1,340,287	443,489	1,783,776
33	3300 NURSERY	173,960	63,505	237,465	-201,438	36,027
37	3700 ANCILLARY SRVC COST CNTRS					
37.01	3700 OPERATING ROOM	3,850,563	5,046,580	8,897,143	-3,855,814	5,041,329
37.01	3330 ENDOSCOPY	447,309	181,462	628,771	34,301	663,072
39	3900 DELIVERY ROOM & LABOR ROOM					
40.01	3630 ULTRASOUND	320,862	53,472	374,334	-4,498	369,836
41	4100 RADIOLOGY-DIAGNOSTIC	1,933,167	1,265,134	3,198,301	-21,219	3,177,082
42.01	3230 CT SCAN	572,664	300,543	873,207	-12,270	860,937
42.02	3430 MAGNETIC RESONANCE IMAGING(MRI)	279,978	199,611	479,589	983	480,572
43	4300 RADIOISOTOPE	145,581	119,889	265,470	174,744	440,214
44	4400 LABORATORY	5,975,868	2,849,973	8,825,841	-850,673	7,975,168
47	4700 BLOOD STORING, PROCESSING & TRANS.	422,007	1,099,269	1,521,276	-125,518	1,395,758
49	4900 RESPIRATORY THERAPY	2,119,537	203,977	2,323,514	-236,873	2,086,641
50	5000 PHYSICAL THERAPY	936,560	776,513	1,713,073	82,688	1,795,761
51	5100 OCCUPATIONAL THERAPY	753,891	75,500	829,391	-93,761	735,630
52	5200 SPEECH PATHOLOGY	602,970	65,693	668,663	-52,070	616,593
53	5300 ELECTROCARDIOLOGY		155,572	155,572	9,588	165,160
54	5400 ELECTROENCEPHALOGRAPHY	43,659	387,344	431,003	-368,388	62,615
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,085,237	6,085,237
56	5600 DRUGS CHARGED TO PATIENTS				6,302,043	6,302,043
59.01	3120 CARDIAC CATHERIZATION LABORATORY	271,188	1,971,936	2,243,124	-1,826,294	416,830
59.02	3950 MEDICAL REHAB	733,940	49,969	783,909	-783,909	
59.03	3951 NOTRE DAME OCCUPATIONAL MEDICINE		35	35	15,663	15,698
59.04	3952 INPATIENT RENAL DIALYSIS				270,513	270,513
60	6000 OUTPAT SERVICE COST CNTRS					
60.01	6000 CLINIC	376,691	29,133	405,824	4,426	410,250
60.01	6001 NOTRE DAME AMBULATORY CLINIC	718,635	79,776	798,411	-17,642	780,769
60.02	6002 FAMILY CARE CLINIC	876,420	100,561	976,981	53,844	1,030,825
60.03	6003 PEDIATRIC CLINIC	978,768	234,066	1,212,834	-516,282	696,552
60.05	6005 BARRINGTON URGENT CARE	734,346	189,945	924,291	-102,794	821,497
61	6100 EMERGENCY	5,071,491	1,425,996	6,497,487	-734,096	5,763,391
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 O/P CHEMO & IV PROCEDURES	261,085	54,682	315,767	103,886	419,653
71	7100 OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	3,979,234	616,237	4,595,471	105,647	4,701,118
88	8800 SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,388,710	1,388,710	-1,388,710	
90	9000 SUBTOTAL					
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	78,189,225	76,248,769	154,437,994	-2,721,250	151,716,744
96	9600 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH	1,678,815	1,410,430	3,089,245	-575,616	2,513,629
97.01	9701 UNFUNDED RESEARCH				231,059	231,059
98	9800 PHYSICIANS' PRIVATE OFFICES	473,878	207,535	681,413	2,553,016	3,234,429
99	9900 NONPAID WORKERS					
99.01	9901 FUND RAISING				68,530	68,530
99.02	9902 BANK					
99.03	9903 VACANT SPACE					
99.04	9904 BILLING OFFICE	92,127	104	92,231		92,231
99.05	9905 O/P MEALS					
99.06	9906 BROWN MEDICAL STUDENTS				444,261	444,261
99.07	9907 NONREIMBURSABLE SERVICES					
101	TOTAL	80,434,045	77,866,838	158,300,883	-0-	158,300,883

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		NONREIMBURS COST CENTERS		
97	9700	RESEARCH		2,513,629
97.01	9701	UNFUNDED RESEARCH		231,059
98	9800	PHYSICIANS' PRIVATE OFFICES		3,234,429
99	9900	NONPAID WORKERS		
99.01	9901	FUND RAISING		68,530
99.02	9902	BANK		
99.03	9903	VACANT SPACE		
99.04	9904	BILLING OFFICE		92,231
99.05	9905	O/P MEALS		
99.06	9906	BROWN MEDICAL STUDENTS		444,261
99.07	9907	NONREIMBURSABLE SERVICES		
101		TOTAL	-8,964,959	149,335,924

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-MACCOLL	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-RICHARDSON	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-WOOD	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-HODGSON	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-OPD	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-GARAGE	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-ABC	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-AMBULATORY	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-SAYLES	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-NOTRE DAME	0311	NEW CAP REL COSTS-BLDG & FIXT
3.12	NEW CAP REL COSTS-PRIMARY CARE	0312	NEW CAP REL COSTS-BLDG & FIXT
3.13	NEW CAP REL 555 PROSPECT ST.	0313	NEW CAP REL COSTS-BLDG & FIXT
3.14	NEW CAP REL COSTS - PLAINVILLE	0314	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	INFORMATION SERVICES	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	BUSINESS OFFICE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
6.07	GRANTS ADMINISTRATION	0661	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	DEPARTMENT OF MEDICINE	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	DEPARTMENT OF CARDIOLOGY	1951	OTHER GENERAL SERVICE COST CENTERS
19.02	DEPARTMENT OF SURGERY	1952	OTHER GENERAL SERVICE COST CENTERS
19.03	DEPARTMENT OF FAMILY CARE	1953	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	PSYCHOLOGY INTERNS PARAMEDICAL	2410	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3330	ENDOSCOPY
39	DELIVERY ROOM & LABOR ROOM	3900	
40.01	ULTRASOUND	3630	ULTRA SOUND
41	RADIOLOGY-DIAGNOSTIC	4100	
42.01	CT SCAN	3230	CAT SCAN
42.02	MAGNETIC RESONANCE IMAGING(MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
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	
59.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	MEDICAL REHAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.03	NOTRE DAME OCCUPATIONAL MEDICINE	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.04	INPATIENT RENAL DIALYSIS	3952	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	NOTRE DAME AMBULATORY CLINIC	6001	CLINIC
60.02	FAMILY CARE CLINIC	6002	CLINIC
60.03	PEDIATRIC CLINIC	6003	CLINIC
60.05	BARRINGTON URGENT CARE	6005	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	O/P CHEMO & IV PROCEDURES	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97.01	UNFUNDED RESEARCH	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	FUND RAISING	9901	NONPAID WORKERS
99.02	BANK	9902	NONPAID WORKERS
99.03	VACANT SPACE	9903	NONPAID WORKERS
99.04	BILLING OFFICE	9904	NONPAID WORKERS
99.05	O/P MEALS	9905	NONPAID WORKERS
99.06	BROWN MEDICAL STUDENTS	9906	NONPAID WORKERS
99.07	NONREIMBURSABLE SERVICES	9907	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/1/2006
TO 9/30/2007

PREPARED 3/17/2008
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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
14						
15						
16						
17						
18						
19						
20 MD'S PRIVATE OFFICE	K	PHYSICIANS' PRIVATE OFFICES	98		2,147,724	324,570
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31 MD'S SECRETARIES	L	PHYSICIANS' PRIVATE OFFICES	98		180,614	
32		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		82,374	
33		BROWN MEDICAL STUDENTS	99.06		9,656	
34		UNFUNDED RESEARCH	97.01		27,995	
35						
1 MD'S SECRETARIES	L					
2						
3						
4						
5						
6						
7 MALPRACTICE INSURANCE	M	EMPLOYEE BENEFITS	5			704,413
8 LIASON RN'S/REC THER SUB I	N	SUBPROVIDER	31		125,510	
9						
10 SECRETARIES CHARGED TO MED ED	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		104,967	
11		DEPARTMENT OF FAMILY CARE	19.03		21,085	
12		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		60,896	
13 OXYGEN CHARGED TO PATIENTS	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			69,101
14						
15						
16						
17						
18 OP CENTRAL REGISTRATION COST	Q	OPERATING ROOM	37		17,467	1,052
19		ULTRASOUND	40.01		7,416	444
20		RADIOLOGY-DIAGNOSTIC	41		40,409	2,189
21		CT SCAN	42.01		7,595	496
22		RADIOISOTOPE	43		4,816	315
23		LABORATORY	44		206,142	12,016
24		RESPIRATORY THERAPY	49		11,670	744
25		PHYSICAL THERAPY	50		25,776	1,530
26		ELECTROCARDIOLOGY	53		9,075	513
27		ELECTROENCEPHALOGRAPHY	54		291	19
28		NOTRE DAME OCCUPATIONAL MEDICINE	59.03		14,961	702
29		CLINIC	60		11,565	755
30		NOTRE DAME AMBULATORY CLINIC	60.01		32,597	1,555
31		FAMILY CARE CLINIC	60.02		43,560	2,846
32 FRINGE BENIFIT RECLASS	R	EMPLOYEE BENEFITS	5			22,743,420
33 IP RENAL DIALYSIS	S	INPATIENT RENAL DIALYSIS	59.04			270,513
34 PEDI MD'S TO FAMILY CARE	T	DEPARTMENT OF FAMILY CARE	19.03		320,848	
35 DEFERRED FRINGES	U	EMPLOYEE BENEFITS	5			2,141,206
1 DEFERRED FRINGES	U					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17 PHYSICAL THERAPY	V	PHYSICAL THERAPY	50		93,790	22,518
18		OCCUPATIONAL THERAPY	51		75,497	2,189
19		SPEECH PATHOLOGY	52		60,383	1,905
20 GRANTS ACCOUNTANT	W	GRANTS ADMINISTRATION	6.07		49,152	
21 TEACHING PSYCHOLOGIST	X	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		87,313	
22 RECLASS MD FROM MED REHAB TO SUB.	Y	SUBPROVIDER	31		220,768	
23 REHAB PHD	Z	SUBPROVIDER	31		182,125	
24 RADIATION SAFETY SERVICE	AA	CT SCAN	42.01			2,125
25		ULTRASOUND	40.01			911
26		MAGNETIC RESONANCE IMAGING(MRI)	42.02			1,167

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/1/2006
TO 9/30/2007

PREPARED 3/17/2008
WORKSHEET A-6
CONTD

		INCREASE			
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
27		RADIOISOTOPE	43		646
28	AB	OTHER ADMINISTRATIVE AND GENERAL	6.06		165,956
29	AC	LAUNDRY & LINEN SERVICE	9		13,584
30	AD	OTHER ADMINISTRATIVE AND GENERAL	6.06	3,760	
31		PHARMACY	16	110,700	
32		ADULTS & PEDIATRICS	25	330,490	
33		INTENSIVE CARE UNIT	26	57,369	
34		SUBPROVIDER	31	18,885	
35		RADIOLOGY-DIAGNOSTIC	41	1,708	
1	AD	LABORATORY	44	3,392	
2		NOTRE DAME AMBULATORY CLINIC	60.01	797	
3		EMERGENCY	61	57,566	
4		HOME HEALTH AGENCY	71	7,644	
5	AE	EMPLOYEE BENEFITS	5		654,374
6					
7					
8	AF	ADULTS & PEDIATRICS	25	190,443	
9		INTENSIVE CARE UNIT	26	77,618	
10		SUBPROVIDER	31	10,493	
11		OPERATING ROOM	37	18,244	
12		ENDOSCOPY	37.01	4,497	
13		CARDIAC CATHERIZATION LABORATORY	59.01	4,643	
14		CLINIC	60	6,617	
15		NOTRE DAME AMBULATORY CLINIC	60.01	4,826	
16		FAMILY CARE CLINIC	60.02	12,504	
17		BARRINGTON URGENT CARE	60.05	9,762	
18		EMERGENCY	61	19,450	
19		O/P CHEMO & IV PROCEDURES	63	4,204	
20		PHYSICIANS' PRIVATE OFFICES	98	2,303	
21	AG	BROWN MEDICAL STUDENTS	99.06	72,605	
22	AH	I&R SERVICES-SALARY & FRINGES APPRVD	22		52,877
23	AI	HOME HEALTH AGENCY	71	194,998	
24					
25	AJ	BROWN MEDICAL STUDENTS	99.06		362,000
26	AK	OPERATION OF PLANT	8		275
27	AL	RADIOLOGY-DIAGNOSTIC	41	102,053	
28	AM	O/P CHEMO & IV PROCEDURES	63		124,588
36		TOTAL RECLASSIFICATIONS		8,353,585	42,771,360

