

CR Hospital Compare Report 2019

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100002	BETHESDA HOSPITAL INC. BOYNTON BEACH, FL 33435						
	Period Ending	09/30/2015	09/30/2016	09/30/2017	09/30/2018	09/30/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	641911	667165	662493	654642	666862	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	77,682,647.	84,258,132.	72,061,573.	104,500,222.	190,888,135.	
00300	Total Charges	77,682,647.	84,258,132.	72,061,573.	104,500,222.	190,888,135.	
00300	Subprovider - IRF						
00100	Inpatient Charges	13,476,240.	12,884,400.	23,535,238.	9,657,195.	22,128,522.	
00300	Total Charges	13,476,240.	12,884,400.	23,535,238.	9,657,195.	22,128,522.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	91,158,887.	97,142,532.	95,596,811.	114,157,417.	213,016,657.	
00300	Total Charges	91,158,887.	97,142,532.	95,596,811.	114,157,417.	213,016,657.	
01100	Intensive Care Unit						
00100	Inpatient Charges	0.	0.	18,131,004.	22,863,091.	43,706,876.	
00300	Total Charges	0.	0.	18,131,004.	22,863,091.	43,706,876.	
01200	Coronary Care Unit						
00100	Inpatient Charges	25,792,896.	24,668,655.	14,349,432.	17,435,956.	35,725,657.	
00100	Inpatient Charges	1,306,060.	1,129,300.	1,072,835.	902,050.	1,426,365.	01201
00100	Inpatient Charges	0.	0.	11,884,785.	13,454,196.	23,241,033.	01202
00300	Total Charges	25,792,896.	24,668,655.	14,349,432.	17,435,956.	35,725,657.	
00300	Total Charges	1,306,060.	1,129,300.	1,072,835.	902,050.	1,426,365.	01201
00300	Total Charges	0.	0.	11,884,785.	13,454,196.	23,241,033.	01202
01500	Other Special Care						
00100	Inpatient Charges	12,342,885.	14,625,975.	0.	0.	0.	
00300	Total Charges	12,342,885.	14,625,975.	0.	0.	0.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	39,441,841.	40,423,930.	45,438,056.	54,655,293.	104,099,931.	
00300	Total Charges	39,441,841.	40,423,930.	45,438,056.	54,655,293.	104,099,931.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	130,600,728.	137,566,462.	141,034,867.	168,812,710.	317,116,588.	
00300	Total Charges	130,600,728.	137,566,462.	141,034,867.	168,812,710.	317,116,588.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100002	BETHESDA HOSPITAL INC. BOYNTON BEACH, FL 33435						
01800	Ancillary Services						
00100	Inpatient Charges	760,424,407.	875,927,725.	865,209,706.	853,716,701.	993,043,830.	
00200	Outpatient Charges	521,036,831.	0.	678,857,767.	853,716,701.	682,033,897.	
00300	Total Charges	1,281,461,238.	875,927,725.	1,544,067,473.	1,707,433,402.	1,675,077,727.	
01900	Outpatient Services						
00100	Inpatient Charges	36,176,716.	109,013.	0.	47,503,459.	52,473,380.	
00200	Outpatient Charges	114,444,407.	657,669,767.	0.	47,503,459.	154,232,164.	
00300	Total Charges	150,621,123.	657,778,780.	0.	95,006,918.	206,705,544.	
02600	Hospice						
00100	Inpatient Charges	3,450,342.	0.	0.	0.	0.	
00300	Total Charges	3,450,342.	0.	0.	0.	0.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	2,458,982.	3,930,164.	4,482,388.	3,744,757.	6,245,460.	
00100	Inpatient Charges	6,774,406.	6,977,861.	0.	0.	0.	02701
00300	Total Charges	2,458,982.	3,930,164.	4,482,388.	3,744,757.	6,245,460.	
00300	Total Charges	6,774,406.	6,977,861.	0.	0.	0.	02701
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	939,885,581.	1,024,511,225.	1,010,726,961.	1,073,777,627.	1,368,879,258.	
00200	Outpatient Charges	635,481,238.	657,669,767.	678,857,767.	901,220,160.	836,266,061.	
00300	Total Charges	1,575,366,819.	1,682,180,992.	1,689,584,728.	1,974,997,787.	2,205,145,319.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	302,799,885.	318,075,144.	342,041,172.	331,443,022.	325,284,201.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	18,541,601.	-2,049,894.	0.	0.	0.	
00100	Inpatient Charges	0.	0.	18,169,362.	0.	1.	03100
00100	Inpatient Charges	0.	0.	1.	0.	0.	03200
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	18,541,601.	-2,049,894.	18,169,363.	0.	1.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	321,341,486.	316,025,250.	360,210,535.	331,443,022.	325,284,202.	
100080	JFK MEDICAL CENTER ATLANTIS, FL 33462						
	Period Ending	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019	
	Worksheet Days	365	366	365	365	365	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100080	JFK MEDICAL CENTER ATLANTIS, FL 33462						
	Worksheet ID	626270	665347	646546	660496	660497	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	269,061,389.	304,926,106.	394,714,494.	432,337,034.	423,861,715.	
00300	Total Charges	269,061,389.	304,926,106.	394,714,494.	432,337,034.	423,861,715.	
00200	Subprovider - IPF						
00100	Inpatient Charges	29,107,311.	51,327,407.	149,746,148.	154,161,728.	158,159,303.	
00300	Total Charges	29,107,311.	51,327,407.	149,746,148.	154,161,728.	158,159,303.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	298,168,700.	356,253,513.	544,460,642.	586,498,762.	582,021,018.	
00300	Total Charges	298,168,700.	356,253,513.	544,460,642.	586,498,762.	582,021,018.	
01100	Intensive Care Unit						
00100	Inpatient Charges	77,590,451.	98,889,727.	114,682,046.	115,264,094.	110,078,605.	
00300	Total Charges	77,590,451.	98,889,727.	114,682,046.	115,264,094.	110,078,605.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	77,590,451.	98,889,727.	114,682,046.	115,264,094.	110,078,605.	
00300	Total Charges	77,590,451.	98,889,727.	114,682,046.	115,264,094.	110,078,605.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	375,759,151.	455,143,240.	659,142,688.	701,762,856.	692,099,623.	
00300	Total Charges	375,759,151.	455,143,240.	659,142,688.	701,762,856.	692,099,623.	
01800	Ancillary Services						
00100	Inpatient Charges	1,836,516,465.	2,095,612,674.	2,437,151,811.	2,572,353,306.	2,781,236,097.	
00200	Outpatient Charges	1,007,473,757.	1,130,221,456.	1,534,536,500.	1,722,090,464.	1,840,887,782.	
00300	Total Charges	2,843,990,222.	3,225,834,130.	3,971,688,311.	4,294,443,770.	4,622,123,879.	
01900	Outpatient Services						
00100	Inpatient Charges	84,527,711.	97,243,010.	126,269,921.	131,745,126.	147,016,310.	
00200	Outpatient Charges	150,234,555.	183,115,620.	261,869,465.	284,749,662.	303,902,973.	
00300	Total Charges	234,762,266.	280,358,630.	388,139,386.	416,494,788.	450,919,283.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	2,214,064.	0.	0.	0.	0.	
00300	Total Charges	2,214,064.	0.	0.	0.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	2,299,017,391.	2,647,998,924.	3,222,564,420.	3,405,861,288.	3,620,352,030.	
00200	Outpatient Charges	1,157,708,312.	1,313,337,076.	1,796,405,965.	2,006,840,126.	2,144,790,755.	
00300	Total Charges	3,456,725,703.	3,961,336,000.	5,018,970,385.	5,412,701,414.	5,765,142,785.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100080	JFK MEDICAL CENTER ATLANTIS, FL 33462						
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	391,465,529.	426,739,778.	513,109,486.	533,723,945.	528,642,272.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	36.	0.	37.	8.	0.	
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	36.	0.	37.	8.	0.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	116,259.	302,414.	344,067.	223,029.	227,731.	
00100	Inpatient Charges	0.	417.	0.	0.	0.	03800
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	116,259.	302,831.	344,067.	223,029.	227,731.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	391,349,306.	426,436,947.	512,765,456.	533,500,924.	528,414,541.	
100130	LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430						
	Period Ending	09/30/2015	09/30/2016	09/30/2017	09/30/2018	09/30/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	633400	663424	622648	644242	675037	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	10,507,636.	10,641,784.	9,708,342.	8,929,392.	6,247,918.	
00300	Total Charges	10,507,636.	10,641,784.	9,708,342.	8,929,392.	6,247,918.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	10,507,636.	10,641,784.	9,708,342.	8,929,392.	6,247,918.	
00300	Total Charges	10,507,636.	10,641,784.	9,708,342.	8,929,392.	6,247,918.	
01100	Intensive Care Unit						
00100	Inpatient Charges	2,399,804.	2,109,638.	2,523,979.	1,638,944.	1,381,319.	
00300	Total Charges	2,399,804.	2,109,638.	2,523,979.	1,638,944.	1,381,319.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	2,399,804.	2,109,638.	2,523,979.	1,638,944.	1,381,319.	
00300	Total Charges	2,399,804.	2,109,638.	2,523,979.	1,638,944.	1,381,319.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	12,907,440.	12,751,422.	12,232,321.	10,568,336.	7,629,237.	
00300	Total Charges	12,907,440.	12,751,422.	12,232,321.	10,568,336.	7,629,237.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

