# 2010 Hospital Financial Survey Hospital Financial Statements Reconciliation Addendum
## UID: HOSP550- Coastal Harbor Treatment Center

**Section 1:  Hospital Only Data from Hospital Financial Survey (HFS):**

| | 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 | Total Deductions of All Types (Sum Col 2-9) | Net Patient Revenue (Col 1 - 10) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HFS Source: | 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 | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Inpatient Gross Patient Revenue | 35,955,690 | | | | | | | | | | |
| Outpatient Gross Patient Revenue | 374,110 | | | | | | | | | | |
| Per Part C, 1. Financial Table | | 0 | 13,853,830 | 5,872,710 | 0 | 271,426 | | | 0 | | |
| Per Part E, 1. Indigent and Charity Care | | | | | | | 0 | 241,276 | | | |
| **Totals per HFS** | 36,329,800 | 0 | 13,853,830 | 5,872,710 | 0 | 271,426 | 0 | 241,276 | 0 | 20,239,242 | 16,090,558 |
| **Section 2:  Reconciling Items to Financial Statements:** | | | | | | | | | | (B) | (B) |
| Non-Hospital Services: | | | | | | | | | | | |
| > 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 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| Bad Debt (Expense per Financials) (A) | | | | | | | | | | 0 | |
| Indigent Care Trust Fund Income | | | | | | | | | | 0 | |
| Other Reconciling Items: | | | | | | | | | | | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| > N/A | 0 | | | | | | | | | 0 | |
| **Total Reconciling Items** | 0 | | | | | | | | | 0 | 0 |
| | | | | | | | | | | | |
| Total Per Form | 36,329,800 | | | | | | | | | 20,239,242 | 16,090,558 |
| Total Per Financial Statements | 36,329,800 | | | | | | | | | | 16,090,558 |
| Unreconciled Difference (Must be Zero) | 0 | | | | | | | | | | 0 |

(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.