

CR Hospital Custom Report 2019

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Line Line Description Col Column Desc Line Value Type
100002 BETHESDA HOSPITAL BOYNTON BEACH, FL 33435
Worksheet 666862 Period End 09/30/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	190,888,135.	
00100	Hospital	00300	Total Charges	190,888,135.	
00300	Subprovider - IRF	00100	Inpatient Charges	22,128,522.	
00300	Subprovider - IRF	00300	Total Charges	22,128,522.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	213,016,657.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	213,016,657.	
01100	Intensive Care Unit	00100	Inpatient Charges	43,706,876.	
01100	Intensive Care Unit	00300	Total Charges	43,706,876.	
01200	Coronary Care Unit	00100	Inpatient Charges	35,725,657.	
01200	Coronary Care Unit	00100	Inpatient Charges	1,426,365.	CC 01201
01200	Coronary Care Unit	00100	Inpatient Charges	23,241,033.	CC 01202
01200	Coronary Care Unit	00300	Total Charges	35,725,657.	
01200	Coronary Care Unit	00300	Total Charges	1,426,365.	CC 01201
01200	Coronary Care Unit	00300	Total Charges	23,241,033.	CC 01202
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	104,099,931.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	104,099,931.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	317,116,588.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	317,116,588.	
01800	Ancillary Services	00100	Inpatient Charges	993,043,830.	
01800	Ancillary Services	00200	Outpatient Charges	682,033,897.	
01800	Ancillary Services	00300	Total Charges	1,675,077,727.	
01900	Outpatient Services	00100	Inpatient Charges	52,473,380.	
01900	Outpatient Services	00200	Outpatient Charges	154,232,164.	
01900	Outpatient Services	00300	Total Charges	206,705,544.	
02700	HOSPICE	00000	Text Information		
02700	Other - Discription Not Available	00100	Inpatient Charges	6,245,460.	
02700	Other - Discription Not Available	00300	Total Charges	6,245,460.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	1,368,879,258.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	836,266,061.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	2,205,145,319.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	325,284,201.	
03000	ROUNDING	00000	Text Information		
03000	ROUNDING	00000	Text Information		

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03000	Add Operating Expenses - (Specify)	00100	Inpatient Charges	1.	CC 03100
03600	Total Additions to Operating Expense (Lines 30 to 35)	00200	Operating Expense	1.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	325,284,202.	

100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	423,861,715.	
00100	Hospital	00300	Total Charges	423,861,715.	
00200	Subprovider - IPF	00100	Inpatient Charges	158,159,303.	
00200	Subprovider - IPF	00300	Total Charges	158,159,303.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	582,021,018.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	582,021,018.	
01100	Intensive Care Unit	00100	Inpatient Charges	110,078,605.	
01100	Intensive Care Unit	00300	Total Charges	110,078,605.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	110,078,605.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	110,078,605.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	692,099,623.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	692,099,623.	
01800	Ancillary Services	00100	Inpatient Charges	2,781,236,097.	
01800	Ancillary Services	00200	Outpatient Charges	1,840,887,782.	
01800	Ancillary Services	00300	Total Charges	4,622,123,879.	
01900	Outpatient Services	00100	Inpatient Charges	147,016,310.	
01900	Outpatient Services	00200	Outpatient Charges	303,902,973.	
01900	Outpatient Services	00300	Total Charges	450,919,283.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	3,620,352,030.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	2,144,790,755.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	5,765,142,785.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	528,642,272.	
03700	REVENUE IN EXPENSE	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Operating Expense	227,731.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	227,731.	

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Line Line Description Col Column Desc Line Value Type
100080 JFK MEDICAL CENTER ATLANTIS, FL 33462

Worksheet 660497 Period End 06/30/2019 Days 365 Status Submitted

04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	528,414,541.	
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100130 LAKESIDE MEDICAL CENTER BELLE GLADE, FL 33430

Worksheet 675037 Period End 09/30/2019 Days 365 Status Amended

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	6,247,918.	
00100	Hospital	00300	Total Charges	6,247,918.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	6,247,918.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	6,247,918.	
01100	Intensive Care Unit	00100	Inpatient Charges	1,381,319.	
01100	Intensive Care Unit	00300	Total Charges	1,381,319.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	1,381,319.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	1,381,319.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	7,629,237.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	7,629,237.	
01800	Ancillary Services	00100	Inpatient Charges	32,667,459.	
01800	Ancillary Services	00200	Outpatient Charges	63,592,655.	
01800	Ancillary Services	00300	Total Charges	96,260,114.	
01900	Outpatient Services	00100	Inpatient Charges	2,546,638.	
01900	Outpatient Services	00200	Outpatient Charges	24,519,129.	
01900	Outpatient Services	00300	Total Charges	27,065,767.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	42,843,334.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	88,111,784.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	130,955,118.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	53,454,038.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	53,454,038.	