01800	Ancillary Services						
00100	Inpatient Charges	45,805,314.	46,260,704.	45,155,133.	41,404,664.	32,667,459.	
00200	Outpatient Charges	39,677,311.	42,374,993.	47,286,959.	52,642,421.	63,592,655.	
00300	Total Charges	85,482,625.	88,635,697.	92,442,092.	94,047,085.	96,260,114.	
01900	Outpatient Services						
00100	Inpatient Charges	3,281,626.	3,493,307.	2,800,479.	2,900,205.	2,546,638.	
00200	Outpatient Charges	22,226,960.	22,469,229.	22,836,567.	22,299,422.	24,519,129.	
00300	Total Charges	25,508,586.	25,962,536.	25,637,046.	25,199,627.	27,065,767.	
02700	Other - Discription Not Available						
00200	Outpatient Charges	541,456.	496,856.	593,497.	666,792.	0.	
00300	Total Charges	541,456.	496,856.	593,497.	666,792.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	61,994,380.	62,505,433.	60,187,933.	54,873,205.	42,843,334.	
00200	Outpatient Charges	62,445,727.	65,341,078.	70,717,023.	75,608,635.	88,111,784.	
00300	Total Charges	124,440,107.	127,846,511.	130,904,956.	130,481,840.	130,955,118.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	43,821,991.	44,466,084.	44,668,281.	48,824,965.	53,454,038.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	43,821,991.	44,466,084.	44,668,281.	48,824,965.	53,454,038.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