(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 MEDICAL SUPPLIES CHARGED TO PATIENTS	A	CENTRAL SERVICES & SUPPLY	15			3,359	
2		PHARMACY	16			4,967	
3		ADULTS & PEDIATRICS	25			95,477	
4		INTENSIVE CARE UNIT	26			66,821	
5		SUBPROVIDER	31			64,247	
6		OPERATING ROOM	37			3,423,777	
7		ENDOSCOPY	37.01			41,812	
8		ULTRASOUND	40.01			13,269	
9		RADIOLOGY-DIAGNOSTIC	41			161,433	
10		CT SCAN	42.01			22,266	
11		RADIOISOTOPE	43			87,681	
12		BLOOD STORING, PROCESSING & TRANS.	47			930	
13		PHYSICAL THERAPY	50			5,445	
14		OCCUPATIONAL THERAPY	51			5,023	
15		SPEECH PATHOLOGY	52			43,074	
16		CARDIAC CATHERIZATION LABORATORY	59.01			1,829,099	
17		CLINIC	60			610	
18		NOTRE DAME AMBULATORY CLINIC	60.01			3,264	
19		FAMILY CARE CLINIC	60.02			576	
20		BARRINGTON URGENT CARE	60.05			9,424	
21		EMERGENCY	61			36,587	
22		HOME HEALTH AGENCY	71			96,995	
23 CAPITAL RELATED INTEREST	B	INTEREST EXPENSE	88			1,388,710	11
24							11
25							11
26							11
27							11
28							11
29							11
30							11
31							11
32							11
33 BUILDING AND AUTO INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06			129,445	12
34		OPERATION OF PLANT	8			1,224	12
35							12
1 BUILDING AND AUTO INSURANCE	C						12
2							12
3							12
4							12
5							12
6							12
7							12
8							12
9							12
10							12
11 DRUGS CHARGED TO PATIENTS	D	NURSING ADMINISTRATION	14			11	
12		CENTRAL SERVICES & SUPPLY	15			8	
13		PHARMACY	16			5,999,092	
14		DEPARTMENT OF CARDIOLOGY	19.01			1,504	
15		ADULTS & PEDIATRICS	25			101,022	
16		INTENSIVE CARE UNIT	26			41,409	
17		SUBPROVIDER	31			3,717	
18		OPERATING ROOM	37			45,613	
19		ENDOSCOPY	37.01			9,079	
20		RADIOLOGY-DIAGNOSTIC	41			1,296	
21		CT SCAN	42.01			220	
22		MAGNETIC RESONANCE IMAGING(MRI)	42.02			184	
23		RADIOISOTOPE	43			1	
24		RESPIRATORY THERAPY	49			3	
25		CARDIAC CATHERIZATION LABORATORY	59.01			1,838	
26		NOTRE DAME AMBULATORY CLINIC	60.01			1,048	
27		FAMILY CARE CLINIC	60.02			148	
28		BARRINGTON URGENT CARE	60.05			971	
29		EMERGENCY	61			69,973	
30		O/P CHEMO & IV PROCEDURES	63			24,906	
31 FUND RAISING	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		68,530		
32 CAFETERIA	F	DIETARY	11		938,439		1,224,805
33 NUCLEAR CARDIOLOGY PERSONNEL	G	DEPARTMENT OF CARDIOLOGY	19.01		256,649		
34 PARAMEDICAL ED ANESTHESIA	H	OPERATING ROOM	37		409,567		5,275
35 MD'S RESEARCH	I	GRANTS ADMINISTRATION	6.07		59,476		
1 MD'S RESEARCH	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		9,449		
2		ADULTS & PEDIATRICS	25		14,262		
3		NURSERY	33		32,855		
4		LABORATORY	44		35,718		
5		RESPIRATORY THERAPY	49		33,018		
6		CLINIC	60		1,647		
7		EMERGENCY	61		16,639		
8 MD'S TEACHING	J	GRANTS ADMINISTRATION	6.07		35,487		
9		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		110,825		
10		ADULTS & PEDIATRICS	25		130,303		
11		INTENSIVE CARE UNIT	26		52,456		
12		SUBPROVIDER	31		59,703		
13		NURSERY	33		38,216		

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/1/2006
TO 9/30/2007

PREPARED 3/17/2008
WORKSHEET A-6
CONTD

						----- DECREASE -----			A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER			REF	
	1	6	7	8	9			10	
14		LABORATORY	44	296,102					
15		RESPIRATORY THERAPY	49	39,114					
16		ELECTROENCEPHALOGRAPHY	54		20,208				
17		CLINIC	60	11,532					
18		NOTRE DAME AMBULATORY CLINIC	60.01	48,904					
19		EMERGENCY	61	43,086					
20 MD'S PRIVATE OFFICE	K	GRANTS ADMINISTRATION	6.07	56,029					
21		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	34,655					
22		ADULTS & PEDIATRICS	25	485,842					
23		INTENSIVE CARE UNIT	26	751,030					
24		SUBPROVIDER	31	59,703					
25		NURSERY	33	70,707					
26		LABORATORY	44	472,321					
27		RESPIRATORY THERAPY	49	93,269					
28		PHYSICAL THERAPY	50	37,285					
29		ELECTROENCEPHALOGRAPHY	54		324,570				
30		PEDIATRIC CLINIC	60.03	86,883					
31 MD'S SECRETARIES	L	GRANTS ADMINISTRATION	6.07	27,360					
32		DEPARTMENT OF MEDICINE	19	29,327					
33		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	22,972					
34		INTENSIVE CARE UNIT	26	33,102					
35		LABORATORY	44	103,221					
1 MD'S SECRETARIES	L	RESPIRATORY THERAPY	49	12,927					
2		ELECTROENCEPHALOGRAPHY	54	22,637					
3		MEDICAL REHAB	59.02	18,577					
4		NOTRE DAME AMBULATORY CLINIC	60.01	4,201					
5		PEDIATRIC CLINIC	60.03	17,307					
6		EMERGENCY	61	9,008					
7 MALPRACTICE INSURANCE	M	OTHER ADMINISTRATIVE AND GENERAL	6.06		704,413				
8 LIASON RN'S/REC THER SUB I	N	MEDICAL REHAB	59.02	82,800					
9		OCCUPATIONAL THERAPY	51	42,710					
10 SECRETARIES CHARGED TO MED ED	O	I&R SERVICES-SALARY & FRINGES APPRVD	22	186,948					
11									
12									
13 OXYGEN CHARGED TO PATIENTS	P	CENTRAL SERVICES & SUPPLY	15		15,030				
14		OPERATING ROOM	37		8,345				
15		RESPIRATORY THERAPY	49		44,896				
16		CLINIC	60		722				
17		BARRINGTON URGENT CARE	60.05		108				
18 OP CENTRAL REGISTRATION COST	Q	BUSINESS OFFICE	6.05	433,340	25,176				
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32 FRINGE BENEFIT RECLASS	R	OTHER ADMINISTRATIVE AND GENERAL	6.06		22,743,420				
33 IP RENAL DIALYSIS	S	ADULTS & PEDIATRICS	25		270,513				
34 PEDI MD'S TO FAMILY CARE	T	PEDIATRIC CLINIC	60.03	320,848					
35 DEFERRED FRINGES	U	GRANTS ADMINISTRATION	6.07		11,156				
1 DEFERRED FRINGES	U	DEPARTMENT OF MEDICINE	19		109,608				
2		DEPARTMENT OF CARDIOLOGY	19.01		25,142				
3		DEPARTMENT OF SURGERY	19.02		42,325				
4		DEPARTMENT OF FAMILY CARE	19.03		583,743				
5		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		23,101				
6		ADULTS & PEDIATRICS	25		116,258				
7		INTENSIVE CARE UNIT	26		160,075				
8		NURSERY	33		59,660				
9		LABORATORY	44		164,861				
10		RESPIRATORY THERAPY	49		26,060				
11		PHYSICAL THERAPY	50		18,196				
12		ELECTROENCEPHALOGRAPHY	54		1,283				
13		MEDICAL REHAB	59.02		23,357				
14		PEDIATRIC CLINIC	60.03		38,367				
15		EMERGENCY	61		635,819				
16		PHYSICIANS' PRIVATE OFFICES	98		102,195				
17 PHYSICAL THERAPY	V	MEDICAL REHAB	59.02	229,670	26,612				
18									
19									
20 GRANTS ACCOUNTANT	W	OTHER ADMINISTRATIVE AND GENERAL	6.06	49,152					
21 TEACHING PSYCHOLOGIST	X	DEPARTMENT OF FAMILY CARE	19.03	87,313					
22 RECLASS MD FROM MED REHAB TO SUB.	Y	MEDICAL REHAB	59.02	220,768					
23 REHAB PHD	Z	MEDICAL REHAB	59.02	182,125					
24 RADIATION SAFETY SERVICE	AA	RADIOLOGY-DIAGNOSTIC	41		4,849				
25									
26									

RECLASSIFICATIONS

PROVIDER NO:
410001

PERIOD:
FROM 10/1/2006
TO 9/30/2007

PREPARED 3/17/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO	7			
27							
28 ADVERTISING COST	AB	EMPLOYEE BENEFITS		5		165,956	
29 LINEN COST	AC	CENTRAL SERVICES & SUPPLY		15		13,584	
30 NURSE TRAINING	AD	NURSING ADMINISTRATION		14	592,311		
31							
32							
33							
34							
35							
1 NURSE TRAINING	AD						
2							
3							
4							
5 EMPLOYEE BENEFIT	AE	DEPARTMENT OF FAMILY CARE		19.03		74,416	
6		FAMILY CARE CLINIC		60.02		4,342	
7		RESEARCH		97		575,616	
8 NURSE FLOATS	AF	NURSING ADMINISTRATION		14	365,604		
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21 EEG BROWN TEACHING TIME	AG	I&R SERVICES-OTHER PRGM COSTS APPRVD		23	72,605		
22 DR D'SA RECLASS TO MED ED	AH	PEDIATRIC CLINIC		60.03		52,877	
23 OT/SP HOME CARE	AI	OCCUPATIONAL THERAPY		51	123,714		
24		SPEECH PATHOLOGY		52	71,284		
25 BROWN CHAIR	AJ	I&R SERVICES-SALARY & FRINGES APPRVD		22		362,000	
26 LIGHT BULBS	AK	MAINTENANCE & REPAIRS		7		275	
27 BARRINGTON RADIOLOGY TECHS	AL	BARRINGTON URGENT CARE		60.05	102,053		
28 BLOOD TRANSFUSIONS O/P CHEMO	AM	BLOOD STORING, PROCESSING & TRANS.		47		124,588	
36 TOTAL RECLASSIFICATIONS					8,353,585	42,771,360	

(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.