100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	102,265,954.	
00100	Hospital	00300	Total Charges	102,265,954.	

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100168 BOCA RATON REGIONAL HOSPITAL BOCA RATON, FL 33486
Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	102,265,954.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	102,265,954.	
01100	Intensive Care Unit	00100	Inpatient Charges	13,306,207.	
01100	Intensive Care Unit	00100	Inpatient Charges	10,084,000.	CC 01101
01100	Intensive Care Unit	00300	Total Charges	13,306,207.	
01100	Intensive Care Unit	00300	Total Charges	10,084,000.	CC 01101
01400	Surgical Intensive Care Unit	00100	Inpatient Charges	9,688,061.	
01400	Surgical Intensive Care Unit	00300	Total Charges	9,688,061.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	33,078,268.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	33,078,268.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	135,344,222.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	135,344,222.	
01800	Ancillary Services	00100	Inpatient Charges	712,722,468.	
01800	Ancillary Services	00200	Outpatient Charges	1,309,792,721.	
01800	Ancillary Services	00300	Total Charges	2,022,515,189.	
01900	Outpatient Services	00100	Inpatient Charges	32,482,968.	
01900	Outpatient Services	00200	Outpatient Charges	88,414,244.	
01900	Outpatient Services	00300	Total Charges	120,897,212.	
02200	Home Health Agency	00200	Outpatient Charges	3,103,594.	
02200	Home Health Agency	00300	Total Charges	3,103,594.	
02700	PROFESSIONAL CHARGES	00000	Text Information		
02700	Other - Discription Not Available	00200	Outpatient Charges	14,897,245.	
02700	Other - Discription Not Available	00300	Total Charges	14,897,245.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	880,549,658.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	1,416,207,804.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	2,296,757,462.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	518,248,710.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	518,248,710.	
00100	Hospital	00100	Inpatient Charges	23,769,010.	
00100	Hospital	00300	Total Charges	23,769,010.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	23,769,010.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	23,769,010.	
01100	Intensive Care Unit	00100	Inpatient Charges	3,096,187.	
01100	Intensive Care Unit	00100	Inpatient Charges	2,231,500.	CC 01101

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Line	Line Description	Col	Column Desc	Line Value	Type
100168	BOCA RATON REGIONAL HOSPITAL	BOCA RATON, FL	33486		

Worksheet 660182 Period End 06/30/2019 Days 365 Status Submitted

01100	Intensive Care Unit	00300	Total Charges	3,096,187.	
01100	Intensive Care Unit	00300	Total Charges	2,231,500.	CC 01101
01400	Surgical Intensive Care Unit	00100	Inpatient Charges	2,031,232.	
01400	Surgical Intensive Care Unit	00300	Total Charges	2,031,232.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	7,358,919.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	7,358,919.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	31,127,929.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	31,127,929.	
01800	Ancillary Services	00100	Inpatient Charges	159,651,563.	
01800	Ancillary Services	00200	Outpatient Charges	295,426,383.	
01800	Ancillary Services	00300	Total Charges	455,077,946.	
01900	Outpatient Services	00100	Inpatient Charges	7,196,331.	
01900	Outpatient Services	00200	Outpatient Charges	20,780,677.	
01900	Outpatient Services	00300	Total Charges	27,977,008.	
02200	Home Health Agency	00200	Outpatient Charges	535,783.	
02200	Home Health Agency	00300	Total Charges	535,783.	
02700	PROFESSIONAL CHARGES	00000	Text Information		
02700	Other - Discription Not Available	00200	Outpatient Charges	3,249,634.	
02700	Other - Discription Not Available	00300	Total Charges	3,249,634.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	197,975,823.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	319,992,477.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	517,968,300.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	128,079,364.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	128,079,364.	

100176 PALM BEACH GARDENS PALM BEACH GARDENS, FL 33410

Worksheet 669729 Period End 12/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	149,292,009.	
00100	Hospital	00300	Total Charges	149,292,009.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	149,292,009.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	149,292,009.	
01100	Intensive Care Unit	00100	Inpatient Charges	94,600,373.	

