

**2009 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum**

**UID: HOSP610- Roosevelt Warm Springs Rehabilitation Hospital**

| Section 1: Hospital Only Data from Hospital Financial Survey (HFS): |  |                           |                           |                        |                         |               |                               |                              |                 |   |                                  |
|---|--|---------------------------|---------------------------|------------------------|-------------------------|---------------|-------------------------------|------------------------------|-----------------|---|----------------------------------|
| HFS Source:   | Contractual Adj's, Hill Burton, Bad Debt, Gross Indigent and Charity Care, and Other Free Care |                           |                           |                        |                         |               |                               |                              |                 | Total Deductions of All Types (Sum Col 2-9) | Net Patient Revenue (Col 1 - 10) |
|   | Part C, 1  | Part C, 1                 | Part C, 1                 | Part C, 1              | Part C, 1               | Part C, 1     | Part E, 1                     | Part E, 1                    | Part C, 1       |   |                                  |
|   | Gross Patient Charges  | Medicare Contractual Adjs | Medicaid Contractual Adjs | Other Contractual Adjs | Hill Burton Obligations | Bad Debt      | Gross Indigent Care (IP & OP) | Gross Charity Care (IP & OP) | Other Free Care |   |                                  |
|   | 1  | 2                         | 3                         | 4                      | 5                       | 6             | 7                             | 8                            | 9               | 10  | 11                               |
| Inpatient Gross Patient Revenue                                     | 11,068,310   |                           |                           |                        |                         |               |                               |                              |                 |   |                                  |
| Outpatient Gross Patient Revenue                                    | 1,571,192  |                           |                           |                        |                         |               |                               |                              |                 |   |                                  |
| Per Part C, 1. Financial Table                                      |  | 1,411,215                 | (190,134)                 | 1,249,581              | 0                       | 27,966        |                               |                              | 263,401         |   |                                  |
| Per Part E, 1. Indigent and Charity Care                            |  |                           |                           |                        |                         |               | 486,280                       | 82,482                       |                 |   |                                  |
| <b>Totals per HFS</b>   | <b>12,639,502</b>  | <b>1,411,215</b>          | <b>(190,134)</b>          | <b>1,249,581</b>       | <b>0</b>                | <b>27,966</b> | <b>486,280</b>                | <b>82,482</b>                | <b>263,401</b>  | <b>3,330,791</b>                            | <b>9,308,711</b>                 |
| <b>Section 2: Reconciling Items to Financial Statements:</b>        |  |                           |                           |                        |                         |               |                               |                              | <b>(B)</b>      |   | <b>(B)</b>                       |
| <b>Non-Hospital Services:</b>                                       |  |                           |                           |                        |                         |               |                               |                              |                 |   |                                  |
| > Professional Fees   | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > Home Health Agency  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > SNF/NF Swing Bed Services   | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > Nursing Home  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > Hospice   | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > Freestanding Ambulatory Surg. Centers                             | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > na  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| Bad Debt (Expense per Financials) (A)                               |  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| Indigent Care Trust Fund Income                                     |  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| <b>Other Reconciling Items:</b>                                     |  |                           |                           |                        |                         |               |                               |                              |                 |   |                                  |
| > MEDICAID COST SETTLEMENT  | 665,220  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > MEDICARE COST SETTLEMENT  | 3,379  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > MISC. INCOME  | 747,836  |                           |                           |                        |                         |               |                               |                              |                 | 0   |                                  |
| > INDIGENT CARE PRIOR YR  | 0  |                           |                           |                        |                         |               |                               |                              |                 | 281,553                                     |                                  |
| <b>Total Reconciling Items</b>                                      | <b>1,416,435</b>   |                           |                           |                        |                         |               |                               |                              |                 | <b>281,553</b>                              | <b>1,134,882</b>                 |
| <b>Total Per Form</b>   | <b>14,055,937</b>  |                           |                           |                        |                         |               |                               |                              |                 | <b>3,612,344</b>                            | <b>10,443,593</b>                |
| <b>Total Per Financial Statements</b>                               | <b>14,055,937</b>  |                           |                           |                        |                         |               |                               |                              |                 |   | <b>10,443,593</b>                |
| <b>Unreconciled Difference (Must be Zero)</b>                       | <b>0</b>   |                           |                           |                        |                         |               |                               |                              |                 |   | <b>0</b>                         |

(A) Due to specific differences in the presentation of data on the HFS, Bad Debt per Financials may differ from the amount reported on the HFS-proper (Part C).

(B) Taxable Net Patient Revenue will equal Net Patient Revenue in Section 1 column 11, plus Other Free Care in Section 1 column 9.