

**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): |  |                           |                           |                        |                         |                |                               |                              |                 |   |                                  |
|---|--|---------------------------|---------------------------|------------------------|-------------------------|----------------|-------------------------------|------------------------------|-----------------|---|----------------------------------|
| 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                                     | 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                      |                 |   |                                  |
| <b>Totals per HFS</b>   | <b>36,329,800</b>  | <b>0</b>                  | <b>13,853,830</b>         | <b>5,872,710</b>       | <b>0</b>                | <b>271,426</b> | <b>0</b>                      | <b>241,276</b>               | <b>0</b>        | <b>20,239,242</b>                           | <b>16,090,558</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   |                                  |
| > 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   |                                  |
| <b>Other Reconciling Items:</b>                                     |  |                           |                           |                        |                         |                |                               |                              |                 |   |                                  |
| > N/A   | 0  |                           |                           |                        |                         |                |                               |                              |                 | 0   |                                  |
| > N/A   | 0  |                           |                           |                        |                         |                |                               |                              |                 | 0   |                                  |
| > N/A   | 0  |                           |                           |                        |                         |                |                               |                              |                 | 0   |                                  |
| > N/A   | 0  |                           |                           |                        |                         |                |                               |                              |                 | 0   |                                  |
| <b>Total Reconciling Items</b>                                      | <b>0</b>   |                           |                           |                        |                         |                |                               |                              |                 | <b>0</b>                                    | <b>0</b>                         |
| <b>Total Per Form</b>   | <b>36,329,800</b>  |                           |                           |                        |                         |                |                               |                              |                 | <b>20,239,242</b>                           | <b>16,090,558</b>                |
| <b>Total Per Financial Statements</b>                               | <b>36,329,800</b>  |                           |                           |                        |                         |                |                               |                              |                 |   | <b>16,090,558</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.