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Line	Line Description	Col	Column Desc	Line Value	Type
100253	JUPITER MEDICAL CENTER JUPITER, FL 33458				

Worksheet 665666 Period End 09/30/2019 Days 365 Status Submitted

01800	Ancillary Services	00300	Total Charges	1,068,384,228.	
01900	Outpatient Services	00100	Inpatient Charges	25,935,322.	
01900	Outpatient Services	00200	Outpatient Charges	80,090,360.	
01900	Outpatient Services	00300	Total Charges	106,025,682.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	586,557,311.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	680,274,432.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	1,266,831,743.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	280,282,146.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	280,282,146.	

100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	300,513,311.	
00100	Hospital	00300	Total Charges	300,513,311.	
00200	Subprovider - IPF	00100	Inpatient Charges	56,281,154.	
00200	Subprovider - IPF	00300	Total Charges	56,281,154.	
00300	Subprovider - IRF	00100	Inpatient Charges	43,700,937.	
00300	Subprovider - IRF	00300	Total Charges	43,700,937.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	400,495,402.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	400,495,402.	
01100	Intensive Care Unit	00100	Inpatient Charges	87,030,476.	
01100	Intensive Care Unit	00300	Total Charges	87,030,476.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	87,030,476.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	87,030,476.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	487,525,878.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	487,525,878.	
01800	Ancillary Services	00100	Inpatient Charges	2,221,017,758.	
01800	Ancillary Services	00200	Outpatient Charges	988,128,490.	
01800	Ancillary Services	00300	Total Charges	3,209,146,248.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	2,708,543,636.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	988,128,490.	

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Line Line Description Col Column Desc Line Value Type
100258 DELRAY MEDICAL CENTER DELRAY BEACH, FL 33484

Worksheet 669732 Period End 12/31/2019 Days 365 Status Submitted

02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	3,696,672,126.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	359,662,245.	
03700	OTHER NON-OPERATING & GAIN	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Operating Expense	2,772,950.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	2,772,950.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	356,889,295.	

100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	117,307,538.	
00100	Hospital	00300	Total Charges	117,307,538.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	117,307,538.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	117,307,538.	
01100	Intensive Care Unit	00100	Inpatient Charges	39,347,500.	
01100	Intensive Care Unit	00300	Total Charges	39,347,500.	
01500	Other Special Care	00100	Inpatient Charges	39,291,780.	
01500	Other Special Care	00100	Inpatient Charges	5,781,189.	CC 01501
01500	Other Special Care	00300	Total Charges	39,291,780.	
01500	Other Special Care	00300	Total Charges	5,781,189.	CC 01501
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	84,420,469.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	84,420,469.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	201,728,007.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	201,728,007.	
01800	Ancillary Services	00100	Inpatient Charges	594,562,029.	
01800	Ancillary Services	00200	Outpatient Charges	589,345,708.	
01800	Ancillary Services	00300	Total Charges	1,183,907,737.	
02700	NURSERY	00000	Text Information		
02700	Other - Discription Not Available	00100	Inpatient Charges	7,639,720.	
02700	Other - Discription Not Available	00300	Total Charges	7,639,720.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	803,929,756.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	589,345,708.	

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Line Line Description Col Column Desc Line Value Type
100268 WEST BOCA MEDICAL CENTER BOCA RATON, FL 33428

Worksheet 669926 Period End 12/31/2019 Days 365 Status Submitted

02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	1,393,275,464.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	172,092,951.	
03000	GAIN - LOSS	00000	Text Information		
03000	Add Operating Expenses - (Specify)	00100	Operating Expense	7,700.	
03600	Total Additions to Operating Expense (Lines 30 to 35)	00200	Operating Expense	7,700.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	172,100,651.	

100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	92,775,680.	
00100	Hospital	00300	Total Charges	92,775,680.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	92,775,680.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	92,775,680.	
01100	Intensive Care Unit	00100	Inpatient Charges	32,849,880.	
01100	Intensive Care Unit	00300	Total Charges	32,849,880.	
01500	Other Special Care	00100	Inpatient Charges	13,945,767.	
01500	Other Special Care	00300	Total Charges	13,945,767.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	46,795,647.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	46,795,647.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	139,571,327.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	139,571,327.	
01800	Ancillary Services	00100	Inpatient Charges	814,335,127.	
01800	Ancillary Services	00200	Outpatient Charges	608,518,952.	
01800	Ancillary Services	00300	Total Charges	1,422,854,079.	
01900	Outpatient Services	00100	Inpatient Charges	45,378,522.	
01900	Outpatient Services	00200	Outpatient Charges	110,204,635.	
01900	Outpatient Services	00300	Total Charges	155,583,157.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	999,284,976.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	718,723,587.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	1,718,008,563.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	144,470,830.	
03700	581160 CMS SETTLEMENT	00000	Text Information		