	Period Ending	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019	
	Worksheet Days	365	366	365	365	92	
	Worksheet ID	646201	646136	653746	639209	660182	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	103,545,463.	103,659,174.	103,229,405.	110,521,571.	102,265,954.	
00300	Total Charges	103,545,463.	103,659,174.	103,229,405.	110,521,571.	102,265,954.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	103,545,463.	103,659,174.	103,229,405.	110,521,571.	102,265,954.	
00300	Total Charges	103,545,463.	103,659,174.	103,229,405.	110,521,571.	102,265,954.	
01100	Intensive Care Unit						
00100	Inpatient Charges	13,521,164.	12,589,094.	12,547,114.	13,247,670.	13,306,207.	
00100	Inpatient Charges	4,122,964.	4,095,394.	3,509,702.	10,732,398.	10,084,000.	01101
00300	Total Charges	13,521,164.	12,589,094.	12,547,114.	13,247,670.	13,306,207.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100168	BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486						
00300	Total Charges	4,122,964.	4,095,394.	3,509,702.	10,732,398.	10,084,000.	01101
01400	Surgical Intensive Care Unit						
00100	Inpatient Charges	9,720,921.	9,813,433.	10,211,885.	10,095,177.	9,688,061.	
00300	Total Charges	9,720,921.	9,813,433.	10,211,885.	10,095,177.	9,688,061.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	27,365,049.	26,497,921.	26,268,701.	34,075,245.	33,078,268.	
00300	Total Charges	27,365,049.	26,497,921.	26,268,701.	34,075,245.	33,078,268.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	130,910,512.	130,157,095.	129,498,106.	144,596,816.	135,344,222.	
00300	Total Charges	130,910,512.	130,157,095.	129,498,106.	144,596,816.	135,344,222.	
01800	Ancillary Services						
00100	Inpatient Charges	569,809,339.	636,111,030.	644,437,693.	682,332,377.	712,722,468.	
00200	Outpatient Charges	955,891,717.	1,030,359,801.	1,126,935,967.	1,200,394,561.	1,309,792,721.	
00300	Total Charges	1,525,701,056.	1,666,470,831.	1,771,373,660.	1,882,726,938.	2,022,515,189.	
01900	Outpatient Services						
00100	Inpatient Charges	23,000,164.	25,374,291.	27,827,784.	29,199,610.	32,482,968.	
00200	Outpatient Charges	58,584,233.	71,204,658.	72,846,097.	72,630,606.	88,414,244.	
00300	Total Charges	81,584,397.	96,578,949.	100,673,881.	101,830,216.	120,897,212.	
02200	Home Health Agency						
00200	Outpatient Charges	4,937,839.	4,726,276.	4,844,085.	4,925,228.	3,103,594.	
00300	Total Charges	4,937,839.	4,726,276.	4,844,085.	4,925,228.	3,103,594.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	-408,672.	319,760.	7,217,044.	119,942.	0.	
00200	Outpatient Charges	13,539,032.	819,859.	3,927,793.	534,538.	14,897,245.	
00200	Outpatient Charges	0.	13,407,600.	12,372,955.	13,564,649.	0.	02701
00300	Total Charges	13,130,360.	1,139,619.	11,144,837.	654,480.	14,897,245.	
00300	Total Charges	0.	13,407,600.	12,372,955.	13,564,649.	0.	02701
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	723,311,343.	791,962,176.	808,980,627.	856,248,745.	880,549,658.	
00200	Outpatient Charges	1,032,952,821.	1,120,518,194.	1,220,926,897.	1,292,049,582.	1,416,207,804.	
00300	Total Charges	1,756,264,164.	1,912,480,370.	2,029,907,524.	2,148,298,327.	2,296,757,462.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	374,414,372.	419,896,411.	444,537,796.	478,488,679.	518,248,710.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	374,414,372.	419,896,411.	444,537,796.	478,488,679.	518,248,710.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100168	BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486						
	Period Ending	09/30/2015	09/30/2016	09/30/2017	09/30/2018	09/30/2019	
	Worksheet Days	365	366	365	365	92	
	Worksheet ID	0	0	0	0	667398	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	0.	0.	0.	0.	23,769,010.	
00300	Total Charges	0.	0.	0.	0.	23,769,010.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	0.	0.	0.	0.	23,769,010.	
00300	Total Charges	0.	0.	0.	0.	23,769,010.	
01100	Intensive Care Unit						
00100	Inpatient Charges	0.	0.	0.	0.	3,096,187.	
00100	Inpatient Charges	0.	0.	0.	0.	2,231,500.	01101
00300	Total Charges	0.	0.	0.	0.	3,096,187.	
00300	Total Charges	0.	0.	0.	0.	2,231,500.	01101
01400	Surgical Intensive Care Unit						
00100	Inpatient Charges	0.	0.	0.	0.	2,031,232.	
00300	Total Charges	0.	0.	0.	0.	2,031,232.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	0.	0.	0.	0.	7,358,919.	
00300	Total Charges	0.	0.	0.	0.	7,358,919.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	0.	0.	0.	0.	31,127,929.	
00300	Total Charges	0.	0.	0.	0.	31,127,929.	
01800	Ancillary Services						
00100	Inpatient Charges	0.	0.	0.	0.	159,651,563.	
00200	Outpatient Charges	0.	0.	0.	0.	295,426,383.	
00300	Total Charges	0.	0.	0.	0.	455,077,946.	
01900	Outpatient Services						
00100	Inpatient Charges	0.	0.	0.	0.	7,196,331.	
00200	Outpatient Charges	0.	0.	0.	0.	20,780,677.	
00300	Total Charges	0.	0.	0.	0.	27,977,008.	
02200	Home Health Agency						
00200	Outpatient Charges	0.	0.	0.	0.	535,783.	
00300	Total Charges	0.	0.	0.	0.	535,783.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

02700	Other - Discription Not Available						
00200	Outpatient Charges	0.	0.	0.	0.	3,249,634.	
00300	Total Charges	0.	0.	0.	0.	3,249,634.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	0.	0.	0.	0.	197,975,823.	
00200	Outpatient Charges	0.	0.	0.	0.	319,992,477.	
00300	Total Charges	0.	0.	0.	0.	517,968,300.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	0.	0.	0.	0.	128,079,364.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	0.	0.	0.	0.	128,079,364.	

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

	Period Ending	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	612064	645242	655049	648896	669729	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	88,204,991.	88,219,093.	111,694,660.	129,744,185.	149,292,009.	
00300	Total Charges	88,204,991.	88,219,093.	111,694,660.	129,744,185.	149,292,009.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	88,204,991.	88,219,093.	111,694,660.	129,744,185.	149,292,009.	
00300	Total Charges	88,204,991.	88,219,093.	111,694,660.	129,744,185.	149,292,009.	
01100	Intensive Care Unit						
00100	Inpatient Charges	48,523,573.	54,325,424.	63,969,697.	76,004,143.	94,600,373.	
00300	Total Charges	48,523,573.	54,325,424.	63,969,697.	76,004,143.	94,600,373.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	48,523,573.	54,325,424.	63,969,697.	76,004,143.	94,600,373.	
00300	Total Charges	48,523,573.	54,325,424.	63,969,697.	76,004,143.	94,600,373.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	136,728,564.	142,544,517.	175,664,357.	205,748,328.	243,892,382.	
00300	Total Charges	136,728,564.	142,544,517.	175,664,357.	205,748,328.	243,892,382.	
01800	Ancillary Services						
00100	Inpatient Charges	593,791,172.	647,575,253.	810,252,652.	914,576,597.	1,024,399,980.	
00200	Outpatient Charges	385,295,404.	458,065,742.	538,392,172.	601,543,572.	677,800,451.	
00300	Total Charges	979,086,576.	1,105,640,995.	1,348,644,824.	1,516,120,169.	1,702,200,431.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	730,519,736.	790,119,770.	985,917,009.	1,120,324,925.	1,268,292,362.	
00200	Outpatient Charges	385,295,404.	458,065,742.	538,392,172.	601,543,572.	677,800,451.	
00300	Total Charges	1,115,815,140.	1,248,185,512.	1,524,309,181.	1,721,868,497.	1,946,092,813.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	182,984,204.	186,935,312.	186,465,372.	194,004,039.	204,733,276.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	12,300.	43,210.	65,686.	2,484.	35,800.	
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	12,300.	43,210.	65,686.	2,484.	35,800.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	26.	0.	0.	0.	03900
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	0.	26.	0.	0.	0.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	182,996,504.	186,978,496.	186,531,058.	194,006,523.	204,769,076.	