RECLASS CODE: D
 EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
17.00			0	FAMILY CARE CLINIC	60.02	148
18.00			0	BARRINGTON URGENT CARE	60.05	971
19.00			0	EMERGENCY	61	69,973
20.00			0	O/P CHEMO & IV PROCEDURES	63	24,906
TOTAL RECLASSIFICATIONS FOR CODE D			6,302,043	6,302,043		

RECLASS CODE: E
 EXPLANATION : FUND RAISING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FUND RAISING	99.01	68,530	OTHER ADMINISTRATIVE AND GENER	6.06	68,530
TOTAL RECLASSIFICATIONS FOR CODE E			68,530	68,530		

RECLASS CODE: F
 EXPLANATION : CAFETERIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	2,163,244	DIETARY	11	2,163,244
TOTAL RECLASSIFICATIONS FOR CODE F			2,163,244	2,163,244		

RECLASS CODE: G
 EXPLANATION : NUCLEAR CARDIOLOGY PERSONNEL

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOISOTOPE	43	256,649	DEPARTMENT OF CARDIOLOGY	19.01	256,649
TOTAL RECLASSIFICATIONS FOR CODE G			256,649	256,649		

RECLASS CODE: H
 EXPLANATION : PARAMEDICAL ED ANESTHESIA

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-(SPECIFY)	24	414,842	OPERATING ROOM	37	414,842
TOTAL RECLASSIFICATIONS FOR CODE H			414,842	414,842		

RECLASS CODE: I
 EXPLANATION : MD'S RESEARCH

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	UNFUNDED RESEARCH	97.01	203,064	GRANTS ADMINISTRATION	6.07	59,476
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	9,449
3.00			0	ADULTS & PEDIATRICS	25	14,262
4.00			0	NURSERY	33	32,855
5.00			0	LABORATORY	44	35,718
6.00			0	RESPIRATORY THERAPY	49	33,018
7.00			0	CLINIC	60	1,647
8.00			0	EMERGENCY	61	16,639
TOTAL RECLASSIFICATIONS FOR CODE I			203,064	203,064		

RECLASS CODE: J
 EXPLANATION : MD'S TEACHING

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	885,936	GRANTS ADMINISTRATION	6.07	35,487
2.00			0	I&R SERVICES-OTHER PRGM COSTS	23	110,825
3.00			0	ADULTS & PEDIATRICS	25	130,303
4.00			0	INTENSIVE CARE UNIT	26	52,456
5.00			0	SUBPROVIDER	31	59,703
6.00			0	NURSERY	33	38,216
7.00			0	LABORATORY	44	296,102
8.00			0	RESPIRATORY THERAPY	49	39,114
9.00			0	ELECTROENCEPHALOGRAPHY	54	20,208
10.00			0	CLINIC	60	11,532
11.00			0	NOTRE DAME AMBULATORY CLINIC	60.01	48,904
12.00			0	EMERGENCY	61	43,086
TOTAL RECLASSIFICATIONS FOR CODE J			885,936	885,936		

RECLASS CODE: K
 EXPLANATION : MD'S PRIVATE OFFICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	2,472,294	GRANTS ADMINISTRATION	6.07	56,029

RECLASS CODE: K
 EXPLANATION : MD'S PRIVATE OFFICE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			2,472,294

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
I&R SERVICES-OTHER PRGM COSTS	23	34,655	
ADULTS & PEDIATRICS	25	485,842	
INTENSIVE CARE UNIT	26	751,030	
SUBPROVIDER	31	59,703	
NURSERY	33	70,707	
LABORATORY	44	472,321	
RESPIRATORY THERAPY	49	93,269	
PHYSICAL THERAPY	50	37,285	
ELECTROENCEPHALOGRAPHY	54	324,570	
PEDIATRIC CLINIC	60.03	86,883	
			2,472,294

RECLASS CODE: L
 EXPLANATION : MD'S SECRETARIES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	180,614
2.00	I&R SERVICES-OTHER PRGM COSTS	23	82,374
3.00	BROWN MEDICAL STUDENTS	99.06	9,656
4.00	UNFUNDED RESEARCH	97.01	27,995
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE L			300,639

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
GRANTS ADMINISTRATION	6.07	27,360	
DEPARTMENT OF MEDICINE	19	29,327	
I&R SERVICES-OTHER PRGM COSTS	23	22,972	
INTENSIVE CARE UNIT	26	33,102	
LABORATORY	44	103,221	
RESPIRATORY THERAPY	49	12,927	
ELECTROENCEPHALOGRAPHY	54	22,637	
MEDICAL REHAB	59.02	18,577	
NOTRE DAME AMBULATORY CLINIC	60.01	4,201	
PEDIATRIC CLINIC	60.03	17,307	
EMERGENCY	61	9,008	
			300,639

RECLASS CODE: M
 EXPLANATION : MALPRACTICE INSURANCE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	704,413
TOTAL RECLASSIFICATIONS FOR CODE M			704,413

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	704,413	
			704,413

RECLASS CODE: N
 EXPLANATION : LIASON RN'S/REC THER SUB I

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	125,510
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE N			125,510

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
MEDICAL REHAB	59.02	82,800	
OCCUPATIONAL THERAPY	51	42,710	
			125,510

RECLASS CODE: O
 EXPLANATION : SECRETARIES CHARGED TO MED ED

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	104,967
2.00	DEPARTMENT OF FAMILY CARE	19.03	21,085
3.00	I&R SERVICES-OTHER PRGM COSTS	23	60,896
TOTAL RECLASSIFICATIONS FOR CODE O			186,948

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	186,948	
		0	
		0	
			186,948

RECLASS CODE: P
 EXPLANATION : OXYGEN CHARGED TO PATIENTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	69,101
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			69,101

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	15,030	
OPERATING ROOM	37	8,345	
RESPIRATORY THERAPY	49	44,896	
CLINIC	60	722	
BARRINGTON URGENT CARE	60.05	108	
			69,101

RECLASS CODE: Q
 EXPLANATION : OP CENTRAL REGISTRATION COST

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	18,519
2.00	ULTRASOUND	40.01	7,860
3.00	RADIOLOGY-DIAGNOSTIC	41	42,598
4.00	CT SCAN	42.01	8,091
5.00	RADIOISOTOPE	43	5,131

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
BUSINESS OFFICE	6.05	458,516	
		0	
		0	
		0	
			0

RECLASS CODE: Q
 EXPLANATION : OP CENTRAL REGISTRATION COST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
6.00	LABORATORY	44	218,158			0
7.00	RESPIRATORY THERAPY	49	12,414			0
8.00	PHYSICAL THERAPY	50	27,306			0
9.00	ELECTROCARDIOLOGY	53	9,588			0
10.00	ELECTROENCEPHALOGRAPHY	54	310			0
11.00	NOTRE DAME OCCUPATIONAL MEDICI	59.03	15,663			0
12.00	CLINIC	60	12,320			0
13.00	NOTRE DAME AMBULATORY CLINIC	60.01	34,152			0
14.00	FAMILY CARE CLINIC	60.02	46,406			0
TOTAL RECLASSIFICATIONS FOR CODE Q			458,516			458,516

RECLASS CODE: R
 EXPLANATION : FRINGE BENIFIT RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	22,743,420	OTHER ADMINISTRATIVE AND GENER	6.06	22,743,420
TOTAL RECLASSIFICATIONS FOR CODE R			22,743,420			22,743,420

RECLASS CODE: S
 EXPLANATION : IP RENAL DIALYSIS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	INPATIENT RENAL DIALYSIS	59.04	270,513	ADULTS & PEDIATRICS	25	270,513
TOTAL RECLASSIFICATIONS FOR CODE S			270,513			270,513

RECLASS CODE: T
 EXPLANATION : PEDI MD'S TO FAMILY CARE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DEPARTMENT OF FAMILY CARE	19.03	320,848	PEDIATRIC CLINIC	60.03	320,848
TOTAL RECLASSIFICATIONS FOR CODE T			320,848			320,848

RECLASS CODE: U
 EXPLANATION : DEFERRED FRINGES

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,141,206	GRANTS ADMINISTRATION	6.07	11,156
2.00			0	DEPARTMENT OF MEDICINE	19	109,608
3.00			0	DEPARTMENT OF CARDIOLOGY	19.01	25,142
4.00			0	DEPARTMENT OF SURGERY	19.02	42,325
5.00			0	DEPARTMENT OF FAMILY CARE	19.03	583,743
6.00			0	I&R SERVICES-OTHER PRGM COSTS	23	23,101
7.00			0	ADULTS & PEDIATRICS	25	116,258
8.00			0	INTENSIVE CARE UNIT	26	160,075
9.00			0	NURSERY	33	59,660
10.00			0	LABORATORY	44	164,861
11.00			0	RESPIRATORY THERAPY	49	26,060
12.00			0	PHYSICAL THERAPY	50	18,196
13.00			0	ELECTROENCEPHALOGRAPHY	54	1,283
14.00			0	MEDICAL REHAB	59.02	23,357
15.00			0	PEDIATRIC CLINIC	60.03	38,367
16.00			0	EMERGENCY	61	635,819
17.00			0	PHYSICIANS' PRIVATE OFFICES	98	102,195
TOTAL RECLASSIFICATIONS FOR CODE U			2,141,206			2,141,206

RECLASS CODE: V
 EXPLANATION : PHYSICAL THERAPY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	116,308	MEDICAL REHAB	59.02	256,282
2.00	OCCUPATIONAL THERAPY	51	77,686			0
3.00	SPEECH PATHOLOGY	52	62,288			0
TOTAL RECLASSIFICATIONS FOR CODE V			256,282			256,282

RECLASS CODE: W
 EXPLANATION : GRANTS ACCOUNTANT

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	GRANTS ADMINISTRATION	6.07	49,152	OTHER ADMINISTRATIVE AND GENER	6.06	49,152
TOTAL RECLASSIFICATIONS FOR CODE W			49,152			49,152

RECLASS CODE: X
 EXPLANATION : TEACHING PSYCHOLOGIST

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	87,313	DEPARTMENT OF FAMILY CARE	19.03	87,313
TOTAL RECLASSIFICATIONS FOR CODE X			87,313			87,313

RECLASS CODE: Y
 EXPLANATION : RECLASS MD FROM MED REHAB TO SUB.

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	SUBPROVIDER	31	220,768	MEDICAL REHAB	59.02	220,768	220,768
TOTAL RECLASSIFICATIONS FOR CODE Y			220,768				

RECLASS CODE: Z
 EXPLANATION : REHAB PHD

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	SUBPROVIDER	31	182,125	MEDICAL REHAB	59.02	182,125	182,125
TOTAL RECLASSIFICATIONS FOR CODE Z			182,125				

RECLASS CODE: AA
 EXPLANATION : RADIATION SAFETY SERVICE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CT SCAN	42.01	2,125	RADIOLOGY-DIAGNOSTIC	41	4,849	4,849
2.00	ULTRASOUND	40.01	911			0	0
3.00	MAGNETIC RESONANCE IMAGING(MRI)	42.02	1,167			0	0
4.00	RADIOISOTOPE	43	646			0	0
TOTAL RECLASSIFICATIONS FOR CODE AA			4,849				

RECLASS CODE: AB
 EXPLANATION : ADVERTISING COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	165,956	EMPLOYEE BENEFITS	5	165,956	165,956
TOTAL RECLASSIFICATIONS FOR CODE AB			165,956				

RECLASS CODE: AC
 EXPLANATION : LINEN COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	13,584	CENTRAL SERVICES & SUPPLY	15	13,584	13,584
TOTAL RECLASSIFICATIONS FOR CODE AC			13,584				

RECLASS CODE: AD
 EXPLANATION : NURSE TRAINING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	3,760	NURSING ADMINISTRATION	14	592,311	592,311
2.00	PHARMACY	16	110,700			0	0
3.00	ADULTS & PEDIATRICS	25	330,490			0	0
4.00	INTENSIVE CARE UNIT	26	57,369			0	0
5.00	SUBPROVIDER	31	18,885			0	0
6.00	RADIOLOGY-DIAGNOSTIC	41	1,708			0	0
7.00	LABORATORY	44	3,392			0	0
8.00	NOTRE DAME AMBULATORY CLINIC	60.01	797			0	0
9.00	EMERGENCY	61	57,566			0	0
10.00	HOME HEALTH AGENCY	71	7,644			0	0
TOTAL RECLASSIFICATIONS FOR CODE AD			592,311				