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Line Line Description Col Column Desc Line Value Type
100269 PALMS WEST HOSPITAL LOXAHATCHEE, FL 33470

Worksheet 656067 Period End 05/31/2019 Days 365 Status Submitted

03700	591500 INTEREST INCOME	00000	Text Information		
03700	591900 MEDICARE OP INTEREST	00000	Text Information		
03700	591935 INTEREST INCOME	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Inpatient Charges	1,320.	CC 03800
03700	Deduct Operating Expenses - (Specify)	00100	Inpatient Charges	9,925.	CC 03900
03700	Deduct Operating Expenses - (Specify)	00100	Inpatient Charges	27.	CC 04000
03700	Deduct Operating Expenses - (Specify)	00100	Inpatient Charges	43,284.	CC 04100
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	54,556.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	144,416,274.	

100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	169,528,397.	
00100	Hospital	00300	Total Charges	169,528,397.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	169,528,397.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	169,528,397.	
01100	Intensive Care Unit	00100	Inpatient Charges	43,335,807.	
01100	Intensive Care Unit	00100	Inpatient Charges	11,814,915.	CC 01101
01100	Intensive Care Unit	00300	Total Charges	43,335,807.	
01100	Intensive Care Unit	00300	Total Charges	11,814,915.	CC 01101
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	55,150,722.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	55,150,722.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	224,679,119.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	224,679,119.	
01800	Ancillary Services	00100	Inpatient Charges	735,072,951.	
01800	Ancillary Services	00200	Outpatient Charges	446,314,583.	
01800	Ancillary Services	00300	Total Charges	1,181,387,534.	
01900	Outpatient Services	00100	Inpatient Charges	40,733,814.	
01900	Outpatient Services	00200	Outpatient Charges	128,867,428.	
01900	Outpatient Services	00300	Total Charges	169,601,242.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	1,000,485,884.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	575,182,011.	

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Line Line Description Col Column Desc Line Value Type
100275 WELLINGTON REGL MEDICAL CENTER WEST PALM BEACH, FL 33414

Worksheet 672912 Period End 12/31/2019 Days 365 Status Submitted

02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	1,575,667,895.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	234,249,269.	
03700	BAD DEBTS	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Operating Expense	48,269,178.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	48,269,178.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	185,980,091.	

100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	180,686,678.	
00100	Hospital	00300	Total Charges	180,686,678.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	180,686,678.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	180,686,678.	
01100	Intensive Care Unit	00100	Inpatient Charges	15,241,125.	
01100	Intensive Care Unit	00300	Total Charges	15,241,125.	
01500	Other Special Care	00100	Inpatient Charges	1,496,958.	
01500	Other Special Care	00300	Total Charges	1,496,958.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	16,738,083.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	16,738,083.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	197,424,761.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	197,424,761.	
01800	Ancillary Services	00100	Inpatient Charges	827,842,288.	
01800	Ancillary Services	00200	Outpatient Charges	991,404,205.	
01800	Ancillary Services	00300	Total Charges	1,819,246,493.	
02700	NURSERY	00000	Text Information		
02700	Other - Discription Not Available	00100	Inpatient Charges	2,654,904.	
02700	Other - Discription Not Available	00300	Total Charges	2,654,904.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	1,027,921,953.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	991,404,205.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	2,019,326,158.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	176,976,962.	

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Line Line Description Col Column Desc Line Value Type
100287 GOOD SAMARITAN HOSPITAL WEST PALM BEACH, FL 33401

Worksheet 674375 Period End 05/31/2019 Days 365 Status Submitted

03000	LOSS - GAIN	00000	Text Information		
03000	Add Operating Expenses - (Specify)	00100	Operating Expense	15,587.	
03600	Total Additions to Operating Expense (Lines 30 to 35)	00200	Operating Expense	15,587.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	176,992,549.	

100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	188,713,828.	
00100	Hospital	00300	Total Charges	188,713,828.	
00200	Subprovider - IPF	00100	Inpatient Charges	48,058,840.	
00200	Subprovider - IPF	00300	Total Charges	48,058,840.	
00300	Subprovider - IRF	00100	Inpatient Charges	16,863,308.	
00300	Subprovider - IRF	00300	Total Charges	16,863,308.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	253,635,976.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	253,635,976.	
01100	Intensive Care Unit	00100	Inpatient Charges	38,007,851.	
01100	Intensive Care Unit	00300	Total Charges	38,007,851.	
01500	Other Special Care	00100	Inpatient Charges	82,236,260.	
01500	Other Special Care	00300	Total Charges	82,236,260.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	120,244,111.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	120,244,111.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	373,880,087.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	373,880,087.	
01800	Ancillary Services	00100	Inpatient Charges	1,230,479,954.	
01800	Ancillary Services	00200	Outpatient Charges	611,026,761.	
01800	Ancillary Services	00300	Total Charges	1,841,506,715.	
02700	NURSERY	00000	Text Information		
02700	Other - Discription Not Available	00100	Inpatient Charges	4,740,499.	
02700	Other - Discription Not Available	00300	Total Charges	4,740,499.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	1,609,100,540.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	611,026,761.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	2,220,127,301.	