100234 WEST PALM HOSPITAL WEST PALM BEACH, FL 33407

	Period Ending	03/31/2015	03/31/2016	03/31/2017	03/31/2018	03/31/2019	
	Worksheet Days	365	275	0	0	0	
	Worksheet ID	0	652071	0	0	0	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	0.	51,923,577.	0.	0.	0.	
00300	Total Charges	0.	51,923,577.	0.	0.	0.	
00200	Subprovider - IPF						
00100	Inpatient Charges	0.	60,066,765.	0.	0.	0.	
00300	Total Charges	0.	60,066,765.	0.	0.	0.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	0.	111,990,342.	0.	0.	0.	
00300	Total Charges	0.	111,990,342.	0.	0.	0.	
01100	Intensive Care Unit						
00100	Inpatient Charges	0.	8,692,128.	0.	0.	0.	
00300	Total Charges	0.	8,692,128.	0.	0.	0.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100234	WEST PALM HOSPITAL WEST PALM BEACH, FL 33407						
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	0.	8,692,128.	0.	0.	0.	
00300	Total Charges	0.	8,692,128.	0.	0.	0.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	0.	120,682,470.	0.	0.	0.	
00300	Total Charges	0.	120,682,470.	0.	0.	0.	
01800	Ancillary Services						
00100	Inpatient Charges	0.	184,844,941.	0.	0.	0.	
00200	Outpatient Charges	0.	182,334,549.	0.	0.	0.	
00300	Total Charges	0.	367,179,490.	0.	0.	0.	
01900	Outpatient Services						
00100	Inpatient Charges	0.	26,091,361.	0.	0.	0.	
00200	Outpatient Charges	0.	46,009,188.	0.	0.	0.	
00300	Total Charges	0.	72,100,549.	0.	0.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	0.	331,618,772.	0.	0.	0.	
00200	Outpatient Charges	0.	228,343,737.	0.	0.	0.	
00300	Total Charges	0.	559,962,509.	0.	0.	0.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	0.	67,151,108.	0.	0.	0.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	13.	0.	0.	0.	
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	0.	13.	0.	0.	0.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	176,914.	0.	0.	0.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	0.	176,914.	0.	0.	0.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	0.	66,974,207.	0.	0.	0.	
	Period Ending	06/30/2015	06/30/2016	06/30/2017	06/30/2018	06/30/2019	
	Worksheet Days	365	275	0	0	0	
	Worksheet ID	616007	0	0	0	0	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100234	WEST PALM HOSPITAL WEST PALM BEACH, FL 33407						
00100	Hospital						
00100	Inpatient Charges	62,395,696.	0.	0.	0.	0.	
00300	Total Charges	62,395,696.	0.	0.	0.	0.	
00200	Subprovider - IPF						
00100	Inpatient Charges	74,767,232.	0.	0.	0.	0.	
00300	Total Charges	74,767,232.	0.	0.	0.	0.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	137,162,928.	0.	0.	0.	0.	
00300	Total Charges	137,162,928.	0.	0.	0.	0.	
01100	Intensive Care Unit						
00100	Inpatient Charges	9,751,714.	0.	0.	0.	0.	
00300	Total Charges	9,751,714.	0.	0.	0.	0.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	9,751,714.	0.	0.	0.	0.	
00300	Total Charges	9,751,714.	0.	0.	0.	0.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	146,914,642.	0.	0.	0.	0.	
00300	Total Charges	146,914,642.	0.	0.	0.	0.	
01800	Ancillary Services						
00100	Inpatient Charges	224,097,089.	0.	0.	0.	0.	
00200	Outpatient Charges	217,111,906.	0.	0.	0.	0.	
00300	Total Charges	441,208,995.	0.	0.	0.	0.	
01900	Outpatient Services						
00100	Inpatient Charges	28,830,084.	0.	0.	0.	0.	
00200	Outpatient Charges	51,571,777.	0.	0.	0.	0.	
00300	Total Charges	80,401,861.	0.	0.	0.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	399,841,815.	0.	0.	0.	0.	
00200	Outpatient Charges	268,683,683.	0.	0.	0.	0.	
00300	Total Charges	668,525,498.	0.	0.	0.	0.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	88,583,348.	0.	0.	0.	0.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	15.	0.	0.	0.	0.	
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	15.	0.	0.	0.	0.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100234 WEST PALM HOSPITAL WEST PALM BEACH, FL 33407

03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	138,812.	0.	0.	0.	0.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	138,812.	0.	0.	0.	0.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	88,444,551.	0.	0.	0.	0.	

100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

	Period Ending	09/30/2015	09/30/2016	09/30/2017	09/30/2018	09/30/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	626781	646137	667648	646027	665666	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	43,206,507.	40,082,355.	42,698,214.	53,365,692.	73,414,908.	
00300	Total Charges	43,206,507.	40,082,355.	42,698,214.	53,365,692.	73,414,908.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	43,206,507.	40,082,355.	42,698,214.	53,365,692.	73,414,908.	
00300	Total Charges	43,206,507.	40,082,355.	42,698,214.	53,365,692.	73,414,908.	
01100	Intensive Care Unit						
00100	Inpatient Charges	11,023,573.	11,447,838.	12,040,638.	12,480,107.	19,006,925.	
00300	Total Charges	11,023,573.	11,447,838.	12,040,638.	12,480,107.	19,006,925.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	11,023,573.	11,447,838.	12,040,638.	12,480,107.	19,006,925.	
00300	Total Charges	11,023,573.	11,447,838.	12,040,638.	12,480,107.	19,006,925.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	54,230,080.	51,530,193.	54,738,852.	65,845,799.	92,421,833.	
00300	Total Charges	54,230,080.	51,530,193.	54,738,852.	65,845,799.	92,421,833.	
01800	Ancillary Services						
00100	Inpatient Charges	357,002,912.	357,169,578.	393,283,537.	376,284,155.	468,200,156.	
00200	Outpatient Charges	410,357,162.	409,270,486.	497,710,420.	528,356,362.	600,184,072.	
00300	Total Charges	767,360,074.	766,440,064.	890,993,957.	904,640,517.	1,068,384,228.	
01900	Outpatient Services						
00100	Inpatient Charges	12,237,705.	14,444,645.	17,277,618.	16,882,921.	25,935,322.	
00200	Outpatient Charges	43,744,794.	53,891,330.	68,910,280.	68,020,256.	80,090,360.	
00300	Total Charges	55,982,499.	68,335,975.	86,187,898.	84,903,177.	106,025,682.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100253 JUPITER MEDICAL CENTER JUPITER, FL 33458