RECLASS CODE: AE
 EXPLANATION : EMPLOYEE BENEFIT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	EMPLOYEE BENEFITS	5	654,374	DEPARTMENT OF FAMILY CARE	19.03	74,416	74,416
2.00			0	FAMILY CARE CLINIC	60.02	4,342	4,342
3.00			0	RESEARCH	97	575,616	575,616
TOTAL RECLASSIFICATIONS FOR CODE AE			654,374				

RECLASS CODE: AF
 EXPLANATION : NURSE FLOATS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ADULTS & PEDIATRICS	25	190,443	NURSING ADMINISTRATION	14	365,604	365,604
2.00	INTENSIVE CARE UNIT	26	77,618			0	0
3.00	SUBPROVIDER	31	10,493			0	0
4.00	OPERATING ROOM	37	18,244			0	0
5.00	ENDOSCOPY	37.01	4,497			0	0
6.00	CARDIAC CATHERIZATION LABORATO	59.01	4,643			0	0
7.00	CLINIC	60	6,617			0	0
8.00	NOTRE DAME AMBULATORY CLINIC	60.01	4,826			0	0

RECLASS CODE: AF
 EXPLANATION : NURSE FLOATS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
9.00	FAMILY CARE CLINIC	12,504			0
10.00	BARRINGTON URGENT CARE	9,762			0
11.00	EMERGENCY	19,450			0
12.00	O/P CHEMO & IV PROCEDURES	4,204			0
13.00	PHYSICIANS' PRIVATE OFFICES	2,303			0
TOTAL RECLASSIFICATIONS FOR CODE AF		365,604			365,604

RECLASS CODE: AG
 EXPLANATION : EEG BROWN TEACHING TIME

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	BROWN MEDICAL STUDENTS	72,605	I&R SERVICES-OTHER PRGM COSTS	23	72,605
TOTAL RECLASSIFICATIONS FOR CODE AG		72,605			72,605

RECLASS CODE: AH
 EXPLANATION : DR D'SA RECLASS TO MED ED

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	52,877	PEDIATRIC CLINIC	60.03	52,877
TOTAL RECLASSIFICATIONS FOR CODE AH		52,877			52,877

RECLASS CODE: AI
 EXPLANATION : OT/SP HOME CARE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	194,998	OCCUPATIONAL THERAPY	51	123,714
2.00		0	SPEECH PATHOLOGY	52	71,284
TOTAL RECLASSIFICATIONS FOR CODE AI		194,998			194,998

RECLASS CODE: AJ
 EXPLANATION : BROWN CHAIR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	BROWN MEDICAL STUDENTS	362,000	I&R SERVICES-SALARY & FRINGES	22	362,000
TOTAL RECLASSIFICATIONS FOR CODE AJ		362,000			362,000

RECLASS CODE: AK
 EXPLANATION : LIGHT BULBS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	275	MAINTENANCE & REPAIRS	7	275
TOTAL RECLASSIFICATIONS FOR CODE AK		275			275

RECLASS CODE: AL
 EXPLANATION : BARRINGTON RADIOLOGY TECHS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	102,053	BARRINGTON URGENT CARE	60.05	102,053
TOTAL RECLASSIFICATIONS FOR CODE AL		102,053			102,053

RECLASS CODE: AM
 EXPLANATION : BLOOD TRANSFUSIONS O/P CHEMO

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	O/P CHEMO & IV PROCEDURES	124,588	BLOOD STORING, PROCESSING & TR	47	124,588
TOTAL RECLASSIFICATIONS FOR CODE AM		124,588			124,588

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS 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	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,822,002					1,822,002	
2 LAND IMPROVEMENTS	1,488,954	10,368		10,368		1,499,322	
3 BUILDINGS & FIXTURE	43,456,015	470,885		470,885	177	43,926,723	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	18,215,406	507,750		507,750		18,723,156	
6 MOVABLE EQUIPMENT	41,482,689	3,121,337		3,121,337	266,568	44,337,458	
7 SUBTOTAL	106,465,066	4,110,340		4,110,340	266,745	110,308,661	
8 RECONCILING ITEMS							
9 TOTAL	106,465,066	4,110,340		4,110,340	266,745	110,308,661	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	GROSS ASSETS	COMPUTATION OF RATIOS		RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BL								
2 OLD CAP REL COSTS-MV								
3 NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-BL								
3 02 NEW CAP REL COSTS-MA								
3 03 NEW CAP REL COSTS-RI								
3 04 NEW CAP REL COSTS-WO								
3 05 NEW CAP REL COSTS-HO								
3 06 NEW CAP REL COSTS-OP								
3 07 NEW CAP REL COSTS-GA								
3 08 NEW CAP REL COSTS-AB								
3 09 NEW CAP REL COSTS-AM								
3 10 NEW CAP REL COSTS-SA								
3 11 NEW CAP REL COSTS-NO								
3 12 NEW CAP REL COSTS-PR								
3 13 NEW CAP REL 555 PROS								
3 14 NEW CAP REL COSTS -								
4 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*							
1 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BL							
3 02 NEW CAP REL COSTS-MA	65,899			5,929			71,828
3 03 NEW CAP REL COSTS-RI	96,061		35,969	6,530			138,560
3 04 NEW CAP REL COSTS-WO	279,238		55,175	23,577			357,990
3 05 NEW CAP REL COSTS-HO	563,869		58,588	27,524			649,981
3 06 NEW CAP REL COSTS-OP				2,642			2,642
3 07 NEW CAP REL COSTS-GA	1,026			2,036			3,062
3 08 NEW CAP REL COSTS-AB	27,079		10,852	12,503			50,434
3 09 NEW CAP REL COSTS-AM	63,423		1,027	3,245			67,695
3 10 NEW CAP REL COSTS-SA	389,868		307,099	19,801			716,768
3 11 NEW CAP REL COSTS-NO	43,256			6,557			49,813
3 12 NEW CAP REL COSTS-PR	229,644			10,162			239,806
3 13 NEW CAP REL 555 PROS	37,550			1,224			38,774
3 14 NEW CAP REL COSTS -	52,626						52,626
4 NEW CAP REL COSTS-MV	2,315,662		123,715	8,939			2,448,316
5 TOTAL	4,165,201		592,425	130,669			4,888,295

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)
*							
1 OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
3 01 NEW CAP REL COSTS-BL							
3 02 NEW CAP REL COSTS-MA	65,899						65,899
3 03 NEW CAP REL COSTS-RI	96,061						96,061
3 04 NEW CAP REL COSTS-WO	279,238						279,238
3 05 NEW CAP REL COSTS-HO	563,869						563,869
3 06 NEW CAP REL COSTS-OP							
3 07 NEW CAP REL COSTS-GA	1,026						1,026
3 08 NEW CAP REL COSTS-AB	27,079						27,079
3 09 NEW CAP REL COSTS-AM	63,423						63,423
3 10 NEW CAP REL COSTS-SA	389,868						389,868
3 11 NEW CAP REL COSTS-NO	43,256						43,256
3 12 NEW CAP REL COSTS-PR	229,644						229,644
3 13 NEW CAP REL 555 PROS	37,550						37,550
3 14 NEW CAP REL COSTS -	52,626						52,626
4 NEW CAP REL COSTS-MV	2,315,662						2,315,662
5 TOTAL	4,165,201						4,165,201

* 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

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			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	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	B	-19,936	OTHER ADMINISTRATIVE AND	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-33,192	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,558,691			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-985,858	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-52,627	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-39,178	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-16,447	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INSTR 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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC. INCOME RADIOLOGY	B	-700	RADIOLOGY-DIAGNOSTIC	41	
38 TELEPHONE PAY STATION	B	-13	COMMUNICATIONS	6.01	
39 MISC. NON ALLOWABLE ITEMS	B	-902,928	OTHER ADMINISTRATIVE AND	6.06	
40 NUTRITION COUNSELING	B	-5,654	DIETARY	11	
41 LAUNDRY & LINEN	B	-2,903	LAUNDRY & LINEN SERVICE	9	
42 OP OF PLANT PLAINVILLE, PROSPECT ST	B	-182,703	OPERATION OF PLANT	8	
43 COBRA	B	-861	EMPLOYEE BENEFITS	5	
44 PHYSICIAN APPLICATION FEES	B	-1,800	OTHER ADMINISTRATIVE AND	6.06	
45 MISC. INCOME MRI	B	-400	MAGNETIC RESONANCE IMAGIN	42.02	
46 MISC. INCOME INHALATION THERAPY	B	-375	RESPIRATORY THERAPY	49	
47 MISC. INCOME ACCOUNTING	B	-7,375	OTHER ADMINISTRATIVE AND	6.06	
48 MISC. INCOME LAB	B	-8,920	LABORATORY	44	
49 MISC. INCOME EEG	B	-11	ELECTROENCEPHALOGRAPHY	54	
49.01 LOBBYING ACTIVITIES	A	-11,083	OTHER ADMINISTRATIVE AND	6.06	
49.02 PHD #1	A	-110,099	SUBPROVIDER	31	
49.03 PHD #2	A	-72,026	SUBPROVIDER	31	
49.04 PHD #3	A	-78,150	PEDIATRIC CLINIC	60.03	
49.05 PHD #4	A	-76,631	PEDIATRIC CLINIC	60.03	
49.06 ICU PHYSICIAN ASSISTANTS	A	-460,761	INTENSIVE CARE UNIT	26	
49.07 ER PHYSICIAN ASSISTANTS	A	-133,710	EMERGENCY	61	
49.08 PHYSICIAN ASSISTANTS FRINGES	A	-201,927	EMPLOYEE BENEFITS	5	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,964,959			

(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

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 6 7 A		18,699		18,699	138,700	23,409	1,560,975	78,049
2 19 B		10,065		10,065	165,600	13,870	1,104,265	55,213
3 19 C		160,740		160,740	250,688	177,457	21,387,664	1,069,383
5 19 E		7,625	7,625		165,600			
6 19 F		118,610	82,188	36,422	165,600	64,149	5,107,247	255,362
7 19 G		22,246	20,826	1,420	165,600	2,601	207,080	10,354
8 19 H		29,314	25,762	3,552	165,600	4,420	351,900	17,595
9 19 I		15,178	14,806	372	165,600	653	51,989	2,599
10 19 J		65,137	65,137		165,600			
12 19 1 L		216,975	216,975		165,600			
13 19 1 M		2,048		2,048	165,600	1,998	159,072	7,954
17 19 3 Q		101,762	101,762		138,700			
18 19 3 R		58,939	33,679	25,260	138,700	31,200	2,080,500	104,025
19 19 3 S		248,577	14,108	234,469	138,700	230,533	15,372,561	768,628
20 19 3 T		69,953	36,711	33,242	138,700	49,140	3,276,788	163,839
21 19 3 U		39,114	39,114		138,700			
22 19 3 V		9,268	9,268		138,700			
23 19 3 W		12,769	12,769		138,700			
24 19 3 X		137,505	105,572	31,933	138,700	42,466	2,831,747	141,587
25 19 3 Y		149,771	149,771		138,700			
26 19 3 Z		43,643	43,643		138,700			
27 19 3 AA		105,576	93,150	12,426	138,700	15,608	1,040,783	52,039
28 19 3 AB		72,612	72,612		138,700			
29 19 3 AC		97,959	31,627	66,332	138,700	65,930	4,396,390	219,820
30 19 3 AD		35,127	35,127		138,700			
31 19 3 AE		30,622	20,123	10,499	138,700	16,798	1,120,136	56,007
32 19 3 AF		25,945	17,297	8,648	138,700	11,200	746,846	37,342
33 19 3 AG		29,732	29,732		138,700			
34 19 3 AH		98,305	98,305		138,700			
35 19 3 AI		47,033	41,310	5,723	138,700	7,804	520,392	26,020
43 19 3 AQ		27,537		27,537	196,400	23,400	2,209,500	110,475
44 19 3 AR		44,392		44,392	196,400	36,393	3,436,339	171,817
45 19 3 AS		131,343		131,343	196,400	87,393	8,251,916	412,596
47 23 AU		372		372	165,600	657	52,307	2,615
48 23 AV		72,935		72,935	165,600	93,768	7,465,375	373,269
50 25 AX		620		620	165,600	777	61,861	3,093
51 25 AY		404		404	165,600	646	51,432	2,572
64 26 BL		24,209		24,209	177,200	20,800	1,772,000	88,600
72 26 BT		27,355		27,355	177,200	38,997	3,322,244	166,112
73 31 BU		111,070		111,070	177,200	97,516	8,307,613	415,381
74 33 BV		45,737		45,737	140,600	69,000	4,664,135	233,207
81 44 CC		171,718	135,607	36,111	215,700	54,580	5,660,051	283,003
82 44 CD		276,588	276,588		215,700			
83 44 CE		150,750	88,554	62,196	215,700	62,397	6,470,689	323,534
84 44 CF		133,040	118,135	14,905	215,700	18,864	1,956,233	97,812
85 44 CG		36,199		36,199	165,600	64,796	5,158,758	257,938
86 44 CH		21,843		21,843	165,600	45,951	3,658,407	182,920
90 44 CL		13,051		13,051	165,600	16,481	1,312,141	65,607
92 44 CN		61,820		61,820	165,600	96,189	7,658,124	382,906
93 44 CO		62,567		62,567	165,600	76,028	6,052,998	302,650
94 44 CP		812		812	165,600	2,100	167,192	8,360
95 49 CQ		40,647	40,647		177,200			
96 49 CR		134,130	59,847	74,283	177,200	82,547	7,032,369	351,618
97 49 CS		46,018	36,458	9,560	177,200	14,399	1,226,684	61,334
98 50 CT		41,054	41,054		177,200			
99 53 CU		131,385	131,385		177,200			
100 54 CV		11,802	11,802		177,200			