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Line Line Description Col Column Desc Line Value Type

100288 ST MARYS MEDICAL CENTER WEST PALM BEACH, FL 33407

Worksheet 655763 Period End 05/31/2019 Days 365 Status Submitted

02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	309,663,358.	
03700	LOSS - GAIN	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Operating Expense	19,270.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	19,270.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	309,644,088.	

102023 SSH - PALM BEACH LLC LAKE WORTH, FL 33461

Worksheet 671254 Period End 11/30/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	59,772,730.	
00100	Hospital	00300	Total Charges	59,772,730.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	59,772,730.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	59,772,730.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	59,772,730.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	59,772,730.	
01800	Ancillary Services	00100	Inpatient Charges	82,880,909.	
01800	Ancillary Services	00300	Total Charges	82,880,909.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	142,653,639.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	142,653,639.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	31,612,304.	
03700	FORCE BALANCE DUE TO ROUNDING	00000	Text Information		
03700	Deduct Operating Expenses - (Specify)	00100	Inpatient Charges	2.	CC 03800
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	2.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	31,612,302.	

102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	36,505,240.	
00100	Hospital	00300	Total Charges	36,505,240.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	36,505,240.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	36,505,240.	
01100	Intensive Care Unit	00100	Inpatient Charges	8,438,748.	

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Line Line Description Col Column Desc Line Value Type
102025 KINDRED HOSPITAL THE PALM BEACHES RIVIERA BEACH, FL 33418

Worksheet 664371 Period End 08/31/2019 Days 365 Status Submitted

01100	Intensive Care Unit	00300	Total Charges	8,438,748.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00100	Inpatient Charges	8,438,748.	
01600	Worksheet G-2 Total Intensive Care Type Inpatient Hospital Services	00300	Total Charges	8,438,748.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	44,943,988.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	44,943,988.	
01800	Ancillary Services	00100	Inpatient Charges	89,644,783.	
01800	Ancillary Services	00200	Outpatient Charges	466,547.	
01800	Ancillary Services	00300	Total Charges	90,111,330.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	134,588,771.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	466,547.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	135,055,318.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	25,499,081.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	25,499,081.	

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

Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled

G20	Wkst G-2 Statement of Patient Revenues and Operating Expenses				
00100	Hospital	00100	Inpatient Charges	9,452,984.	
00100	Hospital	00300	Total Charges	9,452,984.	
01000	Worksheet G-2 Total General Inpatient Care Services	00100	Inpatient Charges	9,452,984.	
01000	Worksheet G-2 Total General Inpatient Care Services	00300	Total Charges	9,452,984.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00100	Inpatient Charges	9,452,984.	
01700	Worksheet G-2 Total Inpatient Routine Care Services	00300	Total Charges	9,452,984.	
01800	Ancillary Services	00100	Inpatient Charges	61,376.	
01800	Ancillary Services	00200	Outpatient Charges	5,542,097.	
01800	Ancillary Services	00300	Total Charges	5,603,473.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00100	Inpatient Charges	9,514,360.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00200	Outpatient Charges	5,542,097.	
02800	Worksheet G-2 Total Patient Charges (Transfer to G-3 Line 01)	00300	Total Charges	15,056,457.	
02900	Operating Expenses (Worksheet A Column 3 Line 200)	00200	Operating Expense	22,791,512.	
03700	OTHER	00000	Text Information		

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Line **Line Description** **Col** **Column Desc** **Line Value** **Type**
104008 **JEROME GOLDEN CENTER FOR BEHAVIORAL WEST PALM BEACH, FL** **33407**

Worksheet 671749 Period End 09/30/2019 Days 365 Status Settled

Line	Description	Col	Column Desc	Line Value	Type
03700	Deduct Operating Expenses - (Specify)	00100	Operating Expense	2,676,157.	
04200	Total Deductions to Operating Expenses (Lines 37 to 41)	00200	Operating Expense	2,676,157.	
04300	Worksheet G-2 Total Operating Expenses (Lines 29 and 36 Minus 42)	00200	Operating Expense	20,115,355.	