02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	423,470,697.	423,144,416.	465,300,007.	459,012,875.	586,557,311.	
00200	Outpatient Charges	454,101,956.	463,161,816.	566,620,700.	596,376,618.	680,274,432.	
00300	Total Charges	877,572,653.	886,306,232.	1,031,920,707.	1,055,389,493.	1,266,831,743.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	196,082,067.	207,843,995.	231,758,740.	236,830,329.	280,282,146.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	196,082,067.	207,843,995.	231,758,740.	236,830,329.	280,282,146.	

100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

	Period Ending	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	644440	651458	655369	650120	669732	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	192,212,566.	189,337,331.	205,530,357.	230,794,109.	300,513,311.	
00300	Total Charges	192,212,566.	189,337,331.	205,530,357.	230,794,109.	300,513,311.	
00200	Subprovider - IPF						
00100	Inpatient Charges	37,201,042.	40,431,257.	37,731,698.	47,603,311.	56,281,154.	
00300	Total Charges	37,201,042.	40,431,257.	37,731,698.	47,603,311.	56,281,154.	
00300	Subprovider - IRF						
00100	Inpatient Charges	36,330,473.	37,649,393.	38,789,761.	42,860,721.	43,700,937.	
00300	Total Charges	36,330,473.	37,649,393.	38,789,761.	42,860,721.	43,700,937.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	265,744,081.	267,417,981.	282,051,816.	321,258,141.	400,495,402.	
00300	Total Charges	265,744,081.	267,417,981.	282,051,816.	321,258,141.	400,495,402.	
01100	Intensive Care Unit						
00100	Inpatient Charges	53,067,363.	57,864,956.	63,777,761.	69,815,514.	87,030,476.	
00300	Total Charges	53,067,363.	57,864,956.	63,777,761.	69,815,514.	87,030,476.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	53,067,363.	57,864,956.	63,777,761.	69,815,514.	87,030,476.	
00300	Total Charges	53,067,363.	57,864,956.	63,777,761.	69,815,514.	87,030,476.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	318,811,444.	325,282,937.	345,829,577.	391,073,655.	487,525,878.	
00300	Total Charges	318,811,444.	325,282,937.	345,829,577.	391,073,655.	487,525,878.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484							
01800	Ancillary Services						
00100	Inpatient Charges	1,340,571,546.	1,509,519,194.	1,649,053,531.	1,929,210,968.	2,221,017,758.	
00200	Outpatient Charges	549,909,969.	664,888,217.	750,388,458.	935,190,228.	988,128,490.	
00300	Total Charges	1,890,481,515.	2,174,407,411.	2,399,441,989.	2,864,401,196.	3,209,146,248.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	1,659,382,990.	1,834,802,131.	1,994,883,108.	2,320,284,623.	2,708,543,636.	
00200	Outpatient Charges	549,909,969.	664,888,217.	750,388,458.	935,190,228.	988,128,490.	
00300	Total Charges	2,209,292,959.	2,499,690,348.	2,745,271,566.	3,255,474,851.	3,696,672,126.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	280,379,266.	298,646,163.	300,303,306.	328,656,093.	359,662,245.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	2,882,665.	2,810,597.	0.	3,084,304.	2,772,950.	
00100	Inpatient Charges	0.	0.	2,545,048.	0.	0.	03800
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	2,882,665.	2,810,597.	2,545,048.	3,084,304.	2,772,950.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	277,496,601.	295,835,566.	297,758,258.	325,571,789.	356,889,295.	
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428							
	Period Ending	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	652686	646285	663827	650442	669926	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	51,555,430.	58,436,950.	71,032,111.	95,635,397.	117,307,538.	
00300	Total Charges	51,555,430.	58,436,950.	71,032,111.	95,635,397.	117,307,538.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	51,555,430.	58,436,950.	71,032,111.	95,635,397.	117,307,538.	
00300	Total Charges	51,555,430.	58,436,950.	71,032,111.	95,635,397.	117,307,538.	
01100	Intensive Care Unit						
00100	Inpatient Charges	16,271,150.	20,581,165.	25,348,661.	34,826,843.	39,347,500.	
00300	Total Charges	16,271,150.	20,581,165.	25,348,661.	34,826,843.	39,347,500.	
01500	Other Special Care						
00100	Inpatient Charges	25,295,000.	24,469,603.	25,104,090.	27,757,925.	39,291,780.	
00100	Inpatient Charges	2,622,400.	2,488,893.	2,243,200.	3,672,256.	5,781,189.	01501