101	WKSHT A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
	1	54 CW	9,651	9,651		177,200			
	2	60 CX	9,885		9,885	165,600	31,202	2,484,159	124,208
	3	60 1 CY	60,239	60,239		165,600			
	4	60 1 CZ	38,252	38,252		165,600			
	5	60 1 DA	108,885	108,885		165,600			
	6	60 1 DB	145,538	145,538		165,600			
	7	60 1 DC	3,009	3,009		165,600			
	10	60 5 DF	13,975	13,975		165,600			
	11	60 5 DG	33,628	33,628		165,600			
	12	60 5 DH	185,953	185,953		165,600			
	13	60 5 DI	12,938	12,938		165,600			
	14	60 5 DJ	132,062	132,062		165,600			
	15	61 DK	15,254	15,254		165,600			
	16	61 DL	21,898	21,898		177,200			
	17	61 DM	198,521	198,521		177,200			
	18	61 DN	222,039	222,039		177,200			
	19	61 DO	54,030	54,030		177,200			
	20	61 DP	239,069	239,069		177,200			
	21	61 DQ	160,684	160,684		177,200			
	22	61 DR	260,861	102,721	158,140	177,200	118,737	10,115,479	505,774
	23	61 DS	39,774	39,774		177,200			
	24	61 DT	146,432	146,432		177,200			
	25	61 DU	277,696	277,696		177,200			
	26	61 DV	254,756	254,756		177,200			
	27	61 DW	223,686	223,686		177,200			
	28	61 DX	85,819	85,819		177,200			
	29	61 DY	72,078	72,078		177,200			
	30	61 DZ	36,173	36,173		177,200			
	31	61 EA	276,553	276,553		177,200			
	32	61 EB	28,302	28,302		177,200			
	TOTAL		7,267,887	5,558,691	1,709,196		1,912,854	159,864,341	7,993,217

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO. 10	PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	6 7 A			871	871	1,561,846		
2	19 B					1,104,265		
3	19 C			4,695	4,695	21,392,359		
5	19 E			4,745				7,625
6	19 F			9,345	2,870	5,110,117		82,188
7	19 G			2,180	139	207,219		20,826
8	19 H			1,849	224	352,124		25,762
9	19 I			1,038	25	52,014		14,806
10	19 J			5,202				65,137
12	19 1 L							216,975
13	19 1 M			121	121	159,193		
17	19 3 Q			10,544				101,762
18	19 3 R			8,119	3,480	2,083,980		33,679
19	19 3 S			9,122	8,604	15,381,165		14,108
20	19 3 T			7,408	3,520	3,280,308		36,711
21	19 3 U			5,510				39,114
22	19 3 V							9,268
23	19 3 W							12,769
24	19 3 X			7,224	1,678	2,833,425		105,572
25	19 3 Y			10,544				149,771
26	19 3 Z			11,027				43,643
27	19 3 AA			24,761	2,914	1,043,697		93,150
28	19 3 AB			10,544				72,612
29	19 3 AC			5,340	3,616	4,400,006		31,627
30	19 3 AD			4,793				35,127
31	19 3 AE			3,023	1,036	1,121,172		20,123
32	19 3 AF			3,445	1,148	747,994		17,297
33	19 3 AG			2,109				29,732
34	19 3 AH			12,655				98,305
35	19 3 AI			5,035	613	521,005		41,310
43	19 3 AQ			8,604	8,604	2,218,104		
44	19 3 AR			14,850	14,850	3,451,189		
45	19 3 AS			34,557	34,557	8,286,473		
47	23 AU			25	25	52,332		
48	23 AV			6,798	6,798	7,472,173		
50	25 AX			39	39	61,900		
51	25 AY			26	26	51,458		
64	26 BL			4,640	4,640	1,776,640		
72	26 BT			2,036	2,036	3,324,280		
73	31 BU			3,640	3,640	8,311,253		
74	33 BV			4,342	4,342	4,668,477		
81	44 CC			4,930	1,037	5,661,088		135,607
82	44 CD			10,544				276,588
83	44 CE			7,779	3,209	6,473,898		88,554
84	44 CF			8,508	953	1,957,186		118,135
85	44 CG			1,265	1,265	5,160,023		
86	44 CH			1,040	1,040	3,659,447		
90	44 CL			545	545	1,312,686		
92	44 CN			2,843	2,843	7,660,967		
93	44 CO			2,409	2,409	6,055,407		
94	44 CP			23	23	167,215		
95	49 CQ			3,296				40,647
96	49 CR			6,363	3,524	7,035,893		59,847
97	49 CS			1,547	321	1,227,005		36,458
98	50 CT			3,813				41,054
99	53 CU							131,385
100	54 CV							11,802

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	54 CW							9,651
2	60 CX					2,484,159		
3	60 1 CY			7,995				60,239
4	60 1 CZ			5,521				38,252
5	60 1 DA			6,570				108,885
6	60 1 DB			7,908				145,538
7	60 1 DC			449				3,009
10	60 5 DF			1,758				13,975
11	60 5 DG							33,628
12	60 5 DH			13,707				185,953
13	60 5 DI							12,938
14	60 5 DJ			8,734				132,062
15	61 DK			3,867				15,254
16	61 DL			8,407				21,898
17	61 DM			37,960				198,521
18	61 DN			30,579				222,039
19	61 DO			18,930				54,030
20	61 DP			21,352				239,069
21	61 DQ			37,960				160,684
22	61 DR			29,894	18,122	10,133,601		102,721
23	61 DS			24,900				39,774
24	61 DT			24,911				146,432
25	61 DU			37,960				277,696
26	61 DV			37,960				254,756
27	61 DW			28,119				223,686
28	61 DX			14,774				85,819
29	61 DY			12,636				72,078
30	61 DZ			18,670				36,173
31	61 EA			37,960				276,553
32	61 EB			12,552				28,302
101	TOTAL			797,744	150,402	160,014,743		5,558,691

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEE T	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	ACQUISITIO N COST OLD	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEE T	NOT ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEE T	NOT ENTERED
3.02	NEW CAP REL COSTS-MACCOLL	5	SQ FT MACC OLL NEW	ENTERED
3.03	NEW CAP REL COSTS-RICHARDSON	6	SQ FT RICH ARDSON NEW	ENTERED
3.04	NEW CAP REL COSTS-WOOD	7	SQ FT WOOD NEW	ENTERED
3.05	NEW CAP REL COSTS-HODGSON	8	SQ FT HODG SON NEW	ENTERED
3.06	NEW CAP REL COSTS-OPD	9	SQ FT OPD NEW	ENTERED
3.07	NEW CAP REL COSTS-GARAGE	10	SQ FT GARA GE NEW	ENTERED
3.08	NEW CAP REL COSTS-ABC	11	SQ FT ABC NEW	ENTERED
3.09	NEW CAP REL COSTS-AMBULATORY	12	SQ FT AMBU LATORY NEW	ENTERED
3.10	NEW CAP REL COSTS-SAYLES	13	SQ FT SAYL ES NEW	ENTERED
3.11	NEW CAP REL COSTS-NOTRE DAME	14	SQ FT NOTR E DAME NEW	ENTERED
3.12	NEW CAP REL COSTS-PRIMARY CARE	15	SQ FT PRIM CARE NEW	ENTERED
3.13	NEW CAP REL 555 PROSPECT ST.	16	TOTAL SQUA RE FEET	ENTERED
3.14	NEW CAP REL COSTS - PLAINVILLE	17	SQ FT PLAI NVILLE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	18	ACQUISITIO N COST NEW	ENTERED
5	EMPLOYEE BENEFITS	19	GROSS SALA RIES	ENTERED
6.01	COMMUNICATIONS	21	NUMBER OF EXTENSIONS	ENTERED
6.02	INFORMATION SERVICES	22	PROCESSING TIME	ENTERED
6.03	PURCHASING RECEIVING AND STORES	23	COSTED REQ UISITIONS	ENTERED
6.04	ADMITTING	24	REVENUE IN PATIENT	ENTERED
6.05	BUSINESS OFFICE	25	REVENUE TO TAL	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-26	ACCUM. COST	NOT ENTERED
6.07	GRANTS ADMINISTRATION	27	GRANT EXPE NSES	ENTERED
7	MAINTENANCE & REPAIRS	28	TOTAL SQ F T MAINT	ENTERED
8	OPERATION OF PLANT	28	TOTAL SQ F T MAINT	ENTERED
9	LAUNDRY & LINEN SERVICE	29	LBS OF LAU NDRY	ENTERED
10	HOUSEKEEPING	30	HOURS OF S ERVICE	ENTERED
11	DIETARY	31	MEALS SERV ED	ENTERED
12	CAFETERIA	32	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	33	NUMBER HOU SED	NOT ENTERED
14	NURSING ADMINISTRATION	34	DIRECT NUR SING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	35	SUPPLY EXP ENSES	ENTERED
16	PHARMACY	36	PHARMACY C OSTED REGS	ENTERED
17	MEDICAL RECORDS & LIBRARY	37	TIME SPENT	ENTERED
18	SOCIAL SERVICE	38	SOCIAL SER VICE TIME	ENTERED
19	DEPARTMENT OF MEDICINE	39	MEDICINE M .D. TIME	ENTERED
19.01	DEPARTMENT OF CARDIOLOGY	40	CARDIOLOGY M.D. TIME	ENTERED
19.02	DEPARTMENT OF SURGERY	41	SURGERY M. D. TIME	ENTERED
19.03	DEPARTMENT OF FAMILY CARE	42	FAMILY MED M.D. TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	43	ASSIGNED T IME	NOT ENTERED
21	NURSING SCHOOL	44	ASSIGNED T IME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	45	I & R ASSI GNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	45	I & R ASSI GNED TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	46	ANES. ASSI GNED TIME	ENTERED
24.01	PSYCHOLOGY INTERNS PARAMEDICAL	47	PSYCHOLOGY ASSIGN TM	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MACCOLL	NEW CAP REL C OSTS-RICHARD
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL	71,828					71,828	
003 03 NEW CAP REL COSTS-RICHARD	138,560						138,560
003 04 NEW CAP REL COSTS-WOOD	357,990						
003 05 NEW CAP REL COSTS-HODGSON	649,981						
003 06 NEW CAP REL COSTS-OPD	2,642						
003 07 NEW CAP REL COSTS-GARAGE	3,062						
003 08 NEW CAP REL COSTS-ABC	50,434						
003 09 NEW CAP REL COSTS-AMBULAT	67,695						
003 10 NEW CAP REL COSTS-SAYLES	716,768						
003 11 NEW CAP REL COSTS-NOTRE D	49,813						
003 12 NEW CAP REL COSTS-PRIMARY	239,806						
003 13 NEW CAP REL 555 PROSPECT	38,774						
003 14 NEW CAP REL COSTS - PLAIN	52,626						
004 NEW CAP REL COSTS-MVBLE E	2,448,316						
005 EMPLOYEE BENEFITS	26,607,552						
006 01 COMMUNICATIONS	515,483						
006 02 INFORMATION SERVICES	3,054,020						
006 03 PURCHASING RECEIVING AND	972,381						
006 04 ADMITTING	307,081						
006 05 BUSINESS OFFICE	1,694,410						
006 06 OTHER ADMINISTRATIVE AND	12,274,149						
006 07 GRANTS ADMINISTRATION	432,757						
007 MAINTENANCE & REPAIRS	1,304,165						
008 OPERATION OF PLANT	3,565,096					33,121	25,768
009 LAUNDRY & LINEN SERVICE	502,580						
010 HOUSEKEEPING	2,095,289						
011 DIETARY	1,344,574						
012 CAFETERIA	1,160,939						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,885,995						
015 CENTRAL SERVICES & SUPPLY	678,515						
016 PHARMACY	1,369,445						
017 MEDICAL RECORDS & LIBRARY	1,069,725						
018 SOCIAL SERVICE	198,690						
019 DEPARTMENT OF MEDICINE	825,479						
019 01 DEPARTMENT OF CARDIOLOGY	952,657						
019 02 DEPARTMENT OF SURGERY	436,152						
019 03 DEPARTMENT OF FAMILY CARE	3,154,688						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	4,119,727						
023 I&R SERVICES-OTHER PRGM C	1,239,785						
024 PARAMED ED PRGM-(SPECIFY)	414,842						
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,496,715						34,577
026 INTENSIVE CARE UNIT	3,410,766						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,601,651					38,707	
033 NURSERY	36,027						
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,041,329						
037 01 ENDOSCOPY	663,072						35,769
039 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND	369,836						
041 RADIOLOGY-DIAGNOSTIC	3,176,382						
042 01 CT SCAN	860,937						
042 02 MAGNETIC RESONANCE IMAGIN	480,172						
043 RADIOISOTOPE	440,214						
044 LABORATORY	7,347,364						
047 BLOOD STORING, PROCESSING	1,395,758						
049 RESPIRATORY THERAPY	1,949,314						
050 PHYSICAL THERAPY	1,754,707						
051 OCCUPATIONAL THERAPY	735,630						
052 SPEECH PATHOLOGY	616,593						
053 ELECTROCARDIOLOGY	33,775						
054 ELECTROENCEPHALOGRAPHY	41,151						
055 MEDICAL SUPPLIES CHARGED	6,085,237						
056 DRUGS CHARGED TO PATIENTS	6,302,043						
059 01 CARDIAC CATHETERIZATION LAB	416,830						
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M	15,698						
059 04 INPATIENT RENAL DIALYSIS	270,513						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	410,250						
060 01 NOTRE DAME AMBULATORY CLI	424,846						
060 02 FAMILY CARE CLINIC	1,030,825						
060 03 PEDIATRIC CLINIC	541,771						
060 05 BARRINGTON URGENT CARE	442,941						
061 EMERGENCY	3,174,196						
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES	419,653						
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	4,701,118						42,446
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	142,751,785					71,828	138,560
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	2,513,629						