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100268	WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428						
00300	Total Charges	25,295,000.	24,469,603.	25,104,090.	27,757,925.	39,291,780.	
00300	Total Charges	2,622,400.	2,488,893.	2,243,200.	3,672,256.	5,781,189.	01501
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	44,188,550.	47,539,661.	52,695,951.	66,257,024.	84,420,469.	
00300	Total Charges	44,188,550.	47,539,661.	52,695,951.	66,257,024.	84,420,469.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	95,743,980.	105,976,611.	123,728,062.	161,892,421.	201,728,007.	
00300	Total Charges	95,743,980.	105,976,611.	123,728,062.	161,892,421.	201,728,007.	
01800	Ancillary Services						
00100	Inpatient Charges	286,573,967.	335,102,447.	407,268,501.	514,314,807.	594,562,029.	
00200	Outpatient Charges	248,542,975.	290,853,036.	375,548,063.	512,283,203.	589,345,708.	
00300	Total Charges	535,116,942.	625,955,483.	782,816,564.	1,026,598,010.	1,183,907,737.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	3,318,900.	3,585,189.	4,937,223.	6,359,423.	7,639,720.	
00300	Total Charges	3,318,900.	3,585,189.	4,937,223.	6,359,423.	7,639,720.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	385,636,847.	444,664,247.	535,933,786.	682,566,651.	803,929,756.	
00200	Outpatient Charges	248,542,975.	290,853,036.	375,548,063.	512,283,203.	589,345,708.	
00300	Total Charges	634,179,822.	735,517,283.	911,481,849.	1,194,849,854.	1,393,275,464.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	134,434,094.	145,953,635.	142,525,041.	150,708,542.	172,092,951.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	143,154.	731,625.	0.	13,750.	7,700.	
00100	Inpatient Charges	0.	0.	1,704.	0.	0.	03300
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	143,154.	731,625.	1,704.	13,750.	7,700.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	134,577,248.	146,685,260.	142,526,745.	150,722,292.	172,100,651.	
100269	PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470						
	Period Ending	05/31/2015	05/31/2016	05/31/2017	05/31/2018	05/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	641794	664026	672793	662503	656067	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100269	PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470						
00100	Hospital						
00100	Inpatient Charges	81,801,816.	91,632,777.	90,653,640.	86,464,364.	92,775,680.	
00300	Total Charges	81,801,816.	91,632,777.	90,653,640.	86,464,364.	92,775,680.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	81,801,816.	91,632,777.	90,653,640.	86,464,364.	92,775,680.	
00300	Total Charges	81,801,816.	91,632,777.	90,653,640.	86,464,364.	92,775,680.	
01100	Intensive Care Unit						
00100	Inpatient Charges	25,047,684.	27,665,616.	28,132,176.	30,241,558.	32,849,880.	
00300	Total Charges	25,047,684.	27,665,616.	28,132,176.	30,241,558.	32,849,880.	
01500	Other Special Care						
00100	Inpatient Charges	0.	0.	697,628.	11,230,340.	13,945,767.	
00300	Total Charges	0.	0.	697,628.	11,230,340.	13,945,767.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	25,047,684.	27,665,616.	28,829,804.	41,471,898.	46,795,647.	
00300	Total Charges	25,047,684.	27,665,616.	28,829,804.	41,471,898.	46,795,647.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	106,849,500.	119,298,393.	119,483,444.	127,936,262.	139,571,327.	
00300	Total Charges	106,849,500.	119,298,393.	119,483,444.	127,936,262.	139,571,327.	
01800	Ancillary Services						
00100	Inpatient Charges	638,521,125.	739,790,912.	744,498,182.	733,703,823.	814,335,127.	
00200	Outpatient Charges	345,236,056.	397,816,056.	441,622,710.	542,034,118.	608,518,952.	
00300	Total Charges	983,757,181.	1,137,606,968.	1,186,120,892.	1,275,737,941.	1,422,854,079.	
01900	Outpatient Services						
00100	Inpatient Charges	32,883,750.	36,242,019.	37,982,874.	39,191,947.	45,378,522.	
00200	Outpatient Charges	54,936,655.	64,773,210.	74,793,254.	93,947,621.	110,204,635.	
00300	Total Charges	87,820,405.	101,015,229.	112,776,128.	133,139,568.	155,583,157.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	0.	0.	0.	40,000.	0.	
00300	Total Charges	0.	0.	0.	40,000.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	778,254,375.	895,331,324.	901,964,500.	900,872,032.	999,284,976.	
00200	Outpatient Charges	400,172,711.	462,589,266.	516,415,964.	635,981,739.	718,723,587.	
00300	Total Charges	1,178,427,086.	1,357,920,590.	1,418,380,464.	1,536,853,771.	1,718,008,563.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	139,450,370.	145,995,921.	141,161,504.	145,565,661.	144,470,830.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	20.	0.	22.	0.	
00100	Inpatient Charges	0.	0.	3.	0.	0.	03100
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	0.	20.	3.	22.	0.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	96,312.	78,253.	77,704.	51,959.	0.	
00100	Inpatient Charges	0.	0.	0.	0.	1,320.	03800
00100	Inpatient Charges	0.	0.	0.	0.	9,925.	03900
00100	Inpatient Charges	0.	0.	0.	0.	27.	04000
00100	Inpatient Charges	0.	0.	0.	0.	43,284.	04100
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	96,312.	78,253.	77,704.	51,959.	54,556.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	139,354,058.	145,917,688.	141,083,803.	145,513,724.	144,416,274.	

100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

	Period Ending	12/31/2015	12/31/2016	12/31/2017	12/31/2018	12/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	672794	670451	661706	674655	672912	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	97,326,360.	108,217,370.	128,249,524.	137,403,749.	169,528,397.	
00300	Total Charges	97,326,360.	108,217,370.	128,249,524.	137,403,749.	169,528,397.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	97,326,360.	108,217,370.	128,249,524.	137,403,749.	169,528,397.	
00300	Total Charges	97,326,360.	108,217,370.	128,249,524.	137,403,749.	169,528,397.	
01100	Intensive Care Unit						
00100	Inpatient Charges	26,352,120.	30,893,685.	35,060,605.	36,149,068.	43,335,807.	
00100	Inpatient Charges	15,961,885.	13,380,900.	12,876,505.	17,567,511.	11,814,915.	01101
00300	Total Charges	26,352,120.	30,893,685.	35,060,605.	36,149,068.	43,335,807.	
00300	Total Charges	15,961,885.	13,380,900.	12,876,505.	17,567,511.	11,814,915.	01101