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	0	1	2	3	3.01	3.02	3.03
NONREIMBURS COST CENTERS									
097	01 UNFUNDED RESEARCH	231,059							
098	PHYSICIANS' PRIVATE OFFIC	3,234,429							
099	NONPAID WORKERS								
099	01 FUND RAISING	68,530							
099	02 BANK								
099	03 VACANT SPACE								
099	04 BILLING OFFICE	92,231							
099	05 O/P MEALS								
099	06 BROWN MEDICAL STUDENTS	444,261							
099	07 NONREIMBURSABLE SERVICES								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	149,335,924					71,828	138,560	

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-WOOD	NEW CAP REL C OSTS-HODGSON	NEW CAP REL C OSTS-OPD	NEW CAP REL C OSTS-GARAGE	NEW CAP REL C OSTS-ABC	NEW CAP REL C OSTS-AMBULAT	NEW CAP REL C OSTS-SAYLES
	3.04	3.05	3.06	3.07	3.08	3.09	3.10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD	357,990						
003 05 NEW CAP REL COSTS-HODGSON		649,981					
003 06 NEW CAP REL COSTS-OPD			2,642				
003 07 NEW CAP REL COSTS-GARAGE				3,062			
003 08 NEW CAP REL COSTS-ABC					50,434		
003 09 NEW CAP REL COSTS-AMBULAT						67,695	
003 10 NEW CAP REL COSTS-SAYLES							716,768
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	91						
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND		7,194				18,199	
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	6,067	44,837					62,343
008 OPERATION OF PLANT	79,808	188,147	325	3,009			
009 LAUNDRY & LINEN SERVICE		57,525					
010 HOUSEKEEPING			74	53			
011 DIETARY	40,778						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		78,493					
016 PHARMACY		23,811					
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE	40,315				5,138		
019 01 DEPARTMENT OF CARDIOLOGY							205,757
019 02 DEPARTMENT OF SURGERY							
019 03 DEPARTMENT OF FAMILY CARE					10,548		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	128,604						
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY	10,008						
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,715	139,063					
039 ENDOSCOPY	3,145						
040 DELIVERY ROOM & LABOR ROO							
040 01 ULTRASOUND							
041 RADIOLOGY-DIAGNOSTIC	25,983						
042 01 CT SCAN	5,241						
042 02 MAGNETIC RESONANCE IMAGIN	3,235						
043 RADIOISOTOPE							
044 LABORATORY		110,911			20,567		
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							287,826
051 OCCUPATIONAL THERAPY							49,120
052 SPEECH PATHOLOGY							51,027
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHETERIZATION LAB							60,695
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					7,092	49,496	
060 02 NOTRE DAME AMBULATORY CLI					7,089		
060 03 FAMILY CARE CLINIC							
060 05 PEDIATRIC CLINIC							
061 BARRINGTON URGENT CARE							
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
O/P CHEMO & IV PROCEDURES							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS	357,990	649,981	399	3,062	50,434	67,695	716,768
096 SUBTOTALS							
NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP			2,243				
097 RESEARCH							

COST CENTER DESCRIPTION		NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-WOOD	OSTS-HODGSON	OSTS-OPD	OSTS-GARAGE	OSTS-ABC	OSTS-AMBULAT	OSTS-SAYLES
		3.04	3.05	3.06	3.07	3.08	3.09	3.10
097	01 NONREIMBURS COST CENTERS							
098	01 UNFUNDED RESEARCH							
099	01 PHYSICIANS' PRIVATE OFFIC							
099	01 NONPAID WORKERS							
099	01 FUND RAISING							
099	02 BANK							
099	03 VACANT SPACE							
099	04 BILLING OFFICE							
099	05 O/P MEALS							
099	06 BROWN MEDICAL STUDENTS							
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	357,990	649,981	2,642	3,062	50,434	67,695	716,768

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 55 PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
	3.11	3.12	3.13	3.14	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D	49,813						
003 12 NEW CAP REL COSTS-PRIMARY		239,806					
003 13 NEW CAP REL 555 PROSPECT			38,774				
003 14 NEW CAP REL COSTS - PLAIN				52,626			
004 NEW CAP REL COSTS-MVBLE E					2,448,316		
005 EMPLOYEE BENEFITS					24,862	26,632,414	
006 01 COMMUNICATIONS			35,572		4,531	85,229	640,906
006 02 INFORMATION SERVICES					119,957	598,277	19,720
006 03 PURCHASING RECEIVING AND					6,883	134,176	8,765
006 04 ADMITTING					1,815	95,053	7,669
006 05 BUSINESS OFFICE					80,677	506,774	18,625
006 06 OTHER ADMINISTRATIVE AND			3,202		93,447	1,506,218	61,349
006 07 GRANTS ADMINISTRATION					879	127,367	5,478
007 MAINTENANCE & REPAIRS	5,523				54,739	296,775	10,956
008 OPERATION OF PLANT	31,106				26,169	113,925	
009 LAUNDRY & LINEN SERVICE					28,813	108,070	2,191
010 HOUSEKEEPING					9,186	591,852	4,382
011 DIETARY					10,493	194,974	5,478
012 CAFETERIA					16,811	312,374	8,765
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					54,743	609,958	28,485
015 CENTRAL SERVICES & SUPPLY					30,080	151,332	3,287
016 PHARMACY					12,882	413,226	7,669
017 MEDICAL RECORDS & LIBRARY				878	7,078	313,973	15,338
018 SOCIAL SERVICE					1,705	66,022	3,287
019 DEPARTMENT OF MEDICINE					37,397	272,599	18,625
019 01 DEPARTMENT OF CARDIOLOGY					85,640	222,721	16,433
019 02 DEPARTMENT OF SURGERY					7,920	98,709	10,956
019 03 DEPARTMENT OF FAMILY CARE					18,384	1,149,069	40,536
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						1,085,674	
023 I&R SERVICES-OTHER PRGM C					1,077	393,203	12,051
024 PARAMED ED PRGM-(SPECIFY)						136,331	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					103,308	3,503,635	37,249
027 INTENSIVE CARE UNIT					61,752	1,155,906	12,051
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					11,621	545,774	7,669
033 NURSERY					22,198	10,712	9,860
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	13,184				321,110	1,157,278	25,198
039 ENDOSCOPY					61,106	150,391	5,478
040 01 DELIVERY ROOM & LABOR ROO					4,066		
041 ULTRASOUND					12,839	109,273	2,191
041 RADIOLOGY-DIAGNOSTIC				4,138	333,253	691,475	19,720
042 01 CT SCAN					136,569	193,148	3,287
042 02 MAGNETIC RESONANCE IMAGIN					77,172	93,195	2,191
043 RADIOISOTOPE					1,927	135,492	
044 LABORATORY				955	250,715	1,756,880	19,720
047 BLOOD STORING, PROCESSING					461	140,472	2,191
049 RESPIRATORY THERAPY					79,081	650,047	20,816
050 PHYSICAL THERAPY				6,294	25,872	339,138	24,102
051 OCCUPATIONAL THERAPY					4,430	220,678	2,191
052 SPEECH PATHOLOGY					6,541	197,080	1,096
053 ELECTROCARDIOLOGY					6,262	3,021	
054 ELECTROENCEPHALOGRAPHY					4,526	7,094	19,720
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHORIZATION LAB					63,338	91,815	3,287
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M					1,585	4,980	
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		32,432			2,752	127,053	
060 02 NOTRE DAME AMBULATORY CLI					1,504	234,254	
060 03 FAMILY CARE CLINIC		97,294				310,392	14,242
060 04 PEDIATRIC CLINIC					20,562	184,318	
060 05 BARRINGTON URGENT CARE						213,718	
061 EMERGENCY					43,418	1,690,884	7,669
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES		35,657			10,903	88,306	
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					40,066	1,392,004	33,963
095 SPEC PURPOSE COST CENTERS	49,813	165,383	38,774	12,265	2,445,105	24,982,294	583,936
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP						558,820	46,014
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-NOTRE D	NEW CAP REL C OSTS-PRIMARY	NEW CAP REL 5 OSTS PROSPECT	NEW CAP REL C OSTS - PLAIN	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE FITS	BENE COMMUNICATION S
		3.11	3.12	3.13	3.14	4	5	6.01
097	01 NONREIMBURS COST CENTERS							
098	01 UNFUNDED RESEARCH		74,423				76,912	
099	01 PHYSICIANS' PRIVATE OFFIC				40,361	3,211	933,529	8,765
099	01 NONPAID WORKERS							
099	01 FUND RAISING						22,811	
099	02 BANK							
099	03 VACANT SPACE							
099	04 BILLING OFFICE						30,666	2,191
099	05 O/P MEALS							
099	06 BROWN MEDICAL STUDENTS						27,382	
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	49,813	239,806	38,774	52,626	2,448,316	26,632,414	640,906