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100275	WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414						
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	42,314,005.	44,274,585.	47,937,110.	53,716,579.	55,150,722.	
00300	Total Charges	42,314,005.	44,274,585.	47,937,110.	53,716,579.	55,150,722.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	139,640,365.	152,491,955.	176,186,634.	191,120,328.	224,679,119.	
00300	Total Charges	139,640,365.	152,491,955.	176,186,634.	191,120,328.	224,679,119.	
01800	Ancillary Services						
00100	Inpatient Charges	461,066,815.	511,442,544.	588,267,904.	632,430,510.	735,072,951.	
00200	Outpatient Charges	313,277,990.	349,915,629.	407,576,411.	428,990,784.	446,314,583.	
00300	Total Charges	774,344,805.	861,358,173.	995,844,315.	1,061,421,294.	1,181,387,534.	
01900	Outpatient Services						
00100	Inpatient Charges	20,224,250.	24,467,850.	26,472,774.	31,267,084.	40,733,814.	
00200	Outpatient Charges	86,533,202.	95,176,771.	111,819,518.	117,808,623.	128,867,428.	
00300	Total Charges	106,757,452.	119,644,621.	138,292,292.	149,075,707.	169,601,242.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	620,931,430.	688,402,349.	790,927,312.	854,817,922.	1,000,485,884.	
00200	Outpatient Charges	399,811,192.	445,092,400.	519,395,929.	546,799,407.	575,182,011.	
00300	Total Charges	1,020,742,622.	1,133,494,749.	1,310,323,241.	1,401,617,329.	1,575,667,895.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	167,750,471.	179,780,659.	192,006,699.	205,638,043.	234,249,269.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	30,711.	641.	641.	0.	48,269,178.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	30,711.	641.	641.	0.	48,269,178.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	167,719,760.	179,780,018.	192,006,058.	205,638,043.	185,980,091.	
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401						
	Period Ending	05/31/2015	05/31/2016	05/31/2017	05/31/2018	05/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	652784	645978	652811	656615	674375	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	84,616,053.	98,551,148.	101,313,786.	146,324,515.	180,686,678.	
00300	Total Charges	84,616,053.	98,551,148.	101,313,786.	146,324,515.	180,686,678.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401						
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	84,616,053.	98,551,148.	101,313,786.	146,324,515.	180,686,678.	
00300	Total Charges	84,616,053.	98,551,148.	101,313,786.	146,324,515.	180,686,678.	
01100	Intensive Care Unit						
00100	Inpatient Charges	16,352,361.	17,826,163.	23,022,273.	18,459,886.	15,241,125.	
00300	Total Charges	16,352,361.	17,826,163.	23,022,273.	18,459,886.	15,241,125.	
01500	Other Special Care						
00100	Inpatient Charges	532,026.	533,835.	1,123,522.	2,545,471.	1,496,958.	
00300	Total Charges	532,026.	533,835.	1,123,522.	2,545,471.	1,496,958.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	16,884,387.	18,359,998.	24,145,795.	21,005,357.	16,738,083.	
00300	Total Charges	16,884,387.	18,359,998.	24,145,795.	21,005,357.	16,738,083.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	101,500,440.	116,911,146.	125,459,581.	167,329,872.	197,424,761.	
00300	Total Charges	101,500,440.	116,911,146.	125,459,581.	167,329,872.	197,424,761.	
01800	Ancillary Services						
00100	Inpatient Charges	450,071,881.	515,806,948.	546,613,785.	690,743,815.	827,842,288.	
00200	Outpatient Charges	495,290,419.	578,414,831.	647,083,542.	841,392,298.	991,404,205.	
00300	Total Charges	945,362,300.	1,094,221,779.	1,193,697,327.	1,532,136,113.	1,819,246,493.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	2,368,736.	2,421,714.	2,627,885.	2,661,762.	2,654,904.	
00300	Total Charges	2,368,736.	2,421,714.	2,627,885.	2,661,762.	2,654,904.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	553,941,057.	635,139,808.	674,701,251.	860,735,449.	1,027,921,953.	
00200	Outpatient Charges	495,290,419.	578,414,831.	647,083,542.	841,392,298.	991,404,205.	
00300	Total Charges	1,049,231,476.	1,213,554,639.	1,321,784,793.	1,702,127,747.	2,019,326,158.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	156,340,526.	166,357,494.	163,416,219.	166,587,828.	176,976,962.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	8,648.	5,461.	0.	0.	15,587.	
00100	Inpatient Charges	0.	0.	0.	115,939.	0.	03100
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	8,648.	5,461.	0.	115,939.	15,587.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	0.	132,520.	0.	0.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100287	GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401						
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	0.	0.	132,520.	0.	0.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	156,349,174.	166,362,955.	163,283,699.	166,703,767.	176,992,549.	
100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407						
	Period Ending	05/31/2015	05/31/2016	05/31/2017	05/31/2018	05/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	619335	654773	634195	662358	655763	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	138,274,047.	141,835,208.	146,547,776.	162,428,575.	188,713,828.	
00300	Total Charges	138,274,047.	141,835,208.	146,547,776.	162,428,575.	188,713,828.	
00200	Subprovider - IPF						
00100	Inpatient Charges	33,380,516.	46,942,900.	46,764,156.	44,611,011.	48,058,840.	
00300	Total Charges	33,380,516.	46,942,900.	46,764,156.	44,611,011.	48,058,840.	
00300	Subprovider - IRF						
00100	Inpatient Charges	9,876,527.	10,244,350.	10,787,617.	12,734,090.	16,863,308.	
00300	Total Charges	9,876,527.	10,244,350.	10,787,617.	12,734,090.	16,863,308.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	181,531,090.	199,022,458.	204,099,549.	219,773,676.	253,635,976.	
00300	Total Charges	181,531,090.	199,022,458.	204,099,549.	219,773,676.	253,635,976.	
01100	Intensive Care Unit						
00100	Inpatient Charges	44,038,455.	41,245,841.	39,126,141.	36,571,428.	38,007,851.	
00300	Total Charges	44,038,455.	41,245,841.	39,126,141.	36,571,428.	38,007,851.	
01500	Other Special Care						
00100	Inpatient Charges	66,431,623.	53,879,202.	46,730,411.	74,159,564.	82,236,260.	
00300	Total Charges	66,431,623.	53,879,202.	46,730,411.	74,159,564.	82,236,260.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	110,470,078.	95,125,043.	85,856,552.	110,730,992.	120,244,111.	
00300	Total Charges	110,470,078.	95,125,043.	85,856,552.	110,730,992.	120,244,111.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	292,001,168.	294,147,501.	289,956,101.	330,504,668.	373,880,087.	
00300	Total Charges	292,001,168.	294,147,501.	289,956,101.	330,504,668.	373,880,087.	
01800	Ancillary Services						
00100	Inpatient Charges	837,641,356.	871,948,658.	929,780,129.	1,060,945,050.	1,230,479,954.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
100288	ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407						
00200	Outpatient Charges	367,522,772.	407,027,635.	446,405,157.	530,784,313.	611,026,761.	
00300	Total Charges	1,205,164,128.	1,278,976,293.	1,376,185,286.	1,591,729,363.	1,841,506,715.	
02700	Other - Discription Not Available						
00100	Inpatient Charges	2,935,047.	3,020,024.	3,428,383.	4,102,570.	4,740,499.	
00300	Total Charges	2,935,047.	3,020,024.	3,428,383.	4,102,570.	4,740,499.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	1,132,577,571.	1,169,116,183.	1,223,164,613.	1,395,552,288.	1,609,100,540.	
00200	Outpatient Charges	367,522,772.	407,027,635.	446,405,157.	530,784,313.	611,026,761.	
00300	Total Charges	1,500,100,343.	1,576,143,818.	1,669,569,770.	1,926,336,601.	2,220,127,301.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	270,104,643.	275,754,069.	280,940,433.	289,701,900.	309,663,358.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	0.	37,155.	0.	0.	
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	0.	0.	37,155.	0.	0.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	71,751.	8,695.	0.	75,810.	19,270.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	71,751.	8,695.	0.	75,810.	19,270.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	270,032,892.	275,745,374.	280,977,588.	289,626,090.	309,644,088.	
102023	SSH - PALM BEACH LLC LAKE WORTH, FL 33461						
	Period Ending	11/30/2015	11/30/2016	11/30/2017	11/30/2018	11/30/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	599942	638451	669790	647246	671254	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	
00300	Total Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	
00300	Total Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	
00300	Total Charges	35,941,852.	38,329,213.	43,108,194.	51,489,278.	59,772,730.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