COST CENTER DESCRIPTION	INFORMATION S	PURCHASING RE	ADMITTING	BUSINESS OFFI	SUBTOTAL	OTHER ADMINIS	GRANTS ADMINI
	ERVICES	CEIVING AND		CE		TRATIVE AND	STRATION
	6.02	6.03	6.04	6.05	6a.05	6.06	6.07
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES	3,791,974						
006 03 PURCHASING RECEIVING AND		1,122,205					
006 04 ADMITTING		679	413,236				
006 05 BUSINESS OFFICE	2,190,206	1,130		4,491,822			
006 06 OTHER ADMINISTRATIVE AND	1,423,536	56,697			15,443,991	15,443,991	
006 07 GRANTS ADMINISTRATION		1,547			568,028	65,520	633,548
007 MAINTENANCE & REPAIRS	1,545	17,977			1,804,927	208,193	
008 OPERATION OF PLANT		32,181			4,098,655	472,768	
009 LAUNDRY & LINEN SERVICE		7,885			707,064	81,558	
010 HOUSEKEEPING		13,838			2,714,674	313,130	
011 DIETARY		21,231			1,617,528	186,577	
012 CAFETERIA		34,014			1,532,903	176,816	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,074			2,580,255	297,625	
015 CENTRAL SERVICES & SUPPLY		9,766			951,473	109,750	
016 PHARMACY	183	5,580			1,832,796	211,408	
017 MEDICAL RECORDS & LIBRARY	86,463	3,015			1,496,470	172,613	
018 SOCIAL SERVICE		15			269,719	31,111	
019 DEPARTMENT OF MEDICINE		2,327			1,201,880	138,633	
019 01 DEPARTMENT OF CARDIOLOGY		10,849			1,494,057	172,335	
019 02 DEPARTMENT OF SURGERY		1,820			555,557	64,082	
019 03 DEPARTMENT OF FAMILY CARE		14,339			4,387,564	506,092	79,033
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		1,717			5,207,118	600,625	
023 I&R SERVICES-OTHER PRGM C		1,211			1,647,327	190,014	
024 PARAMED ED PRGM-(SPECIFY)		38			551,211	63,581	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS		31,292	84,458	440,704	15,860,542	1,829,421	
026 ADULTS & PEDIATRICS		11,111	27,152	141,683	4,820,421	556,021	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		3,376	10,675	55,702	2,275,175	262,435	
033 NURSERY		160	2,937	15,326	107,228	12,368	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		60,290	28,944	429,562	7,230,673	834,036	
039 ENDOSCOPY		5,683	3,604	77,170	1,005,418	115,972	
040 01 DELIVERY ROOM & LABOR ROO			2,714	20,844	27,624	3,186	
041 ULTRASOUND		1,555	5,746	105,609	607,049	70,021	
041 RADIOLOGY-DIAGNOSTIC		19,668	9,043	164,916	4,444,578	512,669	
042 01 CT SCAN		11,790	13,499	245,721	1,470,192	169,582	
042 02 MAGNETIC RESONANCE IMAGIN		8,568	6,156	118,559	789,248	91,037	
043 RADIOISOTOPE	60,580	1,297	3,420	51,068	693,998	80,051	
044 LABORATORY		81,995	96,672	944,829	10,630,608	1,226,209	
047 BLOOD STORING, PROCESSING		7,275	3,685	28,360	1,578,202	182,041	
049 RESPIRATORY THERAPY		5,821	15,621	97,192	2,817,892	325,035	
050 PHYSICAL THERAPY		13,256	8,335	148,338	2,607,868	300,810	
051 OCCUPATIONAL THERAPY		3,156	6,299	72,148	1,093,652	126,149	
052 SPEECH PATHOLOGY		1,039	2,507	35,436	911,319	105,118	
053 ELECTROCARDIOLOGY		96	7,918	78,778	129,850	14,978	
054 ELECTROENCEPHALOGRAPHY		8	268	15,606	88,373	10,194	
055 MEDICAL SUPPLIES CHARGED		265,438	30,385	274,202	6,655,262	767,665	
056 DRUGS CHARGED TO PATIENTS		274,896	35,648	403,816	7,016,403	809,321	
059 01 CARDIAC CATHETERIZATION LAB		5,974	1,107	7,320	650,366	75,018	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M		32		158	22,453	2,590	
059 04 INPATIENT RENAL DIALYSIS			1,511	8,362	280,386	32,342	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		1,145		10,616	640,836	73,919	
060 02 NOTRE DAME AMBULATORY CLI		3,360		18,441	682,405	78,713	
060 03 FAMILY CARE CLINIC		4,290		41,766	1,505,898	173,701	2,649
060 04 PEDIATRIC CLINIC		4,078		21,924	772,653	89,123	
060 05 BARRINGTON URGENT CARE		6,700		6,220	669,579	77,234	
061 EMERGENCY		15,239	4,932	203,145	5,139,483	592,824	
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES		1,156		22,100	577,775	66,645	
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		14,527		186,201	6,410,325	739,412	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,763,192	1,103,461	413,236	4,491,822	140,876,931	14,468,271	81,682
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH		18,585			3,139,291	362,108	

COST CENTER DESCRIPTION	INFORMATION SERVICES	PURCHASING RECEIVING AND	RE ADMITTING	BUSINESS OFFICE	SUBTOTAL	OTHER ADMINISTRATIVE AND	ADMINISTRATIVE AND	GRANTS ADMINISTRATION
	6.02	6.03	6.04	6.05	6a.05	6.06		6.07
097 01 NONREIMBURS COST CENTERS								
098 01 UNFUNDED RESEARCH					382,394	44,108		551,866
098 PHYSICIANS' PRIVATE OFFICE		154			4,220,449	486,816		
099 NONPAID WORKERS								
099 01 FUND RAISING					91,341	10,536		
099 02 BANK								
099 03 VACANT SPACE								
099 04 BILLING OFFICE	28,782		5		153,875	17,749		
099 05 O/P MEALS								
099 06 BROWN MEDICAL STUDENTS					471,643	54,403		
099 07 NONREIMBURSABLE SERVICES								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,791,974	1,122,205	413,236	4,491,822	149,335,924	15,443,991		633,548

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS	2,013,120						
008 OPERATION OF PLANT	345,758	4,917,181					
009 LAUNDRY & LINEN SERVICE	33,147	97,753	919,522				
010 HOUSEKEEPING	49,393	145,664	15,665	3,238,526			
011 DIETARY	46,347	136,682	5,692		1,992,826		
012 CAFETERIA	25,917	76,433	9,119	54,262		1,875,450	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	33,263	98,094		8,139		37,880	
015 CENTRAL SERVICES & SUPPLY	41,142	121,330	15,722	36,175		21,757	
016 PHARMACY	13,115	38,677	44	18,087		33,304	
017 MEDICAL RECORDS & LIBRARY	22,887	67,495		12,661		46,878	
018 SOCIAL SERVICE	5,316	15,678		4,522		5,132	
019 DEPARTMENT OF MEDICINE	51,266	151,188	407	10,400		13,176	
019 01 DEPARTMENT OF CARDIOLOGY	23,894	70,464	5,445	18,087		14,580	
019 02 DEPARTMENT OF SURGERY	10,069	29,694	258	14,470		4,924	
019 03 DEPARTMENT OF FAMILY CARE	20,123	59,344	4,048	63,306		59,568	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						124,268	
023 I&R SERVICES-OTHER PRGM C	23,466	69,202	1,975	37,983		21,913	
024 PARAMED ED PRGM-(SPECIFY)	1,737	5,122		2,044		5,582	
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	292,437	862,420	433,423	1,096,099	1,445,461	357,671	
026 INTENSIVE CARE UNIT	45,315	133,638	66,326	189,917	211,140	89,751	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	24,488	72,216	42,134	156,311	221,341	45,370	
033 NURSERY	9,998	29,486	3,897	12,661		676	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	156,094	460,333	125,921	196,917		106,966	
037 01 ENDOSCOPY	40,900	120,617	15,049	27,131		11,650	
039 DELIVERY ROOM & LABOR ROO	25,943	76,507	17,921	66,923			
040 01 ULTRASOUND	3,303	9,740		3,617		7,992	
041 RADIOLOGY-DIAGNOSTIC	51,749	152,613	21,020	41,601		68,618	
042 01 CT SCAN	5,236	15,441	1,542			15,100	
042 02 MAGNETIC RESONANCE IMAGIN	3,232	9,532	1,398			8,530	
043 RADIOISOTOPE	9,092	26,814	707	1,809		10,593	
044 LABORATORY	98,077	289,235	3,726	108,524		174,354	
047 BLOOD STORING, PROCESSING	9,656	28,477		3,617		11,095	
049 RESPIRATORY THERAPY	26,446	77,992	142	32,557		59,430	
050 PHYSICAL THERAPY	42,773	126,141	23,834	55,438		32,974	
051 OCCUPATIONAL THERAPY	5,704	16,822		4,938		20,856	
052 SPEECH PATHOLOGY	5,926	17,475	998	5,788		17,146	
053 ELECTROCARDIOLOGY	1,465	4,320		5,426		485	
054 ELECTROENCEPHALOGRAPHY	13,548	39,953	1,481	1,809		1,474	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHERIZATION LAB	7,048	20,786	8,909	27,131		7,403	
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M	4,128	12,175	409			832	
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	36,409	107,374	374	35,958		20,353	
060 01 NOTRE DAME AMBULATORY CLI	5,432	16,020	1,762	151,934		17,181	
060 02 FAMILY CARE CLINIC	74,666	220,197		64,445		39,579	
060 03 PEDIATRIC CLINIC	5,860	17,282				18,134	
060 05 BARRINGTON URGENT CARE			133			13,644	
061 EMERGENCY	35,770	105,488	73,200	264,076		114,560	
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES	10,054	29,650	3,672	104,002		7,316	
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	44,807	132,139		36,175		110,763	
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	1,842,396	4,413,703	912,370	3,061,759	1,877,942	1,779,458	
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	7,899	23,295		10,852		1,872	
097 RESEARCH	110,668	326,368	3,758	116,664		38,678	

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13	
097 01 NONREIMBURS COST CENTERS								
098 01 UNFUNDED RESEARCH							3,606	
099 PHYSICIANS' PRIVATE OFFIC	654	1,930	3,394	45,218		43,376		
099 01 NONPAID WORKERS	232	683						
099 02 FUND RAISING	4,234	12,486					2,236	
099 03 BANK	46,070	135,865		3,617				
099 04 VACANT SPACE	967	2,851						
099 05 BILLING OFFICE				416			5,132	
099 06 O/P MEALS						114,884		
099 07 BROWN MEDICAL STUDENTS							1,092	
099 08 NONREIMBURSABLE SERVICES								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,013,120	4,917,181	919,522	3,238,526	1,992,826	1,875,450		