01800	Ancillary Services						
00100	Inpatient Charges	50,994,155.	56,780,395.	62,817,512.	70,971,730.	82,880,909.	
00300	Total Charges	50,994,155.	56,780,395.	62,817,512.	70,971,730.	82,880,909.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	86,936,007.	95,109,608.	105,925,706.	122,461,008.	142,653,639.	
00300	Total Charges	86,936,007.	95,109,608.	105,925,706.	122,461,008.	142,653,639.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	27,044,317.	27,908,815.	27,619,164.	30,636,907.	31,612,304.	
03000	Add Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	0.	0.	1.	0.	03100
03600	Total Additions to Operating Expense (Lines 30 to 35)						
00200	Outpatient Charges	0.	0.	0.	1.	0.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	437,939.	420,465.	55,075.	0.	0.	
00100	Inpatient Charges	0.	0.	0.	0.	2.	03800
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	437,939.	420,465.	55,075.	0.	2.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	26,606,378.	27,488,350.	27,564,089.	30,636,908.	31,612,302.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

	Period Ending	08/31/2015	08/31/2016	08/31/2017	08/31/2018	08/31/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	632928	596863	632779	664462	664371	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	24,618,526.	30,493,697.	36,734,784.	34,685,977.	36,505,240.	
00300	Total Charges	24,618,526.	30,493,697.	36,734,784.	34,685,977.	36,505,240.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	24,618,526.	30,493,697.	36,734,784.	34,685,977.	36,505,240.	
00300	Total Charges	24,618,526.	30,493,697.	36,734,784.	34,685,977.	36,505,240.	
01100	Intensive Care Unit						
00100	Inpatient Charges	6,459,730.	6,716,264.	7,181,775.	6,997,760.	8,438,748.	
00300	Total Charges	6,459,730.	6,716,264.	7,181,775.	6,997,760.	8,438,748.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
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102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services						
00100	Inpatient Charges	6,459,730.	6,716,264.	7,181,775.	6,997,760.	8,438,748.	
00300	Total Charges	6,459,730.	6,716,264.	7,181,775.	6,997,760.	8,438,748.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	31,078,256.	37,209,961.	43,916,559.	41,683,737.	44,943,988.	
00300	Total Charges	31,078,256.	37,209,961.	43,916,559.	41,683,737.	44,943,988.	
01800	Ancillary Services						
00100	Inpatient Charges	69,350,228.	75,752,307.	85,927,414.	81,355,116.	89,644,783.	
00200	Outpatient Charges	0.	0.	0.	591,354.	466,547.	
00300	Total Charges	69,350,228.	75,752,307.	85,927,414.	81,946,470.	90,111,330.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	100,428,484.	112,962,268.	129,843,973.	123,038,853.	134,588,771.	
00200	Outpatient Charges	0.	0.	0.	591,354.	466,547.	
00300	Total Charges	100,428,484.	112,962,268.	129,843,973.	123,630,207.	135,055,318.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	23,414,657.	24,719,113.	26,954,631.	25,924,338.	25,499,081.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	23,414,657.	24,719,113.	26,954,631.	25,924,338.	25,499,081.	

104008 JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL 33407

	Period Ending	09/30/2015	09/30/2016	09/30/2017	09/30/2018	09/30/2019	
	Worksheet Days	365	366	365	365	365	
	Worksheet ID	580912	612524	637479	663426	671749	
G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses						
00100	Hospital						
00100	Inpatient Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
00300	Total Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
01000	Worksheet G-2 Total General Inpatient Care Services						
00100	Inpatient Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
00300	Total Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
01700	Worksheet G-2 Total Inpatient Routine Care Services						
00100	Inpatient Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
00300	Total Charges	10,518,824.	11,673,185.	10,882,066.	10,283,553.	9,452,984.	
01800	Ancillary Services						
00100	Inpatient Charges	0.	0.	120,911.	1,209,629.	61,376.	
00200	Outpatient Charges	13,724,830.	12,098,925.	10,907,276.	8,703,575.	5,542,097.	
00300	Total Charges	13,724,830.	12,098,925.	11,028,187.	9,913,204.	5,603,473.	

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Col	Description	Year 2015	Year 2016	Year 2017	Year 2018	Year 2019	Type
104008	JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL 33407						
02700	Other - Discription Not Available						
00200	Outpatient Charges	0.	522,282.	0.	1,964,806.	0.	
00300	Total Charges	0.	522,282.	0.	1,964,806.	0.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)						
00100	Inpatient Charges	10,518,824.	11,673,185.	11,002,977.	11,493,182.	9,514,360.	
00200	Outpatient Charges	13,724,830.	12,621,207.	10,907,276.	10,668,381.	5,542,097.	
00300	Total Charges	24,243,654.	24,294,392.	21,910,253.	22,161,563.	15,056,457.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)						
00200	Outpatient Charges	24,997,655.	24,997,530.	24,686,682.	24,754,200.	22,791,512.	
03700	Deduct Operating Expenses - (Specify)						
00100	Inpatient Charges	0.	3.	0.	0.	2,676,157.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)						
00200	Outpatient Charges	0.	3.	0.	0.	2,676,157.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)						
00200	Outpatient Charges	24,997,655.	24,997,527.	24,686,682.	24,754,200.	20,115,355.	