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	DEPARTMENT OF	DEPARTMENT OF
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	MEDICINE	CARDIOLOGY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,055,256						
015 CENTRAL SERVICES & SUPPLY		1,297,349					
016 PHARMACY		1,666	2,149,097				
017 MEDICAL RECORDS & LIBRARY			2	1,819,006			
018 SOCIAL SERVICE					331,478		
019 DEPARTMENT OF MEDICINE						1,566,950	
019 01 DEPARTMENT OF CARDIOLOGY	67,599	2,217	44,387				1,913,065
019 02 DEPARTMENT OF SURGERY		273	441				
019 03 DEPARTMENT OF FAMILY CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			403				
023 I&R SERVICES-OTHER PRGM C						496,409	
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,182,719	50,820	17,633	1,185,627	281,858	333,134	
026 INTENSIVE CARE UNIT	281,168	18,401	6,269	69,122		46,852	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	130,540	4,994	589	15,825			
033 NURSERY	30,878			33,106			
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	364,731	120,283	52,890	289,586			
039 ENDOSCOPY	40,479	10,179	238				
040 DELIVERY ROOM & LABOR ROO	29,638						
040 01 ULTRASOUND		544	76				
041 RADIOLOGY-DIAGNOSTIC	362	4,479	227	18,918			
042 01 CT SCAN		22,401	32				
042 02 MAGNETIC RESONANCE IMAGIN		7,599	23				
043 RADIOISOTOPE		240	79				
044 LABORATORY	301	191,138	4,691	100,955			
047 BLOOD STORING, PROCESSING		18,500					
049 RESPIRATORY THERAPY		12,490	1,718	10,732			
050 PHYSICAL THERAPY		2,254	287	6,185			
051 OCCUPATIONAL THERAPY		1,929	81				
052 SPEECH PATHOLOGY		317					
053 ELECTROCARDIOLOGY			1	22,919			1,913,065
054 ELECTROENCEPHALOGRAPHY		4		910			
055 MEDICAL SUPPLIES CHARGED		764,823					
056 DRUGS CHARGED TO PATIENTS			1,974,639				
059 01 CARDIAC CATHORIZATION LAB	25,712	9,853	146				
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M			11				
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	68,121	1,393	3,462	15,098		379,985	
060 01 NOTRE DAME AMBULATORY CLI	40,722	1,836	16,585				
060 02 FAMILY CARE CLINIC	129,931	2,426	9,655		49,620		
060 03 PEDIATRIC CLINIC		127	30				
060 05 BARRINGTON URGENT CARE	46,531	1,988	2,486				
061 EMERGENCY	273,734	31,135	5,355	50,023			
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES	25,414	2,447	386				
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	316,314	10,593	6,275				
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,054,894	1,297,349	2,149,097	1,819,006	331,478	1,256,380	1,913,065
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	DEPARTMENT OF MEDICINE	DEPARTMENT OF RADIOLOGY
	NONREIMBURS COST CENTERS	14	15	16	17	18	19	19.01
097	01 UNFUNDED RESEARCH						212,322	
098	PHYSICIANS' PRIVATE OFFICE		362				31,339	
099	NONPAID WORKERS							
099	01 FUND RAISING							
099	02 BANK							
099	03 VACANT SPACE							
099	04 BILLING OFFICE							
099	05 O/P MEALS							
099	06 BROWN MEDICAL STUDENTS						66,909	
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,055,256	1,297,349	2,149,097	1,819,006	331,478	1,566,950	1,913,065

COST CENTER DESCRIPTION	DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
	19.02	19.03	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-MACCOLL							
003 03 NEW CAP REL COSTS-RICHARD							
003 04 NEW CAP REL COSTS-WOOD							
003 05 NEW CAP REL COSTS-HODGSON							
003 06 NEW CAP REL COSTS-OPD							
003 07 NEW CAP REL COSTS-GARAGE							
003 08 NEW CAP REL COSTS-ABC							
003 09 NEW CAP REL COSTS-AMBULAT							
003 10 NEW CAP REL COSTS-SAYLES							
003 11 NEW CAP REL COSTS-NOTRE D							
003 12 NEW CAP REL COSTS-PRIMARY							
003 13 NEW CAP REL 555 PROSPECT							
003 14 NEW CAP REL COSTS - PLAIN							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 INFORMATION SERVICES							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 BUSINESS OFFICE							
006 06 OTHER ADMINISTRATIVE AND							
006 07 GRANTS ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 DEPARTMENT OF MEDICINE							
019 01 DEPARTMENT OF CARDIOLOGY							
019 02 DEPARTMENT OF SURGERY	679,768						
019 03 DEPARTMENT OF FAMILY CARE		5,179,078					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					5,932,414		
023 I&R SERVICES-OTHER PRGM C	138,224	2,128,602				4,755,115	
024 PARAMED ED PRGM-(SPECIFY)							629,277
024 01 PSYCHOLOGY INTERNS PARAME							
025 INPAT ROUTINE SRVC CNTRS					1,986,668	1,592,411	
026 ADULTS & PEDIATRICS		227,362			617,761	495,165	
027 INTENSIVE CARE UNIT		32,110					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER					10,290	8,248	
033 NURSERY		15,019					
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	195,064				91,845	73,618	629,277
039 ENDOSCOPY							
040 01 DELIVERY ROOM & LABOR ROO					74,543	59,750	
041 ULTRASOUND							
042 01 RADIOLOGY-DIAGNOSTIC					8,308	6,659	
042 02 CT SCAN							
043 02 MAGNETIC RESONANCE IMAGIN							
043 RADIOISOTOPE							
044 LABORATORY					236,281	189,391	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					49,543	39,711	
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					22,866	18,328	
054 ELECTROENCEPHALOGRAPHY					72,409	58,039	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 01 CARDIAC CATHERIZATION LAB							
059 02 MEDICAL REHAB							
059 03 NOTRE DAME OCCUPATIONAL M							
059 04 INPATIENT RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					709,759	568,906	
060 02 NOTRE DAME AMBULATORY CLI					7,622	6,109	
060 03 FAMILY CARE CLINIC		2,026,055			1,712,887	1,372,961	
060 04 PEDIATRIC CLINIC		174,535					
060 05 BARRINGTON URGENT CARE							
061 EMERGENCY					312,577	250,546	
062 OBSERVATION BEDS (NON-DIS							
063 O/P CHEMO & IV PROCEDURES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	333,288	4,603,683			5,913,359	4,739,842	629,277
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH					19,055	15,273	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		DEPARTMENT OF SURGERY	DEPARTMENT OF FAMILY CARE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)
		19.02	19.03	20	21	22	23	24
097	01 NONREIMBURS COST CENTERS							
098	UNFUNDED RESEARCH	3,128	14,501					
099	PHYSICIANS' PRIVATE OFFIC	268,223	355,285					
099	NONPAID WORKERS							
099	01 FUND RAISING							
099	02 BANK							
099	03 VACANT SPACE							
099	04 BILLING OFFICE							
099	05 O/P MEALS							
099	06 BROWN MEDICAL STUDENTS	75,129	205,609					
099	07 NONREIMBURSABLE SERVICES							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	679,768	5,179,078			5,932,414	4,755,115	629,277

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PSYCHOLOGY IN SUBTOTAL TERMS PARAME	I&R COST POST STEP-DOWN ADJ	TOTAL	
	24.01	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
003 01 NEW CAP REL COSTS-BLDG &				
003 02 NEW CAP REL COSTS-MACCOLL				
003 03 NEW CAP REL COSTS-RICHARD				
003 04 NEW CAP REL COSTS-WOOD				
003 05 NEW CAP REL COSTS-HODGSON				
003 06 NEW CAP REL COSTS-OPD				
003 07 NEW CAP REL COSTS-GARAGE				
003 08 NEW CAP REL COSTS-ABC				
003 09 NEW CAP REL COSTS-AMBULAT				
003 10 NEW CAP REL COSTS-SAYLES				
003 11 NEW CAP REL COSTS-NOTRE D				
003 12 NEW CAP REL COSTS-PRIMARY				
003 13 NEW CAP REL 555 PROSPECT				
003 14 NEW CAP REL COSTS - PLAIN				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 INFORMATION SERVICES				
006 03 PURCHASING RECEIVING AND				
006 04 ADMITTING				
006 05 BUSINESS OFFICE				
006 06 OTHER ADMINISTRATIVE AND				
006 07 GRANTS ADMINISTRATION				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 DEPARTMENT OF MEDICINE				
019 01 DEPARTMENT OF CARDIOLOGY				
019 02 DEPARTMENT OF SURGERY				
019 03 DEPARTMENT OF FAMILY CARE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM-(SPECIFY)				
024 01 PSYCHOLOGY INTERNS PARAME				
025 INPAT ROUTINE SRVC CNTRS	29,035,706	-3,579,079	25,456,627	
026 ADULTS & PEDIATRICS	7,679,377	-1,112,926	6,566,451	
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE UNIT				
031 SURGICAL INTENSIVE CARE U	3,269,956	-18,538	3,251,418	
033 SUBPROVIDER	255,317		255,317	
037 NURSERY				
037 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM	10,928,234	-165,463	10,762,771	
039 01 ENDOSCOPY	1,387,633		1,387,633	
040 01 DELIVERY ROOM & LABOR ROO	382,035	-134,293	247,742	
041 01 ULTRASOUND	702,342		702,342	
042 01 RADIOLOGY-DIAGNOSTIC	5,331,801	-14,967	5,316,834	
042 02 CT SCAN	1,699,526		1,699,526	
043 02 MAGNETIC RESONANCE IMAGIN	910,599		910,599	
044 02 RADIOISOTOPE	823,383		823,383	
047 02 LABORATORY	13,253,490	-425,672	12,827,818	
049 02 BLOOD STORING, PROCESSING	1,831,588		1,831,588	
050 02 RESPIRATORY THERAPY	3,453,688	-89,254	3,364,434	
051 02 PHYSICAL THERAPY	3,198,564		3,198,564	
052 02 OCCUPATIONAL THERAPY	1,270,131		1,270,131	
053 02 SPEECH PATHOLOGY	1,064,087		1,064,087	
054 02 ELECTROCARDIOLOGY	2,133,703	-41,194	2,092,509	
055 02 ELECTROENCEPHALOGRAPHY	288,194	-130,448	157,746	
056 02 MEDICAL SUPPLIES CHARGED	8,187,750		8,187,750	
059 02 DRUGS CHARGED TO PATIENTS	9,800,363		9,800,363	
059 01 CARDIAC CATHERIZATION LAB	832,372		832,372	
059 02 MEDICAL REHAB				
059 03 NOTRE DAME OCCUPATIONAL M	42,598		42,598	
059 04 INPATIENT RENAL DIALYSIS	312,728		312,728	
060 04 OUTPAT SERVICE COST CNTRS				
060 01 CLINIC	2,661,947	-1,278,665	1,383,282	
060 02 NOTRE DAME AMBULATORY CLI	1,026,321	-13,731	1,012,590	
060 03 FAMILY CARE CLINIC	7,384,670	-3,085,848	4,298,822	
060 04 PEDIATRIC CLINIC	1,077,877		1,077,877	
060 05 BARRINGTON URGENT CARE	904,298		904,298	
061 EMERGENCY	7,248,771	-563,123	6,685,648	
062 OBSERVATION BEDS (NON-DIS				
063 O/P CHEMO & IV PROCEDURES	827,361		827,361	
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY	7,806,803		7,806,803	
095 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS	137,013,213	-10,653,201	126,360,012	
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP	43,918		43,918	
097 RESEARCH	4,131,863	-34,328	4,097,535	

COST CENTER DESCRIPTION		PSYCHOLOGY IN TERMS PARAME	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		24.01	25	26	27
NONREIMBURS COST CENTERS					
097	01 UNFUNDED RESEARCH		1,211,925		1,211,925
098	PHYSICIANS' PRIVATE OFFIC		5,457,046		5,457,046
099	NONPAID WORKERS		915		915
099	01 FUND RAISING		120,833		120,833
099	02 BANK		185,552		185,552
099	03 VACANT SPACE		3,818		3,818
099	04 BILLING OFFICE		177,172		177,172
099	05 O/P MEALS		114,884		114,884
099	06 BROWN MEDICAL STUDENTS		874,785		874,785
099	07 NONREIMBURSABLE SERVICES				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL		149,335,924	-10,687,529	138,648,395

